











National Rural Health Mission

State Action Plan
Uttar Pradesh

2011-2012

Department of Family Welfare,
Uttar Pradesh

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STATE PROFILE

The Government of India considering the importance of health in the process of economic and social development and improving the quality of life of the citizens has launched the National Rural Health Mission (NRHM). The NRHM (2005-12) is providing effective health care to rural population throughout the State.The Mission is now in its sixth year of existence and it is time to take stock of the operationalization of the Mission at the state, district and local level in the context of the plan of action evolved at the national level.

Uttar Pradesh or UP what it is commonly called, is the fifth largest state of India. With its capital located at Lucknow, U.P. has the largest urban area and population.

Geography

Uttar Pradesh is bounded by Nepal on the North, Himachal Pradesh on the north west, Haryana on the west, Rajasthan on the south west, Madhya Pradesh on the south and south- west and Bihar on the east. Situated between 23^{o} 52'N and 31^{o} 28 N latitudes and 77^{o} 3' and 84^{o} 39'E longitudes, this is the fourth largest state in the country. (A part of Uttar Pradesh has been separated and formed into a new state Uttarakhand on November 9th 2000. The details given here are before the separation).

Uttar Pradesh can be divided into three distinct hypsographical regions :

1. The Himalayan region in the North
2. The Gangetic plain in the centre
3. The Vindya hills and plateau in the south

History

Uttar Pradesh forms a major area of the Northern fertile plain or the Indo-Gangetic plain. This area is said to have been occupied by the group of people referred to as "Dasas" by the Aryans. The main occupation of these inhabitants were agriculture. Till BC 2000 the Aryans had not settled in this region. It was through conquest that the Aryans occupied this area and laid the foundations of a Hindu civilization. The regions of Uttar Pradesh was said to have been the ancient Panchala country. The great war of the Mahabharata between the Kauravas and Pandavas was said to have been fought here. Besides the Kauravas and Panchalas the Vatsas, the Kosis, Hosalas, Videhas etc formed the early region of Uttar Pradesh. These areas were called Madhyadesa. It was during the Aryan inhabitation that the epics of Mahabharata, Ramayana, the Brahamanas and Puranas were written. During the reign of Ashoka, works for public welfare were taken up. Having rich resources there was active trade within and outside the country. The rule of the Magadha empire brought

Buddhism and Jainism into this region. This period witnessed administrative and economic advancement.

The Kushanas exercised their power over this region till 320AD. The territory passed into the hands of the Guptas during whose rule, the Huns invaded this region. After the decline of the Guptas, the Maukharis of Kannauj gained power. During the rule of Harshavardhana, Kannauj was an important city. After his rule political chaos set it. It was amidst this confusion that the Muslims invaded into Utter Pradesh though the society was dominated by the Rajputs, jats and other local chiefs. In 1016AD Mahmud of Ghazni laid his eyes on the wealth of Kannauj. He was followed by Mohammad Ghori. Throughout the rule of the Delhi Sultanate and the Mughals, the territory progressed. After the Mughals, the Jats, the Rohillas, and the Marathas established their rule. By 1803 the British controlled this region and annexed it by 1856. It was in the Uttar Pradesh (The period between 1857-58) that the first struggle for liberation from the British yoke was unleashed. The revolt was suppressed and from then till independence it remained under British dominance. In 1950 the state was organized and named as Uttar Pradesh.

The state of Uttar Pradesh has an area of 240,928 sq. km. and a population of 199.58 million. There are 72 districts, 820 blocks and 107452 villages. The State has population density of 828 per sq. km. (as against the national average of 382). The decadal growth rate of the state is 20.09 (against 17.64% for the country) and the population of the state continues to grow at a much faster rate than the national rate.

Health Indicators of Uttar Pradesh

The Total Fertility Rate of the State is 3.8. The Infant Mortality Rate is 63 and Maternal Mortality Ratio is 359 (SRS 2007 - 2009) which are higher than the National average. As per Census 2011, Sex Ratio in the State is 908 (as compared to 940 for the country). Comparative figures of major health and demographic indicators are as follows:

Area	**2,40,928 sq. km**
Population (2011 Census)	19,95,81,477
Male	10,45,96,415
Female	9,49,85,062
Population (0-6) Census 2011	2,97,28,235 (14.90% of Total Pop.)
Male	1,56,53,175 (14.97% of Total Pop.)
Female	1,40,75,060 (14.82% of Total Pop.)
Decadal Growth Rate	20.09 per cent
Density of Population	828 per Sq. Km
Sex Ratio	908

Uttar Pradesh Health Indicators:

	Uttar Pradesh	India
TFR#	3.8	2.6
MMR##	359	212
IMR*	63	50
CBR*	28.7	22.5
CDR*	8.2	7.3
Institutional Delivery#	24.5	47.0
CPR (Any Modern Method)#	26.7	47.1

#DLHS-III Year 2007-08 Ministry of Health and FW.GOI
*SRS-2009
##SRS- 2007-09

		2001 Census	2011 Census	Difference
Total Sex Ratio	Uttar Pradesh	898	908	10
	India	933	940	7
Sex Ratio (0-6) Years	Uttar Pradesh	916	899	-17
	India	927	914	-13
Decadal Growth Rate	Uttar Pradesh	25.85	20.90	-5.76
	India	21.54	17.64	-3.9

Drop in MMR in Uttar Pradesh vis-a-vis other States

India & Major States	MMR 2001-03 (published in 05-06)	MMR 2004-06 (published in June, 2009)	Drop in MMR (2001-03)-(2004-06)	2007-09 (published in July, 2011)	Drop in MMR (2004-06)-(2007-09)
INDIA TOTAL	301	254	47	212	42
Assam	490	480	10	390	90
Bihar/Jharkhand	371	312	59	261	51
Madhya Pradesh/ Chhattisgarh	379	335	44	269	66
Orissa	358	303	55	258	45
Rajasthan	445	388	57	318	70

Uttar Pradesh/ Uttaranchal	517	440	77	359	81
EAG & ASSAM SUBTOTAL	**438**	**375**	**63**	**308**	**67**
Andhra Pradesh	195	154	41	134	20
Karnataka	228	213	15	178	35
Kerala	110	95	15	81	14
Tamil Nadu	134	111	23	97	14
SOUTH SUBTOTAL	**173**	**149**	**24**	**127**	**22**
Gujarat	172	160	12	148	12
Haryana	162	186	-24	153	33
Maharashtra	149	130	19	104	26
Punjab	178	192	-14	172	20
West Bengal	194	141	53	145	-4
Other	235	206	29	160	46
OTHERS SUBTOTAL	**199**	**174**	**25**	**149**	**25**
Source: Registrar General of India, Ministry of Home Affairs (SRS Estimates)					

CHAPTER -1: OUTCOME ANALYSIS

OUTCOME ANALYSIS OF PIP 2009-10 AND 2010-11 (Till 31.12.2010)								
ACTIVITY	FINANCIAL				PHYSICAL			
	2009-10		2010-11		2009-10		2010-11	
	Amount Approved	Exp	Amount Approved	Exp. Up to Dec. 2010	Expected Output	Achievements	Expected Output	Achievements upto Dec. 2010
RCH Flexipool								
Maternal Health	721.94	647.75	2044.27	459.11	14760 RCH Camps	11015 Camps	9840 RCH Camps	477 RCH Camps
JSY	31027.5	38723.66	39936.79	31967.84	18 Lac	20.82 Lac	21 Lac	17.06 Lac
Child Health	843.88	647.23	1157.54	395.19	CCSP Trg.- 40%, BSPM - 2 Round, SHP - 32000students	CCSP Trg.- 35%, BSPM - Completed, SHP - 29000students	CCSP Trg.- 50%, BSPM - 2 Round, SHP - 48000students	CCSP Trg.- 43%, BSPM - Completed, SHP - 50% completed
Family Planning	8480.92	4987.06	8344.75	1942.24	7.45 Lac sterilizations 22 Lac IUCD	4.23 Lac Sterilization, 15.22 Lac IUCD	7.45 Lac Sterilization, 22 Lac IUCD	1.65 Lac Sterilization; 9.08 Lac IUCD
ARSH	174.36	162.53	311	114.33	12 Lac Adolescent Girls	9.85 Lac Adolescent Girls	12 Lac Adolescent Girls	4.54 Lac Adolescent Girls
Urban RCH	1692.03	872.05	1674.36	663.88	Operationalization of 128 UHPs and other activities	92 UHPs functional and other activities were completed	Operationalization of 131 UHPs	124 UHPs functional and other activities were partially completed
Innovations / PPP/ NGO	587.3	252.36	791.97	79.32	145 hospitals were to be accredited for Saubhagyawati Scheme	127 Hospitals were accredited	178 hospitals were to be accredited for Saubhagyawati Scheme	5 Hospitals were accredited
Infrastructure & HR	13978.1	4614.8	10379.16	4024.39	ANM-1500, Staff Nurse - 2879, Doctors - 1755, LTs- 726,	ANM-813, Staff Nurse - 1085, Doctors - 504, LTs-106,	ANM-2500, Staff Nurse - 1500, Doctors - 823, LTs-584,	ANM-807, Staff Nurse - 1484, Doctors - 712, LTs-239,

Institutional Strengthening	850.27	475.81	1185.55	233.01	Operationalization of 11 Regional Drug warehouse; 1 State Drug warehouse, 24 District Drug warehouse	Operationalised but human resources could not be appointed in the required numbers	Operationalization of 11 Regional Drug warehouse; 1 State Drug warehouse, 53 District Drug warehouse	30 District Drug warehouses are under construction, rest operationalised but human resources could not be appointed in required numbers.
Training	4080.47	1233.69	5373.54	833.54	All proposed trainings should have been completed	About 40% trainings completed	All proposed trainings should have been completed	About 30% trainings completed, rest in process
BCC/IEC	2136	193.35	2263.66	832.81	All the proposed activities should have been completed	almost 25% activities completed	50% of the proposed activities should have been completed	almost 50% activities completed
Procurement	0	1138.18	476.44	0		Procurement done from previous year's balance and activity	Procurement should be done	In process
Program Management	2420.38	1648.19	2210.1	977.73	Operationalization of SPMU, DPMU, Regional district and Block PMUs	All except Block PMU made operational	Operationalization of SPMU, DPMU, Regional district and Block PMUs	All units are functional; Block PMUs are likely to be functional very soon.
Total	**66993.15**	**55596.66**	**76149.13**	**42523.39**				
Mission Flexible Pool								
ASHA Programme	13540.00	7189.92	13583.22	2945.88	136268 were to be recruited	136183 recruited	136268 were to be recruited	136183 recruited and working
Untied Fund	13896.75	12345.01	13228.30	4402.32	100% utilization for purpose full activities as per guidelines	Most of the funds are utilized for the purposeful activities	100% utilization for purpose full activities as per guidelines	Activities are in progress

AMG	2457.50	2415.14	2860.20	954.9	100% utilization for purpose full activities as per guidelines	Almost of the funds are utilized for the purposeful activities	100% utilization for purpose full activities as per guidelines	Activities are in progress
Institutional Strengthening/new construction, renovation, strengthening	43834.08	17515.03	19820.77	12245.11	Construction/Renovation - Sub centre - 2908, DWH-30, CHCs-33, IPHS up gradation - 324 units, JSY wards-942, ANMTC/RFPTC strengthening-15	More than 50% of work is completed	Construction/Renovation- Sub centre -1800, Regional drug warehouses- 7 (permission awaited from GOI), DH to IPHS - 89(work in progress)	More than 50% of work is completed
Construction / Up gradation of CHC/ PHC / DH to IPHS	35792.07	5261.98	14023.45	10319.88				
Rogi Kalyan Samiti	3460.40	2910.18	4313.00	1599.47	100% utilization for purpose full activities as per guidelines	Almost of the funds are utilized for the purposeful activities	100% utilization for purpose full activities as per guidelines	Activities are in progress
DHAP	355.00	96.57	200.00	2.04	71 Districts are to prepare	71 Districts prepared	71 Districts are to prepare	under process
Strengthening of Training Centres	1267.90	248.13	4646.35	163.24	-	-	-	-
Mobility Support for Medical Officers /incentive scheme to MO			4137.25	1149.87				
Logistics/regional drug ware house	1630.76	83.25	382.57	50.34	Operationalization of 11 Regional Drug warehouse; 1 State Drug warehouse, 24 District Drug warehouse	Operationalised but human resources could not be appointed in the required numbers	Operationalization of 11 Regional Drug warehouse; 1 State Drug warehouse, 53 District Drug warehouse	30 District Drug warehouses are under construction, rest operationalised but human resources could not be appointed in required numbers.

Procurement	11068.91	8862.55	2859.29	3314.81	All procurement should have been completed	Most of activities are completed	All procurement should have been completed	Work in progress
Quality assurance/planning, implementation, monitoring	1220.00	68.47	5034.99	865.64	Community monitoring, NABH, PROMIS, HMIS, VHIR, Printing Activities, IVRS Systems, Mobility Supports, Annual Surveys, Etc. should have been done	HMIS have been made operational, PROMIS training conducted	Community monitoring, NABH, PROMIS, HMIS, VHIR, Printing Activities, IVRS Systems, Mobility Supports, Annual Surveys, Etc. should have been done	HMIS is functional, PROMIS hardware procurement in process, operationalization with in soon, rest activities are in process.
MMU/EMRI	9825.45		20156.76	2583.85	Operationalization of MMU/EMRI	Operationalization of MMU/ EMRI could not be started	Operationalization of MMU/EMRI	EMRI vehicles procured, MMUs are in process
Mainstreaming of AYUSH	4150.08	1622.24	-	0	1,050	725	-	-
Management Cost	1241.33	346.07	1845.58	300.99	Should have been done as per plan	All feasible activities done	Should have been done as per plan	All feasible activities are in process
Panchayati raj initiative (sas bahu sammalen, pradhan sammelan	1401.17	1170.63	293.41	154.80	Organization of Pradhan and Saas Bahu Sammelan			
Additional contractual staff			6147.92	2653.45			2,401	1,928
IEC/BCC	55.50		1000.00	2.12	IEC about health and Hygiene was to be done	Could not be done	IEC activities for incentive and award schemes for increasing immunization coverage	More that 50% of the activities are completed and work is in progress
Health Mela			2087.28	1132.45	-	-	9840 were to be organized	4000 health mela organized

District Specific Interventions			3420.46	0	-	-		Funds are being released for completion of the activities
Left Wing Extremist Affected Area	0.00	0.00	1124.37	0	-	-	Establishment of PHCs/CHCs and Sub Centres including human resources, etc. at in one district and procurement of drugs and repair works in 5 districts	Funds released for all activities except establishment of PHCs/Sub Centres; Expenditure reports awaited
Research, studies analysis and others	50.00	45.98	166.00		Work was to be completed as specified in ROP	Most of the work completed	Work was to be completed as specified in ROP	Work in process
SHRC			665.32		-	-	Functional SHSRC	Work in process
Support Service (Support strength-ening to national programme)			1082.33	399.37				
J E gorakhpur	588.17	78.09		0	JE wards, Lab strengthening including HR were to be deployed	Most of the activities completed, expenditure reports are awaited	-	-
Cold chain Maintenance	319.48	7.83						
Other exp (power backup etc)	-	-	-	2,002.16	-	-	-	-
Total	**146154.55**	**60267.07**	**123078.82**	**45240.53**				
IMMUNIZATION								
Cold chain maintenance	19.62		24.6					

Alternate Vaccine Delivery to Session sites	1028.8		843.69		100% AVD to session site	AVD to 1712000 session		AVD to 1140000 session
Focus on urban slum & underserved areas	168		148.34			18934 sessions by Hired Vacc.		9760 session by Hired vaccinator
Social Mobilization by ASHA /Link workers	3027.02		2531.08			1716668 session by ASHA /link worker		749760 by ASHA mobilisers
Computer Assistants support at State/ district level	71.04		78.14					
Printing and dissemination of immunization cards, tally sheets, charts, registers, receipt book, monitoring formats etc.	330		330.16					
Quarterly review meeting at state/ District/Block level	20.53		238.03					
District level Orientation for 2 days ANMs, MPHW, LHV	217.5		258.43			100 Batches trained		
Trainings	164.75		278.17			62 Batches trained		
To develop micro plan at sub-centre level and block level	20.52		20.62		Micro planning in all Blocks			
For consolidation of micro plan at PHC/ CHC level	9.65		9.65		Micro planning in all Districts			

POL for vaccine delivery from state to District and PHC/ CHCs	71		71					
Consumables for computer including provision for internet access	3.41		3.41					
Red/Black/Zipper bags	80.72		80.3					
Bleach/Hypo-chlorite solution	5		5					
Twin Bucket	4		4					
Fund for prep disposal pit	12.5		17.5					
Fund for purchases of small polythin zipper bags	11.32		10.04					
operative exp at div vaccine storage	14.2		4.75					
operative exp at distt vaccine storage	4.25							
social mobilization	59.4							
annual maintenance wic/wif			8.4					
RI strengthening	37.5							
Immunization	5380.73	4702.54	5002.81	2226.13				
IPPI	21922.00	17199.11	17858.00	7720.83				
DISEASE CONTROL PROGRAMME								
NVBDCP								
Malaria	23.00		256.45	2.49	55,463		67468	
Filaria	670.00		591.06	157.39	2,815		2064	
Dengue/ Chikungunya	57.30		37.95	22.24	161	159 treated, 2 deaths	960	952 treated, 8 deaths

Kalazar	50.00		50.00	28.84	17	16 treated, 1 deaths	14	
AES/JE	37.00		34.50	5.12	3,060	2488 treated, 572 deaths	3872	3317 treated, 555 deaths
Commodity y support by GoI	2020.73							
NVBDCP	**2858.03**		**969.96**	**216.08**				
IDSP								
Surveillance preparedness, training & staff salary	577.49	198.07	475.70	229.92	ALL DSO trained, 42 Epidemiologist trained, State Microbiologist Trained	Working	RRT Member Trained, State Data Manager Trained	Working
Outbreak investigation	0.00	0.00	16.78	0.00	655		719	
Analysis & use of data	0.00	0.00	18.24	0.00	All DSU Established	Functional	Portal Started and Report directly submitted to GOI	Functional
IDSP	**577.49**	**198.07**	**510.72**	**229.92**				
NPCB								
Grant in aid (for Cataract Operations)	2757.40	3145.52	3425.00	828.00	714,000	731,827	714,000	413125 (upto Jan 2011)
Vision C entre (50X50,000)	25.00	25.00	25.00	25.00	50	50	50	50
Medical Colleges (3X40)	80.00	280.00	0.00	0.00	2 (Budget approved for 2 Medical Colleges)	7* (*Because Budget pproved for 7 Medical Colleges)		-
Strengthening of District Hospital / Sub District Hospital	0.00	0.00	0.00	0.00	For Equipments	28 Pheco machine and 77 microscope purchased)	-	-
Eye Donation Centre (Non Recurring 3X1)	2.00	0.00	5.00	0.00	2	-	3	Nil

Salary of Contractual Staff (Eye Surg. Greef Counseller and PMOA.	135.60	0.00	NA	NA	For Manpower	Nil	NA	NA
Non Recurring GIA to Eye Bank	15.00	0.00	15.00	0.00	1	Nil	1	Nil
Non Recurring GIA to NGOs for Strengthening their hospitals	NA	NA	30.00	0.00	NA	NA	For NGO	Nil
NPCB	**3015.00**	**3450.52**	**3500.00**	**853.00**				
NIDDCP								
Establishment of IDD Control Cell								
Establishment of IDD Monitoring Lab								
a)Health Education and Publicity								
b) Salt Testing Kits supplies by GOI (3,84,000 No)								
IDD surveys								
NIDDCP	24.00	0.00	24.00	0.00				
NLEP								
Contractual Services	25.44	26.16	40.00	19.80	AO,DEO, 42 Drivers	In position	AO,DEO, 42 Drivers	In position
Services through ASHA/ USHA	23.06	14.13	26.00	7.75	30% of new case detection by ASHA	16% of new case detection by ASHA	30% of new case detection by ASHA	9% of new case detection by ASHA
Office expenses & Consumables	53.68	62.18	54.00	20.90	SLO / DLOs office functioning	Office functional	SLO / DLOs office functioning	Office functional
Capacity building	45.06	33.60	60.00	13.48	Training of MO,HW,LT	75% Completed	Training of MO,HW,LT	22% Completed
Behavioural Change Communication	115.00	60.19	100.00	12.31	Hoarding 200, Display Board 400, Poster 1 Lac, Diagnostic Card 1	Rallies 131, School quiz 128 IPC Workshop	Hoarding 150, Display Board 300, Poster 1 Lac, Diagnostic Card 1	Railly 66, IPC workshop 33, Health Melas 30

					Lac, 1400 Folk Shows, Rallies 142, IPC Workshop 71, Health Mela 71	65, Health Mela 58 done	Lac, 1065 Folk Shows, Rallies 142, IPC Workshop 71, Health Mela 71	done
POL/Vehicle operation & hiring	54.95	54.29	55.00	26.10	73 Vehicles maintenance	73 Vehicles maintained	73 Vehicles maintenance	73 Vehicles maintained
DPMR	70.00	14.71	70.00	3.02	600 RCS target	405 RCS done	700 RCS target	144 RCS done
Material & Supplies	36.92	17.11	33.00	5.39	Supportive medicine etc procurement	46 % completed	Supportive medicine etc procurement	16 % completed
Urban Leprosy Control	18.40	15.24	18.40	2.86	52 projects	83 % completed	52 projects	16 % completed
NGO SET Schemes	60.63	53.16	51.00	0.00	NGOs set scheme	88 % completed	NGOs set scheme	-
Supervision, Monitoring & Review	13.66	10.00	14.60	4.90	Monthly and Quarterly Review meeting	73 % completed	Monthly and Quarterly Review meeting	34 % completed
Cash assistance	60.00	39.42	50.00	7.20	TA/ DA	66 % completed	TA/ DA	14% completed
NLEP	**576.80**	**400.19**	**572.00**	**123.71**				
NIPPCD	**0.00**		**127.69**					
RNTCP								
RNTCP	**4297.12**	**10.56**	**4596.08**					
infrastructure maintenance (treasury root)	38257.00	76531.91	46560	56539.44				

CHAPTER - 2: POLICY AND SYSTEMIC REFORMS IN STRATEGIC AREAS

The state has been striving to follow a systems approach in the matter of health serviced delivery. The state has implemented systemic reforms in many strategic areas during the last year and will continue to work towards more comprehensive approaches in systems reforms in the coming year.

HR POLICIES FOR MEDICAL, PARAMEDICAL AND PROGRAMME MANAGEMENT STAFF

Shortage of qualified personnel in public health facilities and absenteeism, are among some of the major reasons for underutilization of public health facilities in the state. Apart from the shortfall of personnel, management of existing human resources is also a key issue. New recruitments for doctors and a few other categories are carried out though UP State Public Service Commission. Efforts have been made to select 1,900 BHW (Female) and 4,960 BHW (Male) for training; relevant examinations have been conducted and the results are awaited. More than 900 female and 1,000 male ISM doctors were recruited and posted at various health centres across the state.

As a part of measures taken for professional development, medical doctors have been trained under CEmoC, BEmoC, LSAS and CCSP to deliver quality services at various levels. Trainings of ANMs and staff nurses for SBA have been undertaken. ASHAs were trained under various components of CCSP and BCC. Further, specialized trainings for Medical Officers and Paramedical staffs were conducted at selected medical colleges and institutes. Collaboration has been established with recognised institutions like CMC, Vellore, BHU, AMU and NIHFW, for highly specialized trainings. Through which the state could substantially increased the number of multi-skill MOs on the postings.

The state is considering forming mobile teams at the divisional level to provide on the job crash training for nurses and ANMs besides the recommended 3-week SBA training. Large scale training on *Zoe Model* – IUD insertion for ANMs is planned in the state. Also, PPP mode training for nurses will be explored to fill shortage of ANMs. Skilled personnel from outside the state are also being considered to meet the shortfall.

It is proposed to hire contractual staff to meet the gaps in human resources at all levels. Consultants and specialists will be recruited through the District Health Societies.

ACCOUNTABILITY AND PERFORMANCE APPRAISAL

In the PIP for the year 2010-11, provision had been made for incentives for facilities showing significant improvement in their performance. The state is planning to introduce standard inspection system with scoring and ranking to grade the facilities for monitoring of services.

The state is planning to reserve some PG seats for MOs who are working in rural/ backward areas in public sector.

All the contractual appointments are valid for one year only. Further, contracts are renewed based on satisfactory performance. There is provision for enhancement of remuneration in the renewed contract.

There are performance based incentives for ASHAs for bringing beneficiaries to the health centres/ facilities. Maternal death audit has been initiated at the facility level in 12 districts.

The state has completed the exercise of identifying difficult to reach, most difficult, remote and inaccessible areas in all the districts. Special incentives are being considered for those personnel who are serving in difficult areas. Vehicle support to block level PHCs is being provided for supervision and monitoring of ANMs. Thus, officers are making field visits to monitor facilities and activities.

Performance based incentives are under consideration.

POLICIES ON DRUGS, PROCUREMENT SYSTEM AND LOGISTICS MANAGEMENT

The State proposes to develop a Logistics Improvement Strategic Plan (LISP). Procurement and logistics training has been conducted at the state level. The State is in the process of adopting PRoMIS, which is being developed for use at both central and state levels, focusing on the key components of procurement management, forecasting and quantification, complete procurement cycle, distribution and management. Procurement MIS (ProMIS) is proposed to be used as the foundation for e-procurement in the future. The state is thus engaged in streamlining the procurement system and logistics management.

In addition to procurement conducted by the health department, UNOPS and various State Corporations have been identified as potential procurement agents. The state is engaged in efforts to ensure that all health facilities get timely supply of drugs, equipment and other items.

Funds are being provided to Additional Director, CMO and Block MO-in-charge for organising logistics transportation from state level, through region, district up-to sub centre levels.

Availability of medicines is an area which is of crucial importance for patients. Government of Uttar Pradesh is fully committed to provide all essential medicines, absolutely free of cost for poor people.

EQUIPMENTS

Health facilities are regularly asked to assess the need and functionality of equipments and accordingly provision is made for procurement/ replacement/ repair.

Under the state health department's procurement policy, wherein tendering agencies are required to include, within the financial bid, provision for an extended warranty for 5 years followed by comprehensive maintenance service for a further 5 years in case of procurement of equipments. This helps to ensure functionality of the equipment for a long duration.

AMBULANCE SERVICES AND REFERRAL TRANSPORT

To establish referral transport facility to reach to the identified nodal facilities in the state, 988 Ambulances are being procured under Emergency Medical Referral Transport (EMRT) Services. The delivery of the ambulances has started in phased manner and would be completed within the year 2010-11. The services would be delivered free of charge to every citizen. The design of EMRT includes provision for a state level Emergency Medical Response Centre and District Control Centres.

Provision for bringing the patient / mother from village to institution and one-time referral from institution to institution has been made in the EMRT system. Transportation of the patient from institution to the village would be done by departmental ambulances provided at the facilities, or through private service providers.

A total of 133 Mobile Medical Units (MMUs) are being procured to provide health services in the underserved and remote areas in 15 districts.

There is an inbuilt mechanism of Referral Transport facility under JSY. ASHA or the client gets Rs. 250.00 for reaching the facility. Local transport for reaching the facility is identified by the ASHA, with the family members of the beneficiaries, in the last trimester of the pregnancy. To make the referral transport amount readily available to the pregnant woman's family in case of an emergency, the ANM is issued an imprest amount of Rs. 1000 and she further provides an advance of Rs. 250 to the

concerned ASHA. Further, many districts have proposed to outsource referral to local NGOs/ agency for carrying the pregnant woman on no benefit basis. This component has been budgeted under District Innovations (for 22 districts as per their DHAPs) under Mission Flexipool. For referral transport from facility to facility, most CHCs and DHs have their own ambulances, procured through UPHSDP/ State budget. Operationalisation of these ambulances, including costs for drivers and POL, is being met through the State budget. At the CHC level an additional provision for referral has been included in the monthly operational costs. Additionally, a scheme for Referral Transport through Ambulance (108) is being planned by the State and may be considered for the year 2011-12.

MAINTENANCE OF BUILDINGS, SANITATION, WATER, ELECTRICITY, LAUNDRY AND KITCHEN

For 134 district level health facilities, cleaning / hospital upkeep and laundry services had been outsourced. Also, provision had been made in these facilities for clean and safe drinking water. In the year 2010-11, this activity could not work well, hence it has been decided cleaning related activity will be implemented through state resources.

All the district health facilities have electricity supply, and district hospitals and CHCs have been provided with generators and POL to ensure uninterrupted electricity supply.

Hospital waste management for facilities up to PHC level is being implemented based on UPHSDP mode.

DIAGNOSTICS

Depending on location and need, facilities for lab-based diagnosis have been established at each health facility.

Apart from this, regional diagnostic centres have been established at divisional level to provide advanced diagnostic services to the community. The regional diagnostic centres are presently being operated by the health department; however, it is being considered to operate these through private sector participation / PPP.

Efforts would be made via all available platforms / fora to sensitize health service providers to prescribe of diagnostic tests rationally.

PATIENTS' FEEDBACK AND GRIEVANCE REDRESSAL

Citizen charter has been displayed at the health facilities, complaint boxes are in place and a system for quick grievance redressal has been established. All suggestions received are given due consideration for appropriate corrective actions.

Considering the large numbers of JSY beneficiaries in the state, a special cell has been established at the Directorate of Family Welfare to manage the monitoring and grievance redressal relating to this scheme.

PUBLIC PRIVATE PARTNERSHIPS (PPP)

The State has entered into a variety of Public Private Partnerships (PPP) for improving access to quality health services in the public health systems across the state. Some of the key initiatives undertaken are:

- Saubhagyawati Yojana for accreditation of private facilities under JSY to provide services to BPL families
- Voucher Schemes for slum dwellers in selected larger cities of the state are being implemented with the help of SIFPSA. The services provided by private providers involved in the scheme include ANC, PNC, delivery, FP, RTI/STI and general health check-up.
- Social Franchising of private facilities under the name of merry gold / merry silver Hospitals. These hospitals provide affordable quality RCH and FP services in 33 districts with support from SIFPSA
- A number of private facilities have been identified and accredited for providing Family Planning services

In addition, the following PPP initiatives are proposed to be undertaken:

- Under the Saloni Swasth Kishori Yojana the state is already implementing a number of interventions directed at school going adolescent girls. It is now proposed to implement similar interventions through PPP/NGO to cover non school going adolescent girls. Such interventions would include general health check-up, counselling for nutrition, health & hygiene, FLE and prevention of anaemia, etc.
- The state is considering involving the private sector for management of rural health facilities
- Emergency referral transport system (108) is planned to be operated under PPP mode.
- The state would explore PPP interventions in other areas as required

INTER-SECTORAL CONVERGENCE

Effective coordination with key departments to address health determinants is key to the successful implementation of health programmes. The State has been actively engaged in establishing coordination with other concerned departments for the implementation of health programmes. Convergence with the following departments has already been operationalised: WCD, Education, Rural Development,

Urban Development Authorities (SUDA/DUDA), Urban Local Bodies, Water & Sanitation (Jal Nigam), and a number of NGOs.

COMMUNITY MOBILISATION

ASHAs and VHSCs are being strengthened to actively participate in community mobilisation activities. **Training and sensitization/orientation of RKS, PRI members** and VHSC members is being regularly organized in all the districts of the State. Gram Pradhan Meetings have been organised from time to time across the State to promote the operationalization of VHSCs, development of village plans and community mobilization.

Saas Bahu Sammelans are being organised. These are congregations of mothers-in-law and daughters-in-law in the village where RCH issues are discussed and games and other entertainment activities are conducted. This helps to create awareness in the community about various issues and programmes.

New initiative to strengthen VHNDs: A new initiative to strengthen the VHND with the title 'Jachcha Bachcha Suraksha Karyakram' was launched in the state in August 2010. Under this approach a team headed by a doctor and ANM reaches the VHND site every Wednesday and Saturday. A vehicle has been provided for vaccine delivery at the VHND site and the same vehicle transports the team as well as logistics. The AWW, ASHA and some community members are present at the site. The AWW and ASHA are tasked with social mobilization and helping the ANM to register all AN cases / children for providing services and also for mother and child tracking. The AWW and ASHA are paid cash incentives for this activity; the incentives are disbursed on the spot. A route map is established for movement of each vehicle. On an average four vehicles move out from each CHC/BPHC, each along a different route. A detailed microplan covering route map, registration number of vehicle, names of drivers, ANMs, ASHAs, AWWs, and doctor has been prepared and the functionaries are providing services accordingly.

IEC/BCC

A comprehensive communication strategy with a strong BCC component for the health programmes for the State has been developed.

A separate IEC /BCC cell with qualified professionals is proposed to be established at the Family Welfare Directorate. The cell would be headed by the Director IEC and supported by Joint Director and professional IEC experts in strategic planning, mass media planning, community mobilization and monitoring and evaluation. In addition to developing the institutional capacity, there is extensive support for IEC / BCC activities by the development partners especially by USAID funded technical assistance projects like ITAP and by SIFPSA.

To develop the implementation capacity of the Health Education Officers at the block level and the District Project officers and the District Community Mobilizers, extensive capacity building courses are being planned. The detailed curriculum of the 5 day BCC course has already been developed by Johns Hopkins University Bloomberg School of Public Health Center for Communication Programmes. Division PMs, DPMs, DCMs, BHEOs will be oriented to the BCC strategy for the state, learn to undertake situational and audience analysis, frame specific BCC objectives at the Block level and develop strategic communication plans.

It is proposed to procure the services of reputed advertising and media planning agencies for the development of the creative software for the different IEC campaigns being planned. Support by development agencies like UNICEF and USAID would be sought in the procurement of professional services.

IEC activities through electronic and print media were conducted throughout the year in the State; these covered the villages, urban slums, and peri-urban and urban areas. Intensive IEC campaign was operationalized for VHN days as part of 'Jacha Bacha' scheme.

CIVIL REGISTRATION SYSTEM

The State makes every effort to register all births and deaths occurring in the State. Birth and death registration levels are higher in urban areas than the rural areas. In the rural areas Village (Grama) Pradhans are the key informants and the official registrars include Village Panchayat Development Officer, ANM and MO-in-charge CHC/PHC.

The State is conducting intensive IEC activities through coordinated efforts of concerned departments / agencies. Instructions have been issued to all responsible officers to register births and deaths. The ASHA, who is a key informant in the rural areas, is presently given an incentive of Rs 5 only for reporting births and deaths. It is proposed to increase the ASHA's incentive to enhance her motivation to get the maximum possible births and deaths registered with the appropriate authority.

SUPPORTIVE SUPERVISION

There is a well-structured supervisory network in the state health system wherein rural health services and service providers are being monitored and supportive supervision is being carried out. The various functionaries providing supportive supervision include: LHV, Health Supervisors, Medical Officers, Deputy CMO, CMO, etc. Apart from the departmental functionaries, NGOs and reputed institutions have also been involved to extend the supportive supervision network for ASHAs (ASHA support system).

Vehicles and mobility support have been provided to the supervisors. Well-structured formats / checklists to facilitate supervision activity have been developed and provided to all levels of supervisors. There are separate formats for each category of supervisor and the particular facility/activity that she/he would supervise.

Also, AYUSH doctors have been recruited to provide health care to the community as well as to supervise ANMs and ASHAs in the field and to monitor various national health programs.

MONITORING AND REVIEW

At State level regular reviews and meetings of executive body is being done. Regular review meetings are being conducted by the State Cabinet Secretary and Additional Cabinet Secretary to review the progress of NRHM in the State. Bi-annually, JRM and CRM reviews by GOI were also done in the State and the official give valuable recommendations, which are being incorporated in PIPs and other annual action plans.

At district level, under chairmanship of DMs, all the activities of DHSs are regularly being reviewed and CMOs monitor and review the activities at block and grass root level. For the year 2009-10, HMIS data have fully uploaded and forwarded to GoI and for 2010-11, HMIS is in draft shape with approx. 7% data errors.

For monitoring and evaluation, detailed guidelines have already been sent to the districts by SPMU according to which CMOs have to take corrective actions. The compiled report of programme officers is put-up in district health societies' meetings. Apart from this all the programme officers of additional Director level at the office of DG family welfare and DG medical health are responsible for implementing and monitoring their concerned programme activities for which they have been made fully accountable. These officers monitor their programmes in the field regularly and submit their reports to DGs for corrective actions.

At present, HMIS is successfully implemented upto district level. The periodic reports are being uploaded from all 71 districts in the state and nodal officers at all levels have also been nominated for HMIS. Guidelines for effective monitoring of various activities under NRHM programmes by officers at different level as per the defined checklist have already been issued. Data validation checks and various monitoring tools are being applied by a team composed of functionaries drawn from SPMU, Directorate of FW, SIHFW, PRC, NIC and including the Regional Director appointed by GOI. Training on HMIS at all level was completed to enhance data quality of HMIS.

Concurrent evaluation of programme implementation activities will be conducted through independent agencies/ reputed Medical Colleges to provide inputs into programme planning in respect of the following programmes: CCSP Programme, School Health Programme and Adolescent Health Programme.

MEETINGS OF STATE/SOCIETY, AND DISTRICT HEALTH SOCIETY

Meetings at state are being regularly conducted under the chairmanship of Additional/Cabinet Secretary/Chief Secretary with clear agenda and follow-up action and approvals. In each district, regular meeting are being conducted under the chairmanship of DMs for review, as per information provided to DHS through CMOs; with clear agenda and follow-ups.

MEDICAL COLLEGES (NEW COLLEGES AND UP-GRADATION OF EXISTING ONES)

There are 21 (government and private) medical colleges in the state with an intake capacity of 2062 students per year and 30 dental colleges (government and private) with an annual intake of 2780 students.

As per MCI guidelines, seats in undergraduate and PG courses have been increased in medical colleges in recent years. Medical colleges are being used as resource centres for various types of trainings under the national health programmes on topics including child health, CEmoC, BEmoC, RTI/STI and LSAS. Medical colleges are also participating in JSY initiatives and also extending tertiary health care.

Specialised trainings of Medical Officers and Paramedical staff are being conducted at selected state Medical Colleges and Institutes, like AMU and BHU. Seven Medical colleges in the State are selected for establishing Nutritional Rehabilitation Centres.

New Medical Colleges are likely to be operationalized soon in Azamgarh, Kannoj, Jalaun, Banda and Ambedkar Nagar, either through government's own resources or through private sector participation.

NURSING SCHOOLS

There are 141 nursing and midwifery training schools (government and private) with an annual intake of 6183 students.

In the past year, no new nursing school was established by the State and the State is recruiting nurses from the existing government and private nursing schools and trying to increase the capacity of these schools. Further, the State has several nursing schools (both public and private) and is utilizing the services of the nurses under various NRHM initiatives. Medical education department is planning to establish one nursing school in 2011-12. Regular capacity building activities for skill development are being conducted for in-service nursing staffs. There exist

opportunities for career progression and in-service training for the nurses in the government sector.

PARAMEDICAL EDUCATION

There is a shortage of trained paramedical staff in the state. Many posts of ANM, BHW(M), various technicians and physiotherapists etc. are lying vacant. There are 117 ANM training centres (40 in government and 77 in private sector) with an annual intake of 6750 students. There are 30 DTCs in the government sector for imparting training to BHW(M).

There are 412 training schools (government and private) for paramedical training offering diploma courses in various paramedical disciplines. Apart from these, there are 10 colleges each offering diplomas in dental hygiene and dental mechanics.

In the last year, no new paramedical school was established in the State. The State is continuing to recruit paramedical staff from the government as well as private institutions and their services are being utilized under various NRHM initiatives. In future, the State proposes to strengthen these institutions for improve quality and skill levels of staffs.

As per IPHS guidelines for CHCs / FRUs issued by Govt of India, strengthening of facilities is being done and includes the capacity building and multi-skilling of paramedical staff. In-service trainings on essential new born care, NSV, SBA, and integrated skill upgradation (12 days) were also conducted regularly.

CAPACITY BUILDING

State Health Society has made considerable effort to strengthen SIHFW and DTC through SIFPSA. Department of H&FW and SIHFW are implementing centralized training log, monitoring of post training outcomes; induction training for all key cadres and management training for clinicians. Such training and activities are also planned for the year 2011-12.

- *Strengthening of SIHFW and DTC*: Measures implemented to strengthen SIHFW include augmentation of infrastructure and human resources, provision of additional training material and aids. As for DTCs, they had remained unutilized for a long time hence upgradation and strengthening has been done.

- *Availability of centralized training log*: This is being prepared at SIHFW and DFW.

- *Monitoring of post training outcomes*: is being done by the concerned training institute and the Directorate.

- *Induction training for all key cadres*: This is being done for all key cadres, though not necessarily before joining service.

- *Management training for clinicians*: Various types of management training are being conducted covering topics such as administration, finance and IT. Such training is conducted for various categories of clinicians holding administrative posts, e.g. MO-in-charge of PHC, Superintendent of hospital, CMOs, Joint Director, etc.

CHAPTER-3: CONDITIONALITIES

STATUS ON FULFILLMENT OF CONDITIONS FOR RELEASE OF THE FIRST TRANCHE OF FUNDS FOR PIP 2011-12:

- A full time Principal Secretary Family Welfare is in office and holding the chair of Mission Director – NRHM. The officer is not holding any additional charge outside the health department.
- A full time finance controller from the state finance services is working in State Programme Management Unit (SPMU) of NRHM and not holding any additional charge outside the health department.

The total budget for the state health sector during the year 2009-10 was Rs 5423.13 crores and in the year 2010-11 it was Rs 5943.19 crores. This reflects an increase of approx. 10% year on year. The state intends to increase the budget for the year 2011-12 by a similar level. The increase would be over and above the 15% State share under NRHM.

ACTION TAKEN ON ISSUES CRUCIAL TO RELEASE OF THE SECOND TRANCHE OF FUNDS FOR PIP 2011-12

- A detailed HR policy and systems already exist for the regular staff in the health system. The state is currently preparing a detailed HR policy specifically for all the contractual staffs recruited under NRHM.
- The state has a procurement and logistics policy and systems for drugs, equipments and other items and strictly complies with the rules framed therein. All possible efforts are made to minimize out of pocket expenses and stock-outs.

THE COMPLIANCE STATUS FOR THE YEAR 2010-11 IN RESPECT OF 31 CONDITIONALITIES MENTIONED IN THE PIP FRAMEWORK IS DETAILED BELOW

Sl.	Conditionality	Compliance Status
1.	All posts under NRHM are on contract and based on local criteria. The contract should be done by the Rogi Kalyan Samiti /District Health Society. The stay of person so contracted at place of posting is mandatory. All such contracts are for a particular institution and non transferable. The contracted person will not be attached for any purpose at any place.	While recruiting the human resources on contractual basis for NRHM, all these conditions are being strictly followed.
2.	The state agrees to credit 15% of the State share to the account of the State Health	During the year 2010-11 the state did pay its 15% share in the

	Society in two installments. The State also agrees to enhance the over-all expenditure on health by the State Government by a minimum of 10 percent per year.	NRHM. The total budget for the state health sector during the year 2009-10 was Rs 5423.13 crores and in the year 2010-11 it was Rs 5943.19 crores. This represents an increase of 9.59% year on year. The state intends to increase the budget for the year 2011-12 by a similar level.
3.	Blended payments comprising of a base salary and a performance based component, should be encouraged.	All the contractual staffs are being paid a consolidated amount. However, a performance based component is under consideration.
4.	State Government must fill up its existing vacancies against sanctioned posts, preferably by contract. Top most priority in contractual recruitments should be for backward districts and for difficult, most difficult and inaccessible health facilities.	The state government is making efforts to fill up the vacancies of doctors through state public service commission. The state is trying to fill all other vacant posts, outside the purview of public service commission on priority basis. Efforts will be made to locate newly appointed recruits in the backward districts and facilities identified as difficult, most difficult and inaccessible.
5.	Delegation of administrative and financial powers should be completed during the current financial year. If not already done.	Administrative and financial powers have been clearly defined.
6.	State shall set up a transparent and credible procurement and Supply chain management system and Procurement Management Information System (PROMIS) [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.	The state has got its own procurement system which is transparent and credible. Procurement Management Information System (PROMIS) is in the process of being established in 11 regional drug ware houses and 24 district drug ware houses.
7.	The State shall undertake institution specific monitoring of performance of Sub Centre, PHCs, CHCs, DHs, etc.	Individual facility specific monitoring is undertaken at Sub Centres, PHCs, CHCs and DHs.
8.	The State shall operationalise an on-line HMIS in partnership with MOHFW.	The state is already reporting on an online HMIS portal.
9.	The State shall take up capacity	These activities are being carried

	building exercise of Village Health and Sanitation Committees, Rogi Kalyan Samiti and other community/PRI institutions at all levels.	out on regular basis every year 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.	Conduct of meetings on regular basis has been ensured by district and state levels and all the financial resources received from GOI and allocated to districts are being displayed on the official website of the state NRHM. Meetings of the various community organizations are being held.
11.	The State Govts. shall also make contributions to Rogi Kalyan Samiti and transfer responsibility for maintenance of health institutions to them.	The state government is contributing to Rogi Kalyan Samities by sums collected through user charges. The RKSs are also sharing the responsibilities for the maintenance of health institutions.
12.	The State shall prepare Essential Drug lists of generic drugs and Standard treatment Protocols, and give it wide publicity.	The facility wise essential drug list of generic drugs and standard treatment protocols have been developed by the state and are being put into practice.
13.	The State shall focus on the health entitlements of vulnerable social groups like SCs, STs, OBCs, Minorities, Women, migrants etc.	The state is giving due focus to identified vulnerable social groups.
14.	The State shall ensure timely performance based payments to ASHAs/Community Health Workers.	Efforts are being made for timely payments to ASHAs.
15.	The State shall encourage in patient care and fixed day services for family planning.	Fixed day services are being made available for family planning in identified health facilities and patients are being encouraged to avail in-patient care.
16.	The State shall ensure effective and regular organization of Monthly Health and Nutrition Days and set up a mechanism to monitor them.	Effective and regular organization of VHNDs is being done in the state. A special drive by the name of Jachcha Bachcha Suraksha Karyakram has been initiated in

		the state to effectively implement the VHNDs and their monitoring. A component of mother and child tracking has also been incorporated in this Karyakram.
17.	All performance based payments/ incentives should be under the supervision of Community Organizations (PRI)/ RKS.	Performance based payments to the ASHAs are being made regularly from the CHCs/PHCs under the supervision of RKS and efforts will be made to give incentives, if any, to other workers under the supervision of RKS/PRIs.
18.	The State agrees to follow all the financial management systems under operation under NRHM and shall submit Audit Reports, FMRs, Statement of Fund Position, as and when they are due. State also agrees to undertake Monthly District Audit and periodic assessment of the financial system.	State is strictly following financial management systems under operation under NRHM. Audit reports have been submitted within the stipulated time frame. FMRs are being submitted regularly. Concurrent audit system is in place at districts as well as state level.
19.	The State agrees to fast track physical infrastructure upgradation by crafting State specific implementation arrangements. State also agrees to external evaluation of its civil works programmes.	All physical infrastructure up-gradation of health facilities in the state are being done either by various govt. agencies or by the department itself. The state is agreeable to external evaluation of its civil works programmes.
20.	The State Govt. agrees to co-locate AYUSH in PHCs /CHCs, wherever feasible.	The state has co-located 1961 AYUSH doctors at the PHCs/CHCs. Such co-location will be continued in 2011-12, wherever feasible.
21.	The State agrees to focus on quality of services and accreditation of government facilities.	The state had planned NABH accreditation of 16 district hospitals and 13 CHCs. Family friendly hospitals accreditation had been planned for 80 facilities. Efforts are being made to focus on quality of services and accreditation of government facilities.
22.	The State/UT agrees to undertake community monitoring on pilot basis, wherever not tried out as yet, and scale up	The state is planning to implement community monitoring system on pilot basis

	with suitable model wherever piloted earlier.	in 5 districts.
23.	The State/UT agrees to undertake continuing medical and continuing nursing education.	The State agrees to undertake continuing medical and continuing nursing education.
24.	The State agrees to make health facilities handling JSY, women and child friendly to ensure that women and new born children stay in the facility for 48 hours.	Up-gradation and expansion of wards in the district hospital (male and female) are in process in phased manner. Construction of special 942 JSY wards, having 6 beds each, is in process. All these measures are being taken to ensure extended stay (48 hours) of JSY beneficiaries in the health facilities.
25.	The State Governments shall, within 45 days of the issue of the Record of proceedings, issue detailed District wise approvals and place them on their website for public information.	The state is strictly following these conditions and all the district wise approvals and allocations are being placed on the website for public information.
26.	The State agrees to return unspent balance against specific releases made in 2005-06, if any.	There is no record of such unspent balance. However, in case any instance of such unspent balance comes to the notice of the state, the state shall take immediate steps to refund such unspent balances.
27.	The State is entitled to engage a second ANM to the extent that it provides for MPW(Male) or the contractual amount of 2nd ANM be paid out of State Budget and Third functionary may be engaged from NRHM Fund.	Given the present situation in Uttar Pradesh, the state is of the view that the numbers of 2nd ANMs should not be linked with the numbers of Male workers in place. However, the state will make efforts to comply with this conditionality.
28.	The State shall put in place a transparent and effective human resource policy so that difficult, most difficult and inaccessible areas attract human resources for health.	The state is preparing a detailed HR policy and that policy would be specifically for all the contractual staffs recruited under NRHM. It may be noted that a detailed HR policy and systems already exist for the regular staff in the system. Efforts will be made to locate newly appointed recruits to the backward districts

		and areas identified as difficult, most difficult and inaccessible. For 2011-12, honoraria have been so structured as to attract human resources for difficult areas.
29.	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. The State shall provide names of all facilities where civil works are undertaken and also certify that the location of these facilities is such that poor households can seek services from them. Prior approval of place of construction by GoI will be mandatory before taking up new construction under NRHM. Thrust must be on meeting infrastructure gap in backward districts and difficult, most difficult and inaccessible facilities.	All physical infrastructure up-gradation of health facilities in the state are being done either by various govt. agencies or by the department itself. The state agrees to external evaluation of its civil works programmes. The state had provided a list of 1756 sub centres for construction to Govt. of India but so far, approval for construction has not been granted, in spite of regular reminders and appraisals. While planning physical infrastructure up-gradation and strengthening, due consideration will be given to backward districts and difficult, most difficult and inaccessible facilities.
30.	The State agrees that the provision for EMRI operational cost to States will be on declining basis. For first year operational cost will be 60%, 2nd year 40%, 3rd year 20% and nil thereafter.	The state has not yet operationalized EMRI. The process of operationalisation is on and it is expected that EMRI would be functional by March 2011. Thus, year 2011-12 will be the 1st year of EMRI operationalisation. In view of this, the state proposes that 60% operational cost for EMRI be provided to the state from GOI.
31.	The State agrees to comply with the following over a period of six months: • System for assured and affordable referral transport for pregnant women and sick children/infants. • Facility upkeep (including maintenance of building – sanitation, laundry, water, electricity, kitchen) and grievance redressal mechanisms.	• This will be ensured through EMRI. • Provision for facility upkeep has been made in the PIP

• Performance benchmarks for staff prior to renewal of contracts and incentives. • Availability of functional equipments at all facilities.	• Renewal of contracts is being done only after reviewing performance of the staff. • All efforts are being made to provide necessary equipments and ensure their functionality.

STATUS ON FULFILLMENT OF CONDITIONS FOR RELEASE OF DISEASE CONTROL PROGRAM FUNDS FOR 2011- 12

NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAM

Mandatory - Present status:

- The state has dedicated State and Districts Programme Officers (VBD) for all Vector Borne Diseases.
- No contractual positions are sanctioned for NVBDCP
- All the Grants –in–Aid received by the State Health Society for NVBDCP are released to the districts, as quickly as possible.

Desirable - Present status:

- To increase the ABER for malaria in the state, ASHAs have been engaged in 27 districts for preparation of slides. Private practitioners and ANMs have also been involved for the preparation of blood smears.
- In the year 2010-11, Govt. of India has not supplied any rapid diagnostic kits for Pf. However in year 2009-10, 1 lac kits were supplied by GOI and utilized.
- Targeted population for IRS was 70 lacs out of which 30 lacs (43%) targeted population was covered for IRS. The lower than desired coverage was mainly due to short supply of DDT by GOI.
- All the district hospitals and govt. medical colleges have been identified as SSH for Dengue, Chikungunya and Japanese Encephalitis (JE) and all of these are functional.
- There are 9 posts of zonal entomologists, out of which 7 are in position and for 2 positions request is to be sent to Uttar Pradesh Public Service Commission.

REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAM

Mandatory - Present status:

- The state HQ and all districts have full time Tuberculosis Programme Officers in position.
- As per the report for the 3rd quarter of year 2010-11, NSP case detection rate of the state is 67%, which is slightly less than the desired level. The poorly performing districts have been identified and corrective measures are being taken to achieve a NSP case detection rate of at least 70%.
- As per the report for the 3rd quarter of year 2010-11, the state average for default rate is 6%. The poorly performing districts have been identified and corrective measures are being taken to reduce the default rate and to achieve the desired level of less than 5%.

Desirable - Present status:

- The accreditation process for the intermediate reference laboratory for the diagnosis of Multi – Drug Resistant Tuberculosis is in progress.
- The preparation for starting DOTS-Plus programme for multi drug resistant tuberculosis is on at two places and the programme will be operationalised soon.

INTEGRATED DISEASE SURVEILLANCE PROGRAM (IDSP)

Mandatory - Present status:

- The State has a dedicated Surveillance Officer in place for IDSP.
- Reporting of Surveillance data is being done through portal.

Desirable - Present status:

- Contractual staff for IDSP is in position in most of the places
- District Surveillance Officers have been identified and nominated

NATIONAL LEPROSY ERADICATION PROGRAMME

Mandatory - Present status:

- Full time programme officers are in position at state HQ and in almost all districts.

Desirable - Present status:

- All the contractual posts are filled.

E) INCENTIVIZING GOOD PERFORMANCE

As and when the guidelines are received from GOI for incentivizing good performance, the same will be considered at state level.

FACILITY OPERATIONALISATION AND TRAINED SERVICE PROVIDERS

Area	Indicator	Number of Facilities/HR				Service utilization* (average per month per facility/ trained provider)		
		Planned (2005-11)	Achievement (2005-11, till 30.11.10)	Percentage (%) Achievement	Plan for 2011-2012	Services	Based on performance during Apr-Nov 2010	Projection for 2011-12
Facility Operationalization	No. of FRUs Operationalised	180	154	86%	20 additional (Cumulative 200)	C-sections	21	25
						MTPs	19	21
						Male sterilizations	4	5
						Female sterilizations	32	36
	No. of 24x7 PHCs Operationalised	850	824	97%	250 additional (Cumulative 1100)	Normal deliveries	115	127
						MTPs	10	11
						Male sterilizations	5	6
						Female sterilizations	33	37
						IUD insertions	101	111
	No. of sub-centres operationalised as delivery points	3876	3512	91%	1000 additional (cumulative 4876)	Normal deliveries	6	7
						IUD insertions	4	5
	No. of SNCUs operationalised	12	7	58%	4 additional (cumulative 16)	Newborns treated	176	194
	No. of NBSUs operationalised	180	107	59%	20 additional (Cumulative 200)	Newborns treated	21	23

Capacity Building	EmOC training	144	81	56%	48 additional (cumulative 188)	C-sections	5	7
	LSAS training	168	121	72%	60 additional (Cumulative 228)	C-sections	3	5
	SBA	7795	4889	63%	5000 additional (cumulative 12795)	Deliveries conducted	36	40
	MTP/MVA	296		0%		MTPs		
	RTI/STI							
	IMNCI	92151	41122	45%				
	F-IMNCI	1232	34	3%		Children and infants treated	13	15
	NSSK	3669	1947	53%		Newborns resuscitated	1	2
	Minilap	450	87	19%	171 additional (621cumulative)	Sterilizations	23	25
	NSV	324	200	62%	294 additional (Cumulative 618)	Sterilizations	2	3
	Laparoscopic sterilization	300	160	53%	240 additional (540cumulative)	Sterilizations	50	55
	IUD					IUD insertions		
NOTE * - No. of cases / no. of facilities (or trained providers) / 8 (months) e.g. Average FRU utilization for C-sections = Total No. of C-sections at FRUs during April – November 2010, divided by Total no. of FRUs operational as at November 2010, divided by 8 (no. of months)								

MONITORABLE/PERFORMANCE INDICATORS

Sl.	Indicator	2010-11 Baseline (Apr-Nov 2010)		2011-12 Q1 Target		Q2 Target		Q3 Target		Q4 Target		Annual Target	
		HF districts	State total	HF districts	State total	HF districts	State total	HF districts	State total	HF districts	State total	HF districts	State total
A	**Maternal Health**												
A.1	***Service Delivery***												
A.1.1	% Pregnant women registered for ANC in the quarter	32.6	63.8	12	15	15	18	18	20	20	24	**65**	**77**
A.1.2	% PW registered for ANC in the first trimester, in the quarter	16.2	37.1	7	9	8	12	10	15	10	15	**35**	**51**
A.1.3	Institutional deliveries (%) in the quarter	13.6	28.9	12	15	13	17	15	18	16	20	**56**	**70**
A.2	***Quality***												
A.2.1	% unreported deliveries in the quarter	55	44.55	52	40	50	38	45	35	40	30	**40**	**30**
A.2.2	% high risk pregnancies identified	6	12	7	13	8	14	9	15	10	15	**10**	**15**
	(a) % women having hypertension	2	3	2	4	3	5	4	5	5	5	**5**	**5**
	(b) % women having low Hb level	3	5.7	4	6	6	10	8	15	10	20	**10**	**20**
A.2.3	% of Home Delivery by SBA (i.e. assisted by doctor/ nurse/ ANM)	10.5	14.1	10	15	12	17	15	18	18	20	**18**	**20**

A.2.4	C-sections performed (%)												
	(a) in Public facilities	2	3.9	2	4	2	5	3	5	4	6	**4**	**6**
	(b) in private accredited facilities	NA	1.53	1	2	2	3	3	4	3	5	**3**	**5**
A.2.5	% of deliveries discharged after at least 48 hours of delivery (out of public institution deliveries)	NA	67.8	40	65	45	70	50	70	50	75	**50**	**75**
A.2.6	% of still births	NA	2.1	2	2	1.8	1.8	1.7	1.7	1.5	1.5	**1.5**	**1.5**
A.2.7	%age of maternal deaths audited	NA	1	0	1	1	2	2	3	4	5	**4**	**5**
A.3	***Outputs***												
A.3.1	% of 24x7 PHCs operationalised as per the GoI guidelines	50	70	50	70	52	72	55	75	60	80	**60**	**80**
A.3.2	% of FRUs operationalised as per the GoI guidelines	40	65	42	67	45	70	47	72	50	75	**50**	**75**
A.3.3	% of Level 1 MCH centres operationalized	NA	NA	25	25	40	40	60	60	75	75	75	75
A.3.4	% of Level 2 MCH centres operationalized	NA	NA	25	25	40	40	60	60	75	75	75	75
A.3.5	% of Level 3 MCH centres operationalized	NA	NA	25	25	40	40	60	60	75	75	75	75
A.3.6	% ANMs/ LHVs/ SNs trained as SBA against workload for	22.5	38.7 1161 trained	15	15	25	25	30	30	30	30	**100**	**100**

	the year 2010-11		against target of 3000										
A.3.5	% doctors trained as EmOC against workload for the year 2010-11	12	25	0	0	40	40	0	0	60	60	**100**	**100**
A.3.6	% doctors trained as LSAS against workload for the year 2010-11	32	61	0	0	40	40	0	0	60	60	**100**	**100**
A.4	***HR productivity***												
A.4.1	% of LSAS trained doctors giving spinal anaesthesia	40	52	50	52	52	55	55	60	55	60	**55**	**60**
A.4.2	Average no. of c-sections assisted by LSAS trained doctors/month	1	3	2	3	2	4	2	4	3	5	**3**	**5**
A.4.3	% of EmOC trained doctors conducting c-sections.	42	55	50	55	55	60	60	65	65	70	**65**	**70**
A.4.4	Average no. of c-sections performed by EmOC trained doctor	2	5	3	5	4	6	4	7	4	7	**4**	**7**
A.4.5	Average no. of deliveries performed by SBA trained SN/LHV/ANM	24	36	25	37	25	39	28	40	30	40	**108**	**156**
A.4.6	% of SBA trained ANMs conducting deliveries	70	85	80	90	85	95	90	95	95	100	**95**	**100**
A.5	***Facility utilization***												

A.5.1	% of FRUs conducting C-section	70	84	72	86	75	88	77	92	80	94	**80**	**94**
A.5.2	Average no. of c-sections per FRU	15	21	16	22	17	23	18	24	20	25	**20**	**25**
A.5.3	Average no. of MTPs performed in FRUs/month	15	19	15	19	16	20	16	20	17	21	**17**	**21**
A.5.4	Average no. of deliveries per 24x7 PHCs/month	90	115	92	118	100	122	118	125	120	127	**120**	**127**
A.5.5	Average no. of MTPs performed per 24x7 PHC/month	8	10	8	10	9	11	9	11	9	11	**9**	**11**
A.5.6	% of SC conducting at least 5 deliveries per month	20	20	20	20	22	22	23	23	25	25	**25**	**25**
B	**Child Health**												
B.1	***Service Delivery***												
B.1.1	Children 9-11 months age fully immunised (%)	37.2	49.4	15	20	20	22	20	20	25	25	**80**	**87**
B.1.2	% children breastfed within 1 hour of birth	26.5	33.6	7	10	10	12	12	15	15	20	**44**	**57**
B.1.3	% of low birth weight babies	5.6	13.2	6	13	8	15	8	15	15	20	**15**	**20**
B.2	***Quality***												
B.2.1	%age of women receiving PP check up to 48 hrs to 14 days	32	47	12	15	15	18	18	20	20	25	**65**	**78**
B.2.3	% drop out from BCG to measles	18	11.4	16	10	15	10	12	10	10	8	**10**	**8**

B.3	***Outputs***											**-**	**-**
B.3.1	% of SNCUs operationalised	25	58.33	58.33	100		-		-	56.25	100	**56.25**	**100**
B.3.2	% of stabilization units operationalised	36	59.44	40	70	56	80	65	100	65	100	**65**	**100**
B.3.3	% of new born baby care corners operationalised	58	82.35	65	85	70	90	75	95	80	100	**80**	**100**
B.3.4	% of personnel trained in IMNCI	24.5	41.4	27	45	32	50	40	55	45	60	**45**	**60**
B.3.5	% of personnel trained in F-IMNCI	0.01	0.03	3	5	10	15	17	25	25	35	**25**	**35**
B.3.6	% of personnel trained in NSSK	17.5	22.6	25	35	30	55	40	75	60	90	**60**	**90**
B.4	***Facility utilization***												
B.4.1	Average no. of children treated in SNCUs	1250	1,938	1500	2000	1600	2200	1800	2500	2300	3000	**2300**	**3000**
B.4.2	Average no. of children treated in NBSUs	100	180	120	200	125	210	130	225	150	250	**150**	**250**
C	**Family Planning**												
C.1	***Service Delivery***												
C.1.1	% of total sterilization against ELA	15.9	17.05	15	15	20	20	35	35	30	30	30	30
C.1.2	% post partum sterilization	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	**NA**	**NA**
C.1.3	% male sterilizations	NA	NA	15	15	20	20	35	35	30	30	**50**	**50**
C.1.4	% of IUD insertions against planned	34.95	34.78	15%	15	20	20	35	35	30	30	**30**	**30**
C.1.5	% IUD retained for 6 months		47.6		50		52		53		55		**55**

C.1.6	% Sterilization acceptors with 2 children	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	**NA**	**NA**
C.1.7	% Sterilisation acceptors with 3 or more children	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	**NA**	**NA**
C.2	***Quality***												
C.2.1	% of complications following sterilization (reported)	No data available											
C.3	***Outputs***												
C.3.1	% doctors trained as minilap against workload	15	19	15	19	18	21	20	23	23	25	**76**	**78**
C.3.2	% doctors trained as NSV against workload		62	10	15	15	20	20	25	25	25	**70**	**85**
C.3.3	% doctors trained as laparoscopic sterilization against workload	-	53	10	10	15	20	20	20	25	25	**70**	**80**
C.3.4	% ANM/LHV/SN /MO trained in IUD insertion	Not conducted due to unavailability of Zoe-model		10	15	15	25	20	30	25	30	**70**	**100**
C.4	***HR productivity***												
C.4.1	Average no. of NSVs conducted by trained doctors/month		2	2	2	2	2	3	3	3	3	**3**	**3**
C.4.2	Average no. of minilap sterilizations conducted by minilap trained doctors	20	23	23	23	23	23	24	24	25	25	**25**	**25**

C.4.3	Average no. of laparoscopic sterilizations conducted by lap sterilization trained doctors	25	50	25	50	30	52	35	54	40	55	**40**	**55**
C.4.4	Average no. of IUDs inserted by MO trained in IUD insertion/month	40	70	50	70	60	72	70	74	75	75	**75**	**75**
C.4.5	Average no. of IUDs inserted by SN/ LHV/ ANM trained in IUD insertion/month	25	31	25	32	28	34	30	36	35	36	**35**	**36**
C.5	***Facility utilisation***												
C.5.1	Average no. of sterilizations performed in FRUs/month	25	36	25	36	28	38	30	40	35	41	**35**	**41**
C.5.2	Average no. of sterilizations performed in 24x7 PHCs/month	15	38	15	38	18	40	25	41	30	42	**30**	**42**

CHAPTER – 4: SCHEMES/PROGRAMMES

Part – A : RCH Flexi-pool

Part – B: Mission Flexi-pool

Part –C: Immunization

Part – D: Disease Control Programmes

Part – E: Inter-Sectoral Convergence

A.RCH Flexi Pool

A.1. MATERNAL HEALTH

Maternal mortality in the state has continued to remain high for several decades but with introduction of various programme packages during the nineties, the Maternal Mortality Ratio (MMR) has started declining. However, there is still a long way to go to achieve the defined objectives for the state.

Year	1997	2001-03	2004-06	Goal (NRHM) by 2012
MMR	**707**	**517**	**440**	**258**

Source: Sample Registration System (SRS) Bulletin, 1997, 2001-03, 2004-06

The implementation of NRHM focused interventions such as Janani Suraksha Yojana (JSY) has helped in promoting institutional deliveries and bringing down the MMR. Further to improve the quality of care and meet with increasing load of JSY beneficiaries, more facilities are being made operational as FRUs and 24X7 PHCs/CHCs. Accreditation of sub centres is also being undertaken. More emphasis is being laid for 48 hours stay after the delivery at the facility. State is doing strategic planning for and implementing various clinical training programmes for increasing skills of a large cadre of service providers for provision of quality services as per standard protocols.

PLAN FOR FACILITY OPERATIONALIZATION INCLUDING MCH CENTRES

Detailed plan for facility operationalization has been chalked out, so as to provide quality delivery services at every level. MCH Centre plan for all 72 districts has been prepared, which include specific focus on 45 high focus districts. In these plans, human resource requirement, physical strengthening of the facilities in terms of repairs/renovations /equipments and capacity building of the existing staff has been included.

1. FRU OPERATIONALIZATION

To bring about a reduction in maternal mortality, it is imperative that our health units are equipped to handle complicated cases of pregnancy and ensure safe delivery. Currently, there are 53 district hospitals, 20 combined Hospitals and 81 CHCs, thus a total of 157 units functioning as FRUs up to December 2010 against a target of operationalizing 180 units during 2010-11. It is expected that by March 2011, there will be 165 functional FRUs in the state. Efforts at this stage are to consolidate and achieve quality care at these centres with increasing the number of functional FRUs to 200 for the year 2011-12. Year wise implementation of FRUs operationalization is mentioned in the table below:

Year	No of DWH	Combined Hospital	CHCs	Hospitals	Others	Cumulative Total
2007 -08	38	-	23	**-**	**-**	**61**
2008 -09	53	5	61	**-**	**-**	**119**
2009 -10	53	7	77	**-**	**-**	**137**
2010-11 (upto Dec. 10)	53	10	86	1	5	**156/ Expected 160 by March**
2011-12 (proposed)	**53**	**20**	**86**	**1**	**5**	**165**

ACHIEVEMENTS (AT FRU)

Year	Status of deliveries		
Type of Deliveries	**Normal**	**Assisted**	**Caesarean Section**
2008 -09	3,33,570	23,066	30,717
2009-10	4,17,447	39,068	35,586
2010-11 (Upto Nov 10)	3,26,831	29,733	37499
2010-11 (expected till March 11)	4,90,000	50,000	50,000

It is expected that about 1 Lac deliveries are being conducted at state medical colleges where 25000 (25% of referred cases) caesarean section are performed because referral of complicated cases to medical colleges are very high.

TARGET FOR THE YEAR 2011-12

The achievement up to Dec. 2010 is 156 FRUs but it is expected that by the end of March 2011, there will be at least 160 units functional. After the sub-group meeting with valuable suggestions from GOI, it has been decided that concerted efforts will be made to operationalize the existing units with maximum inputs, so that they can be made fully functional. A very few new units will be made operational as additional FRUs. Thus, it is hoped that by the end of 2011-12, there will be total 165 units functional as FRUs, which will include 53 DWH, 26 Combined/other hospitals and 86 CHCs.

HUMAN RESOURCE

Rationalization in redeployment of human resources is being done and hiring of Specialists on contract or 'on-call basis' and Staff Nurses on contract will be continued. The tentative requirement of the staff for FRUs has been detailed in the section on Human Resources in **MCH centres operationalization (level-III) under RCH Flexi-pool.**

For upgrading the skills of the service providers and to meet the shortage of trained service providers, as per training plan for 2011-12, around 60 medical officers will be trained in short term Anaesthesia training and 48 in EmOC training for FRUs. Thus, additional units will be made functional as First Referral Units. **The budget for the same is being budgeted under the head of "Trainings" in RCH flexi-pool.**

PROVISION OF SUPPORT SERVICES TO OPERATIONALIZE FRUS

In the state of Uttar Pradesh, the workload in DWH and FRU CHCs has increased tremendously due to very positive response of community to JSY. On an average these units are conducting 20 to 30 deliveries and 3 to 4 caesarean sections per day. The basic support services are not enough to manage and ensure the activity effectively. It is proposed to post support staff, which can assist Staff Nurses and Doctors during deliveries and operations. Thus, a proposal to recruit 3 OT Assistants in Operation Theatres (8 hourly basis) on contract at 165 FRUs is being budgeted. These OT assistants will have minimum education class 12th standard and will be given on-job training by the doctors and staff nurses posted at OT. These OT assistants will ensure clinical hygiene, infection prevention, safe disposal of placenta and other biomedical waste after delivery, essential new born care which includes assistance during resuscitation, prevention of hypothermia, colostrums feeding and infection minimization. These OT Assistants will be paid an honorarium of @ Rs. 6500/- per month.

Therefore, it is proposed to make available a sum of Rs 19500 per month per facility for this activity. There was proposal for 165 such facilities and total cost for this activity Rs. 386.10 Lacs (165x 0.195 x 12) was proposed for the year 2011-12, **against which GOI approved only 63 OT Assistants for 21 high loaded FRUs under RCH Flexipool *(ROP- FMR Code – A.8.1.7)***.

BLOOD BANK AND BLOOD STORAGE UNITS

All the Districts / Combined Hospitals have accessibility to a blood bank and have either a blood storage refrigerator or linkages with a blood bank. There are 180 existing blood storage centres in the State and 20 more are proposed in the year 2011-12, making 200 BSC to be operational.

During the FY 2009–10, a total of 140 blood storage refrigerators have been procured and distributed to FRUs. In FY 2010-11, 40 blood storage refrigerators are to be procured. The procurement of these units is in process. It would be ensured that existing units have proper licensing. In places, where blood storage refrigerator units have not been made available, proper linkage with government blood banks is being ensured. For the year 2011-12, 20 more blood storage refrigerator units will

be required @90,000/-per unit, totalling to **Rs 18.00 Lacs. The same has been budgeted under Mission flexi-pool.** During the financial year 2010-11, a total of 21 blood transportation vans have been distributed to government blood banks of U.P. for transport of blood units (to and fro) between blood storage centres and mother blood banks by Uttar Pradesh State AIDS Control Society (UPSACS). These blood transportation vans contain 4 blood transportation boxes each and hence will be sufficient for transportation of blood units to 42 blood storage centres. Therefore, blood transportation boxes for rest 158 blood storage centres are proposed to be supplied from NRHM.

Budget Proposal for Blood Storage Centres in UP 2011-12:

- No. of FRUs in next 2 years : 200
- No. of Blood Bank Refrigerator : 180
- Expected No. of BSC to be operational 2011-12: 200

Sl.	Details	No. of Units	Unit Cost (Rs.)	Freq uency	Total Amount (in Lacs)
1	Blood Storage Refrigerators for 20 FRUS	20	90,000.00	1	18.00
2	Blood Transportation Boxes for 158 Blood Storage Centre (2 for each)	316	15,000.00	1	47.40
3	VBD Camp Support including transportation of Blood units from and to Mother Blood Bank (one camp in the 2nd, 3rd and 4th Quarter of the year per BSC)	200	2,500.00	3	15.00
Total					**80.40**

The above requirement (Sl. No. 1 & 2) is being budgeted under Mission Flexi-pool – Procurement ((ROP- FMR Code – B.16.1.g + B.16.1.h) and has been approved but (Sl. 3) in RCH Flexi-pool has not been approved by GOI.

ESTABLISHMENT OF BLOOD BANKS

Blood banks are being established in every district of the state. There were 20 districts, where no blood bank was available till year 2010-11, for which an amount of Rs. 2400.00 Lacs was sanctioned. Thus, by the end of this year, every district will have a blood bank.

Further, it is to be stated that Chhatrapati Sahu Ji Maharaj Nagar (newly created district) and 3 combined hospitals (CH Vrindavan- Mathura, RLB CH- Rajajipuram, Lucknow and LBRN CH- Kanpur road, Lucknow) does not have blood banks, although the buildings for the same is available in all the places. A proposal to establish blood banks in these hospitals is being submitted with following details:

Sl	Name of Hospital	Human Resource # (Rs. In Lacs)	Essential Equipments and Furniture for Blood Bank (Rs. In Lacs lumpsum)	Consumables (POL for Generator, Telephone, etc.) (Rs. In Lacs lumpsum)	Infrastructure Support (Furnishing of Blood Bank Building and essential Civil/ Electricity Works) (Rs. In Lacs)	Total Amount (in Lacs)
1	100 bedded Combined Hospital – Vrindavan, Mathura	7.98 (for 6 months)	25.78	0.50	5.00	**39.26**
2	Rani Laxmibai Combined Hospital – Rajajipuram, Lucknow	7.98 (for 6 months)	25.78	0.50	5.00	**39.26**
3	Lok Bandu Rajnarayan Combined Hospital, Kanpur Road, Lucknow	7.98 (for 6 months)	25.78	0.50	5.00	**39.26**
4	Chhatrapati Sahu Ji Maharaj Nagar – District Hospital	7.98 (for 6 months)	25.78	0.50	5.00	**39.26**
	Total					**157.04**

In addition to Sr. Pathologist, One Medical Officer, One Staff Nurse, One PRO, Two LTs, 1 BBD Assistant cum Data Operator & 2 class -IV

Thus, the total amount of Rs. 157.04 Lacs was proposed and budgeted under RCH Flexipool, which has not been approved(ROP- FMR Code – A.1.1.1).

SUPPORT TO STRENGTHENING OF GOVERNMENT BLOOD BANKS

The detailed proposal for the strengthening of govt. blood banks has been given in the **"Infrastructure and Human Resource Chapter"**.

2. OPERATIONALISATION 24* 7 PHCS

At present there are 400 CHCs, 380 BPHCs and 44 APHCs that are providing 24X7 delivery services. It is expected that in the year 2011-12, additional 38 CHCs, 90 BPHCs and 148 APHCs will be functional to provide 24X7 services for delivery. Thus a total of 1100 facilities will be operationalized to provide 24 hour BEmOC services. The year wise coverage of 24X7 sites is:

Year	CHCs	BPHCs	Add. PHCs	Total
2008 -09	346	294	-	**640**
2009 -10	372	303	32	**707**
2010-11	400	380	44	**824**
2011-2012 (proposed)	**438**	**470**	**192**	**1100**

HUMAN RESOURCES

Additional human resource is proposed to be made available through contractual arrangements.

1. At the District Women Hospitals, two MBBS Lady Medical Officers and specialists (Gynaecologist/Anaesthetist/Paediatrician- as per requirement) would be deployed for helping and sharing case load of institutional deliveries due to JSY.
2. Specialist at FRU-CHCs as per requirement.
3. One Medical Officer (MBBS) at CHCs and Block PHCs.
4. One ISM lady at 24*7 units

During the year 2010, one ISM LMO at each block level PHCs/CHCs was hired on contractual basis to promote institutional delivery. At present 901 ISM LMOs are working at these units. It is proposed that during 2011 –12, 1100 ISM LMOs will be hired, one at every block level PHC/CHC (908, excluding FRU units) and 192 additional PHC for providing institutional delivery services.

3. STATUS OF FACILITY OPERATIONALISATION

Sl.	Facility	Total No. Planned till 2012 (cumulative)	Total No operationalised till 2010 (till Dec. 2010 cumulative)	Target for 2010-11	Achievement in 2010-11 (till December, 2010)	Target for 2011-12
1.	FRUs	165	157	40	17 (expected 3 more by March 11)	5
2.	24x7 PHCs	1100	824	150	124	250

MCH CENTRES OPERATIONALISATION

As per GOI guidelines, the state has done a wide exercise to map out the MCH centres in the districts and has planned to operationalize these MCH centres in a phased manner.

In the first phase, the state prepared MCH centre plan for 25 high focus districts for which the list was provided by GOI and the formats used were developed with the help of NHSRC and SPMU, GO-UP. The plans thus prepared were submitted to GOI for sanction and approval but GOI extended the list of high focus districts in the state and ultimately MCH centre plans were prepared for 45 high focus districts. These plans were compiled and submitted to GOI, the details have already been published by GOI in their booklet "Accelerating Maternal and Child Survival – The high focus district approach".

Further, as per GOI instructions, the remaining 26 districts have also conducted the same exercise and have prepared their MCH centre plans and proposal to operationalize facilities accordingly. The status is as below:

Facility	Total identified/existing		Proposed Target for 2011-12		Additional in 2011-12	
MCH Centre Level - III	**DWH/DCH**	**CHC**	**DWH/DCH**	**CHC**	**DWH/DCH**	**CHC**
	70	87	74	126	4	**39**
MCH Centre Level -II	**CHC**	**BPHC/APHC**	**CHC**	**BPHC/APHC**	**CHC**	**BPHC/APHC**
	495	335	577	523	82	**188**
MCH Centre Level -I	**PHC**	**Sub-Centre**	**PHC**	**Sub-Centre**	**PHC**	**Sub-Centre**
	618	1125	780	3625	162	**2500**
Total	**1183**	**1547**	**1431**	**4274**	**248**	**2727**

OPERATIONALIZATION-QUARTER-WISE FOR 2012 FOR HIGH FOCUS DISTRICTS (CONSOLIDATED) AND STATE TOTAL

Facility	Quarter-1		Quarter-2		Quarter-3		Quarter-4		Total High Focus	Total State
	High Focused	State total	High Focused	State total	High Focused	State total	High Focused	State total		
MCH Centre Level - III	3 CHC	6 CHC	1DWH + 5 CHC	2 DCH/ DWH+ 10CHC	1DWH + 7 CHC	2 DCH /DWH+ 15CHC	5 CHC	8CHC	2DWH/ DCH+ 20 CHCs	**4 DCH/ DWH+ 39CHCs**
MCH Centre Level - II	7 CHC+ 24PHC	10CHC+ 38PHC	11CHC+ 30PHC	20CHC + 50PHC	14 CHC+ 32PHC	20CHC + 50 PHC	19 CHC+ 35PHC	32CHC + 50 PHC	51CHC +121 PHC	**82 CHC +188PHC**
MCH Centre Level - I	28 PHC+ 350 SC	40 PHC + 500 SC	30PHC+ 500 SC	50 PHC+ 800 SC	35 PHC+ 550 SC	50 PHC+ 800 SC	12 PHC+ 200 SC	22 PHC+ 400 SC	105 PHC +1600 SC	**162 PHC + 2500 SC**

GAPS IDENTIFIED IN INFRASTRUCTURE AND EQUIPMENTS UNDER FACILITY OPERATIONALIZATION PLAN

The teams constituted at district and block level, identified the gaps in infrastructure which included minor repairs, major repairs, renovation, partial constructions and bed requirement for the facilities to operationalise them optimally. The equipments which are mostly needed include phototherapy units, radiant warmers, resuscitation trolley, oxygen cylinders, Boyel's apparatus, pulse oxy-meter, centrifuge, calorimeter, etc. ***The level wise requirements and budgetary details are given the chapter New Constructions/Renovation & Setting up (ROP- FMR Code – B.5) under NRHM Flexipool.***

Manpower requirement for MCH Centres operationalization

Facilities	Specialists(Gyne/ Paed. / Anaes. / Patho./ Ultra - sonologist)	MBBS Doctors	Nurse	ANMs	Para medicals
MCH Centre Level - III	600	319	500	-	150
MCH Centre Level -II	-	500	2,000	200	550
MCH Centre Level -I	-	-	-	2,300	-
Sub Total	**600**	**819**	**2,500**	**2,500**	**700**

The budget for this manpower included in the chapter of Human Resources and Infrastructure under RCH Flexi-pool, where requirement for other human resources for the state has also been included.

CAPACITY BUILDING OF STAFF

The trainings to build the capacity of the staff are mainly SBA, LSAS, EMOC, F-IMNCI, MVA and NSSK. During preparation of MCH plans in the districts, the gaps have been identified in terms of capacity of the main staff conducting deliveries. It has been noted that SBA training is the most crucial component, which needs greater emphasis and SBA training has to be conducted on a much faster pace than it is being done presently.

In discussion with NHSRC, the resolution has been reached to train ANMs and Staff Nurses posted at facilities, where delivery load is high, should be trained on priority basis by special mobile team, which will be provided by NHSRC. As per information received, 20 such PHN/tutors have already been selected by NHSRC team exclusive for Uttar Pradesh and it is being proposed to place them at 10 most backward districts of the state to train ANMs and Staff Nurses under Skill Birth Attendant, IUCD insertion, complete ANC check-up, timely identification of high risk pregnancies, their immediate management and referral. An amount of Rs. 0.40 Lac per PHN/ Tutor per month including honorarium, conveyance and residential arrangement, etc. is being budgeted under specific strategies for high focused districts.

Further, it is also being proposed to establish district level skill development plan in 10 identified high focused districts and the details are given in specific strategies for high focused districts. To improve communication and service delivery, a proposal for CUG connection up-to ANM level is also being included in the **specific strategies for high focused districts.**

DRUGS AND SUPPLIES UNDER MATERNAL HEALTH

- **RH-ANTI D SERA**

Provisions of 2625 injections @Rs. 2000/- per injection and a total amount of Rs. 52.50 Lacs was made for ensuring the availability of essential life saving medicines which are not available through the routine State Government supplies, such as anti Rh sera in the year 2010-11. Somehow the procurement process got delayed and supply is expected to come by March end/April, as the process is underway. So the amount of Rs.52.50 Lacs of the financial year 2010-11 is a committed budget to be utilized in 2011-12. **Hence, this budget is not being proposed for 2011-12.**

- **EARLY DETECTION OF PREGNANCY USING PREGNANCY TEST KIT**

The maternal mortality rate may be reduced significantly by early detection of pregnancy and taking care of pregnant women accordingly. Under the 'Mother (pregnant women) and child tracking system' early diagnosis of pregnancy by user's friendly pregnancy kit by ASHA & ANM will be highly beneficial for the scheme. This will also help in generating the faith of the beneficiaries in the system. Accordingly the Nischay pregnancy kit was introduced in the State in 2009-10 to ANMs and ASHAs. One day training has also been provided to these service providers on using these kits. These kits received a positive response in the field.

Reorientation to ANMs and ASHAs for use of these kits will be given by the MO I/Cs of all CHC/Block level MOI/Cs during monthly meetings.

An amount of Rs. 150.00 Lacs was budgeted in the year 2010-11. Somehow the procurement process got delayed and supply is expected to come by March end/April, as the process is underway. So the amount of Rs. 150.00 Lacs of the FY 2010-11 is a committed budget to be utilized in 2011-12. **Hence, this budget is not being proposed for 2011-12.**

- **REDUCTION OF MATERNAL/NEONATAL MORTALITY AND MORBIDITY THROUGH MANAGEMENT OF SEVERE ANAEMIA AMONG PREGNANT WOMEN**

Anaemia is prevalent in about 51.6 % pregnant women UP. (NFHS III). Studies have proved that iron deficiency is responsible for > 95 percent of the anaemia during pregnancy. Anaemia directly contributes to 8 percent mortality and indirectly to 22 percent mortality of the total maternal mortality rates. It also contributes to high foetal losses and increased incidence of low birth weight (LBW) babies and consequent infant mortality.

To correct severe anaemia with Hb percent less than 8 gm, the women need parenteral iron. Though studies proved that parental iron and oral iron have the

same benefits; various factors like poor compliance, poor absorption etc result in poor outcomes among severely anaemic women.

In the high focus states often women are seen in the hospitals with complications of anaemia and the Haemoglobin levels are around 3-4 gm. percent. When the haemoglobin levels of these women are to be improved within shorter time either blood transfusion or intravenous iron therapy is recommended. As the availability of blood transfusion facility is limited, therefore intravenous iron sucrose is the next best alternative. Guidelines for iron therapy to pregnant women are as follows:

a) Compulsory Haemoglobin estimation at 14 weeks, 20th weeks and 32 weeks of pregnancy for all pregnant mothers.
b) De worming at 20th week of gestation (Second Trimester). (Tablet Albendazole, 400 mg – single dose.) As per State guidelines, all pregnant women are being provided with a tablet of de-worming during the second trimester of pregnancy to prevent anaemia due to worm infestation.
c) Iron in the form of Ferrous Sulphate is the best choice. Preventive and therapeutic form of Iron to be started after de-worming.
d) (Preventive dosage of Iron – 100 mg. of elemental iron- FST 0.5 mg. Folic acid once daily for 100 days. Therapeutic dosage of Iron – 100 mg. of elemental iron – FST 0.5 mg. folic acid twice daily for 100 days).

Guidelines have been developed for the administration of iron sucrose and send to all FRUs. All the pregnant women who attend antenatal clinics in CHCs/BPHCs, FRUs and district hospitals with Hb percent levels less than 8 gms may be administered with Intravenous Iron Sucrose as per the protocol. The ANMs would screen the women for severe anaemia; refer women to CHCs, FRUs for treatment with Intravenous iron Sucrose.

COVERAGE

It is proposed that IV iron injection therapy will be given to pregnant women with severe anaemia (1% of the JSY targeted (25 lacs) pregnant women/ deliveries) i.e. out of 25 Lacs deliveries conducted in the institutions, around 25000 women delivered under JSY treated at FRU level may seek care for anaemia during the antenatal period . It is expected that out of 20000, more than 50 percent will utilize the service.

BUDGET

Cost of one ampoule of IV Iron Sucrose inject is Rs.125/-. A severely anaemic woman requires 6 amp. of IV Iron Sucrose injections. For nearly 10500 women, total amount of Rs 78.75 lacs was budgeted in the year 2010-11 but **s**omehow the procurement process got delayed and supply is expected to come by March end/April, as the process is underway. So the amount of Rs. 78.75 Lacs of the FY 2010-11 is a committed budget to be utilized in 2011-12. **Hence, this budget is not being proposed for 2011-12.**

4. PROVIDING SAFE ABORTION SERVICES

Abortions have been legal in India, for a broad range of indications, for over three decades now by virtue of The MTP Act, 1971. Despite this, unsafe abortions contribute to a significant percentage of maternal deaths in the country. The Sample Registration Survey, 2000, estimates that 8.9 percent of all maternal deaths in India are related to complications of unsafe abortions. While most causes of maternal mortality are not predictable, unsafe abortion is predictable and therefore, easily preventable, if women have access to safe abortion care.

OPERATIONALISATION OF MTP SERVICES AT HEALTH FACILITIES

At present MTP services are available only at 180 facilities (53 District Women Hospitals, 20 combined hospitals and around 107 CHCs). The table below shows the MTP achievement for the last 3 years:

Year	No. of MTPs
2008-09	81644
2009-10	78588
2010-11 (Upto December 2010)	53885

It is proposed to strengthen the existing MTP services at these facilities and further operationalise MTP services by training more service providers in the existing facilities. Requisite training would be provided to the LMOs. This year the focus is on provision of safe abortion services up to the level of FRUs. Thus, a total of 200 facilities would be providing comprehensive safe abortion services including MVA, EVA and MA.

DRUG KIT PROCUREMENT FOR MEDICAL ABORTION

It was proposed to procure 2000 drug kits for Medical Abortions @ 100.00 per kit during the year 2011 – 2012, for this Rs. 2.00 Lacs has been approved by ***GOI (ROP-FMR Code – B.16.1.c).***

MVA Procurement, it was proposed to procure 433 MVAs syringes (219 @ 3 per District Women Hospital & Combined Hospital and 214 @2 per functional CHCs) during the year 2011 – 2012 out of Mission Flexipool budget. **Thus a budget of Rs. 8.66 Lacs was proposed @ Rs 2000/- per kit and has been approved *(ROP- FMR Code -16.1.d)***

MTP Training - At present there are 127 trained service providers for safe abortion services and 46 lady medical officers (LMOs) and staff nurses available as trainers. Due to shortage of lady medical officers it is very difficult to mobilize them for Comprehensive Abortion Care (CAC) Training. In view of above and considering the long duration of training, it is proposed to provide safe abortion care training at ten district women hospitals, wherein 120 doctors will be trained in 40 Batches. It is also proposed to conduct two batches of TOT for 30 trainers (Doctors and staff nurses) at SIHFW in collaboration with DWH.

5. RTI/STI SERVICES

STI/RTI clinics have been established in district hospitals and Medical Colleges all over the state. Presently 86 Designated STI/RTI clinics are functional in the state. These Clinics are supported by UP State AIDS Control Society in terms of capacity building of staff of these clinics, infrastructure strengthening, appointment of counsellor on contract, provision of colour coded drug kits for syndromic case management, provision of consumables and testing kits etc. UPSACS has trained 68 Medical Officers and 71 lab technicians of these clinics in the current year. Presently 79 Counsellors are also working in these clinics.

OPERATIONALIZATION OF STI/RTI SERVICES AT SUB DISTRICT LEVEL (CHC, FRU, PHC, ETC.)

In addition to above it is also envisaged that STI/RTI services and Syndromic case management should also be provided to the rural population through the existing health care infrastructure at the sub-district level.

The colour coded drug kits (Kit 1to Kit 7) for Syndromic case management have already been distributed to districts (CMOs) directly from Central level. These kits are in process of being distributed to further sub district level (CHC, FRU, PHC etc.). For other consumables, it is proposed that Rs 20,000/= per District will be required for the procurement of Consumables and reagents like Glass slides, cover slips, reagents for Wet Mount, Normal saline, KOH testing, Whiff test etc gloves, disinfectants, etc. ***Total budget proposed for the consumables for 72 districts was Rs. 14.40 Lacs (@ Rs 20,000/- per district per year) from NRHM Flexi-pool Procurement Budget, which has been approved by GOI (ROP-FMR Code B.16.2.1.a).***

RTI/STI TRAININGS

In the year 2010-11, 5-7 ToT will be completed by March, 2011. Simultaneously, the district level trainings (55 batches) will also start and are supposed to be completed by March, 2011.

Induction Training for Medical Officers - It is proposed that medical officers of the district remaining in the current year (2010-11) will be trained during the next year (2011-12). The STI /RTI training in these 15 districts will be an induction training of 2 days with each district having one batch of 30 participants (medical officers).The budget proposed for these trainings is Rs 10.65 Lacs and details are given in Table 1.

Refresher Training for Medical Officers- It is also proposed that the Medical officers trained during the current year (2010-11) in 55 districts will be provided Refresher training. This refresher training will be of one day at district level and will be conducted in 55 districts, with each district having one batch of 30 participants. The budget proposed for this activity is Rs 23.65 Lacs & details are given in Table 2.

Induction Training For Lab Technicians - In addition to these, it is also proposed that 7 (seven) batches of Induction Training (2 days) of Lab Technicians of the sub district level will be conducted at State level, training venue being SIHFW. In these batches, 210 LT in 7 batches (each batch = 30 participants) are proposed to be trained. The Budget proposed for these trainings is Rs 5.91 Lacs (Table 3). If required, ToT will be conducted at Medical colleges by UPSACS for district level trainers. The trainings will be conducted by SIHFW with technical support from UPSACS.

Table 1 - Induction Training For Medical Officers

Sl.	Item	Rate (In Rs)	Number of Participants/ Sessions	Days	Total
1	Per Diem	400	30	2	24000
2	Food (Trainees+2 Trainers)	150	32	2	9600
3	Honorarium	500	5	2	5000
4	Contingency	200	30	2	12000
	Sub Total (1+2+3+4)				**50600**
5	IOH (10% of Sub Total)				5060
6	TA (As per State Govt. Norms)	500	30	1	15000
	Total For 1 Batch				**71000**
	Grand Total (For 15 Batches) in Lacs				**10.65**

Table 2 - Refresher For Medical Officers

Sl.	Item	Rate (In Rs)	Number of Participants/ Sessions	Days	Total
1	Per Diem	400	30	1	12000
2	Food (Trainees+2 Trainers)	150	32	1	4800
3	Honorarium	500	5	1	2500
4	Contingency	200	30	1	6000
	Sub Total (1+2+3+4)				**25300**
5	IOH (10% of Sub Total)				2530
6	TA (As per State Govt. Norms)	500	30	1	15000
	Total For 1 Batch				**43000**
	Grand Total (For 55 Batches) in Lacs				**23.65**

Table 3- Induction Training For Lab Technicians

Sl.	Item	Rate (In Rs)	Number of Participants/ Sessions	Days	Total
1	Per Diem	300	30	2	18000
2	Food (Trainees+2 Trainers)	150	32	2	9600
3	Honorarium	1000	5	2	10000
4	Contingency	200	30	2	12000
	Sub Total (1+2+3+4)				**49600**
5	IOH (10% of Sub Total)				4960
6	TA (As per State Govt. Norms)	1000	30	1	30000
	Total For 1 Batch				**84560**
	Grand Total (For 7 Batches) in Lacs				**5.91**

GOI approved budget for above activities at ROP- FMR Code-9.3.5 & 9.3.7.

6. STRENGTHENING OF JSY ACCREDITED SUB CENTRES

On implementation of JSY scheme, sub centres became very vital unit as the Institutional delivery encompasses those deliveries conducted at sub centres. Sub-centres are expected to provide promotional, preventive and few curative primary health care services as below:

- Maternal and Child Health: (i) Antenatal care (ii) Intra-natal;(iii) Postnatal care
- Child Health: (i) Basic Newborn Care; (ii) Promotion of exclusive breast-feeding (iii) Full Immunization (iv) Vitamin A supplements, (v) Prevention and control of childhood diseases like malnutrition, infections, ARI, Diarrhoea, Fever, etc.
- Family Planning and Contraception, Counselling, services up to IUD insertion /removal and appropriate referral for other services.
- Adolescent health care.

Strategy

MCH centre plans have been developed for all 72 districts with special emphasis on 45 high focused districts. It has been envisaged that about 5000 sub-centres will be made functional as level-I MCH centre by the end of 2011-12. Till end of the Nov. 2010, 3516 sub-centres were strengthened and this year additional accredited 1000 sub-centres will be strengthened. Each centre will be provided an amount for up-gradation based on its needs.

BUDGET

Strengthening of Accredited Sub Centres: Allocated Budget				
Sl.	**Activities**	**Quantity**	**Unit cost (in Rs.)**	**Amount (in Rs.)**
1	**Instruments/Equipments**			
	Delivery Table with mattress	1000	8200	8200000
	Examination Table	1000	4500	4500000
	Foot step	1000	750	750000
	Weighing Machine (Both Type)	1000	1500	1500000
	B.P. Instruments (Arinoid)	1000	900	900000
	Stove	1000	450	450000
2	**Electric Arrangement**			
	Inverter	1000	15000	15000000
	Emergency Lantern	1000	1000	1000000
3	**Furniture**			
	Steel Hospital Bed	1000	4200	4200000
	Mattress with Rexene cover	1000	2200	2200000
4	**Furnishing**			
	Bed Sheet 4 in number	4000	160	6400000
	Blanket	1000	500	500000
	Pillows-2 in number	2000	100	200000
	Pillow cover-4 in number	4000	50	200000
	Bench for Waiting place	1000	950	950000

	Almirah	1000	4400	4400000
5	**Running Water**			
	Water Tank (200 Ltr.)*	1000	3000	3000000
	Fitting of water tank & plumbing*	1000	3000	3000000
	Tuloo Pump	1000	3000	3000000
7	**Sign Board**	1000	750	750000
8	**Wall Painting of Immunization Schedule**	1000	750	750000

Depending on the gap analysis by the Divisional/ District PMU, an amount in the range of Rs. 20,000 to Rs. 60,000 (average Rs. 30000/- per sub centre) will be provided to the DHS for releasing to respective facilities. The monitoring of implementation will be undertaken by the MO I/C and DHS. **Thus the total amount of Rs. 300.00 Lacs was proposed for the year 2011-12 under *Mission Flexi pool-Strengthening of Sub Centres & has been approved by GOI (ROP-FMR Code-B.4.1.4)*.**

SERVICES PROVIDED AT SUB CENTERS

ANC, INC, PNC: In the State, while nearly 65 percent of women receive any ANC (DLHS-III), the percentage of women receiving full ANC is only 22 percent. However, with concerted efforts in the field and inclusion of ante natal and post natal care into the JSY package, the uptake of these services has been encouraging. The concurrent evaluation of the JSY scheme in selected states by GoI in 2008[1] reports that among the JSY beneficiaries, 95 percent were registered for ANC, more than 82 percent had at least 3 checkups, 83 percent consumed at least 100 IFA tablets and 84 percent received post natal care.

To further strengthen ante natal and post natal care services, ASHAs have been trained to promote early registration of pregnancies; provide three ANC check ups during VHNDs with ANMs; and ensure TT coverage and consumption of iron and folic acid. ASHAs in turn mobilize communities and motivate them for availing complete ante natal services. Micro plans for registered births are being developed by the ASHA with the support of ANMs. An amount of Rs. 100 per month has been budgeted for meetings with pregnant women conducted by ASHAs to emphasize on the need for complete ante, natal and post natal care. **Provision for referring complications in ANC has also been provided and an amount of Rs. 200 has been included in the ASHA incentive.** ASHAs have been trained in identifying high risk pregnancies and new born for timely management of cases. These referred complications are verified as genuine cases by the attending doctor at the facility, who counter signs the voucher.

For institutional deliveries, guidelines have been issued to DWHs and FRUs for 48 hours stay at the facility to ensure first PNC follow up. Further, to ensure stay for 48

[1] May 2009, Concurrent Assessment of Janani Suraksha Yojana (JSY) Scheme in Selected States of India, 2008, accessed from www.mohfw.nic.in

hours, separate JSY wards are being created. In addition, detailed guidelines issued to ASHAs elaborate their role in following up for post natal complications within first seven days of delivery. Any complications are reported to the ANMs or MOs of CHC/ PHC for appropriate management.

For home deliveries, ASHAs and ANMs conduct follow up PNC visits. An incentive of Rs. 50 has been proposed for the ASHA for PNC, care of the newborn and colostrum feeding. **All fund requirements have been included under ASHA scheme in Mission Flexi pool.**

STRENGTHENING OF NON-ACCREDITED SUB-CENTRES

Though there are hardly 20-25% sub centres, which are practicing safe delivery services on regular basis, there are remaining 75-80%, which are function for services like antenatal care, immunization, routine medical care, family planning services and counselling. These sub-centres also need to be strengthened to perform optimally for these specific services.

During the period 2010-11, State provided BP and other instruments to 3512 accredited sub-centres and for the year 2011-12, additional 1000 sub-centres are proposed to be accredited on the similar lines. To achieve good ANC care at sub-centre level, it is mandatory to check BP, weight of the ANC mother, Hb and urine for albumin sugar. For this, it is proposed that the remaining 16009 sub-centres of UP, (total 20521, around 4512 accredited, remaining 16009) should be provided Rs. 3500/- per centre for procurement of BP Instrument, weighing machine, haemoglobin-meter and consumables/test tubes etc. for urine albumin and sugar testing.. The instruments/other consumable items will be procured as per the need of the sub centres **and the funds available under "untied fund at sub centre" will be utilized at district level.**

SUPPORT TO ANM AT ACCREDITED SUB CENTERS

To maintain quality of delivery services, it is proposed that one helper may be provided, who can assist ANM during delivery. This helper will ensure cleaning of sub-centre, safe disposal of placenta and other bio-medical waste during delivery and will look after the new born for preventing her from hypothermia, infections and will ensure colustrum feeding within one hour. For around 2000 accredited Sub Centre (identified during MCH centre operationalization plan by the districts and list is annexed- Annexure -3), where deliveries are regularly being conducted, an amount @ of Rs. 500/- per month to be paid to helper, where more than 10 deliveries are taking place. ***Thus, total budgetary requirement for this activity was Rs. 120.00 Lacs (Rs. 500x 2000x12) under Mission Flexi-pool – Support Services, which has not been approved by GOI. The same is to be taken from untied funds at sub centres @Rs. 500/-per month for the helper.***

MOTHER AND CHILD TRACKING SYSTEM

Through Mother and Child Tracking System, pregnant women and children can be tracked for their ANCs and immunization along with a feedback system for the ANM, ASHA etc to ensure that all pregnant women receive their Ante-Natal Care Check-ups (ANCs) and post-natal care (PNCs); and further children receive their full immunization. All pregnancies and births will be captured irrespective of where (place) the ANC checkups are being given or the place of delivery. Thus details of all deliveries taking place either at home, public or private institution is to be captured irrespective of the fact whether the mother is a JSY beneficiary or not. A 16 digit unique code number will be given to each pregnant women and child.

As directed by Government of India the format provided for Mother and Child Tracking System to be filled by the ANM at sub centre level with the help of ASHAs & AWWs in hard copy. This will be converted in soft copy in excel format at block level. The consolidated & validated reports of Blocks in soft copy are to be uploaded by the districts on NIC developed MCTS portal on monthly basis.

In year 2010-11 the basic training on the MCTS & how to fill the format provided for Mother and Child Tracking System by Government of India have been imparted up to ANM level. The format provided for Mother and Child Tracking have been printed & being filled by the ANM at sub centre level with the help of ASHAs & AWWs in hard copy. The conversion of these data in soft copy in excel format at block level has been started. The uploading of the consolidated & validated reports on line at district level has been started.

As directed by Government of India the format provided for Mother and Child Tracking System to be filled by the ANM at sub centre level with the help of ASHAs & AWWs in hard copy. This will be converted in soft copy in excel format of Government of India at block level initially by outsourcing followed by trained computer operator/data entry operator in well equipped & functional computer centres at Block level. The consolidated & validated reports of Blocks in soft copy are to be uploaded by the districts on NIC developed MCTS portal on monthly basis. In year 2011-12 the implementation of the Mother and Child Tracking System in the State will be done more effectively in the same manner. The budgetary requirement for the for the year is approved as follows-

Items	Target	Unit Cost	Frequency	Total Budget	Remarks
Printing and reproducing Registers/Forms	1800000	4.00	1	72.00	MCH registers have been printed this year and MCH tracking formats have been included in these register
Capacity building of teams – State	1	250,000.00	4	10.00	Capacity building of Nodal Officer, DPM/

Capacity building of teams-Districts	72	25,000.00	4	72.00	DCM, Block Managers, ICC and Data Operators at State ,District and Block level
Capacity building of teams – Block	820	5,000.00	1	41.00	
Ongoing review of MCH tracking activities	216	2,000.00	4	17.28	4 Review meeting at Sate level,3 Participants /District
Monitoring data collection and data quality	205	5,000.00	12	123.00	Assuming in 25% of the Blocks , MCTS data will be outsourced
Others (Contingency)	820	10,000.00	1	82.00	Operational cost
Total				**417.28**	

Thus, total budgetary requirement for this activity will be Rs. 417.28 Lacs under the head of "Monitoring & Evaluation" in Mission Flexi-pool, approved at (ROP-FMR Code- B.15.3.2.a).

7. REFERRAL TRANSPORT

PROVISION OF REFERRAL TRANSPORT FOR PREGNANT WOMEN

There is an inbuilt mechanism of Referral Transport facility under JSY. ASHA or the client gets Rs. 250.00 for reaching the facility which will continue in the year 2011-12 also. The facility for delivery is identified by the ASHA, with the family members of the beneficiaries, in the last trimester of the pregnancy and local transport for reaching the facility is identified. To make the referral transport amount readily available to the pregnant woman's family in case of an emergency, the ANM is issued an imprest amount of Rs. 1000 and she further provides an advance of Rs. 250 to the concerned ASHA.

Further, many districts have proposed to outsource referral to local NGOs/ agency for carrying the pregnant woman on no benefit basis. Further, there is provision of Rs. 200/- for ASHAs under ASHA Scheme to refer a sick pregnant woman, post-natal case or a sick child. The same is being provided to ASHAs by MO-IC Block PHC. A verification slip book has been provided to all the ASHAs where they write about services provided to the community during the month, duly countersigned by area ANM and submit to the MO-IC Block PHC for payment purposes.

REFERRAL TRANSPORT THROUGH AMBULANCE (EMERGENCY MEDICAL TRANSPORT SERVICES)

A total of 988 Ambulances equipped with Basic Life Support facilities and one trained Emergency Medical Attendant along with the driver will be on board, in the first year of operation there will be one ambulance for each 820 blocks and 4 Ambulances for the 13 District Head Quarters having population more than 10 Lacs

and remaining District Head Quarters will have 2 Ambulances each. There will be Emergency Response Call Centre having a Toll- free phone number which will be operational 24x7.

In the year 2011-12, additionally 1012 ambulances will be procured as per proposal given under Mission Flexi pool. These ambulance services will be given free of cost to all the BPL families. The capital cost is being borne by GOI. The operational cost will be shared by GOI and state government as per the GOI norm. This component has been budgeted under **Emergency Medical Transport Services (EMTS) under Mission Flexi-pool.**

8. RCH OUTREACH CAMPS AT CHCS/BLOCK PHCS AND ADDITIONAL PHC

It is proposed to organize 12 camps each year at a pre-designated place in outreach area of the block. One camp each month from April to March, per block as per existing norms are being planned. Plans would be prepared by the district to conduct these camps between 1st and 20th of the month @ Rs.4500 per camp. Since mobile medical units are being provided in each block of the state from this year onwards, this unit will be utilized to provide quality services at the door-step. The CMO- Family Welfare will ensure that in these outreach camps, specialists reach the community to provided specialized services. Wide IEC activities will be carried out by the funds provided.

Budget Summary for RCH Camp

RCH Camps				
RCH camps at facilities	820	4500	12	442.80
IEC for RCH camps	820	6720	1	55.10
Sub Total				**497.90**

Thus, the total budgetary requirement for the activity for the year 2011-12 was Rs. 497.90 Lacs, against which Rs. 442.80 Lacs has been approved but Rs. 55.10 Lacs for IEC has not been approved by GOI. (ROP-FMR Code-A.1.3.1)

9. VILLAGE HEALTH NUTRITION DAYS (VHNDS)

Maternal Mortality and Infant Mortality in the state continues to remain high for many decades but with introduction of various programme packages during nineties, such as Child Survival and Safe Motherhood programme (CSSM), RCH I, RCH II and now National Rural Health Mission (NRHM), Maternal Mortality Ratio (MMR) and Infant Mortality Rate have started declining. However, there is a long way to go to achieve the defined objectives for the state.

Current Status of Maternal and Child Health India/Uttar Pradesh:

Sl.	Indicator	India	Uttar Pradesh	India	Uttar Pradesh
1.	Infant Mortality Rate (per 1000 Live births)	53 (SRS-2008)	67 (SRS-2008)	-	-
2.	Maternal Mortality Rate (per Lacs Live births)	254 (SRS-2004-06)	440 (SRS-2004-06)	-	-
3.	Complete Immunization (percent)	54.1 (DLHS-3, 2007-08)	30.3 (DLHS-3, 2007-08)	61.00 (CES-2009)	40.9 (CES-2009)
4.	Institutional Deliveries (percent)	47.0 (DLHS-3, 2007-08)	24.5 (DLHS-3, 2007-08)	72.9 (CES-2009)	62.1 (CES-2009)

Reduction in maternal mortality and child mortality is an important aim of National Rural Health Mission and the Millennium Development Goals (MDGs).Many innovations have been done in the State with the support of GOI. After the success of Janani Suraksha Yojana the State has introduced **"Jachcha- Bachcha Suraksha Karyakram" from August 2010 to strengthen 'Village Health and Nutrition Day'** which provides comprehensive outreach services for pregnant women and children at their doorstep.

The main objective of the programme is to expand access to care and improve quality of service through a range of strategic approaches.

Objective:

- Complete Ante-Natal care, immunization , promotion of institutional delivery and to ensure postnatal care
- New born care, fully immunization of infants and nutritional counselling to each child.

Strategy:

- Sub centre level Intensive micro planning with route maps to cover unreached and hard to reach areas
- Computerization of available human resource related to programme
- Tracking of Pregnant woman & child and computerization of data
- Mobility support for intensive supervision by Medical Officer of PHC and to ensure sessions in vacant sub centre & hard to reach areas.
- Provision of incentives to ASHA and ANMs to expand access to care
- Session wise reporting from Block to District
- Analysis of reports at State level Officers and feedback to Chief Medical Officers(FW) for corrective action

Implementation:

- Nomination of one Medical Officer for each PHC to ensure proper micro-planning, implementation and Supervision of program
- Proper microplanning with route map and cold chain strengthening.

- Mobility support to ensure the session in Vacant sub centre and Hard to reach areas and to supervise the session by Medical Officer
- Pre session checklist, session site checklist and RI monitoring formats made available to supervise the Cold chain and immunization sessions
- Listing of all pregnant women, Infants and 1-5 years children on tracking formats.
- First time incentive to ASHA, AWW and ANM to register the PW and preparing '**Mother and Child Protection Card'** and complete Antenatal care.
- Award to Gram Pradhan, Block Pramukh for 100% registration of PW and 100% immunization of 0-1 year (infant)

Achievement:

Reported coverage:

ANC registration: Total State Annual target of Pregnant Women is 6603221 out of that

- *2169642 ANC (32.8%) registered from August 10 to December 10.*
- *TT2 vaccination to 1964940 (29.7%)Pregnant Women from August 10 to December 10*
- *Complete 3 ANC to 1662478 (25%)Pregnant Women from August 10 to December 10*
- *Mother and Child Protection cards: 1477215 "Mother and Child Protection Cards"(43%) have been prepared from August to December 10 (against the Annual target 3000000 cards in Rural areas.*

Monitoring Data:

- Directorate (FW) has provided RI monitoring format (session and H-to-H monitoring) as directed by GOI to all districts. NPSP, Government Officers, UNICEF and other Partner agencies are monitoring the sessions and going for H-to –H monitoring. Data have been taken to compare the months of JBSK (August 10 and Dec 10) with NON JBSK months (Jan10 to July 10)

Sl.	Activity		Jan'10 & Feb'10	Mar'10	Apr'10 & May'10	Jun & Jul 10	Aug'10	Sept'10	Oct'10	Nov'10	Dec'10
			JBSK initiative duration								
1.	Sessions monitored /Held	Sessions visited	3555	4887	8711	11790	8188	5848	7631	4879	10205
		Sessions held	2916 (82%)	3631 (74.3%)	7013 (74.3%)	9985 (84.7%)	7793 (95%)	5661 (97%)	7141 (94%)	4675 (95.8%)	9599 (94%)
2.	Mobilization of beneficiaries at session site (%)	By ASHA	63.2	64.2	66.2	62.6	68	68	63	58	59
		By AWW	28.6	24	22	24	38	38	35	36	36
		By Others	20.8	18	22	20	24	24	27	32	33
3	Alternate vaccine delivery	Alternate Vaccine Delivery	56	58	58	57	80	82	81	75	76
		By ANM	43	41	41	42	18	16	18	24	23
		Supervisor	1	1	1	1	2	2	1	1	1
4	Monitored RI session using tools for tracking of children	Sessions sheet filled for each child	-	-	52.7	53.9	74.8	84	81	83	81
		Counterfoil updated for each child	-	-	53.1	50.8	59.9	68	60	64	60
5	Immunization Status of monitored children	No. of Children examined (12-23 month)	8145	15129	27104	22352	23520	12239	7135	4051	9154
		No of children fully immunized	39	39	51	46	50	50	50	49	50
		Partially immunized	40	45	34	40	37	37	38	39	37
		No of children unimmunized	21	17	15	14	13	13	12	12	13

Above strategy was proposed for year 11-12 but in subgroup meeting on PIP dated on 30.3.11 suggestions given by Govt. Of India Officers of concerned section, the PIP 2011-12 amended acoordingly, details as follows-

- Sub centre level Intensive RI micro planning with route maps to cover unreached and hard to reach areas
- Tracking of Pregnant women & children and computerization of data
- Ensuring vaccine and logistic at session site
- Intensive supervision by Medical Officer of PHC
- Provision of incentives to ASHA and ANMs to expand access to care
- Session wise reporting from Block to District
- Analysis of reports at State level Officers and feedback to Chief Medical Officers(FW) for corrective action

Budget for VHND:

1. Incentive to ASHA for complete ANC :

According to Coverage Evaluation Survey 2009, in State 71.6% Pregnant women are coming for 1st ANC, 38.2% are getting 3 ANC check-up but only 12.4 % are reaching upto complete ANC. Keeping it in view Incentive /Award Scheme has been planned to ensure 100% registration, complete ANC (at least 3 ANC, TT immunization and 100 tab. of IFA) . ASHA are involved to mobilize the community to bring PW and children at session sites. This strategy was approved in PIP Year 2010-11 and reflected good results in the form of increase in registration of PW, TT immunization and 3 ANC and fully immunized children.

There are 136183 ASHAs in rural areas and accountable for health care of 1000-1500 population. Approximately 30 women will be pregnant in each ASHA area in a year and about 50% pregnant women(15) will be mobilized by ASHA to session site for registration and Antenatal care. It is being proposed to incentivize ASHA and she will get Rs 50/- for complete ANC of each pregnant woman. This will be paid to ASHA after verification of "Mother and child protection Card" and Village Health Index Register by MOIC .Incentive will be paid by e- transfer.

For the above purpose, Rs. 1021.37 Lacs (Incentive to ASHA on complete ANC@ Rs 50/- per pregnant woman is: 2042745x Rs. 50/-) was proposed, which is not approved by GOI (ROP- FMR Code- B.1.1.3.c).

2. Incentive to ANM:

In the State approximately 67 lacs pregnant women will be available in a year and out of that 70% will be in rural areas. ANM will be awarded on the basis of no. of registration and preparation of MCP cards of pregnant women in their subcentre areas. In state 20521 subcentre are in position and covering about 8000-10000 population. It is estimated that in each sub centre approximately 240 pregnant women will be expected in a year. It has been proposed that ANM will get Rs 500 on

every 50 ANC registrations and preparing of MCP cards and maximum of Rs 2500 on 250 registration cards.

Thus, total budget of Rs. 513.02 Lacs for ANM incentives (20521x Rs.2500/-) was budgeted, which is not approved by GOI (ROP- FMR Code-A.8.1.8).

3. Mobility support to ANM for VHND sessions:

In the state of Uttar Pradesh, the RI sessions are held for 2 days in a week – Wednesdays and Saturdays, thus 8 sessions/ sub center/ month are presumed to be held. According ANM roster she conducts one session on 1st Wednesday at subcentre and remaining sessions in outreach areas (in villages) of the subcentre. According to District microplan, approximately 1839271 sessions have been planned in rural areas out of that 2,50,000 sessions will be organized at subcentre on 1st Wednesday,for this no mobility required. It is proposed that Rs 50/- per session to ANM for mobility to conduct a session .This will be paid to ANM on the basis of session wise report and will be transferred in ANM account by e-transfer.

Accordingly, an amount of Rs.794.64 Lacs (total 1589271 sessions /year * Rs. 50/-) was proposed, which is not approved by GOI (ROP-FMR Code- B.15.3.3.c).

10. JANANI SURAKSHA YOJANA (JSY)

The data from the concurrent assessment of the JSY scheme in selected states by GoI in 2008[2] indicates an increase in institutional deliveries in the state. Some of the key findings from the assessment are:

- 48 percent of the deliveries in the State were institutional deliveries whereas DLHS III conducted just a year earlier reports these at 24.6, an increase of 23 percent points in a year, which is commendable.
- Of these women nearly 60 percent are staying for 24 hours or more at the place of delivery.
- Out of the total JSY beneficiaries, more than 60 percent are from SC/ST and other vulnerable groups.
- Among the JSY beneficiaries, 95 percent were registered for ANC, more than 82 percent had at least 3 checkups, 83 percent consumed at least 100 IFA tablets, 84 percent post natal care, 96 percent babies received BCG and 88 mothers who delivered at facilities were advised for exclusive breast feeding.

The JSY scheme is being implemented successfully across all the districts in the State and necessary guidelines have already been sent to the districts with regular disbursement of funds. Wide publicity of the scheme is being ensured through

[2] May 2009, Concurrent Assessment of Janani Suraksha Yojana (JSY) Scheme in Selected States of India, 2008, accessed from www.mohfw.nic.in

hoardings, pamphlets, bus panels, print media and electronic media. Identification of private sector health facilities is being undertaken for the provision of JSY benefits and the facilities will be accredited as per Government of India norms. The activities will be continued during the year 2011-12 and efforts will be made to increase institutional deliveries. **Beneficiaries will be encouraged to stay for at least 48 hours after delivery.** Further, the ANMs and ASHAs would ensure proper birth planning to ensure timely antenatal check-ups and institutional delivery.

ESTIMATED NUMBER OF BENEFICIARIES OF JSY FOR THE YEAR 2011 - 2012

Following table shows the cumulative progress of institutional deliveries since JSY was launched in 2006-07:

Year	No. of JSY Beneficiaries (in lacs)
2006-07	1.68
2007-08	9.64
2008 -09	15.63
2009 -10	20.82
2010-11- Upto Dec.	**17.18**

Source: Progress Report (2006-10), JSY, DG-FW

It was estimated that by the end of the financial year 2010-11, the total number of beneficiaries under JSY would be around 22 to 23 lacs. Facility wise break up of these deliveries is presented in the following table:

Sl.	Description	Nos.	Percentage
1	Total JSY beneficiaries till Dec 2010	17,17,985	81.81(against target of 21 lacs)
2	BPL deliveries at home	14,415	0.84%
3	Deliveries at Sub Centres	281180	16.37%
4	Deliveries at PHCs	503751	29.32%
5	Deliveries at CHCs	592862	34.51%
6	Deliveries at DHs including Medical Colleges	325777	18.96%

Source: Progress Report (2010), JSY, DG-FW

At present about 36 percent institutional deliveries are taking place at public health facilities. It is proposed to increase the percentage of institutional deliveries at public health facilities to 42 percent.

EXPECTED NO OF RURAL DELIVERIES (INSTITUTIONAL)

Expected No. of Rural Deliveries in Urban Facilities		
Deliveries at Gyne./Obs. Department of government medical colleges, DWH and women's section of DCH	150000	6%
Expected No. of Deliveries in CHCs	850000	**34%**
Expected No. of Deliveries In Block PHCs (470) and identified APHCs	750000	30%

Expected No. of Deliveries in Identified Sub-Centres with Adequate Infrastructure	300000	12%
Total No. of Expected Deliveries under JSY in Rural Areas (A)	**2050000**	
Expected No. of Urban Deliveries (Institutional)		
Expected No. of Deliveries in District Level Hospitals, Government Medical Colleges, Pvt. Medical Colleges (DWH & Combined)	400000	16%
Total No. of Expected Urban Deliveries under JSY in (B)	**400000**	
Expected No. of Rural Deliveries (Home)		
Total Expected No. of Home Deliveries in BPL Families (C)	**50000**	2%
Total No. of Deliveries (A+B+C) =	**2500000**	**100**

Thus it is expected that about 42% of total expected deliveries in the state will be conducted through provincial medical services facilities. A number of deliveries are being conducted in public sector facilities like railway hospitals, army hospitals, command hospitals, ESI hospitals and other missionaries' hospital, which are conducting about 5% to 10% of delivery load. Further, 15% to 20% deliveries are being conducted in the private sector, which has expended during the last five years (as per NFHS-3, 2005-06 reports, there were 13.8 % deliveries in the private sector, out of a total of 20.6% institutional deliveries in the state). As per coverage evaluation survey 2009, conducted by UNICEF, the percentage of institutional deliveries in the state is 62.1. Now, with an effort to increase the number, we certainly have to assure the quality.

IMPLEMENTATION OF JSY (ROP – FMR CODE – A.1.4)

It is proposed to further strengthen the implementation of JSY in the State, for which additional support is required at the State level. A support cell, having two functionaries, has already been established at the Family Welfare Directorate. However, this cell requires additional strengthening in view of the enormous data being received from the districts and for redressal of complaints, as well as, for effective monitoring. **The budgetary requirement for JSY for the year 2011- 12 was:**

Budget head	Physical target			Rate	Amount	FMR Code
	Unit of measure	Current Status	Estimated Target	(Rs./Unit)	(Rs. in Lacs)	
(a) Beneficiaries						
Home Deliveries (BPL)	Per Benef.	2%	50,000	500.00	250.00	**A.1.4.1**
Institutional Deliveries						**A.1.4.2**
Rural (ASHA facilitated)		68.8%	1,720,000	2,000.00	34,400.00	**A.1.4.2.a & A.1.4.4**
Rural (Not facilitated by ASHA)		17.2%	430,000	1,650.00	7,095.00	
Urban		12%	300,000	1,000.00	3,000.00	**A.1.4.2.b**

(b) Caesarean Sections (Private Facility/ Provider)	Per benef.	-	35,000	1,500.00	525.00	**A.1.4.2.c**
Sub-Total					**45,270.00**	
Administrative Expenses at State level @1 % of total amount**					452.70	
Administrative Expenses at District level @ 4% of total amount**					1,810.80	**A.1.4.3**
Sub-Total					**47,533.50**	

***Administrative expenses at State level @ 1% of total amount, which amounts to Rs. 452.70 Lac will be utilized for establishment of a JSY Cell in directorate of family welfare, which will be manned by two programme assistants, one data assistant and one office attendant. Apart from JSY cell, expenditure on various other activities will also be met from this budget. At district level @ 4%, it amounts to Rs. 1,810.80 Lac and this amount will be utilized for various administrative activities as per GoI norms.*

The total amount approved by GOI under JSY for the year 2011-12 is Rs. 47,533.50 Lacs (ROP- FMR Code- A.1.4 and its sub heads).

11. GUARANTEED CASHLESS DELIVERY SERVICES IN PUBLIC HEALTH FACILITIES

Janani Suraksha Yojna is being implemented in the state since 2005-06. The scheme has given various positive responses, where direct cash assistance is being provided to the beneficiaries. The state government has already ensured that all the treatment (which includes IFA tablets, Calcium supplementation and treatment of complications like hypertension, anemia and general infections) is provided free of cost to all pregnant women.

With the initiative from government of India, no pregnant women, delivering in public health facilities need to pay towards service fees, diagnostics, drugs, diet, consumables and other miscellaneous expenses. It is also to be ensured that every pregnant woman should be assured of free referral transport services from home to facility, facility to facility (if need be) and drop back from facility to home.

To ensure this initiative, the state is taking up following steps:

- All the investigations including blood/urine examination and ultra-sound will be provided free of cost to all the pregnant ladies reaching government facilities. Most of the investigations like blood/urine/stool are already free of cost but an amount of Rs. 200/- per case is being budgeted for 1 Lac beneficiaries for sophisticated investigations, which might need some charges.
- The pregnant lady suffering from anemia will be provided iron sucrose injection or blood transfusion as per requirement, free of cost. It is estimated with each blood transfusion, an amount of Rs. 300/- is required for various consumables and investigations. For the year 2011-12, it has been proposed that about 1.25

Lacs beneficiaries (5% of total pregnant women) will required this facility, for which budgetary provision has been made.

- All the treatment, medicines and other consumables will be provided free of cost to all the pregnant ladies reaching public health facilities for delivery. For this purpose Rs. 350/- per delivery for estimated 24.10 lacs institutional deliveries (normal), for which budgetary provision has been made.
- Facility for free caesarian section is also being provided and it is expected that in the year 2011-12, there will be 90,000 caesarean sections at FRUs. Budget @ Rs 1600/- per caesarean section is earmarked for consumables and medicines.
- The provision of free food facility is already there from state budget upto District Woman Hospital level, but from this year onwards, the facility for food is also being proposed for ladies delivering at CHCs and PHCs. A proposal for Rs. 100/- per day for 2 days has been included for 25 lac pregnant women. The food arrangement at block level CHCs will be made by outsourcing the activity to local dhabas or restaurants, depending upon their availability with the minimum assured number of food supply every day.
- An amount of Rs. 200/- is payable for referral transport facility for sick new borns(upto the age of 30 days) and Rs. 200/- for medicines for the treatment (5% of total expected births).
- For transportation of pregnant women to reach the facility, provision of Rs. 250/- is already available in JSY scheme. Further, an amount of Rs. 200/- per beneficiary is being budgeted just for drop back facility after delivery.

For the above purpose, the budgetary details are as below:

Sl	Description	Physical Target	Unit Cost	Amount
1	Drugs and consumables for deliveries	2410000	350	8,435.00
2	Drugs and consumables for C Section	90000	1600	1,440.00
3	Free Food Arrangements for 2 days	2500000	200	5,000.00
4	Blood transfusion facility for beneficiaries having severe anemia	125000	300	375.00
5	Investigations charges for pregnant women	100000	200	200.00
6	Drop Back from facility to home	2000000	200	4,000.00
7	Medicines for newborn (upto 30 days)	280000	200	560.00
8	Referral transport facility for new born (upto 30 days)	280000	200	560.00
	Sub Total			**20,570.00**

To provide guaranteed cashless delivery services in state, a budget of Rs. 20570.00 Lacs has been approved by GOI under RCH Flexi-pool (ROP- FMR Code – A.1.6).

SAUBHAGYAWATI SURAKSHIT MATRITTVA YOJANA

The scheme launched in the year 2008-09 for improving institutional deliveries, with the involvement of the private sector, though not very successful, would be continued this year. The decreasing trend in the scheme was due to the withdrawal of incentives to clients and ASHAs during year 2010-11. This contribution can go up in a big way if this barrier is removed through various incentives. It is proposed that at least ASHA should be given incentive of same Rs. 600.00 as in JSY, per delivery case for bringing the beneficiary to accredited centre.

In the year, 2010-11, only 116 hospitals are in the scheme but about 16 are not reporting and are almost non-functional. Hence, for the year 2011-12, 100 nursing homes are proposed to be accredited, and each nursing home will be given an amount of Rs. 2.50 lacs for conducting 100 deliveries of BPL clients.

ACHIEVEMENTS

	2008-09 (implemented for 8 months)	2009-10 (up to December 2009 9 months)	2010-11 (Till Nov. 2010)
No. of Nursing Homes	158	128	116
Normal Delivery	12,291	5754	493
Caesarean Section	1,252	693	70
Complicated Deliveries	597	166	27

The revised form of scheme has been approved by GOI @ Rs. 2.50 Lacs for total of 100 deliveries (on an average 10% of ceserean @Rs. 7000/- and 90% normal deliveries @Rs. 2000/- each). Further Rs. 7.20 Lacs has been approved for expenses towards monitoring and verification (@ Rs. 10,000/- per district for 72 districts) of the scheme.

Thus, total amount of Rs. 257.20 Lacs has been approved by GOI (ROP- FMR Code. A.1.6) for this purpose.

PRINTING OF MATERIALS

a) Booklet on Safe Motherhood

A booklet for "my safe motherhood" has been provided by maternal health division (MOHFW) for pregnant mothers, which is to be provided to all pregnant women in the state. The same has to be translated to simple Hindi and will be concise to 12-15 pages. It is proposed that in the first phase, this booklet will be provided to 25% of the expected pregnant women. An estimated cost of one booklet is Rs. 10.00 and for 15 Lac pregnant women, an amount of Rs. 150.00 Lacs was proposed for this year, ***which is approved and included in the budget under Mission Flexi-pool "IEC/BCC head" (ROP-FMR Code-B.10.2.1.d).***

b) SBA Protocols

For the benefit of service providers, a set of safe delivery protocols needs to be displayed at the 6300 facilities (set of 4 posters at SC @50/- for 5000 Sub Centres and Set of 16 at 1100 units at CHCs and PHCs and 100 Sets for DHs/Medical Colleges @ Rs. 160/-. ***The total budget proposed for this activity is Rs. 4.42 Lacs which is approved and included in the budget under Mission Flexi-pool "IEC/BCC head" (ROP-FMR Code-B.10.2.1.d).***

12. MATERNAL DEATH REVIEW (MDR)

FACILITY BASED MATERNAL DEATH AUDIT

To accelerate the pace of decline of MMR and in order to achieve the NRHM & MDG goals Maternal Death Review (MDR) as a strategy has been spelt out clearly in the RCH II National Programme Implementation Plan document. It is an important strategy to reduce MMR as well as Maternal Morbidity as it gives detailed information on various factors affecting maternal deaths at community, facility, district, region and national level. This information, when used to inform programmes, provides critical inputs on design and implementation issues. Based on GOI guidelines 'Facility Based Maternal Death Audit System" has been developed in consultation with the Technical Support Group for maternal health. State received the guidelines by GOI in on 3week of December 2010.

As per the guidelines of GOI, the State is in the Process of planning training/workshops and by mid-Feb 2011, theses will be completed. For the year 2011-12, following activities are proposed:

Workshops: Four regional level workshops will be conducted to re-orient CMSs of DWH/Combined Hospital/representative of Medical Colleges of the concerned region. State level officers will participate in these workshops. One State level review meeting will also be held to assess the progress of the activity. **Budget for facility based Maternal Death Audit for 2011-12 is given below:**

Sl.	Activities	No. of Units	Unit cost (in Rs.)	Frequency	Total (in Lacs)
1	Regional level facility based orientation workshops	4	75,000	1	3.00
2	Review Meeting at State level	1	150000	1	1.50
3	Printing of forms, booklets and annual report	1	500000	1	5.00
	Sub Total				**9.50**

COMMUNITY BASED MATERNAL DEATH AUDIT

In addition to the Facility Based Maternal Death Audit, there is a need to conduct audits at the community level to understand reasons for maternal death and factors hindering access to health services. The following activities will also be undertaken in 2011-12, after conduction of the training/workshops at state and district levels in by the end of 2011.

- Regional level (Western, Eastern, Bundelkhand and Central) orientation for CMO/ ACMOs/ DPMs/ DCMs; Workshops will be held at Moradabad, Varanasi, Jhansi and Lucknow. The budget will go to the Additional Director of respective Mandal, who will be responsible to organize the workshop.
- District level orientation of Block level MO I/Cs – CHC/ PHC, CDPOs, BDOs and Assistant Basic Siksha Adhikaris;
- Block level orientation of HEOs/ ANMS/ HVs, selected ASHAs and selected members of VHSCs;
- Capacity building for reporting and conducting verbal autopsy through State Level Trainers trained at PGI, Chandigarh will be done for CMSs (included in facility based death audit training);
- Revision of existing formats through Technical Support Group on Maternal Health and ensuring distribution of these formats upto ANM level;
- Committees already existing at block, district and State will be revived;
- These Committees will facilitate the process of verbal autopsy and they will compile, discuss and provide feedback to health facilities;
- Discussion of reasons for death and means to prevent future maternal mortality and morbidity will be discussed by the Committee at the community level;
- District Magistrates will be responsible for conducting quarterly meetings at district level and analyzing causes of maternal deaths and addressing them.

Activities	No. of Units	Unit Cost (in Rs.)	Frequency	Total (in Rs. Lacs)
One day Regional level re-orientation	4	75000	1	3.00
One day district level orientation	71	15000	1	10.65
Block Level Orientation	820	3000	1	24.60
Printing of formats	820	2	12	0.20
Block level Meetings for audit Activities	820	200	4	6.56
District level Meeting for Audit Activity under chairmanship of DM	71	1000	4	2.84
Sub Total				**47.85**

The total amount Rs. 47.85 Lacs have been proposed.

To conduct MDR at facility and community level, an amount of Rs. 57.35 lacs has been approved by GOI (ROP- FMR Code- A.1.5)

COMMUNITY BASED MDR GUIDELINES

Activity	Time Line	Incentive/ transaction Cost payment suggested	Source of Funding
Reporting death of women (15-49 years) by ASHA/ other person to the Block PHC MO	Within 24 hours of occurrence of death by phone	Rs. 50/- per report	Health Sub-Centre untied fund
Reporting death of women by Block MO to the DNO	Within 24 hours of occurrence of death by phone	No incentive	----
Community based investigation	Within 3 weeks of occurrence of death	Rs. 100/- per person to the maximum of 3 persons	Health Sub-Centre untied fund
Submission of report by block PHC MO/ facility MDR Nodal MO to DNO in the prescribed format	Within 4 weeks of occurrence of death by phone	No incentive	----
Reporting deaths of women by Block MO/Nodal Officer of facility to the DNO	Within 24 hours of occurrence of death by phone	No incentive	----
Conduct of facility based review meetings and preparation of district MDR report for all deaths in district (chaired by the CMO)	Every month for the deaths reported in the previous month	No incentive	---
Conduct of MDR meeting chaired by District Magistrate /District Collector	Once in a month	Incentive of Rs. 200/- each for two persons of the deceased women's family	District Hospital RKS fund

No extra budget is required to meet this time line.

MATERNAL HEALTH TRAININGS

Various trainings for maternal health as mentioned below will be held through SIHFW and SIFPSA. The details and budget is given under Training Section.

- **Life Saving Anaesthesia Training**
- **Comprehensive emergency obstetric care (CEmOC) Training for Gynaecologists**
- **Basic emergency obstetric care (EmOC) Training**
- **EmOC for doctors**
- **Skilled Birth Attendant Training**
- **Blood Storage Training**
- **MTP Training**

BLOOD GLUCOSE TESTING AT CHC

Pregnant women with diabetes are more prone to complications during pregnancy and delivery. Approximately about 5% pregnant women are prone to diabetes. The newborns of such women are also prone to complications after birth. Therefore it is essential to detect and monitor blood sugar levels of those pregnant women whose urine sugar test comes out to be positive. For this purpose it is proposed to provide gluco-meters at CHCs, which will benefit approx. 262500 pregnant women. The Lab Technicians will test blood sugar of such pregnant women and treatment will be started accordingly.

The estimated budget for 820 Gluco-meters @ Rs. 2500 per Gluco-meter is Rs. 20.50 Lacs. It is also proposed to provide recurring expenditure for needles and strips @ Rs. 2000/- to all 820 CHCs, totaling to Rs 16.40 lacs. Hence, Total budget proposed for this activity is Rs. 36.90 lacs for the year 2011-12 ***and budgeted under Mission Flexi-pool "Procurement", which is not approved by GOI (ROP- FMR Code. B.16.1.e).***

13. SUPPORT TO GYN/OBS DEPARTMENT OF CSMMU, LUCKNOW

The Gynaecology and Obstetrics department of CSMMU, Lucknow (Queen Mary's Hospital, Lucknow) is reputed institute in the state. Majority of patients are referred from PHCs and CHCs from different districts as well as patients themselves visit this department for deliveries, gynaecological and obstetric treatments from various far flung and remote areas of the state.

To manage extra load of women due to JSY and reputation of the department, Gynae./Obs. Department of CSMMU, Lucknow has submitted a proposal of Rs. 100.00 Lacs for extension, renovation and purchase of equipments to strengthen the wards, post partum area and infertility unit. In addition to this, department has also raised a proposal for recruitment of 5 family welfare counsellors in the department, as the department is actively involved and supporting institutional deliveries, post partum IUCD and ligation services. In line with family welfare counsellors, posted in the FRUs under NRHM, an honorarium of Rs. 9000/- per month per person is being proposed, for which a total Rs. 5.40 Lacs is required.

Sl	Description	Amount (in Rs.)
	Extension and renovation	
1	Obst. & Gynea Ward 1st Floor including Front and back varandah renovation and strengthening work (for benefit of referred patients from periphery)	4,000,000.00
2	Post partum ward & office extension renovation and strengthening work	2,200,000.00
3	Infertility unit extension for management of obesity	500,000.00
	Equipments	
4	For Auto blood transfusion cell saver machine with accessories	2,500,000.00
5	One table top incubator for infertility	800,000.00
	Human Resources	

6	5 Family Welfare Counsellors (Rs. 9000/ month for 12 months)	540,000.00
	Total	**10,540,000.00**

Thus, the total amount of Rs. 105.40 Lacs is sanctioned by GOI with the condition that the proposal will be modified for care of pregnant women and delivery services (not for infertility related work) and the same is being budgeted under Hospital Strengthening (ROP-FMR Code - B4.1.5.a) under NRHM Flexi-Pool.

BCC/IEC ACTIVITIES FOR MATERNAL HEALTH

The details of BCC/IEC activities for Maternal Health have been added in the Chapter of IEC/BCC. The budget for Rs. 440.42 Lacs has been included in Mission Flexipool.

14. PERFORMANCE BASED INCENTIVES

Name of the Scheme/ Activity	Type of worker	Type of work being incentivized	Level of Facility (CHCs/ PHCs/ Sub- Centres	Amount of Incentive (Rs.)	Performance Expected	No of workers given incentive	Quantifiable Output	Payments made from
JSY	ASHA	Motivation for institutional delivery	All	600/-	Increase in safe and institutional deliveries	About 1.35 Lacs	Reduction in MMR and IMR	RCH Flexipool
Family Planning	ASHA	Taking care of female client after sterilization operation for 48 hours	All	150/-	Post operative care of sterilization cases	About 1.35 Lacs	Infection prevention	RCH Flexipool
Family Planning	ASHA	Taking care of male client after sterilization operation for 48 hours	All	200/-	Post operative care of sterilization cases	About 1.35 Lacs	Infection prevention	RCH Flexipool
RNTCP	ASHA	As DOTS Provider after completion of treatment of patient	All	250/-	Completion of treatment	About 1.35 Lacs	Reduction in TB Cases	NDCP (RNTCP)
Pulse Polio	ASHA and others	Working at polio booth and home visits	All	75/-	Immunization of all children	About 1.35 Lacs and others	Reduction in polio cases	Pulse Polio
Special Immunization Campaigns	ASHA	Social mobilization for immunization of children	All	150/-	immunization	About 1.35 Lacs	Increase in the number of immunized children	Routine Immunization
Nation Leprosy Eradication Programme	ASHA	Treatment of pacci becilliary leprosy patient for 6-9 months	All	300/-	Treatment of patient		Increase in number of treated leprosy cases	NDCP (NLEP)

Name of the Scheme/ Activity	Type of worker	Type of work being incentivized	Level of Facility (CHCs/ PHCs/ Sub- Centres	Amount of Incentive (Rs.)	Performance Expected	No of workers given incentive	Quantifiable Output	Payments made from
Nation Leprosy Eradication Programme	ASHA	Treatment of Multi becilliary leprosy patient for 18 months	All	500/-	Treatment of patient		Increase in number of treated leprosy cases	NDCP (NLEP)
Child Health (IYCF)	ASHA	PNC care of mother and child twice in 1st week and ensuring colostrum feeding with in one hour of delivery	DH/CHC/PHC	50/-	Ensuring colostrum feeding, post poning bathing and wrapping the baby properly	About 20% of ASHAs	Reduction in IMR	Mission Flexipool (ASHA Scheme)
Referral of complicated pregnancy & sick new born	ASHA	Referral at FRU	All FRUs	200/-	Timely referral and safe mother and child	About 34000	Reduction in MMR and IMR	Mission Flexipool (ASHA Scheme
Routine Immunization	ASHA	On completion of Polio, DPT, Measles vaccination and vit. A upto one year of age	All	100/-	Complete immunization	About 1.35 Lacs	Increase in the number of completely immunized children	Mission Flexipool (ASHA Scheme
Village Health Register	ASHA	Development and regular updation of village health register	All	500/-	Updated village health register maintained	About 1.35 Lacs	Complete information about health status of community members of the area	Mission Flexipool (ASHA Scheme
Birth and Death registration	ASHA	Motivation to support birth and death registration and	All	5/-	Birth and death registration and certificate	About 1.35 Lacs	Support for national programmes and	Mission Flexipool (ASHA Scheme

Name of the Scheme/ Activity	Type of worker	Type of work being incentivized	Level of Facility (CHCs/ PHCs/ Sub- Centres	Amount of Incentive (Rs.)	Performance Expected	No of workers given incentive	Quantifiable Output	Payments made from
		certificate					schemes	
Health Awerness	ASHA	Motivation to conduct monthly health awerness meetings, one with females and one with adolescents	All	200/-	Conduction of monthly health awerness meetings	About 1.35 Lacs	Awereness generation in community about health related behaviours	Mission Flexipool (ASHA Scheme
Blindness Control	ASHA	Motivation for sight testing and spectacles below 15 years of age	All	25/-	Sight testing and provision of spectacles	About 1.35 Lacs	Reduction in eye related problems	Mission Flexipool (ASHA Scheme
Blindness Control	ASHA	Motivation for follow-up after cataract operation	All	50/-	Follow- up visit and timely detection of any post operative complications	About 1.35 Lacs	Reduction in number of visually handicapped	Mission Flexipool (ASHA Scheme
Mobility support	ASHA	Motivation to attending monthly meetings	All	30/- but proposed 50/- this year in PIP	Active participation in monthly meetings	About 1.35 Lacs	Updated knowledge and better performance of ASHAs	Mission Flexipool (ASHA Scheme
CCSP	ASHA	Home visits to new born	Home visits	Rs. 100/50	3 visits to all neo-nates and 6 visits to low birth weight neo-nates during 1st month	About 40% of ASHAs	Reduction in neo-natal mortality	RCH Flexipool (child health)
Registration of pregnant women	ASHA,	Registration along with preparing of ANC card	All	30/- to ASHA	Tracking of all pregnant mothers with complete 3 ANC check-ups	About 1.5 Lacs	Early detection of complication of pregnancy and timely referral for reducing MMR.	Not approved

Name of the Scheme/ Activity	Type of worker	Type of work being incentivized	Level of Facility (CHCs/ PHCs/ Sub- Centres	Amount of Incentive (Rs.)	Performance Expected	No of workers given incentive	Quantifiable Output	Payments made from
Registration of ANC cases	AWW & Pradhan	Registration along with preparing of ANC card	All	30/- to AWW; After each 50 cards, Rs. 500	Tracking of all pregnant mothers with complete 3 ANC check-ups	-	Early detection of complication of pregnancy and timely referral for reducing MMR.	Not approved
Registration of ANC cases	ANM	Registration along with preparing of ANC card	All	30/- to AWW; After each 50 cards, Rs. 500	Tracking of all pregnant mothers with complete 3 ANC check-ups	-	Early detection of complication of pregnancy and timely referral for reducing MMR.	Not approved
Infant Death Audit	ASHA	Reporting of all infant deaths	ANMs/Block PHCs	5/-	Reporting every infant death	About 10% of ASHAs	Reduction in IMR	RCH Flexipool (Child Health)
Maternal Death audit	ASHA	Reporting death of women (15-49) within 24 hours	Block PHC MO	50/-	Reporting every woman death (15-49)	About 10% of ASHAs	Reduction in MMR	RCH Flexipool (Child Health)
Maternal Death audit	Any	Supporting community based investigation	Block PHC Mo	100/- per person, maximum 3 person	Information about maternal death causes	-	Help in future planning to reduce MMR.	RCH Flexipool (Child Health)
MDR Meetings chaired by DM	Any	Motivation to attend meetings	District level	200/- each for 2 persons of diseased women's family	Information sharing about death causes	-	Help in future planning to reduce MMR.	RCH Flexipool (Child Health)

15. PROGRESS OF MATERNAL HEALTH TRAININGS

a. Life Saving Anaesthesia Skill (LSAS) Training and Emergency Obstetrics Care (EmOC) Training

The detail about the LSAS and EmOC training is given below in prescribed GoI format.

Type of training	No of Medical Colleges conducting LSAS/ EmOC Training	No of District Hospitals conducting LSAS/ EmOC Training	Total No of MBBS Doctors to be trained in LSAS/ EmOC till 2012 (cumulative)	Total No of MBBS Doctors trained in LSAS/ EmOC till 2010 (till Dec. 2010 cumulative)	No of trained MOs posted at FRU till Dec 2010 (cumulative)	Target for 2010-11	Nos. trained in 2010-11 (till Dec. 2010)	Target for 2011-12								
								Q1-Q2			Q3-Q4			Annual		
								HF	Non-HF	State	HF	Non-HF	State	HF	Non-HF	State
LSAS	5	20	515	62	51	72	44	18	12	30	18	12	30	36	24	60
EmOC	2	10*	515	39**	32	64	0#	14	10	24	14	10	24	28	20	48

**:This number is expected to increase to 30; **: 15 more to be added likely to be available by Feb 2011; #: 15 will be added by Feb 2011*

C. MTP /MVA method 2011 – 12

The status of proposed training activities for MTP/ MVA method for the year 2011-12 is as given in the following table.

No. of Govt. health facilities conducting MTPs	No. of Private Health Facilities accredited for conducting MTPs	No of doctors planned to be trained in MA/ MVA/EVAtill2012	Total No of doctors trained till 2010 (till Dec. 2010cumulative	Targets for 2010-11(No. of doctors planned to be trained in 2010-11)	No. of doctors trained in 2010-11(till Dec. 2010)	No. of24x7 PHCs providing atleast1st Trimester, Safe Abortion Services	No. of DH/FRUs Providing Comprehensive Safe Abortion services	Target for 2011-12									
								Q1		Q2		Q3		Q4		Annual	
								HF	Non- HF	HF	Non- HF	HF	Non- HF	HF	Non- HF	HF	Non- HF
11	NIL	1688	78	120	NIL	1	77	18	12	18	12	18	12	18	12	72	48

B. Skilled Birth Attendants' (SBA) Training Programmes*

STATUS OF SBA TRAINING

No of districts conducting SBA Training	No. of Institutions (including District Hospitals) conducting SBA training in the state	No. of district hospitals/training institutes practicing SBA Protocols particularly Partograph	No of Master Trainers trained (Both State and Districts)	No. of SNs/ ANMs/ LHVs to be trained till 2012 (cumulative)	Total No of SNs/ANMs/LHVs trained till2010 (till Dec.2010 cumulative	Target for 2010-11	Total No of SNs/ANMs/LH Vs trained in2010-11 (till Dec. 2010)	Target for 2011-12									
								Q1		Q2		Q3		Q4		Annual	
								HF	State (Non-HF)	HF	State (Non-HF)	HF	State (Non-HF)	HF	State (Non-HF)	HF	State (Non-HF)
62	98	98	550	14,942	2,500	3,000	1,047	450	300	450	300	450	300	450	300	1,800	1,200

Skilled Birth Attendant (SBA) Training for Medical Officers*

The objective of trained providers in SBA Skills is to provide at least one trained doctor at each 24 x 7 facility in the state.
A total of 235 doctors have been trained in SBA Skills at 6 Medical Colleges viz. Lucknow, Kanpur, Meerut, Agra, Gorakhpur and Jhansi in the year 2010-11 upto January, 2011. This activity will be continued in the year 2011-12 and a total of 288 doctors, out of which 160 doctors of high focus districts will be trained in the above mentioned six Medical Colleges.

ALLOCATION AND EXPENDITURE UNDER MH AND JSY

Budget Allocated under MH (excluding JSY) 2010-11	Budget Utilized under MH in 2010-11 (excluding JSY) Till December, 2010	Budget Allocated under JSY 2010-11	Budget Utilized under JSY in2010 -11 (Till December, 2010)
Rs. 1980.35 Lac	Rs. 452.81 Lacs	Rs. 39937.59	Rs. 31967.84

APPROVED BUDGET SUMMARY FOR MATERNAL HEALTH

FMR Code	Activity	Amount Approved (Rs. In Lacs)
RCH FLEXIPOOL		
A.1.3	**Integrated outreach RCH services**	
A.1.3.1	**RCH Outreach Camps**	442.80
A.1.4	**Janani Suraksha Yojana / JSY**	47,533.50
A.1.5	**Maternal Death Audit**	57.35
A.1.6	**Other Strategies/Activities**	
	Support for blood transfusion	80.00
	Support for Medicines	2,500.00
	Consumables for caesarean section	180.00
	Saubhagyawati Scheme	257.20
	Guaranteed Free & Cashless Deliveries (JSSK)	20,570.00
A.9.3	**Maternal Health Training**	1,397.22
	TOTAL - RCH FLEXIPOOL	**73,018.07**
NRHM FLEXIPOOL		
B.4	**Hospital Strengthening**	
B4.1.4	Sub Centres (accredited under JSY)	300.00
B4.1.5	Others	-
	Medical College Support	-
B4.1.5.a	Strengthening Gyn/obs. Department -CSMMU, Lucknow	105.40
B4.1.5.c	Hospital Waste Management System	1,300.00
B4.1.5.d	Outsourcing of cleaning, upkeep & laundry services in DH and CHCs	1,872.00
B.4.3	Sub Centre Rent and Contingencies	243.18
B.14	**Family Friendly Hospitals**	59.50
B15.3.2.a	**Pregnant mother & Child tracking System**	417.28
B16.1	**Procurement of equipment: MH**	435.16
B.16.2.1	**Drugs & supplies for MH**	
	RTI/STI	14.40
B.10.2.1	**BCC/IEC activities for MH**	440.42
	TOTAL - NRHM FLEXIPOOL	**5187.34**
	GRAND TOTAL - MATERNAL HEALTH	**78,205.41**

Annexure - 1

MCH CENTRE OPERATIONALIZATION - DETAIL PLAIN FOR RESIDENTIAL REPAIR / RENOVATION - NON HIGH FOCUS DISTRICTS

Sl.	District	Facility	No. Of Deliveries	Facility Name (FRU)- Progressive C-section	Budget (In Lacs)
1	Allahabad	CHC Phoolpur	1387		5.00
	Allahabad	CHC Handia	3155	46	20.00
	Allahabad	CHC Kaundhiara*	1941		34.10
	Allahabad	CHC Ram Nagar*	1656		8.00
	Allahabad	CHC Manda	1966		8.00
	Allahabad	CHC Koraon	2091		5.00
	Allahabad	CHC Karchana	1856	1	5.00
	Allahabad	PHC Pratappur	2161		5.00
	Allahabad	PHC Baheria	2360		20.00
2	Ambedkar Nagar	Bhiti	1025		5.00
	Ambedkar Nagar	Ramnagar	1575		5.00
	Ambedkar Nagar	Jahangirganj	1411		5.00
	Ambedkar Nagar	Tanda	1440		20.00
	Ambedkar Nagar	Jalalpur	775		20.00
3	Azamgarh	Koilsha	1643		6.00
	Azamgarh	Atraulia	1319		20.00
	Azamgarh	Pawai	1310		10.00
	Azamgarh	Phoolpur(FRU)	930	6	20.00
	Azamgarh	Lal Ganj (FRU)	1751	6	20.00
	Azamgarh	Mehnagar	1368		2.00
	Azamgarh	Mubarakpur	1292		5.00
	Azamgarh	Parasharampur	352		1.50
	Azamgarh	Bardah	419		1.50
	Azamgarh	Jahanaganj	1729		4.00
4	Baghpat	Baghpat	1553		30.00
	Baghpat	Baraut	2523		15.00
5	Ballia	Siyar	1429		5.00
	Ballia	CHC Sikanderpur	1567		5.00
	Ballia	CHC Rasda	1659		26.50
6	Bijnor	PHC Najibabad	1375		35.86
	Bijnor	PHC Dhampur	840		11.52
7	Bulandsahar	Anoopshahar	2099		20.00
	Bulandsahar	Shikandrabad	923		20.00
	Bulandsahar	Khurja	1795		20.00
8	Deoria	Salempur	2541		20.00
	Deoria	Pathardeva	2021		12.00
	Deoria	Bhatpar Rani	1372		23.80
9	Faizabad	CHC- Milkipur	1694		19.20
	Faizabad	PHC-Hairingtanganj	1670		20.00
10	GB Nagar				
11	Ghaziabad	Hapur	1177		15.00
12	Ghazipur	Saidpur	2733		33.75
	Ghazipur	Devkali	3673		20.00
	Ghazipur	Manihari	2427		20.00
	Ghazipur	Jakahania	2190		23.80
	Ghazipur	Bhadhora	3443		20.00

	Ghazipur	Mohamadabad	4787		20.00
13	Gorakhpur	Sahjanwa	658		23.80
	Gorakhpur	Pipraich	840		27.67
14	Hamirpur	CHC-Rath	2102		20.00
	Hamirpur	CHC-Maudha	2355		23.80
	Hamirpur	PHC-Sumerpur	2175		20.00
15	Jaunpur	Machhali Shahar	2420		12.00
	Jaunpur	Suithakala	983		5.00
	Jaunpur	Jalalpur	1273		5.00
16	Jhansi	CHC Mauranipur	3345		38.86
	Jhansi	CHC Gursarai	1903		20.00
17	Kanpur Nagar	Ghatampur	3502		20.00
	Kanpur Nagar	Kalyanpur	1130		5.00
	Kanpur Nagar	Billahaur	2321		15.00
	Kanpur Nagar	Bidhanu CHC	3811		20.00
	Kanpur Nagar	Bidhanu PPC			
18	Kasganj	CHC Soron	1280		10.00
	Kasganj	CHC Sahawar	1271		10.00
19	Lucknow	Malihabad	1981		32.14
	Lucknow	Gosaiganj	1899		5.00
	Lucknow	Mall	1936		18.80
	Lucknow	Itaunja	1895		5.00
20	Mau	Mohammadabad (CHC)	1563		23.80
	Mau	Pardaha (PHC)	2182		20.00
	Mau	Doharighat (PHC)	1954		20.00
21	Merrut	Mawana	1007		35.00
	Merrut	Sardhana	1247		15.00
22	Muzzafarnager	Jansath	2113		33.86
	Muzzafarnager	Shamli	2387		24.25
23	Pratapgarh	CHC-Kunda	1725	45	40.39
	Pratapgarh	CHC-Lalganj	1510	14	14.19
24	Saharanpur	Deoband	899		34.72
	Saharanpur	Fatehpur	981		9.52
25	Sultanpur	Kurebhar	1105		5.00
	Sultanpur	Amethi	738		13.54
	Sultanpur	Gauriganj	977		23.80
	Sultanpur	Musafirkhana	1449		5.00
26	Varanasi	CHC Araziline	705		23.80
	Varanasi	PHC Chirayeegaon	2551		20.00
	Varanasi	PHC Harahua	2450		20.00
	Varanasi	PHC Kashi Vidyapith	2029		20.00
	Varanasi	Cholapur	1221		35.00
Total					**1,430.47**

Annexure - 2

MCH CENTRE OPERATIONALIZATION - DETAIL PLAIN FOR RESIDENTIAL REPAIR/ RENOVATION - HIGH FOCUS DISTRICTS

Sl.	District name	Facility /24*7	No. Of Deliveries (Cumm.)	Facility Name(FRU)-Progressive C-section	Budget (in lacs)
1	Auriya	Achhalda	2154		20.00
	Auriya	Auraiya	2199		20.00
	Auriya	Bidhuna	2650		40.57
2	Balrampur	CHC Shivapura	1789		23.80
	Balrampur	CHC Utraula	1175		23.80
3	Banda	Naraini	4317		23.80
	Banda	Baberu	4025		20.00
	Banda	Jaspura	1420		23.80
	Banda	Bisanda	2524		20.00
	Banda	Atrra	2185		5.00
4	Bareilly	Nawabganj (CHC)	990		18.86
	Bareilly	Meerganj (CHC)	1309		10.00
	Bareilly	Aonla (CHC)	835		18.86
	Bareilly	Fatehganj-W (PHC)	1785		10.00
	Bareilly	Fardipur	1873	7	20.00
5	Budaun	CHC Bisauli	1505		10.00
	Budaun	PHC Usawan	2155		20.00
	Budaun	CHC Saheswan	3294		23.80
	Budaun	CHC Bilsi	1575		25.30
6	Chandauli	CHC-Dhanapur	1697		13.00
	Chandauli	Skaldiha	1049	28	15.00
	Chandauli	Chakiya	1352	33	20.00
7	Chitrakoot	Manikpur	2047		23.80
	Chitrakoot	Mau	2980		20.00
	Chitrakoot	Pahari	2730		20.00
8	Etah	CHC -Aliganj	2498		20.00
	Etah	CHC - Jalesar	1754		23.80
9	Farrukhabad	Kamalgunj	1237	41	5.00
10	Fatehpur	Hathgam	1456		38.07
	Fatehpur	Hussainganj	544		11.00
11	Gonda	Tarab Ganj	1037		33.89
	Gonda	NawabGanj	1299		23.80
12	Hardoi	Bilgram	3305		20.00
	Hardoi	Madhuganj	1333		33.85
	Hardoi	Pihani	3252	10	20.00
	Hardoi	Kothanwa	3683		20.00
	Hardoi	Harpalpur	2595		23.80
13	JP Nagar	Amroha	1512	3	33.86
14	Kannuj	Chhibramau	2696		20.00
	Kannuj	Umarda	2704		20.00
15	Kanpur Dehat	Rasulabad	2861		20.00
	Kanpur Dehat	Pukhraya	2926		20.00
16	Kaushambi	CHC Kaneli	1368		16.86
	Kaushambi	PHC Manjhanpur	2378		20.00
17	Kheri	Dhaurahara	2163		27.50
	Kheri	Palia	1015	8	20.00
	Kheri	Mitauli	2375		20.00
	Kheri	Gola	2148	53	23.80
18	Mirzapur	LALGANJ	1317		8.00
	Mirzapur	RAJGARH	1162		10.00
	Mirzapur	MARIHAN	727		5.00
19	Pilibhit	Bilsanda	1331		23.80
20	Shajahanpur	CHC BANDA	1086		20.06

	Shajahanpur	CHC JALALABAD	2729		28.79
	Shajahanpur	BPHC KHUDAGANJ	2076		20.00
21	Srawasti	CHC Ikauna	2514	1	20.00
	Srawasti	CHC Sirsia	930		33.89
	Srawasti	PHC Gilaula	2182		20.00
22	Sidharth Nagar	Khesarha	953		30.57
	Sidharth Nagar	Bewa (Dumariaganj)	1147		15.00
	Sidharth Nagar	Uska bazar	853	3	10.00
23	Sitapur	CHC-Tambour	2746		20.00
	Sitapur	CHC-biswan	3850		14.94
	Sitapur	BPHC-Sanda	2545		20.00
	Sitapur	CHC-Sidhauli	3235	4	33.80
	Sitapur	CHC-Mahmudabad	1963		4.31
	Sitapur	BPHC-Maholi	2674		20.00
24	Sonebhadra	CHC -Ghorawal	1689		36.23
	Sonebhadra	CHC-Chopan	1030		20.00
25	Unnao	Nawabganj	1611	6	46.74
26	Agra	PHC Awalkhera	377		10.00
	Agra	CHC-Bah	2168	13	36.36
	Agra	CHC-Kheragarh	2291	2	23.80
27	Aligarh	Atrauli	2606		26.36
	Aligarh	Chharra	2101		26.36
	Aligarh	Chandos	2058		20.00
28	Kasganj	CHC Soron	1280		37.60
	Kasganj	CHC Sahawar	1271		37.60
29	Bahraich	CHC-Payagpur	1345		33.89
30	Barabanki	Tikaitnagar	1484		5.00
	Barabanki	Suratganj	2226		20.00
	Barabanki	Jaidpur	1541		23.80
	Barabanki	Haidergarh	1054	6	23.80
31	Basti				
32	Etawah	Jaswant Nagar	2620		20.00
	Etawah	Bharthana	2542		20.00
33	Firozabad	Tundla	2553	7	20.00
34	Hathras	CHC-SIKANDRARAO	1485		15.20
35	Jalaun	Madhaugarh	837		20.37
36	Kushinagar	Hata	1823		25.00
	Kushinagar	Tamkuhi	627		5.00
	Kushinagar	Fazilnagar	2409		35.00
37	Lalitpur	CHC Madawara	1746		23.80
38	Maharajganj	CHC Farenda	1293		15.00
	Maharajganj	PHC Siswa	1588		15.00
	Maharajganj	Partawal-7	1349		8.00
39	Mahoba	CHC-Charkhari	1463		10.00
	Mahoba	CHC-Kulpahar	512		35.80
40	Mainpuri				
41	Mathura	Naujheel	2204		20.00
	Mathura	CHC-Farah	1175	9	28.80
42	Moradabad	CHC Sambhal	2408		41.60
	Moradabad	CHC Behjoi	1464		19.58
43	Raebareli	Lalganj	1691	21	42.49
	Raebareli	Unchahar	2960		37.30
	Raebareli	Salon	2594		20.00
	Raebareli	Fursatganj	3071		20.00
44	Rampur	CHC Bilaspur	746		23.80
45	Santkabir Nagar	CHC Haisar Bazar	1311		20.00
	Santkabir Nagar	khalilabad	1382	48	20.00
46	SRN - Bhadohi	Gopiganj	2042		6.00
	SRN - Bhadohi	Bhadohi	2595		12.00
	SRN - Bhadohi	Aurai	3288		20.00
	SRN - Bhadohi	Deegh	2215		20.00
			Total	**303**	**2410.06**

Annexure – 3

LIST OF SUB CENTRES FOR 45 HIGH FOCUS DISTRICTS AND 26 NON HIGH FOCUS DISTRCITS UNDER MCH PLAN

(These subcenters are conducting between 5 to 50 deliveries per month)

District	Sl	Block Name	Name of facility	No. of Delivery (Monthly)	Sl	Block Name	Name of facility	No. of Delivery (Monthly)
AGRA	1	Shamshabad	Dauki	37	9	Achnera	Kirawali	40
	2	Shamshabad	Kurra Chittarpur	24	10	Achnera	Rayabha	31
	3	Baroli Ahir	Etora	18	11	Akola	Dhanoli	29
	4	Bah	Holipura	46	12	Akola	Akwai	13
	5	Jagner	Sarendhi	38	13	Etmadpur	Chawali	30
	6	Saiyan	Eradat Nagar	21	14	Etmadpur	Aharan	21
	7	Saiyan	Sikandarpur	8	15	Etmadpur	Old SC Etmadpur	47
	8	Fatehpur Sikri	Doora	33				
Aligarh	16	Lodha	Kulwa	15	23	Gonda	Shahpur	14
	17	Jawan	Baroli	15	24	Gonda	Harotha	9
	18	Jawan	Satha	24	25	Iglas	Tochigarh	16
	19	Chandaus	Veerpura	11	26	Iglas	Hastpur	8
	20	Chharra	Nagla Lalay Alampur	18	27	Jawan	Satha	6
	21	Chharra	Jiroli	13	28	Tappal	Malav	9
	22	Gonda	Majupur	10				
AURAIYA	29	Ajeetmal	Atsu,	9	39	Sahar	Yaqubpur	19
	30	Ajeetmal	Biruhani,	8	40	Sahar	Ariyari	5
	31	Ajeetmal	Bilava	6	41	Achhalda	Baghaipur	6
	32	Ajeetmal	Muradgang	11	42	Achhalda	Rurukala	17
	33	Ajeetmal	Gangdaspur	7	43	Ayana	Shahabda	22
	34	Bidhuna	Bela	6	44	Ayana	Khanpur	25
	35	Bidhuna	Asjana	10	45	Airwakatra	Umrain	12
	36	Bidhuna	Banthara	6	46	Airwakatra	Kudarkot	9
	37	Bidhuna	Sohanibarhar	15	47	Airwakatra	Bibipur	16
	38	Sahar	Lahrapur	17				
Budaun	48	Sisaura	Usawan	22				
Bahraich	49	Diha	Chittaura	42	58	Nibia Begumpur	Risia	50
	50	Gajadharpur	Fakarpur	36	59	Bhavaniypur	Risia	45
	51	Mustafabad	Jarwal	28	60	Patnaghosiyari	Risia	29
	52	Gataura	Jarwal	26	61	Bangalachak	Risia	15
	53	Bardauli	Jarwal	28	62	Raghunathpur	Risia	5
	54	Harrajpur	Jarwal	9	63	Behra	Sheopur	50
	55	Gaurapipra	Mihinpurwa	10	64	Rampurdhobiyahar	Sheopur	10
	56	Rupedia	Nawabganj	20	65	khaswa Mohd Pur	Tejwapur	7
	57	Khutena	Praygpur	44	66	Magraha	Kaisharganj	14
Balrampur	67	Rehra Bazar	Badya Farid	15	81	Balrampur	Chhulahbhari	7
	68	Rehra Bazar	Sonapar	12	82	Sriduttganj	Gumari	13
	69	Rehra Bazar	Datalupur	9	83	Sriduttganj	Pipra Yakub	9
	70	Gainsri	Pipara	12	84	Sriduttganj	Chamarupur	15
	71	Gainsri	Nachaura	8	85	Sriduttganj	Mahua Ibrahim	13
	72	Gainsri	Pipara Durganagar	13	86	Gaindas Bujurg	Itai Rampur	18
	73	Gainsri	Jeetpur	19	87	Gaindas Bujurg	Preriya Bujurg	7
	74	Gainsri	Newalgarh	27	88	Gaindas Bujurg	Bajaria	16
	75	Sheopura	Mathura	12	89	Gaindas Bujurg	Badaya Bhaisahi	8
	76	Sheopura	Kodari	11	90	Gaindas Bujurg	Nagawa	18
	77	Sheopura	Baldeo Nagar	9	91	Pachaperwa	Majhagawa	44
	78	Balrampur	Rampur Bandhusara	20	92		Main Sub Center	38
	79	Balrampur	Balrampur	16	93	Utraula	Pipra Ekdanga	16
	80	Balrampur	Katia	8				
Banda	94	Naraini	Pukari	12	112	Mahua	Paigambarpur	30
	95	Naraini	Kalinjar	17	113	Mahua	Pangara	30
	96	Naraini	Chandaur	19	114	Mahua	Baheri	14
	97	Naraini	Barua Kalinjar	6	115	Mahua	Badokhar Bugurga	20
	98	Naraini	Nahari	40	116	Mahua	Sahewa	7
	99	Naraini	Fatehganj	18	117	Tendwari	Benda	16
	100	Naraini	Badausa	30	118	Tendwari	Paprenda	18
	101	Baberu	Murwal	19	119	Tendwari	Chilla	58

District	Sl	Block Name	Name of facility	No. of Delivery (Monthly)	Sl	Block Name	Name of facility	No. of Delivery (Monthly)
	102	Baberu	Tolakala	6	120	Tendwari	Palara	11
	103	Baberu	Milathu	30	121	Tendwari	Saimari	17
	104	Jaspura	Chandwara	11	122	Tendwari	Mungus	12
	105	Jaspura	Gadariya	17	123	Tendwari	Pailani	14
	106	Jaspura	Sindhankala	10	124	Bisanda	Kusuma	8
	107	Jaurahi	Badokhar	19	125	Bisanda	Kurrahi	16
	108	Jaurahi	Lama	8	126	Bisanda	Singhpur	18
	109	Jaurahi	Luktara	16	127	Bisanda	Jarohara	15
	110	Jaurahi	Achharaud	17	128	Kamasin	Lohra	12
	111	Jaurahi	Mataundh	13	129	Kamasin	Berraw	11
Barabanki	130	Tikaitnagar	Khutauli	16	141	Fatepur-FRU	Madanpura	11
	131	Tikaitnagar	Kudha	25	142	Fatepur-FRU	Shahpur	13
	132	Suratganj	Baraiya	15	143	Tikaitnagar	Kasba Ichuliya-2	12
	133	Dariyabad	Beerkithai	13	144	Tikaitnagar	Fattapur	15
	134	Ghunghter	Bajgahni	28	145	Tikaitnagar	Aliyabad	16
	135	Ghunghter	Nindura	18	146	Badagawn	Badagawn	50
	136	Siddhaur	Meerapur	22	147	Sirauligauspur	Rampurkatra	13
	137	Siddhaur	Motikpur	30	148	Ram Sanehi Ghat	KotwaSadak	18
	138	Ram Sanehi Ghat	Hakkami	15	149	Ram Sanehi Ghat	Sanauli	32
	139	Ram Sanehi Ghat	Dhanuli Khas	30	150	Ram Sanehi Ghat	Meduwa	42
	140	Ram Sanehi Ghat	Mahulara	16	151	Siddhaur	Bibipur	22
BAREILLY	152	bithrichainpur	kamuakala	32	164	baheri	harsunagla	16
	153	bithrichainpur	nagariya parikshit	30	165	nawabganj	sainthal	38
	154	fatehganj (w)	shahi	21	166	dalelnagar	kyoladia	49
	155	meerganj	sindhouli	10	167	ramnagar	sirouli	28
	156	meerganj	nandgaon	21	168	majhgawan	aliganj	31
	157	shergarh	sheeshgarh	29	169	majhgawan	bade gaon	43
	158	shergarh	dunka	32	170	faridpur	kesarpur	27
	159	baheri	mudia colony	14	171	kuadanda	bhuta	12
	160	bithrichainpur	rithora	9	172	baheri	rajunagla	14
	161	bithrichainpur	harunagla	11	173	ramnagar	rewati	9
	162	kyara	kargaina	7	174	kuadanda	faiznagar	11
	163	ahrola	kargaina	13	175	kuadanda	tisua	16
Basti.	176	Marwatia	Bhuwani	15	197	Haraia	Duhwa	10
	177	Marwatia	Madhwanagar,	38	198	Haraia	Bhiura	
	178	Saughat	Odwara,	32	199	Vikramjot	Maluli	10
	179	Saughat	Sihari	36	200	Vikramjot	Khadamsarai	20
	180	Saughat	Parida		201	Vikramjot	Chhawani	17
	181	Bahadurpur	Kadsary	15	202	Gaure	Babhanan	16
	182	Bahadurpur	Nagarbazar	10	203	Gaure	Belsad	15
	183	Bahadurpur	Kushura Bazar	19	204	Gaure	Belghat	13
	184	Kudrha	Gayghat	14	205	Bhanpur	Khaira,	13
	185	Kudrha	Lalganj	11	206	Bhanpur	Bargadwa	16
	186	Kudrha	Padsa	14	207	Bhanpur	Sagra	20
	187	Parshrampur	Nand Nagar	21	208	Bhanpur	Tadaodhi	11
	188	Parshrampur	Sikanderpur	26	209	Kaptanganj	Pokhra,	8
	189	Parshrampur	Khamriya	14	210	Kaptanganj	Mahrajganj,	13
	190	Parshrampur	Kohrai	7	211	Kaptanganj	Chilma	14
	191	Parasurampur	Jeetipur,	11	212	Bankati	Ekama	10
	192	Harria	Niduri	16	213	Bankati	Munderwa	9
	193	Harria	Ramya	12	214	Bankati	Sihari	12
	194	Harria sadar	Harria	8	215	Rudauli	Hanumanganj,	7
	195	Harria	Belbhraya	11	216	Rudauli	Chandrabhanpur	14
	196	Saltaua	Bargadwa	6	217	Rudauli	Chapia,	10
Chandauli	218	Shahabganj	Dhanaria	13	236	Barhani	Dhina	16
	219	Shahabganj	Shyampur	13	237	Barhani	Naubatpur	7
	220	Shahabganj	Ben	23	238	Barhani	Chari	15
	221	Shahabganj	Tiyar	7	239	Shakaldiha	Phaguiya	24
	222	Shahabganj	Bhusi	9	240	Shakaldiha	Trajeewanpur	32
	223	Chakia	Shikarganj	20	241	Shakaldiha	Fesura	9
	224	Chakia	Newajgahj	35	242	Shakaldiha	Manihara	7
	225	Chakia	Biyasad	10	243	Shakaldiha	Bhathawar	40
	226	Chakia	Utarawat	14	244	Chahania	Ajagara	15
	227	Chakia	Bithwalkala	10	245	Chahania	Laxmanpur	35
	228	Niyamtabad	Rewan	19	246	Chahania	Balua	22
	229	Niyamtabad	Amukapur	22	247	Chahania	Dinsadpur	11

District	Sl	Block Name	Name of facility	No. of Delivery (Monthly)	Sl	Block Name	Name of facility	No. of Delivery (Monthly)
	230	Niyamtabad	Singhitali	22	248	Chahania	Papaura	18
	231	Niyamtabad	Bahadurpur	7	249	Chahania	Patti	12
	232	Niyamtabad	Suzabad	8	250	Chahania	Mahuarkala	16
	233	Chandauli sadar	Bichiya	9	251	Dahanapur	Torawa	11
	234	Chandauli sadar	Baburi	19	252	Dahanapur	Shahidgaw	11
	235	Chandauli sadar	Dude	9				
Chitrakoot	253	Manikpur	Bhauri	6	256	Mau	Khandeha	12
	254	Manikpur	Saraiyan	9	257	Mau	Bargarh	24
	255	Manikpur	kothihali	11				
ETAH	258	Aliganj	Bilsar	11	261	Sheetalpur	Bagwala	11
	259	Aliganj	Raja Ka Rampur	12	262	Sheetalpur	Kathauli	16
	260	Aliganj	Amroli Ratanpur	11	263	Sakeet	Aspur	13
	261	Jaleshar	Shahnagar Timarua	19	264	Sakeet	Malawan	18
	262	Nidhauli Kalan	Basundhara	9	265	Sakeet	Nidhali Khurd	16
	263	Jaithra	Dhumari	21	266	Mirhechi	Marhara	10
	264	Awagarh	Jinawali	10				
ETAWA	267	Baharpura-1 Sub-center	Bhartana	5	270	Sarsainawar SC	Sarsainawar PHC	24
	268	Pali	Bhartana	6	271	Udipurkala SC	Sarsainawar PHC	9
	269	Umarseda,	Bhartana	9	272	Patiyat SC	Sarsainawar PHC	5
	270	Mededudi,	Bhartana	5	273	Hardoi SC	Basrehar PHC	30
	271	Baharpura-2,	Bhartana	6	274	Beena SC	Basrehar PHC	20
	272	Lakhna NPHC	Mahewa	32	275	Barlokpur SC	Basrehar PHC	22
	273	Aheripur NPHC	Mahewa	8	276	Luhiakhurd SC	Basrehar PHC	10
	274	Alipur NPHC	Mahewa	7	277	Udaipura SC	Basrehar PHC	8
FARRUKHABAD	278	kamalganj	Taazpur, Kamalganj	19	290	RAJEPUR	Pithnapur, Rajepur	6
	279	kamalganj	Jahanganj, Kamalganj	12	291	RAJEPUR	Sabalpur, Rajepur	13
	280	kamalganj	Fatehullapur, Kamalganj	20	292	RAJEPUR	Sarah, Rajepur	7
	281	kamalganj	Patauja, Kamalganj	24	293	MOHAMDABAD	Merapur, Mohamdabad	21
	282	nawabganj	Bhatasa, Nawabganj	13	294	MOHAMDABAD	Sirauli, Mohamdabad	8
	283	nawabganj	Pilakhana, Nawabganj	6	295	MOHAMDABAD	Katinaa Manikpur, Mohamdabad	16
	284	nawabganj	Bartal, Nawabganj	10	296	MOHAMDABAD	Pipargaon, Mohamdabad	9
	285	nawabganj	Sirmaura Vamar, Nawabganj	9	297	MOHAMDABAD	Maudha, Mohamdabad	11
	286	nawabganj	Sirmaura Paharpur, Nawabganj	11	298	MOHAMDABAD	Sakwai, Mohamdabad	13
	287	rajepur	Rajepur	16	299	KAYAMGANJ	Katinaa Kampil, Kayamganj	7
	288	rajepur	Kuberpur Khudra, Rajepur	7	300	KAYAMGANJ	Raipur, Kayamganj	12
	289	rajepur	Nagla Husa, Rajepur	15	301	KAYAMGANJ	Pitaura, Kayamganj	6
Fatehpur	302	Teliyani	Barmatpur	21	315	Gopalganj	Dawatpur	13
	303	Teliyani	Tarapur	16	316	Gopalganj	Koraiya	9
	304	Teliyani	Sahili	46	317	Gopalganj	Mauhar	18
	305	Teliyani	Panai	18	318	Khaga	Hasanpur Kasar	11
	306	Teliyani	Kaserua	39	319	Khaga	Mohd. Pur Gonti	14
	307	Vijaipur	Khakhareru	33	320	Khaga	Airayan Masayak	18
	308	Dhata	Jam	23	321	Khaga	Allipur Bhadar	15
	309	Amauli	Chandpur	38	322	Khaga	Ormha	7
	310	Khajuha	Jonihan	18	323	Khaga	Mandwa	16
	311	Gopalganj	Malwan	44	324	Hathgaon	Itaili	16
	312	Gopalganj	Chakki	19	325	Hathgaon	Amilihapal	14
	313	Gopalganj	Mahraha	17	326	Hathgaon	Chiwlaha	16
	314	Gopalganj	Ashapur	6				
Firozabad	327	Usaini	Sailai	8	336	Jasrana	Banwara	7
	328	Usaini	Raja Ka Tal	11	337	Jasrana	Kushiyari	6
	329	Usaini	Kurri Kupa	9	338	Araon	Mandai	19
	330	Usaini	Matsena	7	339	Araon	Dhatri	25
	331	Usaini	Farol	13	340	Araon	Husainpur Baijua	8

District	Sl	Block Name	Name of facility	No. of Delivery (Monthly)	Sl	Block Name	Name of facility	No. of Delivery (Monthly)
	332	Kotla	Narkhi	6	341	Araon	Singemai	15
	333	Kotla	Tapa Khurd	17	342	Araon	Kudina	14
	334	Eka	Mustafabad	8	343	Dhanpura	Lachhpur	29
	335	Eka	Bhadana	10				
Gonda	344	Belsar	Nagdahi	15	351	Wazeerganj	Birahmatpur	25
	345	Paraspur	Paska	11	352	Pandri Kripal	Gilauli	8
	346	Katra Bazar	Dubha Bazar	20	353	Rupaideeh	Bhawaniapur Khurd	28
	347	Tarabganj	Kindhaura	10	354	Nawabganj	Chaukhadia	14
	348	Wazeerganj	Pendrahi	6	355	Nawabganj	Kanakpur	24
	349	Wazeerganj	Mazhara	18	356	Nawabganj	Ramapur	13
	350	Wazeerganj	Gedsar	7	357	Nawabganj	Lauwaveerpur	10
Hardoi	358	Bilgram	Pindari	8	361	Shahabad	Sakrauli	10
	359	Bawan	Jagdishpur	5	362	Shahabad	Agampur	11
	360	Madhuganj	Shuklapur Bhagat	5	363	Kothawan	Than Gaon	19
	361	Bharawan	Dhikuni	7	364	Kothawan	Harraiya	8
	362	Sursa	Lalpalpur	9	365	Behendar	Akbarpur	14
	363	Hariyawan	Tenni	10	366	Mallawan	Naya Gaon	12
	364	Sandi	Saityapur	8	367	Bharkhanni	Bilsari	9
	365	Bharkhani	Aanagpur	11	368	Bharkhanni	Kamalpur	11
	366	Ahiroi	Wallipur	14	369	Behendar	Sirauli	17
	367	Ahiroi	Baghuli	13	370	Bawan	Behtagokul	8
	368	Ahirori	Atwa Kataiya	7	371	Bawan	Behta Sadai	7
Hathras	372	Sadabad	Bisawar	14	377	Mursan	Chandapa	16
	373	Sadabad	Nawgaon	13	378	Mursan	Painth Gaoan	9
	374	Sadabad	Baros	11	379	Maho	Hathras Junction	13
	375	Sadabad	Koopa	10	380	Hasayan	Pora	18
	376	Sikandra Rao	Bazid Pur	14	381	Hasayan	Nagla Veer Sahaya	23
J P Nagar	382	Gangeshwari	Kai	6	392	Dhanauara	Akhtyarpur	6
	383	Gajrola	Sihasi Jagir	9	393	Dhanauara	Tomra	8
	384	Gajrola	Nagaliyamev	18	394	Dhanauara	Kuankhera	7
	385	Hasanpur	Jhakri	10	395	Dhanauara	Pupsara	16
	386	Amroha	Gajana	16	396	Joya	Didauli	21
	387	Amroha	Hadipur	17	397	Joya	Jalalpur Ghana	11
	388	Amroha	Lateefpur	9	398	Joya	Sarkara Kamal	14
	389	Amroha	Mukhdoompur	12	399	Joya	Papsara	9
	390	Dhanauara	Sherpur	15	400	Dhanauara	Rajabpur	13
	391	Dhanauara	Deoti	7				
Jalaun	401	Kuthond	hadrukh	10	423	Dakor	kukargaon	8
	402	Kuthond	madripur	8	424	Dakor	minaura kalpi	6
	403	Kuthond	jakha	9	425	Rampura	manpura	7
	404	Kuthond	ajeetapur	7	426	Rampura	bahadurpur	6
	405	Kuthond	bawali	14	427	Rampura	mirjapur	9
	406	Kuthond	shekhpur aheer	8	428	Rampura	nawar	10
	407	Kuthond	rampura jageer	7	429	Rampura	pachokhara	13
	408	Konch	ait	18	430	Rampura	majeed	6
	409	Konch	paniyara	9	431	Madhogar	gohan	60
	410	Konch	pirauna	7	432	Madhogar	gopalpura	30
	411	Konch	virashani	11	433	Madhogar	atagaon	14
	412	Konch	ghurat	10	434	Madhogar	shirshadogadi	9
	413	Nadigaon	pachipura	6	435	Madhogar	sarawan	8
	414	Nadigaon	rendar	6	436	KOTRA	keliya	26
	415	Nadigaon	bhend	10	437	MANPURA	manpura	7
	416	Nadigaon	khkshees	7	438	MANPURA	bahadurpur	9
	417	Nadigaon	keliya	26	439	MANPURA	mirjapur	6
	418	Dakor	kotra	14	440	GOHAN	gohan	60
	419	Dakor	dharguan	6	441	GOHAN	gopalpura	30
	420	Dakor	madora	8	442	GOHAN	sikriraja	6
	421	Dakor	gadhar	6	443	GOHAN	sahaw	7
	422	Dakor	kharka	8				
Kannauj	444	Kannauj	Muraiya	24	450	Jalalabad	Gudhni	17
	445	Kannauj	Nandemau	16	451	Talgram	Saraiprayag	11
	446	Saurikh	Salempur	9	452	Talgram	Rohli	6
	447	Saurikh	Bahadurpur	18	453	Talgram	Ladpur	14
	448	Saurikh	Batela	13	454	Talgram	Tahpur	13
	449	Jalalabad	Jasoda	10				
Kaushambi	455	Sarswan	SC Kumhiyanaw	60	461	Manjhanpur	SC Karari	13

District	Sl	Block Name	Name of facility	No. of Delivery (Monthly)	Sl	Block Name	Name of facility	No. of Delivery (Monthly)
	456	Sarswan	Henauta	66	462	Manjhanpur	SC Tewan	20
	457	Sarswan	SC Paschim sarira	80	463	Kaneli	Itaila	12
	458	Mooratganj	Bajha	15	464	Chail	SC Sallahpur	14
	459	Mooratganj	Mahgawan	17	465	Chail	Puramufti	9
	460	Mooratganj	Bharvari	24				
Kheri	466	Kumbhi	Mamari	11	474	Mitauli	Magahi	15
	467	Palia	Sampurnanagar	16	475	Nakaha	Gadaipur	6
	468	Palia	Trilokpur	17	476	Phardhan	Rajaganj	11
	469	Palia	Chandan Chowki	13	477	Bijua	Bhira	8
	470	Palia	Gauri Phanta	10	478	Bijua	Bhanpur	10
	471	Nighasan	Bamhanpur	9	479	Bijua	Ranadevaria	21
	472	Bankeyganj	Mailani	14	480	Bijua	Baslipur	17
	473	Ramiabehar	Manjhara Purab	18				
Kanpur dehat	481	Amraudha	Bhognipur	20	488	Rasoolabad)	Bhawanpur	16
	482	Amraudha	Moosanagar	10	489	Rasoolabad)	Usari	11
	483	Amraudha	Pareharapur	7	490	Sandalpur	Amauli	12
	484	Jhinjhak	Mangal Pur	12	491	Sandalpur	Pindarthu	17
	485	Malasa	Baraur	15	492	Sandalpur	Kasolar	13
	486	Rajpur	Khojaphool	20	493	Sandalpur	Bhandemau	15
	487	Rajpur	Bhal	15	494	Sandalpur	Tutuapur	10
Kushinagar	495	Hata	Ahirauli Bazar	14	522	Kubernath	Siswaliya	9
	496	Motichak	Khokhiya	16	523	Kubernath	SariBujurg	13
	497	Kasia	Kushinagar	7	524	Kubernath	Basahiya	19
	498	Kasia	Premwalia	10	525	Kubernath	Sikta	11
	499	Kasia	Gopalghar	14	526	Vishunpura	Hirnahi	47
	500	Kasia	Parsauni Mukundaha	17	527	Vishunpura	Sarpatahi	40
	501	Kasia	Kuchiya mathiya	26	528	Vishunpura	Akbarpur	19
	502	Kasia	Sohang	42	529	Vishunpura	Padari Piparpati	22
	503	Kasia	Jaura	52	530	Vishunpura	SiswaGoiti	18
	504	Kasia	Laxmipur Mishra	25	531	N.Naurangia	Naurangiya	28
	505	Taryasujan	Sumhi Sangram	24	532	N.Naurangia	Barwakhurd	25
	506	Taryasujan	Bedupar	16	533	N.Naurangia	Devtaha	25
	507	Taryasujan	Jawahi narendra	19	534	N.Naurangia	Sauraha Bujurg	33
	508	Taryasujan	Hariharpur	11	535	Khadda	Tinbardaha	40
	509	Taryasujan	PakariyarPurabpatti	18	536	Khadda	Chaturchhapra	31
	510	Taryasujan	Basdila	23	537	Khadda	Kataibharpurwa	36
	511	Taryasujan	Haphuwa Jiwan	18	538	Khadda	Kardah	48
	512	Taryasujan	Salemgharh	14	539	Khadda	Dargauli	25
	513	Tamkuhi	Ahladpur	22	540	Khadda	Bhujauli	17
	514	Tamkuhi	Barwarajapakad	16	541	Khadda	Vishunpura	29
	515	Tamkuhi	Dhuriya Imiliya	17	542	Ramkola	Tekuatar	75
	516	Tamkuhi	Koindi Bujurg	29	543	Ramkola	Sidhaye	14
	517	Dudahi	Gauri Sri Ram	11	544	Ramkola	Dhuwatikar	36
	518	Kubernath	Banbirpur	22	545	Ramkola	Morvan	37
	519	Kubernath	Sekhwaniya	19	546	Ramkola	PakriBangar	23
	520	Kubernath	Semrahardo	14	547	Captanganj	Badhara	55
	521	Kubernath	Sohrauna	16	548	Captanganj	Karitin	21
Lalitpur	549	Talbeth	Pawa	15	555	Baar	Barodadang	25
	550	Talbeth	Purabirdha	15	556	Baar	Bhailonilodh	35
	551	Mahurauni	Saujna	12	557	Baar	Gadyana	20
	552	Mahurauni	Sadhumal	14	558	Birdha	Pali	33
	553	Mandawara	Deori	20	559	Baar	Ksishalwas	13
	554	Madawara	Narahat	42	560	Jaukhaura	Bansi	
Mahrajganj	561	Maharajganj	Khutaha	9	569	Siswa	Bariyarpur	19
	562	Maharajganj	Karmaha	11	570	Ghughali	Bhitauli	19
	563	Maharajganj	Lakhima Tharuwa	17	571	Ghughali	Barwa Khurd	11
	564	Mithaura	Razwal	37	572	Ghughali	Patkhauli	22
	565	Mithaura	Sekhui	32	573	Ghughali	Harpur Mahanth	16
	566	Nichlaul	Katahari	15	574	Ghughali	Pakadi Bisun Pur	17
	567	Nichlaul	Toothibari	19	575	Ratanpur	Devghati	20
	568	Siswa	Gopala	16	576	Paniyara	Narkatawa	12
Mahoba	577	Charkhari	Kharela	23	582	Panwari	Kohiniya	17
	578	Charkhari	Gorhari	10	583	Panwari	Bendo	32
	579	Jaitpur	Ajner	16	584	Panwari	Masoodpura	14
	580	Kulphar	Bharwara	11	585	Panwari	Mahobkant	32
	581	Panwari	Killowa	14				

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Mainpuri	586	Kuchela	Jasarau	7	606	Ghiror	Madhan	5
	587	Kuchela	Paronkh	6	607	Ghiror	Aunchha	12
	588	Kuchela	Sansarpur	9	608	Ghiror	Badashah Pur	10
	589	Kuchela	Audanya Mandal	11	609	Ghiror	Shahajahan Pur	10
	590	Kuchela	Nauner	6	610	Ghiror	Vigharai	6
	591	Kuchela	Kakan	9	611	Ghiror	Balampur	9
	592	Kuchela	Angotha	8	612	Ghiror	Godhana	8
	593	Kishani	Chitayan	15	613	Ghiror	Bhatanee	7
	594	Kishani	Naigava	8	614	Sultanganj	Sahara	6
	595	Kishani	Saman	14	615	Sultanganj	Alipur Patti	6
	596	Kishani	Farenjee	29	616	Sultanganj	Alipur Kheda	10
	597	Kishani	Jatpura	10	617	Sultanganj	Bhonganv II	7
	598	Kishani	Daudapur	26	618	Barnahal	Chandikara	6
	599	Kishani	Sakara	6	619	Barnahal	Ekahara	7
	600	Kishani	Elabans	6	620	Jageer	Salempur	13
	601	Kishani	Kusamara	28	621	Jageer	Manchhana	6
	602	Kishani	Kaitholee	31	622	Jageer	Lekharajpur	5
	603	Kishani	Uncha	7	623	Manpurhari	Sakat Bewar	7
	604	Ghiror	Faizpur	13	624	Manpurhari	Paronkha	8
	605	Ghiror	Kalhor	10	625	Kurawali	Sahadatpur	10
Mathura	626	Farah	Oal	14	635	Sonai	Raaya	24
	627	Barsana	Nandgaon	37	636	Chhata	Shergarh	11
	628	Maant	Tentigaon	20	637	Chhata	Falen	11
	629	Goverdhan	Paintha	14	638	Chhata	Ranhera	16
	630	Nauhjheel	Surir	32	639	Raal	Aurangabad	55
	631	Nauhjheel	Baajna	19	640	Raal	Chatikara	48
	632	Nauhjheel	Musmuna	27	641	Raal	Baad	35
	633	Nauhjheel	Managari	11	642	Raal	Birjapur	7
	634	Nauhjheel	Edalgari	14				
Mirzapur	643	Mirzapur sadar	baiya dad	7	672	majhanwa	jamua	7
	644	Mirzapur sadar	gajanan	9	673	narain pur	gang pur	9
	645	Mirzapur sadar	masari	9	674	narain pur	jalal pur mafi	9
	646	Mirzapur sadar	khutnha	18	675	narain pur	rupoudha	11
	647	Mirzapur sadar	bharuhana	22	676	narain pur	tedhuaa	12
	648	halia	barya	17	677	narain pur	rampur	13
	649	halia	aungi kala	8	678	narain pur	pachewara	13
	650	halia	umaria	9	679	padari	sindhora	5
	651	halia	patehara	10	680	padari	mohanpur	8
	652	halia	kota shiv pratap	10	681	padari	kathinai	9
	653	halia	barodha	12	682	padari	aksouli	13
	654	halia	majhiyar	12	683	padari	dadhi ram	13
	655	halia	mahugarh	17	684	rajgarh	golanhan pur]	5
	656	jamal pur	bahuwar	5	685	rajgarh	bhanwa	6
	657	jamal pur	dawak	9	686	rajgarh	sonebarsa	6
	658	jamal pur	devoria	10	687	rajgarh	semara baraho	6
	659	jamal pur	dohari	13	688	rajgarh	patihata	6
	660	jamal pur	fatte pur	16	689	rajgarh	barganwa	7
	661	jamal pur	bhadawal	16	690	sikhar	media	5
	662	kon	patehara	5	691	sikhar	khaira	7
	663	kon	husaini pur	5	692	vijaypur	khamariya	6
	664	kon	ram pur	5	693	vijaypur	nebi	5
	665	kon	lakhan pur	6	694	vijaypur	gaura	6
	666	lal ganj	katai	16	695	vijaypur	godsar	7
	667	lal ganj	lakhan pur	32	696	vijaypur	adhawar	8
	668	lal ganj	dubar kala	40	697	vijaypur	bihasara	12
	669	majhanwa	majhanwa	5	698	vijaypur	vijaypur	15
	670	majhanwa	dianwa	5	699	vijaypur	naroinya	16
	671	majhanwa	bajanha	6				
Moradabad	700	Tajpur	Gindaura	20	724	Kanth	Gari	5
	701	Tajpur	Gote	17	725	Kanth	Sirsa	9
	702	Tajpur	Mangupura	9	726	Kanth	Mauda taeya	6
	703	Tajpur	Mahalakpur mafi	13	727	Kanth	Maudi hazratpur	15
	704	Tajpur	Serua dharampur	8	728	Sambhal	Gari	6
	705	Bhojpur	Raninagal	16	729	Sambhal	Bharthal sirsi	11

District	Sl	Block Name	Name of facility	No. of Delivery (Monthly)	Sl	Block Name	Name of facility	No. of Delivery (Monthly)
	706	Bhojpur	Kukarjhundi	14	730	Sambhal	Kurkabli	18
	707	Bhojpur	Pasiapura	9	731	Sambhal	Khagupur	19
	708	Mundapandey	Jaitia	10	732	Pawansa	Khirni	20
	709	Mundapandey	Rafatpur	8	733	Pawansa	Rasoolpur	8
	710	Mundapandey	Daulari	5	734	Manauta	Pali	16
	711	Mundapandey	Boojpur	9	735	Narauli	Raholi	18
	712	Mundapandey	Sirsakhera	14	736	Narauli	Kaithal	7
	713	Thakurduara	Gopiwala	28	737	Narauli	Gumthal	5
	714	Thakurduara	Fauladpur	11	738	Bilari	Sherpur	11
	715	Thakurduara	Kamalpuri	16	739	Bilari	Hathipur	17
	716	Thakurduara	Kishanpur gawri	13	740	Bilari	Gwarkhera	11
	717	Thakurduara	Dulhapur	8	741	Bilari	Thamla	6
	718	Thakurduara	Longikalan	14	742	Bilari	Rustampur	18
	719	Thakurduara	Surjannagar	17	743	Kundarki	Mohanpur	13
	720	Thakurduara	Pilak pur	16	744	Kundarki	Nanapur	6
	721	Thakurduara	Main center TKD	11	745	Kundarki	Noorpur	10
	722	Dilari	Aliabad	10	746	Kundarki	Fatehpur khas	9
	723	Kanth	Kuri Rawana	18				
Pilibhit	747	Amaria	Badepura	15	756	Lalaurikhera	Rajiv Colony	8
	748	Amaria	Mughal Khera	5	757	Neoria	Khagsarai	5
	749	Berkhera	Jyoraha kallyanpur	5	758	Puranpur	Ramnagra	10
	750	Berkhera	Safora	15	759	Puranpur	Gulabtanda	6
	751	Bisalpur	Khanaka	12	760	Puranpur	Gabhiya Saharai	12
	752	Bisalpur	Parsia	6	761	Puranpur	Puranpur dehat	10
	753	Bilsanda	Maar	15	762	Puranpur	Kabeerganj	5
	754	Bilsanda	Tihari	18	763	Puranpur	Shanti Nagar	14
	755	Bilsanda	Bhdenkanja	16				
Rae Bareli	764	Deeh	Parsadepur	12	774	Amawan	sandhinagin	9
	765	Deeh	Mau	15	775	Lalganj	Chilola	12
	766	Shivgarh	Shivgarh 2nd	15	776	Jagatpur	Bisundaspur	8
	767	Shivgarh	Gudha	15	777	Jagatpur	Udava	13
	768	Mahrajganj	Halor	14	778	Unchahar	Arkha	8
	769	Sareni	Benimadhavpur	10	779	Unchahar	Prahaladpur	8
	770	Bhela-Bhela	Munshiganj	15	780	Tiloi	Shahmau	9
	771	Bhela-Bhela	Rustampur	10	781	Tiloi	Shankarganj	12
	772	Harchandpur	Pachimgaon	9	782	Singhpur	Rampur Panwara	10
	773	Bachrawan	Bannawan	10	783	Fursatganj	Jais	11
Rampur	784	MILAK	Dhaneli Purvi	7				
S. Ravidas Nagar	789	bhadohi	Madhorampur	11	803	gyanpur	Gaharpur	11
	790	bhadohi	Maihardopatti	15	804	gyanpur	Bhidiura	13
	791	bhadohi	Munshilatpur	6	805	gyanpur	Saripur	19
	792	suriyawa	Chaura Bedan	16	806	gyanpur	Purevishvanath	6
	793	suriyawa	Jamunipur	19	807	gyanpur	LakshmanPatti	10
	794	suriyawa	Saraichhatra Shah	7	808	gyanpur	Sarai Mishrani	17
	795	suriyawa	Vadlipur	8	809	gyanpur	Chhatrashahpur	8
	796	suriyawa	Chhanaura	14	810	dffgh	Itahara	11
	797	suriyawa	Abhauli	13	811	dffgh	Mathaha	16
	798	suriyawa	Abhiya	10	812	dffgh	Sonaicha	19
	799	suriyawa	Bhahraichi	9	813	dffgh	Chakmandhata	14
	800	suriyawa	Ram Nagar	8	814	aurai	Mahathua	17
	801	suriyawa	Garaura	6	815	aurai	Jagannathpur	11
	802	gyanpur	Girai	14	816	aurai	Bhawanipur	16
S. Kabir Nagar	817	Haisr Bazar & Pauli	Chapra Poorvi	15	834	Santha & Belhar kala	Motipur	5
	818	Haisr Bazar & Pauli	Sirsi	19	835	Santha & Belhar kala	Bhataoura	11
	819	Haisr Bazar & Pauli	Shivabakhari	14	836	Bagholi	Bakha	17
	820	Haisr Bazar & Pauli	Tanda Baridiha	11	837	Bagholi	Dhankhiriyan	12
	821	Khalilabad	Khalilabad	17	838	Bagholi	Bakhira	14
	822	Khalilabad	Mirgunj	16	839	Mehadawal	Uattarpatti	10
	823	Khalilabad	Qazipur	8	840	Mehadawal	Dhaurapar	9
	824	Khalilabad	Magahar	18	841	Mehadawal	Padariyan	7
	825	Khalilabad	Asharfabad	9	842	Mehadawal	Belaouli	5
	826	Khalilabad	Chandhar	5	843	Mehadawal	Natwan	14
	827	Khalilabad	Kolhua	16	844	Mehadawal	Nandaur	1612

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	828	Khalilabad	Kodara	24	845	Mehadawal	Sandyekala	11
	829	Khalilabad	Devariyaganga	18	846	Semariyawan	Baghnagar	10
	830	Khalilabad	Vishwanathpur	6	847	Nath Nagar	Mukhalishpur	18
	831	Khalilabad	Tameshwarnath	13	848	Nath Nagar	Hariharpur	13
	832	Santha & Belhar kala	Amargarah	10	849	Nath Nagar	Trayapar	17
	833	Santha & Belhar kala	Parasiganwariya	9	850	Nath Nagar	Neeba Horil	12
Shahjahanpur	851	Powayan	Badagaon	18	873	Jalalabad	Gularia	13
	852	Powayan	Nahil	16	874	Sindhauli PHC	Ulliya	7
	853	Sindhauli PHC	Mahau Mahesh	11	875	Khutar PHC	Malika	14
	854	Sindhauli PHC	Muda hareesh	6	876	Khutar PHC	Muradpuranbiyakheda	11
	855	Bhawalkheda	Vasuliya	7	877	Bhawalkheda PHC	Bartara	9
	856	Bhawalkheda	Kaheliya	5	878	Bhawalkheda PHC	Seramau Dakshini	16
	857	Dadroul PHC	Piprola	19	879	Dadroul PHC	Ghusgawa	18
	858	Jaitipur PHC	Khedarath	22	880	Kanth PHC	Hatipur Kurriya	13
	859	Kalan PHC	Parror	23	881	Kanth PHC	Bhensi	12
	860	Khudaganj PHC	Katra	44	882	Jaitipur PHC	Alampur	17
	861	Nigohi PHC	Dhakiyatiwari	17	883	Jaitipur PHC	dambhora	11
	862	Powayan	Gangsara	6	884	Mirzapur PHC	Jariyanpur	10
	863	Powayan	Majhiganwa	6	885	Mirzapur PHC	Mohamadpurjallalpur	11
	864	Powayan	Jujharpur	11	886	Kalan PHC	Lakhsmanpur	12
	865	Powayan	Jenwa	8	887	Kalan PHC	Barakala	9
	866	Tilhar	Bilhari	16	888	Kalan PHC	Pilua	7
	867	Tilhar	Jouramud	7	889	Khudaganj PHC	Siura	15
	868	Banda	Mudiyakurmiyaat	12	890	Khudaganj PHC	Kasrak	16
	869	Banda	Dhakaghanshyam	10	891	Nigohi PHC	Jindpur	18
	870	Banda	Nabhichi	9	892	Nigohi PHC	Areli	13
	871	Jalalabad	Khandhar	15	893	Nigohi PHC	Loharigawa	9
	872	Jalalabad	Nibaunagla	18				
Shrawasti	894	Ikauna	Pushottampur	16	909	Sirsia	Takia	48
	895	Ikauna	Tandwa Mahant	26	910	Sirsia	Chillharia	7
	896	Ikauna	Madara	5	911	Sirsia	Parsohna	10
	897	Ikauna	Tilakpur	7	912	Sirsia	Laxmanpur	8
	898	Ikauna	Lalpur Khadra	6	913	Sirsia	Padwalia	7
	899	Ikauna	Patkhauli Kalan	9	914	Sirsia	Jokhwa	9
	900	Gilaula	Godari	27	915	Sirsia	Jamunikala	6
	901	Gilaula	Ghorma Parsia	23	916	Sirsia	Bhachkahi	8
	902	Gilaula	Dadauli	11	917	Sirsia	Medakia	11
	903	Gilaula	Fatuhapur	15	918	Sirsia	Titharia	10
	904	Gilaula	Kerwania	7	919	Sirsia	Rampur-Devman	8
	905	Gilaula	Kasiapur	11	920	Sirsia	Ekgharwa	7
	906	Gilaula	Kalyanpur	5	921	Sirsia	Madhwapur	6
	907	Gilaula	Chandarkha-Bujurg	8	922	Sirsia	Gulera	5
	908	Sirsia	Motipur	16				
Siddharth Nagar	923	Birdpur	Dharmpur	72	946	itwa	Sangrampur	7
	924	Birdpur	Palta devi	40	947	itwa	Kathela Sarki	7
	925	Bhanwapur	Bhudikhas	18	948	khesraha	Masaicha	35
	926	Uskabazar	Pakari	7	949	khesraha	Rithiya	48
	927	Uskabazar	Bardaha	7	950	khesraha	Marwatiya Bazar	40
	928	Uskabazar	Baniyadeeh	7	951	khesraha	Bhedhahawa	39
	929	Uskabazar	Sarauli	8	952	khesraha	Kadja	34
	930	Uskabazar	Sohas	7	953	khuniyaon	Belwa	7
	931	Jogiya	Karjahawa	7	954	khuniyaon	Katesarnath	14
	932	Jogiya	Pipri Bazar	7	955	khuniyaon	Bhilawari	8
	933	Jogiya	Kewtaliya	7	956	khuniyaon	Horilapur	5
	934	Jogiya	Mahala	8	957	khuniyaon	Deobhariya	10
	935	Jogiya	Masina	9	958	badhani	Basahiya	7
	936	Jogiya	Babhani at lalpur	7	959	badhani	Dhebharoa	8
	937	Bansi	Ganguli	50	960	badhani	Mahadev Bujurg	8
	938	Bansi	Rainajot	60	961	naugarh	Chilhiya	20
	939	Bansi	Bansi	30	962	naugarh	Belwa	25
	940	Mithwal	Pathra bazar	7	963	naugarh	Shahapakari	18
	941	Mithwal	Ramawapur Bhaiya	15	964	naugarh	Bargoraja	15
	942	Mithwal	Nachani	9	965	naugarh	Gharwashpar	10
	943	itwa	ITWA-Katela Garbi	10	966	dumariyaganj	Jalalpur	20
	944	itwa	Mahadev Ghurhu	7	967	dumariyaganj	Kadirabad	20
	945	itwa	Pachpedhwa	12				

District	Sl	Block Name	Name of facility	No. of Delivery (Monthly)	Sl	Block Name	Name of facility	No. of Delivery (Monthly)
Sitapur	968	Hargaon	Richhin	11	1002	Mishrikh	Nimsar	9
	969	Hargaon	Navinagar	9	1003	Mishrikh	Bhithauli	7
	970	Hargaon	Narharpur	15	1004	Pisawan	Neri	15
	971	Tambaur	Behta	6	1005	Pisawan	Bargawan	13
	972	Tambaur	Sirkida	17	1006	Pisawan	Chandra	18
	973	Reusa	CenterReusa	13	1007	Pisawan	Bihat Gaud	11
	974	Reusa	Seuta	15	1008	Pisawan	Vajir Nagar	18
	975	Reusa	Thangaon	10	1009	Pisawan	Gursanda	14
	976	Reusa	Gangapurwa	10	1010	Sidhauli	Badi	9
	977	Mahmudabad	Mahila Hospital-Mahmudabad	9	1011	Sidhauli	Gardoia	13
	978	Mahmudabad	Khurwal	25	1012	Sidhauli	Singhpur	17
	979	Mahmudabad	Sadarpur(Located in Khurwal)	16	1013	Sidhauli	Rampur Tedwa	14
	980	Parsendi	Rikhauna	14	1014	Sidhauli	Ambarpur	10
	981	Parsendi	Nauvva Mahmudpur	16	1015	Sidhauli	Shivthana	9
	982	Kasmanda	Sandana	11	1016	Bisawan	Kanduni	15
	983	Kasmanda	Sita Rasoi	10	1017	Bisawan	Devkalia	9
	984	Kasmanda	Suraincha	13	1018	Bisawan	Sukhawan Kala	6
	985	Kasmanda	Jai Rampur	17	1019	Bisawan	Janhagirabad	13
	986	Kasmanda	Asodhan	15	1020	Bisawan	Tikara	18
	987	Kasmanda	Nyorajpur	10	1021	Pahla	Bhethara Madhav	14
	988	Kasmanda	Lalwa	11	1022	Sanda	Madanapur	13
	989	Gondlamau	Aurangabad	22	1023	Sanda	Sarainya Kala	19
	990	Gondlamau	Kunera	16	1024	Sanda	Maharaj nagar	15
	991	Gondlamau	Mareli	19	1025	Sanda	Murthana	7
	992	Rampu Mathura	Main center Rampur Mathura	8	1026	Barai jalalpur	Barai jalalpur	6
	993	Rampu Mathura	Chandpur	6	1027	Barai jalalpur	Madhwapur	11
	994	Rampu Mathura	Bansura	9	1028	Barai jalalpur	Binaura	19
	995	Rampu Mathura	Jai Rampur	26	1029	Barai jalalpur	Maluhi	13
	996	Rampu Mathura	Meeranagar	29	1030	Barai jalalpur	Jawaharpur Pathari	17
	997	Machharehta	Main center Machharehta	24	1031	Barai jalalpur	Khairabad	15
	998	Maholi	Main center Maholi	21	1032	Barai jalalpur	Ram Kot	14
	999	Mishrikh	Mishrikh	11	1033	Barai jalalpur	Sarainya Sani	10
	1000	Mishrikh	Mishrikh	19	1034	Alia	Jar Tikara	16
	1001	Mishrikh	Mishrikh	16	1035	Laharpur	Dariyapur	8
Sonbhadra	1036	Duddhi	Windomganj	8	1061	Myorpur	Injani	17
	1037	Duddhi	Kewal	17	1062	Myorpur	Lilasi	18
	1038	Duddhi	Harna kachar	16	1063	Myorpur	Arangpani	17
	1039	Duddhi	Jawar	14	1064	Myorpur	Audi	21
	1040	Duddhi	Bidar	18	1065	Myorpur	Kirbil	29
	1041	Duddhi	Dumhan	9	1066	Myorpur	Nadhira	25
	1042	Chopan	Billi	34	1067	Robertsganj	Rajdhan	9
	1043	Chopan	Obra	22	1068	Robertsganj	Nipraj	9
	1044	Chopan	Arangi	17	1069	Robertsganj	Sahijan kala	41
	1045	Chopan	Kanahara	20	1070	Chatra	Babhangawa	38
	1046	Chopan	Kargara	16	1071	Chatra	Siltham	27
	1047	Chopan	Ramgarh	20	1072	Chatra	Narokhar	8
	1048	Chopan	Chachikala	14	1073	Chatra	Newari	23
	1049	Chopan	Bagesoti	15	1074	Nagawa	Raipur	21
	1050	Chopan	Piparkhad	16	1075	Nagawa	Rathara	28
	1051	Ghorawal	Shivdwar	27	1076	Babhani	Pokhara	13
	1052	Ghorawal	Baidad	11	1077	Babhani	Asandih	21
	1053	Ghorawal	Purkhash	12	1078	Babhani	Ghaghara	26
	1054	Ghorawal	Kaneti	9	1079	Babhani	Chauna	21
	1055	Ghorawal	Kharuaou	9	1080	Babhani	Dubha	18
	1056	Ghorawal	Tilauli	26	1081	Babhani	Chapaki	20
	1057	Ghorawal	Bakauli	10	1082	Babhani	pkSuk	12
	1058	Myorpur	Jaraha	7	1083	Babhani	MwHkk	17
	1059	Myorpur	Myorpur	29	1084	Babhani	pidh	11
	1060	Myorpur	Sakti Nagar	23				
Unnao	1085	Bicchiya	Taura	8	1100	Asoha	Kalukheda	16
	1086	Bicchiya	Padrikala	7	1101	Bighapur	Meharbankheda	10
	1087	Fatehpur-84	Rajepur	10	1102		Katra	8
	1088	Fatehpur-85	Hafizabad	7	1103	Nawabganj	Mahnaura	7

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	1089	Fatehpur-86	Mathar	15	1104		Chamrauli	5
	1090	Fatehpur-87	Ugu	11	1105	Sumerpur	Sahila	8
	1091	Fatehpur-88	Dabauli	12	1106	Sumerpur	Aakampur	6
	1092	Fatehpur-92	Utsah	8	1107	Sumerpur	Sarai Manihar	10
	1093	Hasanganj	Lalpur	12	1108	Sumerpur	Manikapur	7
	1094	Miyaganj	Haiderabad	15	1109	Sumerpur	Unchgaon	12
	1095	Safipur	Atwa	12	1110	Sikandarpur Sirausi	Shuklaganj(APHC)	15
	1096	Safipur	Jamal Nagar	13	1111	Achalganj	Sikandarpur Karn(APHC)	18
	1097	Safipur	Barikheda	8	1112	Hasanganj	Mohan(APHC)	14
	1098	Asoha	Mirrikala	15	1113	Sumerpur	Unchgaon(APHC)	12
	1099	Asoha	Sahrava	12	1114	Ganj Muradabad	Jogikot(APHC)	10
Allahabad	1115	holagarh	SERAWAN	11	1135	koraon	KHAJURI	35
	1116	soraon	SHIVEGARH	11	1136	koraon	LERIYARI	25
	1117	soraon	BHADRI	10	1137	koraon	PATTHARTAL	11
	1118	soraon	BIGAHIYA	11	1138		ITWAKALA	15
	1119	soraon	SAGHANGANJ	14	1139	karchhana	BASAI	15
	1120	soraon	GADDUPUR	10	1140	karchhana	BARAON	13
	1121	kaurihar	HATHIGAHAN	11	1141	karchhana	LAWAYANKALA	15
	1122	kaurihar	MOHAMMADPUR	11	1142	chaka	NEEVI	14
	1123	kaurihar	AANAPUR	13	1143	kotwa	PAHAR PUR	21
	1124	baheria	KIRAON	28	1144	kotwa	ANDAWA	41
	1125	baheria	SIKANDRA	31	1145	kaundhiara	AKODAHA	61
	1126	baheria	SISHI SIPA	18	1146	kaundhiara	KARMA	47
	1127	baheria	KARNAIPUR	28	1147	handia	LA HHA GRIH	41
	1128	saidabad	SAMODHI PUR	19	1148	handia	HARI PUR SIDDHWAR	38
	1129	saidabad	ASARIYA	16	1149	handia	BHEETI	31
	1130	pratappur	JANGHAI	26	1150	dhanupur	AMEY PUR	16
	1131	pratappur	TILKHEENI	18	1151	phulpur	MUBARAK PUR	14
	1132	pratappur	KURI	25	1152	phulpur	SILOKHRA	12
	1133	pratappur	JARI	24	1153	phulpur	AATA	11
	1134	jasra	GHOORPUR	13	1154	phulpur	KODAHPUR	16
Ambedkar Nagar	1155	Akbarpur	Songoan	11	1167	Jalalpur	Sakara Yusufpur	12
	1156	Akbarpur	Ariya Bazar	8	1168	Jalalpur	Hajpura	21
	1157	Akbarpur	Maukh	6	1169	Jalalpur	Haripalpur	43
	1158	Katehari	Annawa	15	1170	Jalalpur	Malipur	15
	1159	Katehari	Rampur Banethu	10	1171	Jalalpur	Shripur	18
	1160	Bhiti	Jaitupur	22	1172	Jalalpur	Guapakar	6
	1161	Bhiti	Aami	25	1173	Jalalpur	Barepur	75
	1162	Tanda	Baragoan Ibrahimpur	55	1174	Jalalpur	Jalalpur	17
	1163	Tanda	Makhdoom Nagar	14	1175	Jalalpur	Asrafpur Majgawa	104
	1164	Baskhari	Ajmeri Badsaahpur	37	1176	Bhiyon	Dulhupur	21
	1165	Baskhari	Bhidur	16	1177	Jhangirganj	Samdeeh	43
	1166	Ram Nagar	Parmeshwarpur	22	1178	Jhangirganj	Rajesultanpur	48
Azamgarh	1179	Pawai	Bharchakiya	25	1190	Tahbar Pur	Bharsara Aiyma	19
	1180	Pawai	Somadih	28	1191	Thekma	Murhar	27
	1181	Koilsha	Laharpaar	20	1192	Theakma	Amoda	23
	1182	Mahraj Ganj	Singhpur Dhani	12	1193	Mirza Pur	Sherwan	24
	1183	Mehnagar	Khamariha	14	1194	Atrauliya	Bhagatpur	25
	1184	Azmat Garh	Maltaari	21	1195	Bilariya ganj	Jolahapur	26
	1185	Bilariya ganj	Madhnapar	23	1196	Mehnagar	Jigni	14
	1186	Bilariya Ganj	Gaurinarayanpur	25	1197	Azmatgarh	Chhapra Sultanpur	18
	1187	jahana ganj	Barahteel Jagdishpur	26	1198	Mahraj Ganj	Parushrampur	16
	1188	Mahraj Ganj	Sardah	15	1199	Mohammod Pur	Nandan	17
	1189	Mohammod Pur	Aawak	20	1200	Bilariya ganj	Kandrapur	21
Baghpat	1201	Baghpat	Mughalpur	14	1215	Binoli	Daha	18
	1202	Baghpat	Agrawal mandi Tatari	16	1216	Binoli	Barnawa	6
	1203	Baghpat	Sarurpur Kala	8	1217	Binoli	Tehra	21
	1204	Baghpat	Mitali	11	1218	Binoli	Dhoghat	24
	1205	Baghpat	Dhanaura	19	1219	Binoli	Jivana	5
	1206	Baraut	Kandera	16	1220	Dola	Ameennagar Saraya	18
	1207	Baraut	Kishnupur Baral	15	1221	Dola	Pilana	11
	1208	Baraut	Babali	13	1222	Dola	Thikoli	16

District	Sl	Block Name	Name of facility	No. of Delivery (Monthly)	Sl	Block Name	Name of facility	No. of Delivery (Monthly)
	1209	Baraut	Badauli	11	1223	Dola	Puramahadev	17
	1210	Chaprauli	Adharsh Nagla	19	1224	Dola	Balauni	11
	1211	Chaprauli	Asara	10	1225	Dola	Panchi	10
	1212	Chaprauli	Ramala	7	1226	Kehkra	Ghitora	16
	1213	Chaprauli	Halalpur	9	1227	Kehkra	Bada Goan	11
	1214	Binoli	Paldi	14				
Ballia	1228	Hanumanganj	Hanumanganj	36	1248	Chilkahar	Pandeypur	12
	1229	Belahari	Sonwani	19	1249	Chilkahar	Kureji	24
	1230	Belahari	Jawahin	14	1250	Chilkahar	Sikariyakhurd	27
	1231	Belahari	Bigahin	48	1251	Belthra road	Siyar	36
	1232	Belahari	Belahri	31	1252	Banshdih	Banshdih	18
	1233	Belahari	Haldi	37	1253	Banshdih	Mudiyari	12
	1234	Sohaon	Piprakalan	29	1254	Banshdih	Rampurkalan	26
	1235	Sohaon	Karo	48	1255	Maniyar	Maniyar	27
	1236	Sohaon	Kotwan Naranpur	18	1256	Maniyar	Kazipur	22
	1237	Garwar	Ratsar	27	1257	Nawanagar	Baghuri	13
	1238	Garwar	Garwar	29	1258	Pandah	Pandah	17
	1239	Garwar	Pachkhora	21	1259	Pandah	Khejuri	21
	1240	Garwar	Shahpur	18	1260	Pandah	Poor	19
	1241	Nagra	Nagra	61	1261	Pandah	Gadhmalpur	23
	1242	Nagra	Bhimpura No.1	20	1262	Beruarbari	Beruarbari	35
	1243	Nagra	Tadibada gawn	48	1263	Beruarbari	Sukhpura	31
	1244	Nagra	Dihwan	36	1264	Bairiya	Kotwan	18
	1245	Nagra	Supapalli	18	1265	Bairiya	Shreenagar	14
	1246	Chilkahar	Chilkahar	23	1266	MurliChhapra	MurliChhapra	48
	1247	Chilkahar	Sawn	19	1267	MurliChhapra	Laxman Chhapra	14
Bijnor	1268	Chandok	Chadok	5	1286	Kotwali	Kotwali	5
	1269	Chandok	Maheshwari	7	1287	Kotwali	Puraini	7
	1270	Chandok	Timarpur	8	1288	Kasimpur Garhi	Hidayatpur	6
	1271	Chandok	Mudhala	6	1289	Kasimpur Garhi	Kadrabad	10
	1272	Chandok	Ramji Wala	5	1290	Kasimpur Garhi	Rehad	8
	1273	Chandok	Paida	5	1291	Noorpur	Pheena	6
	1274	Chandok	Suahedi	6	1292	Noorpur	Gohawar	6
	1275	Kiratpur	Bhojpura	8	1293	Noorpur	Morna	8
	1276	Kiratpur	Jeevan Sarai	9	1294	Noorpur	Shivala kala	9
	1277	Kiratpur	Chithwapur	6	1295	Noorpur	Rahu Nagli	5
	1278	Kiratpur	Sikandarpur	6	1296	Jalilpur	Khanpur	5
	1279	Kiratpur	Hajipur	7	1297	Jalilpur	Dattyana	6
	1280	Kiratpur	Basera	8	1298	Jalilpur	Sekhpuri	5
	1281	Kiratpur	Bahadur Pur	5	1299	Jalilpur	Bhaman Shora	6
	1282	Kiratpur	Umri	5	1300	Jalilpur	Sundra	7
	1283	Najibabad	Bhaguwala	6	1301	Jalilpur	Bhawanipur	8
	1284	Najibabad	Nangal	6	1302	Jalilpur	Gandhor	8
	1285	Najibabad	Motadhank	7				
Bulandshahar	1303	Sayana	Barulee	16	1313	Dharpa	Taina	15
	1304	Sayana	Barulee	16	1314	Dharpa	Meerpur	16
	1305	Sayana	Thlinyatpur	17	1315	Kasheer Kala	Rajghat	9
	1306	Pahashu	Chataree	12	1316	Taulee	Talbebeyana	14
	1307	Pahashu	Chureda	11	1317	Taulee	Phota Badsharpur	11
	1308	Pahashu	Ahemdgargh	14	1318	Taulee	Ahar	15
	1309	Gulawati	Aguta	12	1319	Sayana	Baira Firozpur	14
	1310	Gulawati	Luharlee	12	1320	Sayana	Bugrashee	13
	1311	Gulawati	Devli	11	1321	Danpur	Zeerulee	11
	1312	Gulawati	Meerpur	12	1322	Lakhawati	Sharay Chabila	19
Deoria	1323	Mahen	Harnahi	10	1327	Bhaluani	Verpur	30
	1324	Mahen	Baradixit	15	1328	Bhaluani	Bhaidawa	22
	1325	Mahen	Deidiha	12	1329	Bhaluani	Badhya Fulawariya	20
	1326	Majhgawa	Lahilpar	36	1330	Bhaluani	Piprakhem	21
Faizabad	1331	Sohawal	Raunahi	29	1348	Bikapur	Rampur Bhagan	24
	1332	Sohawal	Tahseenpur	32	1349	Bikapur	Puhupi	30
	1333	Sohawal	Badagaun	28	1350	Bikapur	Bankat	32
	1334	Sohawal	Majnawan	10	1351	Bikapur	Darabganj	25
	1335	Sohawal	Panditpur	18	1352	Bikapur	RamNagar	17
	1336	Poorabazar-	Shantipur	10	1353	Bikapur	Chaure Chandauli	20
	1337	Poorabazar-	Madna	10	1354	Bikapur	BaintiKala	30
	1338	Poorabazar-	Darshan Nagar	13	1355	Bikapur	khajurahat	15
	1339	Poorabazar-	Rasulabad	15	1356	Milkipur-	Sarurpur	10
	1340	Poorabazar-	Sarethi	15	1357	Milkipur-	sidhawna	15

District	Sl	Block Name	Name of facility	No. of Delivery (Monthly)	Sl	Block Name	Name of facility	No. of Delivery (Monthly)
	1341	Poorabazar-	Devgarh	10	1358	Milkipur-	Ahirauli	15
	1342	Mayabazar	Mahboobganj	15	1359	Khandasa	Tandawa	13
	1343	Mayabazar	Gosainganj	22	1360	Khandasa	Manudeeh	14
	1344	Mayabazar	Arvat	12	1361	Khandasa	VinayakPur	17
	1345	Masaudha	Mumtaj Nagar	10	1362	Hairingtanganj	Sahganj	25
	1346	Masaudha	Darabganj	28	1363	Hairingtanganj	Khadbadiya	19
	1347	Masaudha	Kotsarai	10				
GB Nagar	1364	Bisrakh	Achheja	10	1391	Bisrakh	Nawada	14
	1365	Bisrakh	Atta Sector - 19	14	1392	Bisrakh	Naya Bass	19
	1366	Bisrakh	Badalpur	15	1393	Bisrakh	Naya Haibatpur	17
	1367	Bisrakh	Bahalolpur	11	1394	Bisrakh	Nithari	15
	1368	Bisrakh	Barola	16	1395	Bisrakh	Roja Yakubpur	12
	1369	Bisrakh	Barola Sub Center	13	1396	Bisrakh	Sadarpur	10
	1370	Bisrakh	Bhengel	5	1397	Bisrakh	Salarpur	16
	1371	Bisrakh	Bisrakh Sub Center	19	1398	Bisrakh	Sorkha	10
	1372	Bisrakh	Chhaprola	7	1399	Bisrakh	Sultanpur	17
	1373	Bisrakh	Chhaproli - Mangroli	15	1400	Bisrakh	Surajpur	19
	1374	Bisrakh	Chhelera	13	1401	Bisrakh	Thapkheda	10
	1375	Bisrakh	Chijarshi	11	1402	Bisrakh	Tilapta	14
	1376	Bisrakh	Chipyana	9	1403	Bisrakh	Vaidpura	18
	1377	Bisrakh	Choda Raghunathpur	7	1404	Dankaur	Bilaspur	7
	1378	Bisrakh	Dujana	10	1405	Dankaur	Bilaspur	9
	1379	Bisrakh	Elahabas	11	1406	Dankaur	Bilaspur	14
	1380	Bisrakh	Garhi Chokhandi	18	1407	Dankaur	Bilaspur	11
	1381	Bisrakh	Gijhode	20	1408	Dankaur	Cheeti	9
	1382	Bisrakh	Harola	14	1409	Dankaur	Dankaur	16
	1383	Bisrakh	Hosiyarpur	9	1410	Dankaur	Dankaur	8
	1384	Bisrakh	Jila Chikitsalya	6	1411	Dankaur	Kondli	13
	1385	Bisrakh	Khedi	14	1412	Dankaur	Kondli	14
	1386	Bisrakh	Kuleshera	18	1413	Dankaur	Mandi S/C	10
	1387	Bisrakh	Main Center Bisrakh	7	1414	Dankaur	Mandi S/C	7
	1388	Bisrakh	Makoda	13	1415	Dankaur	Mirjapur	8
	1389	Bisrakh	Mamura	11	1416	Dankaur	Mirjapur	11
	1390	Bisrakh	Nangla Charandas	18	1417	Dankaur	Rampur Khadar	6
Ghaziabad	1418	Muradnagar	Asadpur Nagal	15	1472	Dhaulana	Sapnawat	8
	1419	Muradnagar	Bandipur	9	1473	Dhaulana	Sikhera	17
	1420	Muradnagar	Dabana	12	1474	Hapur	Aahmadpur	18
	1421	Muradnagar	Dedaar	17	1475	Hapur	Bankhanda	16
	1422	Muradnagar	Dedoli	8	1476	Hapur	Bhamera	27
	1423	Muradnagar	Kakra	18	1477	Hapur	Chapkoli	21
	1424	Muradnagar	Khemawati	16	1478	Hapur	Chitoli	19
	1425	Muradnagar	Khindora	17	1479	Hapur	Dastoie	28
	1426	Rjapur	Ator	17	1480	Hapur	Dhahana	14
	1427	Rjapur	Bamheta	18	1481	Hapur	Sabli	6
	1428	Rjapur	Bhahadur Garh	11	1482	Hapur	Vajhelpur	14
	1429	Rjapur	Bhovapur	19	1483	Simbhawali	Anifpur	19
	1430	Rjapur	Duasa	14	1484	Simbhawali	Muradnagar	18
	1431	Rjapur	Jalalabad	18	1485	Simbhawali	Saina	13
	1432	Rjapur	Kushaliya	17	1486	Simbhawali	Saloni	14
	1433	Rjapur	Sdarpur	19	1487	Garhmuktiaswer	Alampur	18
	1434	Bhojpur	Amipur	19	1488	Garhmuktiaswer	Bahadurgarh	6
	1435	Bhojpur	Amrala	17	1489	Garhmuktiaswer	Beehunee	18
	1436	Bhojpur	Bakhrawa	17	1490	Garhmuktiaswer	Karim Pu	11
	1437	Bhojpur	Bhadula	19	1491	Garhmuktiaswer	Katira	13
	1438	Bhojpur	Sara	14	1492			
	1439	Bhojpur	Shakurpur	19	1493			
	1440	Loni	Agrola	19	1494			
	1441	Loni	Asalat pur	17	1495	Saidpur	Bhadaila	11
	1442	Loni	Behtamanpur	18	1496	Saidpur	Alimapur	6
	1443	Loni	Jawli	16	1497	Muhammadabad	Sherpur	11
	1444	Loni	Khoda	14	1498			
	1445	Loni	Laxmi Garden	9	1499	Muhammadabad	Nava pura	8
	1446	Loni	Makanpur	14	1500	Muhammadabad	Echvaili	9
	1447	Loni	Pasonda	14	1501	Muhammadabad	Raghuvar Ganj	6
	1448	Dhaulana	Ajampur	15	1502			
	1449	Dhaulana	Bajarhakala-1	14	1503	Muhammadabad	Kundesar	5
	1450	Dhaulana	Basatpur	18	1504	Gondour	Taraw	8
	1451	Dhaulana	Chibarasi	14	1505	Gondour	Gondour	6
	1452	Dhaulana	Dhera	26	1506	Gondour	Chandpur	7
	1453	Dhaulana	Dholana	19	1507			

District	Sl	Block Name	Name of facility	No. of Delivery (Monthly)	Sl	Block Name	Name of facility	No. of Delivery (Monthly)
	1454	Barachawar	Karkatpur	6	1508	Gondour	Jasdepur	6
	1455	Barachawar	Karimuddinpur	5	1509	Gondour	Kanuwan	9
	1456	Barachawar	Katrian	7	1510	Zamania	DhaDhani Bhanmal Rai	6
	1457	Barachawar	Asawar	14	1511	Zamania	Betawar	6
	1458	Barachawar	Newada	17	1512	Jakhania	Dhamargatpur	5
	1459	Reotipur	Suhawalpur purvi	8	1513	Manihari	Sadiabad	9
	1460	Reotipur	Nawali	11	1514	Manihari	Maalikpura	6
	1461	Reotipur	Utraouli	6	1515	Manihari	Wajidpur	14
	1462	Bhadoura	Sewrai	19	1516	Manihari	Bujurga	5
	1463	Bhadoura	Mania	17	1517	Manihari	Hariharpur	5
	1464	Bhadoura	Saraila	6	1518	Sadat	Bharatpur	6
	1465	Kasimabad	Baresar	17	1519	Sadat	Raipur	18
	1466	Mardah	Nasratpur	8	1520	Sadat	Paliwar	9
	1467	Sadar Ghazipur	Chhawani Line	8	1521	Sadat	Sadat	15
	1468	Sadar Ghazipur	Maharaj Ganj	5	1522	Birno	Arsadpur	9
	1469	Karanda	Naudar	8	1523	Birno	Bogna	5
	1470	Karanda	barsara	9	1524	Birno	Bharsar	7
	1471	Karanda	Murwal	6	1525	Birno	Badhupur	5
Gorakhpur	1526	Gola	Banwarpar	7	1572	Belghat	Rasoolpur	8
	1527	Gola	Bharroh	8	1573	Belghat	Barigaon	10
	1528	Gola	Gopalpur	6	1574	Belghat	Eaikauna Khurd	9
	1529	Gola	Parsia	10	1575	Sahjanwa	Gaha Sarha	6
	1530	Gola	Pakri	11	1576	Sahjanwa	Sonbarsa	5
	1531	Gola	Deidiha	7	1577	Sahjanwa	Bhagaura	5
	1532	Sardarnagar	Mundera Bazar	6	1578	Sahjanwa	Bhapsa	9
	1533	Sardarnagar	Saraiya	6	1579	Sahjanwa	Pakari Barauli	7
	1534	Sardarnagar	Dumari Khas	12	1580	Sahjanwa	Sihapar	10
	1535	Sardarnagar	Pokhar Bhinda	9	1581	Sahjanwa	Bhiti Rawat	6
	1536	Brahmpur	Rajdhani	22	1582	Uruwa	Araao Jagdishpur	5
	1537	Brahmpur	Vishunpura	5	1583	Uruwa	Asilabhar	6
	1538	Brahmpur	Amdiha	6	1584	Uruwa	Malhanpar	30
	1539	Brahmpur	Biajudiha	5	1585	Uruwa	Dughara	11
	1540	Brahmpur	Ragho Patti	5	1586	Uruwa	Kotwa	9
	1541	Campierganj	Shivlahiya	7	1587	Gagaha	Riyaw	14
	1542	Campierganj	Machhligaon	6	1588	Gagaha	Bhoopgarh	6
	1543	Campierganj	Netwar Bazar	8	1589	Gagaha	Kahla	8
	1544	Campierganj	Makhanha	5	1590	Gagaha	Ujjarpur	6
	1545	Campierganj	Indarpur	9	1591	Gagaha	Rakahat	5
	1546	Campierganj	Mohammadpur Hagna	8	1592	Gagaha	Baragon	5
	1547	Chargawan	Harsewakpur	7	1593	Gagaha	Hata	9
	1548	Chargawan	Jangal Dhusar	7	1594	Pipraich	Belwa Khurd	7
	1549	Chargawan	Tikonia No.2	5	1595	Pipraich	Unaula	10
	1550	Chargawan	Ahmad Ali Shah	5	1596	Piprauli	Belwa Dandi	9
	1551	Chargawan	Narainpur	6	1597	Piprauli	Bargahan	17
	1552	Khorabar	Jn. Ayodhya Prasad	6	1598	Pipraich	Yadwapur	6
	1553	Khorabar	Dangipar	6	1599	Pipraich	Lohsi	7
	1554	Khorabar	Belwar	32	1600	Pipraich	Harpur	11
	1555	Khorabar	Gahira Bhumihari	7	1601	Piprauli	Mahavir Chhapra	5
	1556	Kauriram	Malaaon	11	1602	Piprauli	Guraili Chhapiya	8
	1557	Kauriram	Gajpur	5	1603	Bansgaon	Katwar	7
	1558	Kauriram	Kotha	5	1604	Derwa	Misrauli	14
	1559	Kauriram	Haraiya	18	1605	Derwa	Bhainswali	13
	1560	Kauriram	Jagdishpur	6	1606	Derwa	Khutbhar	9
	1561	Kauriram	Chawariya Bujurg	5	1607	Derwa	Bhatpaar	8
	1562	Jungle Kauria	Rakhukhor	8	1608	Derwa	Tada	14
	1563	Jungle Kauria	Dohariya	9	1609	Derwa	Balbhiti	10
	1564	Jungle Kauria	Ramughat	7	1610	Pali	Banauli	7
	1565	Jungle Kauria	Khutwa	10	1611	Pali	Bharpahi	5
	1566	Bhathat	Bailo	9	1612	Pali	Dohriya kala	9
	1567	Bhathat	Mundila	6	1613	Pali	Itar	6
	1568	Bhathat	Patara Khas	7	1614	Khajni	Bharohiya	5
	1569	Belghat	Gaighat	5	1615	Khajni	Oji	7
	1570	Belghat	Dhakhwa	17	1616	Khajni	Chhatai	5
	1571	Belghat	Piparsandi	7	1617			
Hamirpur	1618	Kurara	Para	14	1635	Nauranga	Para	6
	1619	Kurara	Jalla	5	1636	Nauranga	Kurar	7
	1620	Kurara	Beri	6	1637	Nauranga	Tolarawat	9

District	Sl	Block Name	Name of facility	No. of Delivery (Monthly)	Sl	Block Name	Name of facility	No. of Delivery (Monthly)
	1621	Kurara	Kusmara	18	1638	Nauranga	Kaitha	13
	1622	Kurara	Mishripur	11	1639	Gohand	Gohand	12
	1623	Maudhah	Nayakpurwa	16	1640	Gohand	Mangrautha	17
	1624	Maudhah	Kunehata	19	1641	Gohand	Umariya	10
	1625	Maudhah	Patanpur	5	1642	Gohand	Renhuk	8
	1626	Maudhah	Khandeh	9	1643	Gohand	Dhanauri	6
	1627	Maudhah	Eachauli	6	1644	Sumerpur	Ghaithi	11
	1628	Maudhah	Makrawa	17	1645	Sumerpur	Chhani	9
	1629	Maudhah	Sisolar	10	1646	Sumerpur	Lalpura	16
	1630	Maudhah	Padori	14	1647	Sumerpur	Mohar	12
	1631	Maudhah	Kamhariya	19	1648	Dangawa	Jalalpur	17
	1632	Muskura	Niwada	11	1649	Dangawa	Puraini	18
	1633	Muskura	Gahrauli	14	1650	Dangawa	Bandwa	13
	1634	Muskura	MaJhagawa	10				
Jaunpur	1651	kerakat	bhaisa	14	1668	mahrajganj	rajabajar	10
	1652	kerakat	thanagaddi	10	1669	mahrajganj	puragambhirshah	15
	1653	kerakat	kushrana	11	1670	mahrajganj	umari	7
	1654	kerakat	amhit	12	1671	mahrajganj	ramnagar	14
	1655	kerakat	deduana	10	1672	mahrajganj	shekhpur khutahani	7
	1656	dobhi	chandwak	16	1673	suithakala	saraimohiddinpur	10
	1657	dobhi	visunpur	13	1674	suithakala	usrauli	14
	1658	dobhi	lebarua	13	1675	ramnagar	ramnagar	187
	1659	dobhi	machahati	12	1676	ramnagar	nevariya	8
	1660	barasathi	pariyat	14	1677	ramnagar	jamalapur	12
	1661	barasathi	gopalapur	8	1678	ramnagar	barigao	10
	1662	mariyahoo	samadhganj	5	1679	ramnagar	aura	12
	1663	sujanganj	saraibhogi	9	1680	jalalpur	kushiya	14
	1664	sujanganj	mustafabad	10	1681	sikrara	sikrara	38
	1665	sujanganj	prem ka pura	10	1682	sondhi	lapari	14
	1666	mahrajganj	gaddopur	8	1683	mungra badshahpur	nibhapur	12
	1667	mahrajganj	puralal	11				
Jhansi	1684	Dhakour	Kotaraa	7	1711	Rampura	Angdela Mandiya	14
	1685	Dhakour	Muhana	16	1712	Madhogarh	Atagwan	9
	1686	Dhakour	Mandora	5	1713	Chiriya	Shahjhadpur	15
	1687	Dhakour	Gadar	9	1714	Chiriya	Sikari Raja	14
	1688	Dhakour	Kusmilia	14	1715	Chiriya	Gayar	11
	1689	Dhakour	Mohamadabad'	11	1716	Chiriya	Garhgawa	18
	1690	Dhakour	Aeraa	18	1717	Chiriya	Madari	7
	1691	Dhakour	Minora-Kalpi	12	1718	Chiriya	Adalpur	6
	1692	Dhakour	Kharka	8	1719	Kuthaund	Ajeetapur	19
	1693	Dhakour	Kukargoan	6	1720	Kuthaund	Hadhrukh	12
	1694	Dhakour	Bhadauli	10	1721	Babai	Nayamatpur	8
	1695	Dhakour	Atriaa	9	1722	Babai	Pithupur	10
	1696	Dhakour	Binorapur	7	1723	Kadaura	Sadhi	14
	1697	Dhakour	Saidnagar	13	1724	Nandigoan	Sadupura	11
	1698	Pindari	Paniyara	11	1725	Rampura	Jagmanpur	18
	1699	Pindari	Hardoi Gunjar	14	1726	Madhogarh	Atagoan	9
	1700	Pindari	Somai	16	1727	Chirai	Sahajhadpur	13
	1701	Pindari	Pirona	11	1728	Chirai	Gurhguwa	10
	1702	Pindari	Dirawati	17	1729	Chirai	Shekhpur Bhurh	17
	1703	Pindari	Virasani	7	1730	Chirai	Veerpura	8
	1704	Nadigoan	Sudhpura	8	1731	Kutohaund	Ajitapur	14
	1705	Nadigoan	Akniwa	14	1732	Kutohaund	Babli	7
	1706	Nadigoan	Dhanja	19	1733	Kutohaund	Rampura- Jalaun	9
	1707	Nadigoan	Kanasi	8	1734	Kutohaund	Behdak	18
	1708	Nadigoan	Nawali	15	1735	Kutohaund	Etho	14
	1709	Rampura	Nawar	16	1736	BABAI	Pihupur	11
	1710	Rampura	Jagmahanpur	8	1737	Kadaura	Sadi	16
Kanpur (Nagar)	1738	Sub-centre	Ghatampur	9	1743	Sub-Centre	Bilhaur	11
	1739	Sub- Centre	Ghatampur	5	1744	Sub-Centre	Shivrajpur	6
	1740	Sub- Centre	Ghatampur	5	1745	Sub-Centre	Shivrajpur	5
	1741	Sub-Centre	Kalyanpur	8	1746	Sub-Centre	Shivrajpur	5
	1742	Sub-centre	Patara	5	1747	Sub-Centre	Chaubepur	7
Kanshi Ram Ngr	1747	Kasganj	Nadarai	35	1753	Soron	Goraha	10
	1748	Sahawar	Khojpur	11	1754	Patiyali	Badola	12
	1749	Sahawar	Bhiloli	9	1755	Ganjdundwara	Pachpokara	11
	1750	Soron	Gangabad	7	1756	Amanpur	Bachmai	16

District	Sl	Block Name	Name of facility	No. of Delivery (Monthly)	Sl	Block Name	Name of facility	No. of Delivery (Monthly)
	1751	Soron	Namaini	11	1757	Amanpur	Mahadawa	7
	1752	Soron	Bhadhur Nagar	6				
Lucknow	1758	Chinhat	Chinhat-2	5	1771	Gosaiganj	Nizampur	2
	1759	Chinhat	Laulai	6	1772	Gosaiganj	Katara Baksas	12
	1760	Chinhat	Bhitauli	8	1773	Gosaiganj	Selhumau	10
	1761	Chinhat	Faizullaganj	7	1774	Gosaiganj	Hardodia	21
	1762	Sarojani Nagar	Kharika	6	1775	Gosaiganj	Rahamat Nagar	27
	1763	Sarojani Nagar	Natkur	5	1776	Kakori	Bhatau Jamalpur	5
	1764	Sarojani Nagar	Banthara	4	1777	Kakori	Amethia Salempur	6
	1765	Mall	Dhakwa	6	1778	Kakori	Dona	6
	1766	Mall	Madwana	7	1779	Malihabad	Sahilamau	5
	1767	Mall	Nabi Panah	6	1780	BKT	Sonwan	6
	1768	Mohanlalganj	Tikara	5	1781	BKT	Tikari	5
	1769	Mohanlalganj	Lalpur	17	1782	BKT	Hardoharharpur	5
	1770	Mohanlalganj	Samesi	20	1783	BKT	Madiyaon	5
Mau	1784	Ranipur	Khurhat	21	1804	Doharighat	Siyarahi	19
	1785	Ranipur	Abbupur	18	1805	Badraw	Amila Town	24
	1786	Ranipur	Chiraiyakot	22	1806	Badraw	Pakari Buzurg	17
	1787	Pardaha	Onhaich	16	1807	Badraw	Harghauli	22
	1788	Pardaha	Pipridih	22	1808	Badraw	Piwatal	21
	1789	Pardaha	Badhuwagodam	18	1809	Badraw	Nadwasarai	18
	1790	Pardaha	Dumraon	21	1810	Ratanpura	Ailakh	19
	1791	Pardaha	Barlai	23	1811	Ratanpura	Nasirabad Kala	22
	1792	Pardaha	Umapur	29	1812	Ratanpura	Jagadipur	25
	1793	Pardaha	Ranveerpur	28	1813	Kopaganj	Dangauli	26
	1794	Fatehpur Mandaw	Nemdad	20	1814	Kopaganj	Meerpur	24
	1795	Fatehpur Mandaw	Rampur	25	1815	Kopaganj	Dandi	26
	1796	Doharighat	Bhairopur	19	1816	Kopaganj	Alinagar	19
	1797	Doharighat	Sikadikol	14	1817	Kopaganj	Adari	23
	1798	Doharighat	Rasoolpur	18	1818	Kopaganj	Kasara	16
	1799	Doharighat	Belauli	22	1819	Ghosi	Nadwal	25
	1800	Doharighat	Karauli	23	1820	Ghosi	Semari Jamalpur	22
	1801	Doharighat	Thakurgaon	21	1821	Ghosi	Majhwara	26
	1802	Doharighat	Gotha	18	1822	Ghosi	Itaura Bibipur	23
	1803	Doharighat	Bhudhawar	20	1823	Mohammadabad	Nagpur	18
Meerut	1824	Rajpura	Hasanpur Kadeem	16	1853	Mawana	Tigri	6
	1825	Mawana	Bhainsa	17	1854	Mawana	Dhohria	10
	1826	Mawana	Bana	14	1855	Mawana	Taul	8
	1827	Mawana	Batnaur	19	1856	Kila	Laliyana	7
	1828	Kila	Ahamadpuri	13	1857	Kila	Puthi	6
	1829	Kila	Bali	14	1858	Machhra	Govindpuri	5
	1830	Kila	Asifabad	15	1859	Kila	Aseelpur	5
	1831	Jaani	Satwai	7	1860	Kila	Chimana Sherpur	8
	1832	Jaani	Ghojha	19	1861	Daurala	Daurala Dehat	5
	1833	Jaani	Dalu Hera	11	1862	Daurala	Mahalka	6
	1834	Hastinapur	Behsuma 2	6	1863	Daurala	Piholi	6
	1835	Hastinapur	Kishorpur	5	1864	Daurala	Paswara	7
	1836	Hastinapur	Mor Khurd	9	1865	Daurala	Dhanju	8
	1837	Hastinapur	Makhanpur	17	1866	Jaani	Sisauli Khurd	10
	1838	Rohta	Narangpur	12	1867	Hastinapur	Tarapur	6
	1839	Rohta	Meerpur	10	1868	Hastinapur	Rathor Kalan	5
	1840	Rohta	Kaithwari	14	1869	Hastinapur	Dudhli	5
	1841	Bhurbaral	Gagol	12	1870	Hastinapur	Nidhawali	7
	1842	Bhurbaral	Itiyara	6	1871	Hastinapur	Ganeshpur	6
	1843	Bhurbaral	Mohiddinpur	19	1872	Hastinapur	Datawali	8
	1844	Bhurbaral	Zahidpur	7	1873	Sardhana	Daadri	8
	1845	Bhurbaral	Pootha	9	1874	Sardhana	Ruhasa	7
	1846	Bhurbaral	Uplehra	14	1875	Sardhana	Khera	6
	1847	Sarurpur	Khiwai 1	25	1876	Sardhana	Jwalagarh	6
	1848	Sarurpur	Gotka	5	1877	Sardhana	Keli	7
	1849	Rajpura	Rasoolpur	6	1878	Sardhana	Kapsaar	5
	1850	Machhra	Mahalwala	10	1879	Sardhana	Aterna	5
	1851	Machhra	Bhatipura	7	1880	Sardhana	Behroda	7
	1852	Machhra	Nangli Kithore	9	1881	Sarurpur	Khirwa Jalalpur	6
Muzzafarnagar	1882	Meghakheri	Bahadurpur	6	1890	Kandla	Lisad	14
	1883	Meghakheri	Shernagar	5	1891	Thanabhwan	Babri	16
	1884	Meghakheri	Almaspur	5	1892	Janshath	Chitoda	7

District	Sl	Block Name	Name of facility	No. of Delivery (Monthly)	Sl	Block Name	Name of facility	No. of Delivery (Monthly)
	1885	Baghra	Titawi	18	1893	Janshath	Sikreda	19
	1886	Baghra	Pinna	14	1894	Janshath	Kawal	9
	1887	Purkaji	Barla	10	1895	Kudhana	Lilon	17
	1888	Purkaji	Chapar	18	1896	Kudhana	Bhawadi	11
	1889	Shahpur	Purwaliyan	35	1897	Morna	Sikandarpur	13
Pratapgarh	1898	Patti	Bahuta	10	1916	Sadar	Setapur	12
	1899	Patti	Lewar	10	1917	Sadar	Badanpur	16
	1900	Patti	Balrampur	12	1918	Sangramgarh	Dhigwas	14
	1901	Lalganj	Raipur Tiyaee	13	1919	Sangramgarh	Dharoopur	16
	1902	Lalganj	Kaithaula	10	1920	Sangramgarh	Jawain	10
	1903	S.Chandrika	Para Hamirpur	17	1921	Kunda	Jamethi	25
	1904	S.Chandrika	Puraganw	13	1922	Kunda	Bisihiya	12
	1905	Aashpur Dewsara	Devsara	20	1923	Laxmanpur	Raniganj Ajgara	28
	1906	Aashpur Dewsara	Nagar	16	1924	Babaganj	Hiraganj	16
	1907	Kalakakar	Kerawdeeh	12	1925	Babaganj	Maheshganj	18
	1908	Kalakakar	Natohi	12	1926	Babaganj	Raghubar	12
	1909	Gaura	Sidhauli	10	1927	Mandhata	Haisi	10
	1910	Gaura	Dhanuha	12	1928	Mandhata	Barayipur	16
	1911	Sangipur	Sujakhar	15	1929	Bihar	Umari kotila	16
	1912	Sangipur	Asanwa	13	1930	Bihar	Jaisawa	10
	1913	Shivgarh	Jariyari	10	1931	Mangraura	Khabhor	9
	1914	Shivgarh	Beerapur	12	1932	Mangraura	Diwanganj	11
	1915	Sadar	Mohanganj	11				
Saharanpur	1933	Nanota	Shimlana	15	1956	Sunheti Kharkhari	Hasanpur	17
	1934	Nanota	Chandpur	17	1957	Sunheti Kharkhari	Malhipur	10
	1935	Nakur	Toli	14	1958	Amethi	mahrajpur	6
	1936	Nakur	Nahar Majra	11	1959	Bhadar	ramganj	7
	1937	Rampur Maniharan	Chakwali	13	1960	Bhadar	tikermafi	8
	1938	Rampur Maniharan	Ghathera	18	1961	Bhetua	bandoiya	25
	1939	Punwarka	Landhora	10	1962	Bhetua	nagadeeya	5
	1940	Punwarka	Choradev	14	1963	Musafirkhana	adhanpur	15
	1941	Punwarka	Haroda	5	1964	Musafirkhana	rudoli	5
	1942	Punwarka	Halalpur	7	1965	Jagdishpur	kaima	5
	1943	Gangoh	Khairsaal	16	1966	Jagdishpur	raniganj	15
	1944	Gangoh	Mehangi	19	1967	Balidari	haliyapur	8
	1945	Gangoh	Shakerpur	9	1968	Balidari	bhakhri	6
	1946	Sadholi Kadeem	Salempur	13	1969	Shukulbazar	mahona	10
	1947	Muzaffarabad	Khurrampur	10	1970	Shukulbazar	sattin	5
	1948	Muzaffarabad	Jhijholi	11	1971	Gauriganj	bhatgaon	9
	1949	Sarsawa	Khera Mewat	14	1972	Gauriganj	mau	5
	1950	Sarsawa	Buddhakhera	8	1973	SHAHGRAH	shahgrah	7
	1951	Sarsawa	Patni	7	1974	Jamon	hardoo	5
	1952	Sarsawa	Doodhgarh	16	1975	Jamon	gaura	5
	1953	Nagal	Bhatol	19	1976	Kadipur	karundikala	10
	1954	Nagal	Bhanera	8	1977	Kadipur	katsari	5
	1955	Sunheti Kharkhari	ManakMau	6	1978	Kadipur	narayanpur	18
Varanasi	1979	Baragaon	Kathiraon	16	1995	Chariagaon	Jalhupur	11
	1980	Baragaon	Madhumakia	14	1996	KVP	Kakarmatta	40
	1981	Arajiline	Darekhu	42	1997	KVP	Kandawa	19
	1982	Arajiline	Benipur	52	1998	KVP	Phoolwariya	22
	1983	Arajiline	Gangapur	25	1999	KVP	Lohata	28
	1984	Cholapur	Roopchandpur	16	2000	KVP	Batti	25
	1985	Cholapur	Singhpur	19	2001	Pindra	Mangari	33
	1986	Cholapur	Ruonakhurd	11	2002	Pindra	Rajpur	40
	1987	Cholapur	Rajwari	23	2003	Pindra	Kashipur	31
	1988	Cholapur	Munari	18	2004	Pindra	Sarai Seikhlard	36
	1989	Sewapuri	Bhorkala	22	2005	Pindra	Sindhora	36
	1990	Sewapuri	Gorai	17	2006	Pindra	Hiramanpur	25
	1991	Harhua	Udaipur	29	2007	Pindra	Barwan	17
	1992	Harhua	Belwariya	22	2008	Pindra	Phoolpur	29
	1993	Chariagaon	Salarpur	14	2009	Pindra	Shahpur	42
	1994	Chariagaon	Umarahan	19				

A.2. CHILD HEALTH

1. SITUATION ANALYSIS

IMR (SRS 2009)	63
Goal: Overall NRHM, 2012	**< 36**
Goal: Annual 2011 – 12	**55**

Infant and child mortality continues to be a major health concern for the State. Although the State has made progress in improving the child health indicators, still, it has to put a lot more efforts to accomplish goals related to child health. The trend of reduction in under five mortality is maximum of 3.7 per year, infant mortality rate is reduced by 2.2 points per year and the neonatal mortality reduced only by 1 point per year in the last decade.

Mortality Indicators	NFHS - 2 1998-99	NFHS - 3, 2005-06	SRS, 2007	SRS, 2008	SRS, 2009	Trend Analysis
Neo Natal Mortality Rate	54.9	48	48	45	-	1.0 per year
Infant Mortality Rate	89.0	72.7	69	67	63	2.2 per year, this year declined 4 points
Under Five Mortality	125.6	96.4	91.3	88.6	-	3.7 per year

Infant mortality goal set for the State for the year 2011-12 is 55, which is likely to be an ambitious target. However, the State will take all efforts to achieve this target. This calls for a concerted effort to address the causes of infant deaths particularly during neonatal period, which may be medical causes and/or multiple social factors leading to improper practices and behaviours in the community. In spite of the achievements made so far, there are still areas of concern. The pace of decline in infant mortality rate has improved as compared to pre-NRHM period from 2 points per year to 4 points in the year 2009(SRS).

A study has been carried out to understand the prevalent behaviours and practices for new born care in various regions of the State and right behaviours and practices have been identified to be added to the training and IEC/BCC material developed specifically for child health interventions.

The reduction in neo natal mortality has not kept pace with the decline in IMR. The main causes of deaths during the Neo Natal period are:-

- Asphyxia (Inability to establish respiration immediately after birth).
- Hypothermia (Reduction in body temperature due to various prevalent customs and traditions in the community).
- Infections (custom of putting oil/ghee/mud/other local material on umbilical stump and other infections due to unhygienic practices, myths and beliefs).
- Low birth weight babies (>33% as per NFHS-III reports) are highly susceptible to asphyxia, hypothermia and infections leading to maximum number of Neo Natal deaths in low birth weight and pre term babies.

PROCESS INDICATORS

Anaemia	NFHS - 2 1998-99	NFHS - 3, 2005-06
% of children (under 6-59 months) of age with anaemia	73.9*	73.9

**: 6-35 months*

One of the major concerns among children is the prevalence of anaemia. During the two NFHS surveys, prevalence of anaemia has not declined in the State. Although, GoI is providing Iron syrup in Kit A for children < 3 Yrs of age but it is not regular and timely. To improve the status of Anaemia in state un-interrupted and timely supply of kits from GOI is requested.

Infant & Young Child Feeding	NFHS-2, (1998-99)	NFHS-3 (2005-06)	Coverage Evaluation Survey (CES) 2009	Trend Analysis
Children under 3 years breastfed within one hour of birth	6.5	7.3*	15.6	increasing
Children age 6 – 35 months exclusively breastfed for at least 6 months	50.8**	51.3**	58.9**	increasing
Children age 6 – 23 months received solid/semisolid foods and are still breast fed	17.8	18.7	68.3	increasing

***: Five years preceding the survey**
****: Children age 0-5 months exclusively breastfed.**
(NFHS-3 reports median duration of exclusive breastfeeding is 2.4 (2.2, as reported by NFHS -2) months among last-born children in 3 years preceding the survey.)

Indicators related to infant and young child feeding practices are encouraging for the State during the last decade. Percentage of children under 3 years of age breastfed within one hour of birth has increased from about 6 percent to more than percent

15.6 percent in the last decade. Concurrent evaluation of NRHM (2009) reveals that 28.7% newborn were breastfed within the 1st hour of delivery. However, more efforts are required to achieve a target of more than 50%.

Exclusive breastfeeding of children for at least 6 months of age is another area requires special focus as the State has made only a marginal improvement from 51% to 59% in the last decade. Semi solid/ solid foods should be substituted with the breast milk at the proper age. The latest Coverage Evaluation Survey by UNICEF in 2009 shows that more than 68 percent children (age 6 -9 months) are provided with solid/semi solid food along with the breast milk.

Diarrhoea & ARI	NFHS 2	NFHS 3	DLHS 2	DLHS 3	Coverage Evaluation Survey (CES) 2009	Trend Analysis
Children with Diarrhoea in the last 2 weeks who received ORS	15.8	12.5[a]	15.4	17.3	29.2	increasing
Children with Diarrhoea in the last 2 weeks who were given treatment at any health facility.	62.1	58.3[a]	-	73.3	54.0	Govt. Health facility services increasing
Children with ARI or Fever in the last 2 weeks who were given treatment at facilities.	61.3	72.1	-	72.2	72.3	increasing

Diarrhoea is one of the major causes of child death in the State. Children who are suffering from diarrhoea should be provided with sufficient amount of ORS. The latest result shows that about 30% of children with diarrhoea have received ORS treatment, which is commendable when compared to the earlier survey results. Lesser proportion of children were taken to health facility for the treatment to children with diarrhoea when compared to the previous years; this could be because of more children were put on ORS and could be cured with the home based treatments. Under NRHM, efforts are being made to provide ORS packets through ASHAs to ensure availability of ORS at community level. In addition to this, provision of Zinc Sulpate tablets in cases of persistent diarrhoea is being made through child survival kit, under CCSP programme.

ARI is another killer disease which is prevalent among children. More than 72% of children who suffered from ARI have been given treatment at health facilities. Under NRHM, state is providing I-MNCI Plus training (CCSP) and Sanjeevani drug kits to ASHAs. Further, Kit-A is also being provided to ANMs. In this kit, antibiotic (co-trimexazole) syrup and tablets are being provided to ensure effective management of ARI.

2. PROGRESS OF TRAININGS UNDER CHILD HEALTH

Progress till date - no. of trainings conducted/ health persons trained / districts covered	Planned For 2010-11	Held/ Trained (tilL Feb. 2011)
IMNCI (CCSP Trg.)		
- No. of training (batches)	1700	471
- No. of persons trained	41204	11302
- No. of Districts implementing	71	36 (in remaining 35 districts, state level TOTs are being conducted. ASHA/ANM training will be started in Mar 11 onward.
Pre- Service IMNCI		
- No. of trainings	This component has been referred to medical education department and they are processing it to include in the curriculum with state medical colleges.	
- No. of persons trained		
- No. of Districts implementing		
F-IMNCI		
- No. of trainings (batches)	9	2
- No. of persons trained	142	26
- No. of Districts implemented	36	36
Navjaat Shishu Suraksha Karyakram (NSSK)		
- No. of trainings	188	100
- No. of persons trained	3385	1750
- No. of Districts implemented	35	35
Supervisory Training (ANM/LHV) – IMNCI (CCSP)		
- No. of trainings	500	83
- No. of persons trained	8002	1323
- No. of Districts implementing	36	17 (in 19 district of 2nd phase, the trainings are planned from Jan.2011)
Any other		

KEY CHILD HEALTH PERFORMANCE INDICATORS

Progress on CH interventions	Planned For 2010-11	Held/ Trained (till Nov / Dec 2010)
IYCF		
No. of Newborn breastfed within one hour	28 Lacs	18.49 Lacs
No. of children 6 months and above exclusive breastfed	28 Lacs	13.58 Lacs
Mgmt of Acute Respiratory Infection		
No. of children below (5 years) with ARI screened/detected	50 Lacs	23.27 Lacs
No. of children (below 5 years) with ARI treated at	50 Lacs	11 Lacs

facilities.		
Mgmt of Diarrhoea		
No. of children below 5 years with Diarrhoea in the last 2 weeks who received ORS and Zinc.	5 Lacs	49544
No. of children with Diarrhoea in the last 2 weeks who were given treatment at facilities.	5 Lacs	53538
Iron Folic Acid supplementation		
No. of children below 5 years provided IFA Syrup/Tablet	NA	NA
Vit A supplementation		
No. of children below 5 years provided Vitamin A Syrup	254.00 Lacs	127.19 Lacs (27.19 Lacs + 100 Lacs in BSPM June 10)
Mgmt of Malnutrition / Severe Acute Malnutrition		
No. of children with SAM detected	6 Lacs	1.77 Lacs
No. of children referred to NRC/facilities for Mgmt.	6 Lacs	1.77 Lacs
Key Programme indicators		
Home visits for newborn by IMNCI trained person	29.25 Lacs	14.40 Lacs
No. of newborn children visited on 1st Day/ 3rd Day/ 7th Day.	15.75 Lacs	11.46 Lacs
Number of Low Birth Weight babies visited on 14th , 21st & 28th day.	13.50 Lacs	7.24 Lacs
No. of Sick Children Screened/detected & managed at home.	36250	18262
No. of Sick Newborn & Children treated at facilities for Sepsis, Asphyxia, Severe dehydration, Pneumonia etc.	225000	76421
No. of NSSK trained person conducting deliveries at facilities.	1180	990

ESTABLISHMENT OF NEWBORN AND CHILD CARE FACILITIES AT MATERNAL AND CHILD HEALTH (MCH) CENTERS

Level III- MCH Centre	• Special Newborn Care Units (SNCU) at district hospitals	12
Level II -MCH Centre	• Newborn and child Stabilization Units at FRUs	107
Level I - MCH Centre	• Newborn Care Corner at 24x7 PHCs	759
	• Nutritional Rehabilitation centres	21

ANY OTHER ACTIVITIES UNDER CHILD HEALTH WHICH HAVE BEEN REFLECTED IN PIP

• **IEC/BCC**	• Messages developed and being telecasted/ broadcasted.
• **Provision for IEC material planned**	• Calendars and Pamphlets developed and distributed.
• **New born Care**	• CD developed and being displayed at facilities (PNC and ANC wards).
• **Early initiation of Breastfeeding**	• Breastfeeding week celebrated in all the districts, FAQs developed and distributed.
• **Protection from infection** • **Protection from Hypothermia** • **Recognition of Danger signs**	• Protocols developed and the efforts are being made to get them displayed at new born care corners, labour rooms, OTs and Wards for staff and community.

SUPPLIES & STOCK POSITION

	Received Quantity	Utilization	Balance in stock
• **ORS** • **Zinc** • **Antibiotics (Cotrimoxazole)** • **Vitamin A** • **Iron & Folic Acid** • **Albendazole Tablet**	Received in Kit-A from GOI. The supplies are directly to the districts.	Being utilized by ANMs, as per instructions.	Sufficient for next 6 months.

PLANNING FOR THE YEAR 2011-12

Planning for the year 2011-12	1st Qtr Target	2nd Qtr Target	3rd Qtr Target	4th Qtr Target	Total Target
IMNCI-Plus (CCSP)					
No. of districts planned for IMNCI-Plus implementation.	71	71	71	71	71
No. of IMNCI training planned.	320	600	750	750	2420
No. of persons planned to be trained	8000	9000	12000	11074	40074
F-IMNCI					
No. of districts facilities planned for implementing F- IMNCI	71	71	71	71	71
No. of persons (MO/SN) planned to be trained	240	312	360	288	1600
Navjaat Shishu Suraksha Karyakram (NSSK)					
No. of districts facilities planned for implementing NSSK	71	71	71	71	71
No. of persons (MO/SN) planned to be trained in NSSK	900	1080	1080	1008	4068

Pre- Service IMNCI Training						
Number of medical colleges/ nursing colleges planned for implementing Pre-Service IMNCI	This component has been referred to medical education department and they are processing it to include in the curriculum with state medical colleges.					
Number of Medical/nursing students planned to be trained						
Establishment of new born and child care facilities at MCH centres						
Level – III MCH Centres	Special Newborn care units(SNCUs) at district hospitals	-		2	2	4
Level – II MCH Centres	New born and child stabilization units at FRUs	10	20	30	13	73
Level – I MCH Centres	New born care corners at 24*7 PHCs	10	25	30	35	100
	Nutritional Rehabilitation Centres	-		2	3	5

COMMUNITY BASED INITIATIVES

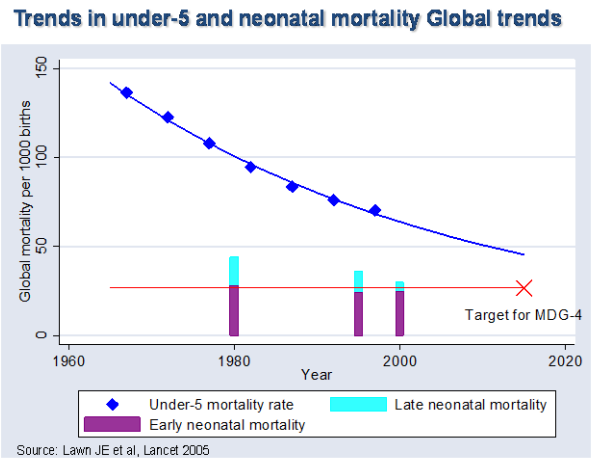
Organization of VHNDs	Being organized on every Wednesday/ Saturday at pre-fixed points, once in month in each village. The convergence and coordination with ICDS, PRIs and Health is being ensured.

SCHOOL HEALTH SCHEME

• Number of children screened for illness (2008- 2011)	42.52 Lacs (Cumulative)
• Number of children provided IFA Tablet. (2008- 2011)	42.52 Lacs(Cumulative)
• Number of children provided Albendazole Tablets(2008- 2011)	40.87 Lacs (Cumulative)

3. CHILD HEALTH INTERVENTIONS

Although the State has made consistent progress in improving the child health indices during the last 3 decades, the indicators are still a cause of concern for us. Child mortality rate & infant mortality rate are still very high in comparison to national average. The IMR was as high as 181 per 1000 live births in 1971, which has come down to present level to 63 per 1000 live births, but the decline is mainly in the post neonatal period where as neonatal period mortality has not declined significantly. Globally also, the trends are similar. The graph below clearly shows that though the infant mortality rate has come down from 150/1000 live births in 1960s, the neonatal mortality (first 4 weeks of life) is still quite high. Similarly, it shows that the reduction in early neonatal period (first week of life) is almost negligible and the reduction in late neonatal period (2nd to 4th week of life) is also not up to the mark.



At the time of inception of NRHM, the infant mortality rate was 73/1000 live births (SRS 2005), which has come down to 63/1000 live births (SRS 2009) but it is still high as compared to the national average of 50/1000 live births.

Though, institutional deliveries have increased but still about 40 percent births are taking place at home and immediate care after birth should be available both at the facility as well as at home. The need for training all the staff nurses, ANMs and ASHAs in resuscitation emerged from this fact. The component is being addressed through following interventions:-

- Training of ASHAs under Comprehensive Child Survival Programme (CCSP) to make them understand the magnitude of problem and their role in motivating the community to practice right behaviours. They motivate the families to ensure colostrums feeding within one hour after birth, exclusive breast feeding for the first six months of the life, maintain the warmth of the baby by postponing bathing for 6 days and practicing hygienic behaviours.
- Trained ASHAs are visiting each new born 3/6 times during the first month of life, identify high risk newborns and ensure their referral if needed. Each new born is being visited on the 1st, 3rd and 7th day of life compulsorily and ASHAs are being paid cash incentive for each visit and referral through an established system.
- All the ANMs and Staff Nurses are being trained to resuscitate the new born and provide her essential new born care under NSSK.

- All the medical officers are being trained to provide essential new born care to a normal baby and treatment to a sick new born under F-IMNCI.

STRATEGIES TO ADDRESS NEONATAL MORTALITY IN THE STATE

- Community mobilization and home based care– through ASHA. Empowerment of ASHA by Comprehensive Child Survival Training Programme (IMNCI Plus).
- Capacity building of ANMs - Comprehensive Child Survival Training Programme (IMNCI Plus).
- Capacity building and improving skills of Medical Officers of CHC/PHC through F-IMNCI.
- Capacity building and improving skills of Staff Nurses of CHC/PHC through F-IMNCI
- Training and Skill up-gradation of MOs & Staff Nurses for Management of Neonatal asphyxia, hypothermia and infections through 'Nawjat Shishu Surachha Karyakram' for staff posted at 24 x 7 hours facilities and FRUs (NSSK Training).
- Ensuring Newborn Care corner at each CHC/BPHC.
- Establishing Sick Newborn Care in each Divisional Hospital (where there is no Medical College).
- Management of Anaemia, Diarrhoea and Pneumonia in community through ASHA/ANM and at facility.
- Ensuring wide publicity regarding proper behaviour and practices for breastfeeding, prevention of hypothermia and infection prevention. This will be done during breastfeeding week, newborn care week and various workshops, seminars etc.
- To increase public awareness, audio-visual aids are being provided in each post-natal ward where relevant massages, information and entertaining educative films will be shown throughout the day.
- Supporting supervision and hand holding of ASHA with the support of Medical Colleges and reputed institutions.

FACILITY UP-GRADATION FOR NEW BORN CARE

To ensure complete essential new born care to all the deliveries at facility following is being done:-

- New Born Care Corner (NBC Corner) at all 24x7 facilities where all the essential equipments and medicines are being provided. The staffs posted here are being trained to use them.

- Neonatal Stabilization Unit (NBSU) at all FRUs where essential equipments including Phototherapy Units, Radiant warmers, pedal operated suction apparatus, oxygen hood and Ambu bag is being made available. All the medical officers and staff nurses posted at these facilities are being trained under ongoing 5 days F-IMNCI training in the State. These sites will be strengthened for provision of quality services to newborns and training as well. The same is being budgeted under the site strengthening component.

- Sick New Born Care Unit (SNCU) at 12 identified places in the State.

4. ESTABLISHMENT OF SICK NEW BORN CARE UNITS (SNCU)

A. SNCUs in District Women Hospitals

At present, 7 SNCUs in women hospitals (Lalitpur, Shahjahanpur, Aligarh, Pratapgarh, Saharanpur, Azamgarh and Avantibai Woman Hospital, Lucknow) are fully functional in the state. As per reports received from the unit, total no. of newborns admitted till November, 10 are 8918, out of which 5916 have been cured completely, 530 were referred to higher facilities, 1646 left and 530 newborns have been reported dead.

In addition, SNCU in 5 district women hospitals (Banda, Faizabad, Basti, Moradabad and Mirzapur) is being developed, where civil works has been almost completed and installation of equipments will be completed by Feb./March 2011. It is expected that these 5 SNCUs will complete recruitment and training by March 2011 and will be fully functional by April 2011.

Further, it is being proposed to establish one SNCU in remaining 4 divisions/districts (Bahraich, Lakhimpur Kheri, Bulandshahar and Sidharthnagar) especially where there is no Medical College. Since, all these women hospitals are being upgraded as per IPHS, no budget is being proposed for civil works. For some additional establishment work Rs. 10.00 Lacs per SNCU is being proposed for this year. The support regarding equipment installation will be taken from UNICEF as before. Therefore, by the end of year 2012, total 16 SNCUs will be functional in the state in district women hospitals and 8 in medical colleges (total 24). ***Thus, a budget of Rs. 40.00 lacs was requested for new 4 SNCUs, which is approved and included in (ROP- FMR Code. A.2.2)***

DETAILS OF OPERATIONAL EXPENSES FOR ONE SNCU

Sl	Discriptions	Units	Total Fund for 12 months	
1	Doctors (Pediatrician/MBBS Doctors trained in child health) @Rs.40000/35000/30000/- PM**	3	1260000.00	A lumpsum amount of Rs. 21.00 Lacs for the salaries of doctors, staff nurses, Ward Aaya and Sweeper (parttime) has been budgeted for the year 2011-12
2	Staff nurse (@ Rs. 15000/- PM)	6	1080000.00	
3	Ward Aaya (@Rs. 4000/- PM)	2	96000.00	
4	Sweeper Parttime (@Rs. 2000/-PM)	2	48000.00	
	Subtotal (1 to4)		**2484000.00**	**2100000.00**
5	Medicines for SNCU	1	200000.00	200000.00
6	AMC and other minor repairs	1	200000.00	200000.00
	Total			**2500000.00**

Therefore, Rs. 300.00 lacs would be required towards operational expenses for 12 existing units @ Rs. 25.00 Lacs. This amount is approved and included in (ROP-FMR Code. A.2.2)

In addition to this, 8 SNCUs may be developed in various state/central medical colleges, which have given detailed proposals and committement that they will be

able to operationalise them, as they have adequate paedtricians faculty/resident resources with them.

Under up-gradation of district hospitals, as per IPHS, there are identified districts, where SNCU wing is almost ready and equipments will be installed soon. These units may also start functioning as SNCU, if they get paediatrician and staff nurses to work. These districts are Varanasi, Meerut, Fatehpur, Farrukhabad, Agra and Jhalkari Bai Woman Hospital, Lucknow. These units will also be provided with adequate human resource from the district pool of specialists and staff nurses, so that they may start functioning as SNCU/ NNU or NBSU, as per norms. These units also need some equipment like phototherapy unit with baby cot, radiant warmers, open care system, infusion pump; padel operated suction machine, oxygen cylinder and certain consumables. A lumpsum proposal of Rs. 40.00 Lacs was made for equipments in identified these 6 hospitals. ***This amount has been approved at (ROP- FMR Code. B.16.1.2).*** In this way, a total of 30 SNCUs may be functional in the state by the end of year 2011-12.

Thus, total Budget required under the head (development of SNCUs in DWH) will be Rs. 380.00 lacs.

B. Development of SNCU in Medical Colleges

All the 7 state medical colleges and 2 centrally aided medical colleges in the state are providing support to various new born care trainings, new born care schemes and care to very sick children in the community. It is being proposed to strengthen sick new born units functional in these medical colleges, so that to provide specialized new born care to the children referred and admitted to these units. These medical colleges have adequate doctors (faculty and resident doctors) to run these units except Jhansi Medical College, where there is acute shortage of faculty staff and they are not prepared to develop SNCU in their college.

All other medical colleges have given detailed proposals to develop SNCU, which will function optimally with the help of additional paramedical staffs and other support as as per norms. The proposals received from various medical colleges is as below :

Sl	Name of Medical College	Beds	One time Establishment (in Lacs)	Honorarium to Paramedical Staff(in Lacs)	Equipments (in Lacs)	Other (AMC/ Consumables & Medicines @ Rs. 50000 per month (in Lacs)	Total
1	S.N.Medical College, Agra	16	2.50	17.28	34.42	11.00	65.20
2	G.S.V.M.Medical College, Kanpur	20	10.00	18.72	45.07	11.00	84.79
3	B.R.D.Medical College, Gorkhapur	43	-	26.64	27.51	11.00	65.15
4	CSSMU, Lucknow	40	-	24.48	25.00	11.00	60.48

5	IMS-BHU, Varanasi	10	-	20.16	35.60	11.00	66.76
6	LLRM Medical College, Meerut	15	-	18.72	39.60	11.00	69.32
7	MLN Medical College, Allahabad	10	5.00	17.28	11.19	11.00	44.47
8	AMU Medical College, Aligarh	20	10.00	18.72	41.49	11.00	81.21
	Total						**537.38**

Thus, for this purpose, total budget of Rs. 537.38 Lacs was budgeted under Hospital Strengthening (ROP-FMR Code - B.4.1.5.b) in NRHM Flexipool, which was not approved by GOI.

5. TRAININGS UNDER NEW BORN CARE AND CHILD HEALTH

ESSENTIAL NEWBORN CARE EQUIPMENT TRAINING

All the CMOs, CMSs and MO I/Cs have been provided a check-list for Newborn Care (NBC) Corners in the labor rooms and Neo-natal stabilization units in FRUs. The staff posted in these units will be given one day training to use the equipments provided.

1-2 batches of training (about 25 participants in each batch) will be conducted in each district, which will include one medical officer and one staff nurse from each unit. The state and district level TOTs will be conducted with the support of UNICEF. For district level trainings, budget is being proposed @0.25 Lacs per batch for 72 districts. ***Thus total amount proposed for this is Rs. 36 Lacs (Approved at ROP FMR Code. A.9.5.5).***

COMPREHENSIVE CHILD SURVIVAL PROGRAMME – UP (CCSP-UP)

Comprehensive Child Survival Programme – UP (CCSP-UP) was launched during the year 2007-08. The programme was initiated in 17 selected districts (one district in each division with high IMR and availability of minimum basic infrastructure). However, during 2007-08 only the regional orientation workshops and National ToTs could be completed and actual training of functionaries could only be initiated from 2008-09. Till date good progress has been made in 36 districts (17 of 1st Phase and 19 of 2nd phase) in regard to training, implementation and reporting.

Additionally 35 districts have been taken in the year 2010-11 where state and district TOTs are being conducted and some of the districts are in position to initiate 10 days training for ASHAs/ANMs/LHVs very soon. The training envisaged under CCSP programme is very extensive, and implementation in the field needs lot of support and handholding for ASHAs together with intensive monitoring and supervision.

- Coverage in the First Phase (2008-09) - 17 Districts
- Coverage in the Second Phase (2009-10) – 19 Districts
- Coverage in the Third Phase (2010-11) – 35 Districts (recently initiated)

TRAINING PLAN IN CCSP PROGRAMME

The workload of training activities under CCSP programme calculated for the year 2011-12 is given in table in column-6.

Sl	Item	Total Work Load (2008-11)	Completed till Jan. 11	Total to be Completed by March 11	Proposed target for 2011-12	Remaining after March 12
1	2	3	4	5	6	7
1	Training of Trainers (Master trainer) at AMU & BHU	664	438	504	160	0
2	Site strengthening at districts @ Rs.2,33,500/- per site	145	73	20	52	0
3	District TOT (all 1st, 2nd & 3rd phase districts) of 24 participants per batch - 113*24= 2712 @Rs. 3,11, 700/- per batch	116	41	75 (75*24) = 1800	41 (41*24 =984)	0
4	**Training of ANM/LHV/ASHA**					
	Training of ANMs/LHVs	26157	5620	6916	5305	13936
	Training of ASHA	136295	33943	40287	32585	63423
	Total ANM/LHV/ASHA	162452	39563	47203	37890	77359
	Batches @Rs. 2,13,100/-*				1516	
5	**Supervisory Training**					
	TOT for supervisors	217	59	103	114	-
	District level supervisory training of ANM/LHV of 16 participants in a batch	26157	1323	7287	7793	18064
	Total batches to be organized @ Rs.40, 500/- per batch*				487	
6	**District NSSK (Navjaat Shishu Surksha Karyakaram)Training**					
	State level TOT of NSSK	284	292	0	0	0
	District level training of MO/SN/ANM of NSSK for 2 days	7440	1680	3385	4055	0
	Batches of 18 participants @ Rs.40 000/- per batch*				227	

***About 10% of the organized batches will be supervised by the observers, nominated by the state**

INVOLVEMENT OF VARIOUS MEDICAL COLLEGES UNDER CHILD HEALTH TRAININGS

Currently 7 Medical Colleges have been involved in various types of child health trainings. These medical colleges are MLN Medical College, Allahabad; MLB Medical College, Jhansi; GSVM Medical College, Kanpur, SN Medical College, Agra, JN Medical Colleges AMU, Aligarh, IMS, BHU, Varanasi and CSMMU, Lucknow.

Uptil now BHU, Varanasi and AMU, Aligarh were providing state TOTs under CCSP to district master trainers. From this year onwards, MLN Medical College Allahabad will also be involved in this activity, as 35 new districts have been intitiated simultaneously and work load is high.

These medical colleges will impart different types of trainings like physicians, F-IMNCI, TOT for master trainers under CCSP (IMNCI-Plus), etc. In the year 2011-12, the state will organize 10 days physicians training and 5 days F-IMNCI trainings simultaneously. **The proposed budget for the trainings at these 7 medical colleges is Rs. 367.38 Lacs and operational costs for these are Rs. 41.37 Lacs @ of Rs. 5.91 Lacs per medical college.**

The details of operational costs is Rs. 30000/- per month for Coordinator, Rs. 8000/- per month for Data Entry Operator, Rs. 5000/- for other support and Rs. 75000 for miscellaneous for the year.

Sl.	Item	Total Workload	Completed till Nov. 10	Total to be Completed by March 11	Proposed target for 2011-12	Remaining after March 12
1	2	3	4	5	6	7
7	**Physicians Training for MOs**					
	Support to 7 Medical Colleges	7	ongoing activity		7	
	Physicians Training at 5 Medical Colleges (10 batches of 24 participants in a year	4514	736	1120	1200	2194
	Total Batches @ Rs.4,22,000/- per batch of 24*				50	
8	**F- IMNCI Training of 5 days for MOs & Staff Nurses of 16 participants**					
	F- IMNCI Training for MOs & Staff Nurses 20 batches in a year in 5 Medical Colleges	4382	0	142	1600	2640
	Total batches of 16 @Rs. 1,56,000/-*				100	

***About 10% of the organized batches will be supervised by the observers, nominated by the state**

NAVJAAT SHISHU SURAKSHA KARYAKRAM (NSSK)

During 2010-11, under NSSK initiative, trainings were proposed to train all the medical officers and staff nurses involved in delivery of the new born in 35 non CCSP districts of the state. Till Nov. 10, 94 batches have been trained and it is expected that all the planned training will be completed by the end of the year 2011.

For the year 2011-12, trainings are proposed for 36 old districts. One batch of 18 participants will be trained at district level for two days. Thus the training will be completed in about 6-8 months time by the district trainers in each district. Each district will have to organize 6-7 such batches.

For the year 2011-12, total 227 batches are planned and out of which 25 % of organized batches will be supervised (about 54 batches). The total cost for organizing 227 batches and supervision of 54 batches will be Rs.90.80 lacs. The modules are being supplied by GOI. The supervision and monitoring of the training programme will be done through district and state level programme officers, the budget for which has been built in. **Thus a total of Rs. 90.80 lacs are being budgeted for the programme.**

BUDGET SUMMARY OF TRAININGS UNDER CHILD HEALTH PROGRAMME

Sl	Trainings	Physical Targets	Unit Cost (Rs.)	Frequency	Proposed Amount (in Lacs)	Approved Amount (in Lacs)	FMR Code
A	**Essential newborn care corners**						
	For district level trainings	72	25000	2	36.00		
	Sub Total				**36.00**	**36.00**	**A.9.5.5**
B	**Comprehensive Child Survival Programme – UP (CCSP-UP)**						
	Training of Trainers (Master trainer) at AMU & BHU	160	-	-	-	-	-
	Site strengthening at districts @ Rs.2,33,500/- per site	23	233500	1	53.71	**53.71**	**A.2.1**
	District TOT (all 1st, 2nd & 3rd phase districts) - Batches	41	312000	1	127.92	**127.92**	**A.9.5.1**
	Sub Total				**181.63**		
C	**Training of ANM/LHV/ASHA-CCSP**						
	Training of ANMs/LHVs/ASHA - 1516 batches of 24 participants	1516	213000	1	3,229.08		
	Sub Total				**3,229.08**	**1614.54**	**A.9.5.1**
D	**Supervisory Training – CCSP**						
	TOT for supervisors	114	-	-	-	-	-
	District level supervisory training of ANM/LHV (7793 having 16 per batch- 487 batches	487	40500	1	197.26	197.26	**A.9.5.1**
	Sub Total				**197.26**		
E	**NSSK**						
	State level TOT of NSSK	-	-	-			
	District level training of MO/SN/ ANM of NSSK for 2 days of 18 participants	227	40000	1	90.80	90.80	A.9.5.5

	Sub Total				**90.80**		
F	**Child Health Trainings with Medical Colleges**						
	Physicians Training for MO				-		
	Recurring costs - Support to 7 Medical Colleges	7	591000	1	41.37	41.37	**A.9.5.1**
	Physicians Training at 5 Medical Colleges (10 batches of 24 participants in a year)	50	422000	1	211.00	activity merged with F-IMNCI	
	Total of 25 % of the organized to be observed	-	6100	1	-		
	Sub Total				**252.37**		
G	**F- IMNCI Training of 5 days for MOs & Staff Nurses**						
	F- IMNCI Training for MOs & Staff Nurses of 16 participants	100	156000	1	156.00	156.00	A.9.5.2
	Sub Total				**156.00**		
	SUB TOTAL				**4,143.14**		

PRINTING OF TRAINING MODULES

This year, under CCSP programme, 10 days CCSP training of ASHA/ANM/LHV and MO – Physicians (Mod.1-19) is proposed for about 60,000 trainees. Presently 20000 modules are under printing, therefore budget for additional 40000 modules is being proposed, for which Rs. 100.00 Lacs is required. In addition, under F-IMNCI trainings, about 1600 functionaries are proposed to be trained, for which Rs. 2.40 Lacs is proposed. **Hence, an amount of Rs.102.40 lacs was budgeted for training modules for the financial year 2011-12 and is booked in development of training materials in Chapter - Training. (Approved at ROP-FMR Code. A.9.2)**

6. PROCUREMENT

A. PROCUREMENT OF CHILD SURVIVAL KITS FOR ASHA

A child survival kit is being provided to the ASHAs after completion of training which costs around Rs. 1000/-, as detailed below:

Sl.	Item	Rate (In Rs.)
1	Mucous extractor No. 10 per kit	120.00
2	Towels – 2 Nos. (1 Big and 1 medium sized)	95.00
3	ORS packets (for 1000 ml solution) – 10 per kit	100.00
4	Tab Zinc - 10 Strips of 10 tablets each	135.00
5	Cotton wool & Gauze	50.00
6	Medicine kit *	300.00
7	Digital thermometer (sensitive for low temp.)	50.00
8	Bag	150.00
	Total	**1,000.00**

***Cost of Medicine Kit**

1	Syrup Amoxicillin(5)/dispersible paediatric tab.(75)	:	Rs.	90/-
2	Syrup Cotrimoxozole(5)/ dispersible paediatric tab. (50)	:	Rs.	60/-
3	Syrup Paracetamol(5)/ dispersible paediatric tab.(60)	:	Rs.	60/-
4	Povidone Iodine lotion 100 ml.	:	Rs.	30/-
5	Mercurochrome/gentian violet	:	Rs.	30/-
6	Chlorehexidine /Medicated soap – 2 nos.	:	Rs.	30/-
	Total	**:**	**Rs.**	**300/-**

Note: this year in these kits, DDK is being replaced by Zinc tablets.

In the year 2010-11, an amount Rs.120.00 lacs was proposed and approved for procurement of 12000 child survival kits for distribution to trained ASHAs. Now, the programme has been expanded to all the remaining 35 districts of the State and as per estimation, about 32585 ASHAs will be trained during the yr. 2011-12, it is being proposed to procure child survival Kits for about 20585 trained ASHAs (32585 kits-12000 kits already available) **@Rs.1000 per Kit and the total budget required will be Rs. 205.85 lacs.**

The replenishment of various items for ASHAs trained in the 36 districts taken up during the first and second phase is required and the following items are proposed for replenishment:

Sl.	Item	Rate (In Rs.)
1	Towels – 1 No. (medium sized)	30.00
2	ORS packets (for 1000 ml solution) – 5 per kit	50.00
3	Tab. Zinc 10 strip	135.00
4	Cotton wool & Gauze	20.00
5	Medicine kit	300.00
	Total	**535.00**

For the year 2011-12, it is estimated that around 35287 (40287-5000 already available) kits will be replenished. Thus, a total sum of Rs. 188.79 lacs will be required for replenishment of kits during the year 2010-11. The total funds required for the purpose will be Rs. 394.64 lacs. ***It was budgeted under the head 'Procurements', which is not approved by GOI (ROP- FMR Code. B.16.2.2.a & b.)***

B. PROCUREMENT OF WEIGHING SCALES FOR TRAINED ASHAS

Weighing scales have been provisioned to all the trained ASHAs during the year 2010-11. The procurement is delayed and training progress is also poor. So, now no proposal is being made for the year 2011-12.

C. JOB AID & TOOLS FOR ASHAS

Job aid and tools are being provided to facilitate the ASHAs in their working. These have been developed by a team of experts at the State level, supported by donor agencies. The cost of each kit is around Rs.200/-as detailed ahead**.**

Sl.	Item	Purpose	Qty.	Estimated Cost (Rs.)
1	Home-visit Leaflet (Checklist) on newborn and postpartum maternal care for ASHA	Aid ASHAs during home visits to newborns and lactating mothers to provide need based 128counselling and referral for services	2	**3.00**
2	Pictorial flip chart for ASHA on home-based newborn care practices/behaviours	For use in interpersonal 128counselling during home visits and community meetings	1	**30.00**
3	Pictorial flip chart to help ASHA promote and negotiate Infant &Young Child Feeding practices (IYCF)	To improve understanding of ASHA on infant and child feeding and nutrition issues to be able to resolve related day to day problems faced while dealing with mothers and families	1	**25.00**
4	A compendium of frequently asked questions (FAQs) on breastfeeding & compl. Feeding practices	Develop understanding of practical field situations and behaviours observed and faced with in the field and respond accordingly.	1	**30.00**
5	A compendium of frequently asked questions (FAQs) on routine immunization	Develop understanding of practical field situations and behaviours observed and faced in the field and respond accordingly	1	**30.00**
6	Calendar with NBC messages for ASHA (6 leaves)	As a reminder on newborn care practices	1	**64.00**
7	Formats for record keeping and supervision	To ensure proper record keeping and reporting	1 set	**15.00**
Total				**197.00**
8	Checklist for ASHA facilitators	To review ASHAs work at monthly ASHA meetings (review of VHI register, organization of VHNDs, JSY, Postnatal home visits, review of supplies, infant deaths, planning for next month, etc)	2	**3.00**
Total Cost per ASHA				**200.00**

Since now all the districts are being covered, 32585 ASHAs are planned to be provided with Job Aid & Tools. Hence, budget for the same of Rs. 65.17 lacs is being proposed and was budgeted under development of training materials in Chapter- Training ***(Approved at ROP- FMR Code. A.9.2).***

REPORTING FORMATS

Detailed reporting formats have been developed for reporting by the ASHAs which are to be filled during home visits. These reports are countersigned by the beneficiary (mother) and verified by ANM for release of incentive money. These reports are compiled at the Block PHCs on monthly basis and payment is made accordingly to the ASHAs. Printing of formats for reporting will be required. Around Rs.100/- per trained ASHA is proposed in the budget for about 56580 ASHAs (40287 trained by March and 50% of 32585 ASHAs proposed for 2011-12). Thus the total budget required for the formats was Rs. 56.58 lacs and was booked under Monitoring & Evaluation of ***NRHM Flexi-pool, which is not approved by GOI (ROP- FMR Code. B.15.3.3.g).***

PAYMENT TO ASHAS FOR PROGRAMME IMPLEMENTATION

After completion of 10 days training ASHAs are visiting the families according to birth weight of the baby. If the newborn weighs < 2.5 kgs, they visit on day 1st, 3rd, 7th, 14th, 21st and 28th day and fill up the format provided for the purpose. If the baby weighs ≥ 2.5 kgs, the visit is proposed on day 1st, 3rd and 7th day of the child birth. During the visit they have to counsel the mother and the family regarding exclusive breastfeeding, keeping the baby warm and infection free. Each ASHA is paid Rs. 100/- for conducting 6 visits to each Low Birth Weight (LBW) newborn and Rs. 50/- for 3 visits to each normal weight newborns. It is estimated that on an average each ASHA would be required to visit 9 LBWs and about 21 normal infants in a year. Accordingly, she would be able to earn an amount of Rs.2,000/- (Rs.900/- for visits to LBW newborns and Rs. 1100/- for visits to normal infants). For 56580 (40287 trained + 50% of 32585 planned for 2011-12), ***an amount of Rs. 1131.60 lacs was proposed as incentive and is approved in Child Health Programme of RCH Flexipool (ROP- FMR Code. A.2.9)*.**

7. SUPERVISION, MONITORING AND EVALUATION

SUPERVISION OF ASHA THROUGH RECOGNIZED INSTITUTIONS

The programme is very ambitious one and needs intense handholding of ASHAs in the field. For supportive supervision and monitoring, it is essential that each ASHA is contacted at least once a month by skilled personnel. At present, ANM and LHVs are being trained for the purpose but an independent supervisor is most essentially needed for improved supervision.

It was proposed to intensify supervision through reputed institutions in the state like SPM departments of Medical Colleges and Social Work Departments of Universities during the year 2010-11. 9 such institutions have been identified and districts are being allocated to these Institutions. The PG students will conduct block level meeting every month with block supervisor, ANMs/LHVs and sample ASHAs. The Nodal institution will be overall in-charge of districts assigned to it for selection and

placement of Block level Supervisor, supervision, monitoring and evaluation of the programme.

One such pilot is being undertaken in Aligarh district through Aligarh Muslim University (AMU) and districts Kheri, Bahraich, Siddarth nagar and Lalitpur through Catholic Health Association of India (CHAI) with the help of UNICEF. The results are encouraging and shown below:

Activity	Aligarh (6 blocks)		Kheri		Bahraich		Siddharth Nagar		Lalitpur*	
	1st visit	6th visit	1st visit	4th visit	1st visit	4th visit	1st visit	4th visit	1st visit	4th visit
No. of ASHAs trained in CCSP	988		2200		1380		1299		700	
No. Supervised	908	849	1960	690	1288	827	1207	407	688	223
Performed home visits (as per records)	72%	**99%**	66%	**70%**	7%	**44%**	14%	**49%**	32%	**64%**
Assessment of PSBI	72%	**87%**	85%	**99%**	61%	**93%**	61%	**96%**	92%	**100%**
Assessment of Respiratory Rate	50%	**91%**	32%	**74%**	23%	**34%**	28%	**55%**	31%	**70%**
Assessment of Chest in-drawing	52%	**86%**	44%	**87%**	38%	**75%**	43%	**77%**	44%	**88%**
Assessment of Diarrhoea	71%	**87%**	80%	**97%**	53%	**87%**	56%	**92%**	81%	**97%**
Assessment of Breast feeding	40%	**84%**	88%	**98%**	64%	**93%**	66%	**94%**	95%	**99%**
Classification matched	3%	**71%**	27%	**66%**	18%	**47%**	12%	**49%**	25%	**48%**
Identified Treatment	15%	**80%**	42%	**91%**	27%	**52%**	28%	**62%**	51%	**55%**
Counselling on advice for home care	23%	**80%**	25%	**73%**	8%	**43%**	21%	**43%**	25%	**36%**

An honorarium of Rs. 8,000 per month with mobility support of Rs.3000/= per month will be paid to the supervisor by the Institution and is being budgeted for one block level supervisor who will be a graduate and will be trained by the institution on standard format. In addition, the institution will be provided Rs.5000/- per district per month for mobility, communication, compilation of reports etc.

In these districts, 1 facilitator for every 20 ASHAs will be placed through ASHA support system that will coordinate with Block level supervisor for handholding of CCSP and ASHA scheme.

The similar project was proposed in the year 2010-11 but could not be implemented. After various rounds of meetings, 5 reputed govt. institutions have been identified; MOU/agreement letters have been prepared and hopefully will be finalized by the end of Feb. 2011. The project will be started from April 2011 and the budget requirement is as follows:

Sl.	Category	Rate (Rs.)	Number	Total Amount (Rs.in lacs)
1	Honorarium to Supervisors	Rs. 8000/ month for 12 months	223 blocks	214.08
2	Mobility to Supervisors	Rs. 3000/ month for 12 months	223 blocks	80.28
3	Support to Institutions	Rs. 5000/ month for 12 months	17 districts	10.20
	Total			**304.56**

Thus, an amount of Rs. 304.56 lacs was proposed for extensive supervision and monitoring of the programme in 17 first phase districts through 5 independent reputed institutions, ***which has not been approved by GOI (ROP- FMR Code. B.15.3.3. h to l).***

QUALITY MAINTENANCE UNDER CCSP

Comprehensive Child Survival Programme (CCSP-UP), which if properly implemented by ensuring quality of training and implementation, will bring down the neo-natal mortality of the State. To ensure quality of implementation, all 36 districts have 1 Nodal Officer for Child Health designated in the district who is responsible for organizing trainings, logistic management and implementation of activities with proper supervision and monitoring. They are supported by Divisional Health, Nutrition; Sanitation Technical Coordinator (DHNSTCs) recruited through UNICEF. At the State level, in addition to the Joint Director – RCH at the Directorate and General Manager– Child Health at the SPMU, a Consultant-cum-Manager ensures quality implementation of activities. This position of Consultant cum Manager was created in May 2008 and is presently supported by USAID through ITAP and will be continued in 2011-12.

In 2011-12, position of 2 Programme Assistants (one for SPMU and one for DG-FW) is proposed, to help in compiling data received from the field, regular reporting and feedback. He/she will also make at least 2 visits per month as per information/problems received from the district.

Sl.	Position	Minimum Qualifications	No.	Amount per month	Amount for the year
1	Programme Assistants** (1 at SPMU &1 at DGFW)	Graduate with good computer knowledge and 2 years working experience in health projects.	2	17,000/-	4,08,000/-
2	TA/DA for field visits	-	12	20,000/-	2,40,000/-
3	Contingency Charges		4	25000/-	1,00,000/-
4	State/ Divisional level Quarterly review meeting		4	1,50,000/-	6,00,000/-
Total (Rs.)					**13,48,000/-**

Apart from the above, it is proposed to have 4 regional managers, having qualifications of Masters Degree (Science/Social Science)/MBA with minimum of 5 years experience in health sector and good working knowledge of computers. These managers will be placed at SPMU for monitoring of CCSP Programme, across the state. Budgetary provision is made in the programme management section under RCH Flexipool. ***Approval for programme assistants, Regional Manager-CCSP and TA/DA for field visits is given by GOI (ROP- FMR Code. A.10.1 and A.10.4).***

8. INFANT DEATH AUDIT

For the year 2011-12, Infant death audit is proposed for 17 districts having 223 blocks, where first phase of trainings have been completed. As, in last year 2010-11, audit was completed in20 blocks of 2 selected districts- Aligarh and Banda. The amount approved for the year 2010-11 is being used for these activities.

Under this activity, ASHA would report any infant death occurring in her area to the BPHC. She would be paid Rs.50/- for reporting each infant death and Rs. 250/- would be paid to the facility for conducting verbal autopsy and reporting to the State as per prescribed format. It is estimated that 25 infant deaths/block would be reported in a year. An additional amount of Rs.1500/- per block for a year is proposed for development and printing of formats and other communication. Thus, an amount of Rs. 10,000/- per block is being budgeted for the year 2011-12. Thus for the total 17 districts (223 blocks), which will cost around 22.30 lacs for the purpose including development and printing of formats and communication. Additionally an amount of Rs. 2.0 Lacs is being proposed at State level for various activities including monitoring and reporting. ***Accordingly, a budgetary provision of Rs. 24.30 lacs is approved for this year. (ROP- FMR. A.2.8).***

BEHAVIOURAL CHANGE COMMUNICATION/INFORMATION, EDUCATION AND COMMUNICATION ACTIVITIES FOR CHILD HEALTH

Wide IEC activities are proposed for the programme to create awareness in the community- especially for neonatal issues.

- Protocols for new born care are developed and will be placed at all the labour rooms, new born care corner of the facility and postnatal ward of each 24x7 facility and FRUs of the State. IEC materials for these new born care corner/rooms will be developed and printed, which are already being mentioned and explained under Maternal Health Programme.
- Audio visual material will be designed and developed through a reputed agency with clear messages for masses regarding benefits of institutional delivery, colostrum feeding, postponing bathing for 6 days, keeping the baby warm and skin to skin contact with mother, applying nothing on the umbilical stump, hygienic behaviour to prevent infections and importance of timely immunization of the baby. The developed material will be distributed to all the districts through

DVD/CD/Cassettes to be played regularly in the waiting area and post natal wards of all 24x7 facilities. The arrangement for T.V./DVD/VCD players will be done through RKS funds.

9. INFANT & YOUNG CHILD FEEDING (IYCF)

Early and exclusive breast feeding is the most cost effective intervention to reduce Infant Mortality Rate. A two pronged approach is being adopted for promoting optimal infant and young child feeding practices, which includes creating awareness through the integrated State BCC strategy and enhancing the counselling skills of ASHAs and AWWs. Promotion of infant & young child feeding has also been taken up as a component under the integrated State BCC strategy. A number of IEC and BCC interventions are planned to be implemented. Additionally, appropriate infant & young child feeding practices would be promoted by the ANMs and ASHAs.

The skill-based training for family welfare counsellors posted at District Hospitals, CHCs and Block PHCs is proposed for counselling of mothers and positive behaviour changes in the community. The training will be of 7 days, for which the module has already been developed and it has a major component of Infant and Young Child Feeding. The same has been budgeted under the head "Maternal Health".

Further all the ASHAs, ANMs, LHVs and Medical Officers are being trained to promote breast feeding in CCSP districts. ASHAs in these districts are being provided with job aids and tools, which also has a specific booklet regarding breast feeding and one flip book regarding feeding of young children.

An amount of Rs. 5 lacs is being budgeted for State level workshop and other activities during World Breastfeeding Week and Rs. 0.50 lacs per district for various activities during the week. Breastfeeding promotion campaigns are also proposed under IEC/BCC section. ***Thus a total of Rs. 41.00 lacs was budgeted under the head in Mission Flexi-pool, which is approved for World Breast feeding week and New Born Care week combined by GOI. (ROP- FMR Code. B.10.2.2.a, b & c)***

10. MANAGEMENT OF OTHER CHILDHOOD DISEASES

DIARRHOEA

Diarrhoea is still the biggest killer for under 5 children. Management of diarrhoea has been included in the CCSP package with Zinc tablets to be given 20mg/day for 14 days in case of persistent diarrhoea (on IMNCI lines). This is being implemented in 36 selected districts under CCSP-UP and scaled up in a phased manner. Strategies to address these include:

- Training of all functionaries for ORS administration
- ORS Procurement
- Zinc sulphate tabs.
- IEC for identification for severely dehydrated children and their referral
- Management of severely dehydrated children at facilities

Revised Diarrhoea Management Policy (RDMP) recommends that in cases of persistent diarrhoea, a dose of 20 mg per day for 14 days for children above age 6th months to 5 years and 10 mg per day for 2 to 6 months old babies. Thus, procurement of Zinc tablets in CCSP drug kits for ASHAs has been included from this year. The detailed diarrhoea management policy issues have been worked out in guidelines and circulars and have been circulated to all the CMOs and DPMs of the state. A joint strategy of Health and ICDS will be focused to disseminate these guidelines for diarrhoea management in children under 5 years of age during VHNDs and to increase up-take of ORS and Zinc tablets is going to be implemented this year. For the year 2011-12, state will be implementing the following activities:

- Dissemination of revised guidelines for management of diarrhoea in children under 5 to scale-up therapeutic zinc supplementation and low osmolarity ORS.
- Orientation of Health and ICDS officials at every level.
- Orientation of ANMs and ASHAs on diarrhoea management guidelines in existing training programmes.
- IEC/BCC activities for dissemination of guidelines and demand generation through media.

For these activities, Rs. 10.00 Lacs was proposed for state and district level orientation meetings and approved (ROP- FMR Code. A.2.6). Further, to promote the management of Diarrhoea, it is proposed that a tool kit for ANM/ASHA will be developed at state level and distributed. ***The amount of developing this kit is approx. 2.00 Lacs and was budgeted under IEC/BCC head and approved (ROP-FMR Code. B.10.2.2.f).***

ARI MANAGEMENT

For ARI management, training of functionaries for identification and standard case management of pneumonia and bronchiolitis cases would be carried out. This training package is being included with that of diarrhoea management and a common training

of Medical Officers and Staff Nurses will be conducted. The training module includes both the components. Further, IEC activities to improve knowledge about home management of cough & cold and recognition of early danger signs for seeking appropriate medical care will be carried out.

All the ASHAs and ANMs in CCSP districts are being trained to identify Pneumonia cases, their treatment and referral in case of complications. The package under the programme includes audio visual clippings of Pneumonia and Bronchiolitis cases, cases with wheezing and clinical visits in the paediatric wards.

A training package for Staff Nurses and Medical Officers posted at District Hospitals, Block PHCs and CHCs has been developed under F-IMNCI programme which will be applicable for all the Medical Officers and Staff Nurses.

Further, to support these activities, it is proposed that coordination and networking activities will be done by state with the various development partners like Micronutrient Initiatives, AtoZ, Abt. Associates, Plan-India, UNICEF, etc., to support NRHM efforts in management of childhood diseases through their programme activities i.e. social marketing of ORS, coordinated IEC/BCC activities, support to health workers/NGO workers for distribution of ORS and timely management of ARI cases. ***For this activity, Rs. 1.00 Lacs was proposed for quarterly coordination and networking meetings at state level and approved (ROP- FMR Code. A.2.6).***

11. ADDRESSING UNDER-NUTRITION IN DISTRICTS- SCALE-UP ACTIVITY (NUTRITIONAL REHABILITATION CENTERS)

As per the NFHS-3 (2005-06) 7% of children below three years suffer from severe acute malnutrition (SAM). In absolute numbers it means that in the state there are over 10 Lac children below 3 years who suffer from severe acute malnutrition.

To manage severe acute malnutrition, 13 Nutritional Rehabilitation Centres have been established by UNICEF in the year 2009-10. Out of these, 7 NRCs are in district lalitpur, one in Farukhabad and 5 in various state medical colleges. During the year 2010-11, two NRCs have been established in each of 4 CCSP districts -Banda, Badaun, Pratapgarh, and Gonda. In these districts the Village Health and Nutrition Days were strengthened to promote growth monitoring and counseling for growth promotion.

In the year 2011-12, it is proposed that state will fund the operational cost for 13 NRCs @ Rs. 5.00 Lacs per NRC. (5 NRCs of the UNICEF supported (4 in Lalitpur and 1 in Farukhabad) and 8 NRCs of NRHM supported, which have been established in the year 2010-11). Further, it is also being proposed to establish 5 new NRCs in Hamirpur, Fatehpur, Varanasi, Azamgarh and Basti; and the operational cost is Rs. 4.00 Lacs per NRC. Hence by the end of the year 2011-12, there will be total 18 NRCs under NRHM and 8 supported by UNICEF (total 26 NRCs). ***The operationalization cost of these NRCs is estimated to be Rs. 85.00 Lacs and approved (ROP- FMR Code. A.2.5).***

12. BAL SWASTHYA POSHAN MAH (BIANNUAL CHILD HEALTH AND NUTRITION MONTHS)

State has implemented 'Bal Swasthaya Poshan Mah' as an integrated Bi-annual Health and Nutrition day in the month of June and December. It was launched initially in 18 districts of UP, jointly by Health and ICDS with UNICEF support. The programme has now been scaled across all the 71 districts of the state and implemented jointly by Directorate of Family Welfare with support of ICDS and development partners. 9 rounds have been conducted in the State since December 2006.These rounds are also in confirmation to the recommendation of National Workshop on Micronutrients organized by ICMR on 24 -25th November 2003 which recommended that Biannual Child Health and Nutrition Promotion Months be held, Six months apart which would offer a package of child health and nutrition services. Vitamin A supplementation is an integral part of the package and can be clubbed with interventions the breastfeeding promotion, improved complementary feeding practices and other food based strategies.

Biannual events incorporating vitamin A supplementations are organized globally as Child Health Days (CHDs)/months and have emerged as effective opportunity for delivering a package of preventive health and nutrition interventions. Present programme practice has been to use doses of vitamin A every six months, on the assumption that this will be the best way of protecting the greatest number of children at the least possible cost.

STRATEGY

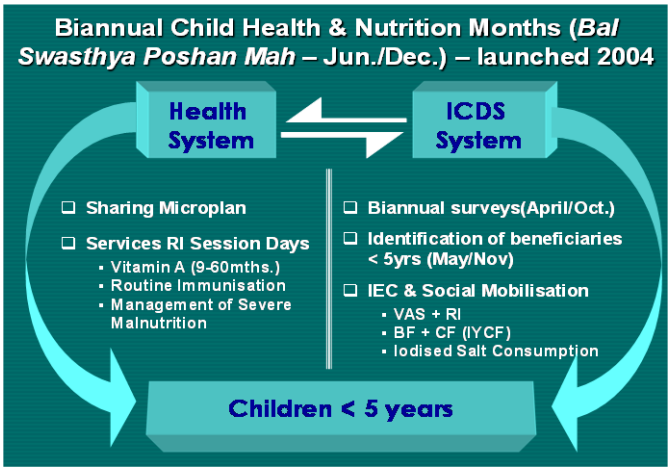
As part of the biannual strategy, every year six months apart in June and December, vitamin A is administered along with a complement of other high impact interventions, which are considered to be crucial for child survival and development. This package of services includes:

i. Administration of Vitamin-A to eligible children

ii. Immunization catch up

iii. Advice on breastfeeding and complementary feeding;

iv. Screening and referral for severely malnourished children and education and demand generation for iodized salt.



Under the BSPM strategy, June and December, months have been identified as health and nutrition months. During these months, health sector is assigned with the task of

providing immunization and other services to the beneficiaries while ICDS department is responsible for community mobilization and IEC activities. These biannual months have been linked to village-wise routine immunization sessions organized as per the immunization/ outreach session's micro plan of ANMs.

LESSONS LEARNT

- Biannual fixed months strategy, six months apart, is effective not only for reaching children 9-60 months or administration of vitamin A supplements (VAS) but also for intensive promotion of community practices pertaining to consumption of iodized salt, appropriate infant and young child feeding practices as well as for conducting special drives for identification and management of severely undernourished children. It also acts as a catch up round for Routine immunization especially measles.
- Defining roles and responsibilities of health and ICDS sectors facilitates effective teamwork and convergence of actions on fixed immunization days (as per the Routine immunization –RI micro plans). It also facilitates improved management and delivery of quality health and nutrition services

Detailed guidelines for implementation have been developed, clearly specifying the role of Health and ICDS.

RESULT

Following initial four rounds of BSPM (2004-2005), VAS coverage in 18 pilot districts increased to 64% in 2 years. The programme was integrated into NRHM PIP in 2005 and scaled up to cover all the 71 districts (now 72) of Uttar Pradesh. Since then the programme has shown progressive increase in coverage with occasional rounds being impacted due to supply shortfall. The success of biannual initiative is evident from the DLHS data which shows increase in Vitamin A supplementation 11.2% in DLHS 2 (2002-04) to 32.2% in DLHS 3 (2007-08). The coverage evaluation survey of 2009 shows UP coverage of vitamin A as 48.2%.

The district level data indicate that in 2009 December round, coverage of vitamin A had reached to 55%. However, the same was brought down to 43% in June 2010 due to Vit A supply shortfall. In 2010-11 the state faced acute shortage of RCH kit A as supply was not made by GOI and the state's request for local procurement was also not approved. Therefore; BSPM rounds in 2010-11 were delayed and carried out with remaining stock of Vit-A 2008-09 and support from development agencies. The compiled data from the districts for 2010 reflect following findings:

- **JUNE 2010 -** 104 lacs children were covered with one dose of Vita A against the state target of 251 lacs children between 9months -5 years (41%)
- **DECEMBER 2010 ROUND -** The starts of the rounds have been delayed due to supply deficit. The supply gap was partially addressed with support of

development agencies. Vita-A supply is being provided by Micronutrient Initiative. While the results for the round are awaited, following initiatives were taken for strengthening the rounds in the state

- Pre round joint planning meeting of Health and ICDS organized in districts by health and ICDS officials with support of development partners- UNICEF and Micronutrient Initiatives
- IEC supply for session site visibility.
- Session site mobilization with support of ASHA, AWW and NGO partners
- Supportive Supervision and monitoring of RI and BSPM sessions by Government Officials and development partners.

PLANNING FOR YEAR 2011

- State level joint planning meeting of CMO(FW) and DIOs
- District level planning meeting of MIOC, CDPO, Medical Officers of Additional PHCs, Health and ICDS supervisors and ANM.
- Block level Joint orientation of ICDS supervisor and ANM on BSPM programme
- Joint orientation of ASHA and AWW (Budget will be coordinated with RI training)
- Coverage evaluation of BSPM (2010-11) supported by development partner
- Provision of salt testing kits to ANMs to facilitate demonstration of presence of iodine in salt during the biannual rounds.
- Intensive monitoring of sessions by Health and ICDS district and block officials

Support of developmental partners (UNICEF and Micronutrient Initiative) will be taken for strengthening Health and ICDS survey, Microplan sharing, coverage reporting, supportive supervision and monitoring in the districts.

Micronutrient Initiative would be supporting in micro-planning, training modules for the joint orientation training of ANM & ICDS Supervisor and ASHA & AWW, IEC and support in compilation of monitoring format and BSPM coverage report of districts.

BUDGETARY SUMMARY OF BSPM ACTIVITIES FOR THE YEAR 2011-12

Sl	Activity	Rate	Amount in lacs
1	Joint planning meeting of CMO (FW)and DIOs at State Level	@ Rs 2000/participant X 144 participants (2 health officials per districts)X 2 meetings/year	5.76
2	Joint planning meeting of Health and ICDS at District level	@ Rs 5000/-per meeting X 2 meetings/year X 72 districts	7.20
3	Joint planning meeting of Health and ICDS at	@ Rs. 75/- participant X 40 participant /block (health and ICDS) X 823 blocks X	49.40

	block level	2 meetings /yr	
4.	Orientation of ANM, AWW and ASHA	incorporated in RI quarterly meeting	-
5	Sessions site visibility (BSPM banner)	@ Rs. 200/-Banner/Vaccinator X 25000 banners	50.00
6	Printing of BSPM guideline, monitoring and reporting formats	@ Rs. 2000/block/round X 2 rounds/Block/year x 823 blocks	32.92
7	Dissemination meeting at District level	@ Rs. 5000/-per meeting X 2 meetings/year x 72 districts	7.20
	Total		**152.48**

For the above purpose, Rs.152.48 Lacs was proposed, which is approved by GOI (ROP- FMR Code-A.2.6)

IEC/ BCC ACTIVITIES UNDER BSPM

Media plan is important for increasing visibility and community participation. Media plan would be a part of larger Child health BCC strategy and will be included in IEC/BCC head of NRHM. ***For this purpose, Rs. 13.60 Lacs was proposed, which is approved by GOI (ROP- FMR Code-B.10.2.2.e)***

PROCUREMENT OF VITAMIN-A FOR BSPM ACTIVITIES FOR THE YEAR 2011-12

In the year 2010-11, state has proposed a provision of 62,000 kits, but no kits have been received from GOI, leading to supply deficit of Vitamin-A for biannual rounds. As the continuity of rounds is majorly dependent on Vitamin-A supply, hence this year it is proposed that procurement of Vitamin-A bottles will be done at the state level, for which Rs. 544.17 Lacs has been budgeted.

Sl.	Activity	Rate	Amount in Lacs
1	Procuring Vita A for BSPM round*	Rs 50/bottle X 10,88,340 bottles	**544.17**
	Total		**544.17**

** @ 14.7 Lacs(9-12 months)X 1 ml=14,70,000ml & 240 Lacs(1-5 yr) X 2 ml=480,00,000 ml*
Total in ml=49470000 ml, Adding 10% wastage=4947000 ml
Total quantity of bottles for one round= 544170 bottles
Total bottles for two rounds=10, 88,340 bottles

Further, it would be imperative to mention here that after sub-group meeting at GOI, it was discussed that 50% of the kit-A will be supplied by GOI and remaining 50% will be procured at state level. Therefore, if GOI provides 50% of the kit-A to the state, then this proposed budget should not be granted.

APPROVED BUDGET SUMMARY FOR CHILD HEALTH

FMR Code	Activity	Amount Approved (Rs. In Lacs)
RCH FLEXIPOOL		
A.2.1	**IMNCI**	
	Site strengthening at districts @ Rs.2,33,500/- per site	53.71
A.2.2	**Facility Based Newborn Care/FBNC**	-
	Establishment cost - 4 new	40.00
	Operational Cost - 12 old	300.00
A.2.3	**Home Based Newborn Care/HBNC**	-
A.2.4	**Infant and Young Child Feeding/IYCF**	-
A.2.5	**Care of Sick Children and Severe Malnutrition**	-
	Nutritional Rehabilitation centres	-
	Operational costs for New - 5 Units	20.00
	Operational costs for old - 13 Units	65.00
A.2.6	**Management of Diarrhoea, ARI and Micronutrient Malnutrition**	11.00
	Bal Swasthya Poshan Mah	152.46
	Coordination Meetings	1.00
A.2.7	**Other strategies/activities**	-
A.2.8	**Infant Death Audit**	-
	Incentive for reporting	22.30
	State level activities	2.00
A.2.9	Incentive for home visit of new borns - ASHA	1,131.60
A.9.2	**Development of training packages**	
	Child Health	102.40
	Job Aids & Tools for ASHAs	65.17
A.9.5	**Child Health Training**	2,263.87
	TOTAL - RCH FLEXIPOOL	**4,230.51**
NRHM FLEXIPOOL		
B.10.2.2	**BCC/IEC activities for CH**	56.60
B16.1.2	**Procurement of equipment: CH**	40.00
	TOTAL - NRHM FLEXIPOOL	**96.60**
	GRAND TOTAL - CHILD HEALTH	**4,327.11**

A.3. FAMILY PLANNING

1. BACKGROUND

To improve the quality of life of the people of Uttar Pradesh with unequivocal and explicit emphasis on sustainable development measures and actions, the Population Policy of U.P. was launched on 11 July 2000. The Population Policy looks at the issues related to population stabilization and improvement of the health status of people, particularly women and children in a holistic, open and transparent manner.

The Total Fertility Rate (TFR) of Uttar Pradesh has declined from 4.1 to 3.8 (NFHS 2 and NFHS 3). However, compared to the national average of 2.7 the rates are still very high. To enhance the performance of Family Planning it is important to meet the desired unmet needs. The unmet need for spacing methods has increased from 9% in 1998-99 to 12 percent in 2005-06. The unmet need for limiting methods has marginally declined from 13% in 1998-99 to 12% in 2005-06 (NFHS-3).

As per the projections in the Population Policy of UP (2000), to reach the policy objectives of a replacement levels of TFR of 2.1 by 2016, 12.1 lac couples should be provided limiting methods of family planning and 48.4 lac couples should be provided spacing methods in the year 2011-12. The Contraceptive Prevalence Rate for limiting and spacing should be 31 percent and 13.1 percent respectively. Against these objectives state family planning performance is as follows:

State Family Planning performance

Methods	2008 -09	2009 -10	2010-2011 (Up to Dec.)	Expected by March' 2011
Vasectomy	11,132	10,276	4,615	**6,630**
Tubectomy	4,68,381	4,10,121	160,726	**276821**
Total Limiting	**4,79,513**	**4,20,397**	**165,341**	**283,451**
IUCD	21,05,501	15,22,226	908,065	**12,40,853**
MTP	81,644	78,588	53,885	**71,007**
C C users	15,25,458	9,74,716	713,767	**27,45,927**
OP users	8,58,137	6,92,972	313,408	**12,77,187**
Total Spacing	**45,70,740**	**32,68,502**	**19,89,125**	**53,34,974**

ISSUES AND CONCERNS

The following Constraints were noticed-

- Non availability of skilled service providers
- Limited no. of facilities providing daily family planning services.
- Inadequate counselling of post partum and post abortion family planning services.
- Comprehensive spacing choices not reaching consistently to rural clients.
- Preference for male child.

All these issues have been addressed by increasing easy accessibility to RCH and family planning services and strengthening health delivery system.

To address the huge demand of family planning service in the state and to improve access and quality of RCH Services, following strategies have been planned:

- Deployment of family planning counsellors to counsel women and address their concerns for small family norms along with counselling for adaptation of Post Partum family planning methods.
- Training of doctors and paramedical to provide special thrust on IUCD 380 A & post partum sterilization. In addition, the post partum IUCD 380 A, services have been initiated in our state as a pilot in the country.
- Scaling up No Scalpel Vasectomy. Strengthening of 3 Satellite Centres and one Centre of Excellence for Male Contraception (NSV) in the Medical Colleges of Lucknow, Meerut, Allahabad and Kanpur.
- Implementation of BCC strategy for promotion and creating awareness related to family planning services including interpersonal communication, community engagement and mass media under NRHM.
- Involvement of private sector providers, accreditation of private facilities and service providers for family planning services.

For Family Planning methods within the target audiences in the financial year 2011-12, following strategies are proposed.

FAMILY PLANNING MANAGEMENT

REVIEW MEETINGS ON FAMILY PLANNING PERFORMANCE AND INITIATIVES AT THE STATE AND DISTRICT LEVELS (PERIODIC)

Regular review of Family Planning performance is being done at state/ divisional/ district level review meetings on monthly basis. District performance reports are reviewed in details. Special attention is given to discuss the problems and issues leading to low/poor performance in the Districts. Accordingly, measures are taken to resolve the issues of poor performing districts. **No extra budget is needed for this activity**.

2. TERMINAL/LIMITING METHODS (PROVIDING STERILIZATION SERVICES IN DISTRICTS)

ORIENTATION WORKSHOPS ON TECHNICAL MANUALS OF FP VIZ. STANDARDS, QA, FDS APPROACH, SOP FOR CAMPS, INSURANCE ETC. (ROP- FMR CODE-A.3.1.1)

In view of frequent transfers and change of district functionaries it is important to conduct dissemination workshop at state and district level as well. It is proposed to conduct 1 state level workshop in 4 batches and 1 workshop per district. Accordingly, Rs. 20.00 lacs are proposed for this activity for the year 2011-12 (Rs.18.00 lacs for district workshops @ Rs.25,000/- per workshop per district for 72 districts; 2.00 lacs for state workshops @ Rs. 0.50 lacs for 4 batches).

Accordingly, the amount of Rs. 20.00 Lacs is approved by GOI (ROP-FMR Code-A.3.1.1)

PLAN FOR FACILITIES PROVIDING FEMALE STERILIZATION SERVICES ON FIXED DAYS AT HEALTH FACILITIES IN DISTRICTS

All 53 District women hospital are providing female sterilization services on daily basis. In addition, the two fixed day services under "fixed day sterilization services" (ligation/abdominal tubectomy) will be continued at all combined hospital/ PPCs and CHCs having either a surgeon or gynaecologist or an LMO. Preferably, Tuesdays and Fridays would be fixed for such services. However, any other day may be fixed as per suitability in consultation with the CMO. Wide publicity of the fixed days would be ensured through wall writings, leaflet, brochures, etc. A separate register would be maintained to record number of sterilizations conducted on fixed days, including the details of clients and the surgeon conducting the sterilization. **No extra budget is needed for this activity.**

PLAN FOR FACILITIES PROVIDING NSV SERVICES ON FIXED DAYS AT HEALTH FACILITIES IN DISTRICTS

Provision of "fixed day NSV services" at each District Male Hospital/ Combined Hospital and FRUs will continue. Any day may be fixed in consultation with the CMO. Wide publicity of the fixed days would be ensured through wall writings, leaflet, brochures, etc. In case of non availability of the service providers; efforts would be made to train them for NSV at the earliest. Presence of trained NSV provider will be ensured at every district male hospital for fixed day services. Provision for sufficient NSV kits /sets is being made accordingly (Procurement of NSV kits are budgeted under procurement head). **No extra budget is needed for this activity.**

FEMALE STERILIZATION CAMPS IN DISTRICTS (ROP- FMR CODE-A.3.1.2)

In order to achieve the target of sterilization, each district organizes sterilization camps at block or Tehsil on regular basis. Expenditure on these camps relating to compensation money to clients and medicines etc. is borne by the compensation head for female sterilization. Earlier there was only provision of RCH Camps but Female sterilization camps were not organized separately. In view of low performance (still shortage of service providers, so the fixed day/daily services are not available at every facility) of Sterilization, it is now proposed to provide additional funds for Female sterilization camps. In these camps there will be transportation facility for surgical team and operated client apart from physical arrangements at camps. It is proposed to organize nine camps per block/year from July to March 2011-2012. **The expenses are budgeted per block /year under the head are as follows:**

Expenditure Description	No. of Camps /year	Amount (Rs.)/camp	Total Amount(Rs.)/Block
Transportation of surgical team	09	800.00	7200.00
Transportation of operated clients	09	800.00	7200.00
Physical Arrangements at Camps	09	400.00	3600.00
Total		**2000.00**	**18000.00**
Total No. of Camps in a year @9 Camps per block (From July to March)		**820 X 9 =7380**	
Total Budget required for 820 Blocks			**7380 X 2000 =147.60 Lacs**

Accordingly, total amount of Rs. 147.60 lacs for organizing these camps during the year 2011 – 2012, is approved by GOI(ROP-FMR Code –A.3.1.2)

NSV CAMPS IN DISTRICTS (ROP- FMR CODE-A.3.1.3)

Besides providing NSV services on regular basis, it is proposed that each district hospital will organize NSV camps (at least 2-12 per year) depending upon their client load. Each camp will be for a minimum of 2 days. In each camp, at least 2 NSV providers should be available. Funds will be admissible for NSV camps if at least 50 NSVs are conducted per camp. For organizing each NSV camp Rs 35,000 are admissible to districts. This amount includes Rs 20,000 for IEC; Rs 8000 for transportation of service providers; Rs 5000 for transportation of clients and Rs 2000 contingency. Full Funds will be admissible for NSV camps if at least 50 -100 NSVs are conducted per camp. In case less than 50 NSV cases are operated in a camp, then only mobility of operated clients @ Rs. 100/- per client and contingency of Rs 1000/camp will be admissible. Mobility to surgeon as per actual and as per entitlement under GUOP rules will be permissible.

The number of camps to be organized by each district is given in the table below. The DPOs will prepare a plan for NSV camps and submit it to DG- FW. Thus, a total of Rs. 91.70 lacs will be required for organizing these camps during the year 2011 – 12.

Sl.	Name of District	No. NSV Performed (April 10 to Nov. 10)	No. of NSV Camps	Sl.	Name of District	No. NSV Performed (April 10 to Nov. 10)	No. of NSV Camps
A-Type Districts for 02 NSV Camps							
1	Chatrapati S.J.M.Nagar	0	2	23	Aurriaya	2	2
2	Mainpuri	0	2	24	Etawah	2	2
3	Etah	0	2	25	Kheri	2	2
4	Kanshiram Nagar	0	2	26	Jhansi	3	2
5	Badaun	0	2	27	Chitrkoot	3	2
6	Jalaun	0	2	28	Sultanpur	3	2
7	Mahoba	0	2	29	Balrampur	3	2
8	Barabanki	0	2	30	Rampur	3	2
9	Gonda	0	2	31	Mathura	4	2
10	Shrawasti	0	2	32	Bahraich	4	2
11	Sidharth nagar	0	2	33	Firozabad	5	2
12	Kannauj	0	2	34	Deoria	5	2
13	Bhadohi	0	2	35	Basti	5	2
14	Ghazipur	0	2	36	Gautam b.nagar	5	2
15	Hathras	1	2	37	Sitapur	6	2
16	Pilibhit	1	2	38	Kaushambi	7	2
17	Padarouna	1	2	39	Raebareilly	7	2
18	Farrukhabad	1	2	40	Mirzapur	7	2
19	Jaunpur	1	2	41	Ambedkarnagar	8	2
20	Agra	2	2	42	Ballia	8	2
21	Lalitpur	2	2	43	Moradabad	8	2
22	Santkabir N.	2	2				

B-Type Districts for 03 NSV Camps				D-Type Districts for 08 NSV Camps			
44	Pratapgarh	13	3	62	Sonbhadra	53	8
45	Bijnor	13	3	63	Bulandshahr	57	8
46	Jyotiba F.Nagar	13	3	64	Muzaffarnagar	72	8
47	Unnao	14	3	65	Hamirpur	76	8
48	Gorakhpur	16	3	66	Ghaziabad	82	8
49	Banda	17	3	**E-Type Districts for 10 NSV Camps**			
50	Baghpat	18	3	67	Bareilly	125	10
51	Azamgarh	20	3	68	Saharanpur	197	10
52	Mau	20	3	69	Meerut	211	10
C-Type Districts for 05 NSV Camps				70	Allahabad	236	10
53	Fatehpur	23	5				
54	Kanpur(D)	23	5	**F-Type Districts for 12 NSV Camps**			
55	Hardoi	25	5	71	Kanpur(U)	681	12
56	Shajahanpur	26	5	72	Lucknow	1216	12
57	Maharaj ganj	27	5				
58	Faizabad	29	5				
59	Aligarh	34	5				
60	Chandauli	47	5				
61	Varanasi	49	5				

A Type districts – Up to 10 NSV cases performed
B Type districts – Up to 20 NSV cases performed
C Type districts – Up to 50 NSV cases performed
D Type districts – Up to 100 NSV cases performed
E Type districts – Upto 300 NSV cases performed
F Type districts – Upto 1300 NSV cases performed

GOI approved an amount of Rs. 91.70 Lacs for organizing these camps during the year 2011 – 12 (ROP- FMR Code- A.3.1.3)

COMPENSATION FOR STERILIZATION (FEMALE) (ROP- FMR CODE-A.3.1.4)

Female sterilization has declined this year. Till December 2010, around 1.61 lacs sterilizations were performed. It is expected that there will be around 2.77 lacs sterilizations by March 2011 (Since maximum number of female sterilizations is done in the last quarter). Now with the availability of Laparoscopes and training of providers, it is expected that in the year 2011 -12 around 6 lacs sterilizations would be performed.

Infection prevention material, gloves, suture &other consumables are provided within Rs. 50 per case for drug & medicine head under the compensation package. ***An amount of Rs. 6000.00 lacs @ Rs.1000/- per sterilization would be required for the year 2011-2012, which is approved by GOI (ROP- FMR Code – A.3.1.4).***

COMPENSATION FOR STERILIZATION NSV (MALE) (ROP- FMR CODE-A.3.1.5)

Up to December 2010, a total of 4615 male sterilizations have been performed. However, considering that this year all the 3 Satellite Centres for NSV are established

and have started working, and work load is generated through them, therefore it is now estimated that in the year 2011 -12 around 0.50 lacs sterilizations would be performed.

For infection prevention materials, gloves, suture & other consumables; rupees 50.00 per sterilization case is included in the compensation package. ***An amount of Rs. 750 lacs @ Rs.1500/- per sterilization would be required for the year 2011 -12, which is approved by GOI (ROP- FMR Code- A.3.1.5).***

MOBILITY SUPPORT TO SURGEON'S TEAM

It is included in sterilization camp head@ Rs. 800 per camp.

3. ACCREDITATION OF PRIVATE CENTRE'S/NGOS FOR STERILIZATION SERVICES

It is proposed to accredit private centres/nursing homes to increase the Sterilization Services (on the pattern of Janani strategy-Bihar) in the State. The purpose of this proposed activity is to attract private nursing homes for offering Family Planning services and increase the acceptance of family planning services through private sector. It is proposed that Private health facility will receive Rs. 1,50,000/- as an advance for 100 cases @ Rs.1500/- per case (compensation package) at their facility. They will be reimbursed again after adjusting the advance received. It is expected that private facilities will perform about 5000 cases of sterilization in the year 2011-12.

For this purpose, an amount of Rs. 75.00 lacs was proposed, which is approved by GOI (ROP- FMR Code- A.3.1.6) for 5000 cases.

PLANS FOR POST PARTUM STERILIZATION

Deployment of Family Planning Counsellors

In view of large number of institutional deliveries under JSY scheme the Family Planning counsellors (180) have been deployed, one per FRU to promote post partum sterilization services. The process of recruitment is almost complete. These counsellors will be trained to counsel all the pregnant women, coming to health facilities for ante-natal checkups/deliveries and address their concerns for small family norms. They will also train to counsel for adaptation of post partum family planning methods. This year, it is proposed to deploy one F.P. Counsellor each at all 200 FRU. Hence, 20 more will be deployed for the year 2011-12. The performance of these Family Planning Counsellors will be assessed on the basis of increase in the number of beneficiaries adopting post partum family planning methods at the facilities and increase in the total family planning achievement of the facility. The honoraria of Family Planning Counsellor would be Rs. 9000/- per month. ***Accordingly, Rs. 216.00 lacs (200 @Rs.9000/month for 12 months) for this purpose is approved by GOI (ROP- FMR Code- A.8.1.7) for the year 2011-12. Further, Rs. 16.38 Lacs is approved by GOI for skill development trainings of these counsellors (ROP- FMR Code-A.9.6.6) and the details are given in Training Chapter.***

4. SPACING METHOD (PROVIDING OF IUD SERVICES BY DISTRICTS)

PLAN FOR PROVIDING IUD SERVICES AT HEALTH FACILITIES IN DISTRICTS

After sterilization, the newly introduced ICUD 338-A is the most effective and reliable contraceptive. It is the temporary method providing a long term safety. Though IUD services are available up to sub centres but there is no fixed day when clients can be sure of the availability of ANMs for IUD services.

In order to ensure the availability of IUD insertion services it is proposed to provide IUD services in the camps organized at sub centres. The centres which have proper space and facilities will be chosen for this purpose.

NO. OF IUD CAMPS IN DISTRICTS

It is proposed to organize IUD Camp at accredited sub centres. The camps will be organized on a fixed Thursday every month and would be attended by the area LHV and MO of the PHC in whose jurisdiction the sub centre is located. Sub centres will be provided sufficient no. of IUD kits and cash amount of Rs.500/- for physical arrangements and meeting out contingencies in each camp.

Expenditure Description	No. of SCs	No. of Camps /SC/Year	Cost per Camp (Rs.)	Total Amount (Rs. in Lacs)
Physical Arrangements at Camps	3500	12	500.00	210.00

Accordingly for organizing 42000 IUD Camps at 3500 sub centre's @ Rs.500 per camp 210.00 lacs was proposed for the year 2011-12, ***which is not approved by GOI (ROP-FMR Code. A.3.2.1).***

COMPENSATION FOR IUD

With focus on post partum IUD insertions and involvement of private sector for the provision of Family Planning services, it is expected that around 20 lacs clients will have IUD inserted in the year 2011-12. Accordingly, as per GoI norms, the package of Rs. 20/- per client as compensation package is proposed. ***Total budget required for this activity is Rs 400.00 lacs, is approved by GOI. (ROP- FMR Code- A.3.2.2)***

ACCREDITATION OF PRIVATE PROVIDERS FOR IUD INSERTION SERVICES

It is proposed to accredited private service providers for providing quality IUCD services. As per GOI guidelines they will be paid Rs.75/- per client. This is expected that around 1 lacs IUD would be inserted through private service providers. ***Accordingly an amount of Rs. 75.00 lacs is budgeted for this activity is approved by GOI (A.3.2.3).***

PILOT ON INJECTABLES CONTRACEPTIVES IN SELECTED DISTRICTS

In the community, due to various barriers and myths related to limiting methods, women specifically in minority are not willing to accept terminal methods but they definitely want to limit their family by other options. As per published reports in Indonesia and other Muslim countries, women are readily accepting contraceptive injectables to be taken on quarterly basis. One injection is costing about Rs. 125.00 and for one year, cost for one acceptor will be about Rs. 500.00. One district will be selected in each division, where approximately 1500 women will be convinced to accept the method. **Accordingly for 27000 women, the cost was proposed of Rs. 135.00 Lacs for one year.** The programme will be run in supervision of district women hospital, where family welfare counsellor and lady doctors will convince the women, visiting the hospitals regarding the scheme. The SIC/CMS of the hospital will be responsible for supervision, monitoring and evaluation of the programme. ***This activity is not approved by GOI (ROP-FMR Code. A.3.5)***

5. OTHER STRATEGIES/ACTIVITIES

MONITORING AND SUPERVISORY VISITS TO DISTRICTS/FACILITIES

To ensure provision of quality sterilization services, it is proposed to adopt a provider-wise monitoring of sterilization case through state officers/monitors/state trainers/District QAC members. Regular review of performance is being done and a reporting mechanism is established. It is also proposed to involve District/ Divisional and State trainers (of NSV, Laparoscopic & mini-lap tubectomy) and technical support agencies (development partners) in providing supportive supervision and follow up of newly trained service providers. They will also give immediate feedback so that the corrective measures can be adopted for the service provision as well as facility readiness for the sterilization services. State& district trainers will be paid TA/DA and Honoraria according to norms, which will be met from this head.

Thus total budgetary requirment of Rs. 25.00 lacs is approved by GOI (ROP- FMR Code- A.3.5).

PERFORMANCE BASED REWARD TO INSTITUTION AND PROVIDERS FOR FP PERFORMANCE AT DISTRICT AND STATE LEVEL

To increase demand and quality services for sterilization it is proposed to start a cash incentive program for ASHAs/ANMs/PRI members/Medical officers/Clients/Couples and facility on different occasion of programs like ASHA Sammelan, Pradhan Sammelan, Tehsil divas, Saas Bahu Sammelan etc.

In each district CMO will identify the best performing ASHA and ANM on the basis of maximum number of clients mobilized to use sterilization services and identify the Pradhan on the basis of their village having the maximum number of eligible couples who adopt the sterilization services. Similarly, CMO will identify total 5 best performing service provides (Male and Female Surgeons combined) in sterilization services in the district on the basis of maximum number of sterilization cases performed by them. The awards for Medical officers are given below:

- **1st Award : Rs. 25000.00**
- **2nd Award : Rs. 20000.00**
- **3rd Award : Rs. 15000.00**
- **4th Award : Rs. 10000.00**
- **5th Award : Rs. 5000.00**

CMO will also identify the Best Couple who adopts Sterilization services in the following sequence:

After one child – (Girl)
Or
After one child – (Boy)
Or
After 2 children (both are girls)
Or
After 2 children (both are boys)
Or
After 2 children (one boy and one girl)

In case there are more than one beneficiary, then the couple having youngest single child or youngest second child in case of 2 children, may be given the award. Break-up of budget for Performance based rewards is as below:

Category	Incentive Amount
Best ASHA	RS. 2500 + Certificate
Best ANM	RS. 2500 + Certificate
Best Pradhan	Rs. 2500 + Certificate
Best 5 Medical Officers	Rs. 75000 + Certificate
Best Couple	Rs. 5000 + Certificate
Best Facility	Rs. 5000 + Certificate
Certificates	Rs. 2500
Total Budget for one district	Rs. 100000
Total Budget for 72 districts	**Rs. 72.00 lacs**

An amount of Rs.72.00 lacs @ Rs.1.00 Lac for 72 districts is approved by GOI for the year 2011 -12 (ROP- FMR Code-A.3.5). Benchmarks are to be set and shared with GOI. Only performance above benchmarks is to be awarded.

COMPENSATION TO ASHA FOR ENSURING RETENTION OF IUD BY CLIENTS

ASHA is already involved in Post partum home visits and immunization services. To involve her in Family Planning services it is proposed that she visits the IUD client 1 month after insertion and thereafter at 3 months and 6 months interval and inquires about any side effects regarding IUD insertion. At the completion of three visits and completing the IUD client card she is paid Rs. 100/- per case. It is expected that out of total IUD insertions, at least 2.5 lacs clients will retain IUD for six months. ***Accordingly, Rs.250.00 lacs (@ Rs.100/- x 2.5 lacs IUD clients) are budgeted for this activity, which is approved by GOI (ROP- FMR Code- A.3.5). Incentives only payable after ensuring IUD retention for one year.***

6. SOCIAL MARKETING OF CONTRACEPTIVES

SETTING UP CBD OUTLETS

Social Marketing is being implemented in all the C & D category villages in 71 districts of the state with USAID support through SIFPSA. Under this, Condom promotion and OCPs is being made available through conventional and unconventional retail outlets and Community based Depot (CBD) holders. Independent studies show that socially marketed Condoms & Pills are available in at least one retail outlet in 64% of 44000 C & D category villages

National AIDS Control Organization (NACO) through its Technical Support Group (TSG) is also involved in the activities for condom promotion. Continued support will be sought from both organizations for these Social Marketing activities.

7. FAMILY PLANNING TRAINING

SIFPSA has been designated as nodal agency for Clinical Family Planning Trainings. Funds for NSV, Laparoscopic, Abdominal Tubectomy, IUCD Training, and SBA for Medical Officer training for the year 2011-12 for meeting the set objectives will be required.

LAPAROSCOPIC STERILIZATION TRAINING

The objective of trained providers in laparoscopic tubal ligation training has been kept as one provider at least at each CHC in the state. In the year 2010-11, a total of 43 doctors and 26 staff nurses have been trained till Nov. 2010 at 7 DCTCs and the training is ongoing in these DCTCs.

In the year 2010-11 seven divisional level trainings centres were functional as training centres for Laparoscopic training. Six additional divisional level women hospitals were proposed to be strengthened as Divisional Clinical Training Centres for Laparoscopic trainings in the year 2010-11 through SIFPSA funds, hence, the objective was proposed for TOT in the PIP 2010-11. Somehow the strengthening of new centres did not materialize in the year 2010-11 and are proposed to be strengthened in the year 2011-12, hence, the TOT for new centres has been proposed for 48 doctors and 16 staff nurses. The induction training at 13 DCTCs (7 old DCTCs and 6 new DCTCs) for 162 Medical Officers and 108 staff nurses have been proposed. The rates per batch has been kept as same as were proposed in the PIP year 2010-11. The batch size is five (3 doctors + 2 staff nurses) per batch as compared to 4 per batch proposed by GOI.

It is difficult to assume from the number of doctors undergoing Lap Induction training that how many of them will require refresher training, hence, assuming one doctor per district and more than one doctor in bigger districts will require refresher training, the workload is tentatively proposed. In the year 2010-11 till January, 2011, a total of 14 doctors have been provided refresher training on the basis of request from the districts.

A total of 240 (162 Induction and 78 refresher) doctors have been proposed in the year 2011-12 for undertaking the training out of which 144 doctors will be trained from the high focus districts.

MINILAP TRAINING FOR MOS/MBBS

The objectives of trained providers in Minilap (Abdominal Tubectomy) training have been kept as one provider at least at each 820 blocks in the state. In the year 2010-11, a total of 27 doctors and 13 staff nurses have been trained till Nov, 2010 and the training in 3 DCTCs is ongoing.

The Training of Trainers (TOT) for the year 2011-2012 has been proposed for training of 10 doctors and 2 staff nurses for 2 new DCTCs viz. Banda & Gorakhpur at Medical College, Agra.

The budget for Induction training has been kept as same, as in the year 2010-11 for trainings. The refresher training of 288 doctors is being undertaken under New Initiative - Post Partum Abdominal Tubectomy Training (Minilap).

The training batch for providers is of five (3 doctors and 2 SNs) per batch as compared to 4 per batch proposed by GOI.
A total of 135 doctors as service providers of Minilap (Abdominal Tubectomy-Induction) will be trained, out of which 81 doctors will be from the identified high focus districts. In addition to training of above number of doctors 90 Staff Nurses will also be trained to support the trained providers.

NON-SCALPEL VASECTOMY (NSV) TRAINING

a) NSV Satellite Centre's (Medical College Meerut, Allahabad & Kanpur)

Based on experience and success of Centre of Excellence (COE) for NSV at department of Urology at CSSMU, the Department of Surgery of three medical colleges' viz. Meerut, Allahabad and Kanpur have been strengthened as NSV Satellite Centres for static service delivery on regular basis & induction & refresher training of medical officers were established in the year 2009-10. Funds were also provided for promotional activities for demand generation such as local cable, radio FM, Newspaper insertions, banners, mobile van publicity and community meetings etc. in the area around the established centres, which was included in the cost of training. The training of doctors depends upon client load; the demand generation activities are proposed to be continued in the year 2011-12. A total of 162 doctors have been proposed to be trained in these three medical colleges. Out of 162 proposed to be trained a total of 97 doctors will be trained from the high focus districts.

b) Centre of Excellence (COE CSMMU, Lucknow)

The Centre of Excellence at CSMMU is an established static NSV service delivery cum training centre. On an average around 10 to 15 cases are being operated on daily basis. In the year 2010-11, a total of 61 doctors have been trained as service providers till November, 2010. One doctor has been provided Training of Trainers and is a certified NSV trainer. In the year 2011-12, a total of 132 doctors have been

proposed for undertaking the training out of which 79 doctors will be from the high focus districts. TOT is NSV has been proposed for 6 doctors in the year 2011-12.

c) NSV training for medical officers in NSV Camps

Till Satellite Centres of NSV start rolling out clinical training of doctors on NSV, it is proposed that young male doctors especially newly recruited MBBS doctors are trained on NSV skills during existing NSV camps. Wherever sufficient client load and NSV trainers are available the NSV clinical trainings may be organized. Where qualified NSV trainers are not available, the services of national level trainers through external technical support agencies may be availed. The technical assistance agency (through development partners) will also help in organizing NSV camps in the districts.

d) Orientation of facility staffs and outreach workers on NSV

All the facility staffs are oriented on NSV, like facts about NSV, availability of NSV services in the facility (where and when), who provides the services and who is the contact person, eligibility criteria, process of screening of clients, norms for compensation package, post –operative follow up regimen etc so that they are able to guide a potential client to the right person in the NSV centre. The activity will be continued in the year 2011-12 with the help of Development Partners.

e) On-job support to the NSV trained providers

The master trainer will be hired by the satellite centres of NSV and will visit and provide on-job support to the newly trained NSV providers. The activity will be monitored by the nodal officer of CoE.

IUCD INSERTION TRAINING

a) IUCD Insertion Training

The objective of trained providers in IUCD technique is to provide at least one provider at each subcentre, PHCs, Block PHCs and CHCs in the state.

The ZOE models from GOI have been received in the month of October, 10. The training is being proposed in 43 districts in the year 2011-12. The Directorate, FW has initiated the IUCD training in the year 2007-08 in three districts; hence the 40 districts were considered in the first phase by SIFPSA. The trainers for 40 districts were trained in the year 2008-09 by SIFPSA funds, but due to delay in appropriate Zoë models from GOI and transfers / retirements of the then trained district trainers, a total of 160 doctors / staff nurse/LHV/PHNs will have to be provided district trainers training for successful outcomes under the training.

The IUCD trainings are proposed at District Women Hospitals and two peripheral CHCs where allopathic lady doctors are posted in 43 districts. The training includes hands on practice on ZOE models and observation & assisted insertions on actual clients. In view of client load, the number of trainees has been kept as 6 per batch, as compared to 10 per batch proposed by GOI.

A total of 688 doctors, 1376 staff nurses, 3870 ANMs will be trained in IUCD technique in the year 2011-12, out of which 2967 MOs, staff nurses and ANMs will be from high focus districts.

b) Post Partum IUCD Training

Postpartum IUCD technique was piloted in the state at CSMMU, Lucknow in the year 2008-09 and doctors of District Women Hospital, Jhansi and Allahabad were trained in PPIUCD insertion technique through SIFPSA funds. As the main objective was on training of service providers, the focus on awareness creation, reporting systems etc. could not be given. To standardize the IEC material, follow up mechanism and reporting systems prior to expansion of the program, the activities has been expanded to Veerangana Avanti bai Mahila Chikitsalya, Lucknow apart from these two sites in the year 2010-11. The scaling up of this program is proposed in remaining DCTCs and Medical Colleges in phased manner in the year 2011-12 through SIFPSA funds.

Priority will be given to high focus districts during the expansion plan.

c) Training of Medical officers in IUD insertion

It is proposed that in 2011-12 a total of 688 doctors will be trained in IUCD technique.

d) Training of staff nurses in IUD insertion

It is proposed that in 2011-12 a total of 1376 staff nurses will be trained in IUCD.

e) Training of ANMs/LHVs in IUD insertion

It is proposed that in 2011-12 a total of 3870 ANMs will be trained in IUCD technique.

f) Contraceptive Update trainings for health providers in the districts

Orientation to contraceptive update is included in all the clinical Family Planning trainings. It is also proposed to include contraceptive update orientation curriculum in existing SBA training and EmOC training. Hence no separate training is required in the year 2011-2012.

OTHER FAMILY PLANNING TRAININGS

New Initiative - Post Partum Abdominal Tubectomy Training (Minilap)

It is observed that although post partum abdominal tubectomy is a simple procedure which can be performed soon after delivery (within 48 hours), service providers are reluctant to offer these services to beneficiaries in absence of current practices and also due to lack of emphasis on post partum family planning services although there is huge load of deliveries (due to JSY) but this opportunity is lost to address the unmet need of the family planning among the target couple. This is also because of shortage of human resources (lady doctors), who are over-burdened with the delivery load.

With this view, it is decided to train almost all the lady medical officers (MBBS only) at identified divisional district female hospital, where delivery load is sufficient. A batch of 5 trainees/month/9 batches per facility will be trained for 12 working days, so as to train 810 MBBS lady medical officers as per GOI norms.

In addition, post partum abdominal tubectomy refresher training will be provided for 288 LMOs at district women hospitals in post partum centres for 3 days. During the course of this training, they will refresh their skills on post-partum client, who opt for abdominal tubectomy. For **the year 2011-12, to train 810 doctors, Rs. 193.27 Lacs is required for 12 days training and for refresher training of 288 doctors (LMOs), Rs. 11.52 Lacs is required. Thus the total of Rs. 204.78 Lacs is proposed for this activity.**

FAMILY PLANNING TRAINING

Strategy / Activity	Planned	Achieved (till Dec.10)	Work Plan	Scheduled/ Trg. Load	Budget (In Rs.)
	2010-11		**2011-12**		
Laparoscopic Sterilization Training					71.87
TOT on Laparoscopic Sterilization	48	0	Team of trainer at DCTCs	48	
Laparoscopic Sterilization Training for service providers (gynaecologists / surgeons)	240	43	1/CHC	240	
Minilap (Abdominal Tubectomy) Training for MOs/MBBS					55.45
TOT on Minilap	18	0	Team of trainer at DCTCs	10	
Minilap Training for Service Providers	144	27	1/Block	135	
Non Scalpel Vasectomy (NSV)					53.98
TOT on NSV	8	1	Sufficient no. of trainer	6	
NSV training for medical officers	282	66	1/Block	294	
IUD Insertion training					242.84
TOT for IUD insertion	160	0	Team of trainer available at Distt. & Block level site	160	
Training of Medical Officers in IUD	688	0	All MO/SN/ LHV/ANMs to be trained in 43 distts.	688	
Training of Staff Nurses in IUD	1376	0		1376	
Training of ANMs / LHVs in IUD	3870	0		3870	
Other FP trainings					
Skill development Trainings of FP Counsellors				200	16.38
Post partum Abdominal tubectomy training (Minilap)	-	-	5 trainees/ month/9 batches per facility * 12 days (Rs.1.193 Lacs per batch)	810	193.27
Abdominal tubectomy refresher training (Minilap)			288 (72 batches of 4 MO per batch)	288	23.04

BEHAVIOUR CHANGE COMMUNICATION/ INFORAMTION EDUCATION COMMUNICATION ACTIVITIES FOR FAMILY PLANNING

BCC/IEC Activities under Family Planning are proposed in order to promote small family norm, demand generation for IUCD and demand generation for NSV. ***A total budget of Rs. 676.81 Lacs is budgeted under IEC/BCC section of NRHM Flexi-pool, which approved by GOI (ROP- FMR Code-B.20.2.3 and its sub heads).***

8. PROCUREMENT OF DRUGS/MATERIALS

During the year 2008-09 orders for procurement of Single Puncture Laparoscopes/ Laparocators, NSV kits and IUD insertion kits have been placed. However, due to the fluctuation in rates the desired quantity could not be procured. Against a requirement of 1224 single puncture laparoscopes only 724 could be procured. These laparoscopes are presently being distributed in the field. There is a need for these equipment and kits, which is being budgeted as under:

- **NSV Kits -** The estimated required NSV kits for 2011-12 are 1000 @ Rs. 700/- per kit. Accordingly the budget is Rs. 7.00 lacs for the same.
- **IUD Insertion Kits -** The required number of IUD insertion kits for 2011-12 are 5000 @ Rs. 3000/- per kit. Accordingly the budget is Rs.150.00 lacs are proposed for the same.
- **Minilap Set -** The estimated number of Minilap Set was 160 for the year 2011-12 @ Rs. 3000/- per kit, for which the budget requirement is Rs. 4.80 Lacs.
- **Procurement/repair of laparoscopes –** Total 1293 new laparoscopes has been procured in the year 20010-11. Besides these new laparoscopes, about 400 old laparoscopes are still in working conditions and are in use, which requires regular maintenance. Accordingly, the AMRC (Annual Maintenance and Repair Contract) for 400 Laparoscopes is estimated to be Rs. 24.00 lacs for the year 2011-12.

Sl.	Item	Quantity	Estimated Unit Cost	Total Amount (In Lacs)
1	IUD Kits (for Sub Centre's)	5000	3000.00	**150.00**
2	NSV kits @ 2 Kit per CHC	1000	700.00	**7.00**
3	Minilap Kit	160	3000.00	**4.80**
5	AMRC for 400 laparoscopes	400	6000.00	**24.00**
Total				**185.80**

The above budget requirement of Rs. 185.80 lacs is approved in NRHM Flexipool and has been provided for accordingly under the head 'Procurements'(B.16.1.3 and B.16.2.2.c).

9. SUMMARY OF FAMILY PLANNING ACTIVITEIS (2010-2012)

The following are the important issues that states can consider while strategizing and formulating the PIP (2010-12) for Family Planning:

Sl.	Strategy / Activity	Planned	Achieved	Work plan	Scheduled/ trg. load	Budget (in Lacs)
		2010-11		2011-12		
1	**FAMILY PLANNING MANAGEMENT**					
1.1	Review meetings on Family Planning performance and initiatives at the state and district level (periodic)	9	9	36	Once in a month/ State/div./Dist.	No extra budget is required
1.2	Monitoring and supervisory visits to districts/ facilities	Regular on sites		6 days/ dist/month monitoring visits	Regular monitoring at divisional, district, block, CHC/PHC and Sub –centre level.	25.00
1.3	Orientation workshops on technical manuals of FP viz. standards, QA, FDS approach, SOP for camps, Insurance etc.	4	0	1 State level workshop and 1 workshop per district	4 batches at State level and 1 workshop in all 72 districts	20.00
2	**TERMINAL/LIMITING METHODS (Providing sterilization services in districts)**					
2.1	Plan for facilities providing FEMALE sterilization services on fixed days at health facilities in districts	820	820	2 fixed day services (Tuesday & Friday per week at block level will be available	6560 fixed days services will be available in a month	No extra budget is required
2.2	Plan for facilities providing NSV services on fixed days at health facilities in districts	0	0	Any day/week maybe fixed in consultation with CMO at District hospital	284 fixed day services will be available in a month	No extra budget is required
2.3	Number of female Sterilization Camps in districts.			9 camps per block (Total 7380)	Monthly camp at block level	147.60
2.4	Number of NSV camps in districts.	426		262	Camps will be organized as per client load	91.70
2.5	Compensation for sterilization (female)	6 lacs	160726 cases	7 lacs	Compensation will be disbursed as per GOI norms	6000.00
2.6	Compensation for sterilization NSV (male)	45000	4615 cases	50,000	Compensation will be distributed as per GOI norms	750.00
2.7	Mobility support to			7640 camps	Included in the	No extra

	surgeon's team				camp budget	budget is required
2.8	Accreditation of private centre's/ NGOs for sterilization services			5000	Accredited private nursing homes will provide FS and NSV services.	75.00
2.9	Plan for post partum sterilization			200 Family Planning counsellors to be deployed at @1 counsellor per FRU	FP counsellors will provide counselling services to increase the number of PPS services at FRUs	216.00
3	**SPACING METHOD (Providing of IUD services by districts)**					
3.1	Plan for providing IUD services at health facilities in districts	1473287	514949			
3.2	No. of IUD camps in districts			42000	Camps will be organized @one camp on every first Thursday/month at sub centre	Not Approved
3.3	Compensation for IUD	440 lacs	908065	20 lacs	Throughout the year	400.00
3.4	Accreditation of private providers for IUD insertion			1.00 Lac	Throughout the year	75.00
3.5	Compensation to ASHA for ensuring retention of IUD by clients			500000	On completion of 3 visits (scheduled) within 6 months after IUD insertion	250.00
4	**SOCIAL MARKETING OF CONTRACEPTIVES**					
4.1	Setting up CBD Outlets					No extra budget is required
5	**FAMILY PLANNING TRAINING**					
5.1	**Laparoscopic Sterilization Training**					
5.1.1	TOT on laparoscopic sterilization	48	0	Team of Trainer at DCTCs	48	71.87
5.1.2	Laparoscopic sterilization training for service providers (gynaecologists /surgeons)	240	43 MOs & 26 SNs	1/CHC	240	
5.2	**Minilap Training for MOs/ MBBS**					
5.2.1	TOT on Minilap	18	0	Team of trainer at DCTCs	10	55.45
5.2.2	Minilap training for service providers (medical officers)	144	31 MOs & 15 SNs	1 per block	135	

5.3	**Non-Scalpel Vasectomy (NSV) Training**					
5.3.1	TOT on NSV	8	1	Sufficient no. of trainer	6	53.98
5.3.2	NSV training for medical officers	282	71	1 per block	294	
5.4	IUD Insertion training					
5.4.1	TOT for IUD insertion	160	0	Team of trainer available at district and block	160	242.85
5.4.2	Training of Medical officers in IUD Insertion	688	0	All MO/SN/ LHV/ANMs to be trained in 43 districts	688	
5.4.3	Training of staff nurses in IUD Insertion	1376	0		1376	
5.4.4	Training of ANMs / LHVs in IUD Insertion	3870	0		3870	
5.5	No. of Contraceptive Update trainings for health providers in the districts			Included in all clinical FP trainings and curriculum will be in SBA trg. And EmOC trg.		
5.7	**Other FP trainings** (Training of FP Counsellors)	-	-	200 Counsellors		16.38
	Post partum Abdominal tubectomy training (Minilap)	-	-	5 trainees/ month/9 batches per facility * 12 days (Rs.1.193 Lacs per batch)	810	193.27
	Abdominal tubectomy refresher training (Minilap)			4 trainees per batch total 72 batches	288	23.04
6	BCC/IEC activities/ campaigns/melas for family planning e.g. Funds earmarked for district and block level activities during 'World Population Day' celebration week	1429.39				676.81
7	**PROCUREMENT of DRUGS/MATERIALS**					
7.1	NSV Kits	1000 kits		The estimated required NSV kits are 1000	1000 kits will be procured in II Quarter	7.00
7.2	IUD insertion Kits	2000 kits		The estimated required IUD insertion kits	5000 kits will be procured in II Quarter	150.00

				are 5000		
7.3	Minilap Set			The estimated required Minilap set are 160	160 Minilap set will be procured in II Quarter	4.80
7.4	Procurement/ repair of laparoscopes	800	400	The AMRC for 400 laparoscopes is estimated	It is a continue activity	24.00
7.5	Procurement of drugs & supplies for FP				2620	-
8	Innovatory schemes for promoting FP at state or district level			2500	It is estimated that private nursing homes will do 2500 sterilization cases in a camp mode	Not Approved
9	Performance based rewards to institutions and providers for FP performance at state and district level			5 individuals (clients (couple), Gram Pradhan, ASHAs, ANMs, MOs) and 1 Facility at District Level	355 individuals in scheduled categories and 71 facility will be rewarded for excellent sterilization services	72.00

10. STERILIZATION SERVICES – ACHIEVEMENT FOR 2010-11 AND QUARTERLY PLAN FOR 2011-12

Sl.	District	2010-11 Dec.			Expected Level of Quarterly Work-Load 2011-12				
		Total Work Load	Ach Till Dec.	%	Total Work Load	15% Ist Q.	20% IInd Q.	35% IIIrd Q.	30% IVth Q.
1	Agra	21095	4010	19.01	21095	3164	4219	7383	6329
2	Firozabad	11956	1329	11.12	11956	1793	2391	4185	3587
3	Mainpuri	9304	144	1.55	9304	1396	1861	3256	2791
4	Mathura	12095	3399	28.10	12095	1814	2419	4233	3629
5	Aligarh	17467	1693	9.69	17467	2620	3493	6113	5240
6	Etah	8690	422	4.86	8690	1304	1738	3042	2607
7	Hathras	7784	1139	14.63	7784	1168	1557	2724	2335
8	Kanshiram nagar	7603	516	6.79	7603	1140	1521	2661	2281
9	Allahabad	28868	6316	21.88	28868	4330	5774	10104	8660
10	Fatehpur	13466	1803	13.39	13466	2020	2693	4713	4040
11	Pratapgarh	15936	4215	26.45	15936	2390	3187	5578	4781
12	Kaushambi	7560	2354	31.14	8300	1245	1660	2905	2490
13	Bareilly	21036	2793	13.28	21036	3155	4207	7363	6311
14	Badaun	17931	791	4.41	17931	2690	3586	6276	5379
15	Pilibhit	9609	1515	15.77	9609	1441	1922	3363	2883
16	Shajahanpur	14896	1719	11.54	14896	2234	2979	5214	4469
17	Jalaun	8499	2855	33.59	8499	1275	1700	2975	2550
18	Jhansi	10201	5530	54.21	13201	1980	2640	4620	3960
19	Lalitpur	5709	5392	94.45	8709	1306	1742	3048	2613
20	Banda	8755	1372	15.67	8755	1313	1751	3064	2627
21	Hamirpur	6087	1914	31.44	6087	913	1217	2130	1826
22	Mahoba	4140	2015	48.67	5140	771	1028	1799	1542
23	Chitrakoot	4668	2193	46.98	5179	777	1036	1813	1554
24	Barabanki	15611	1056	6.76	15611	2342	3122	5464	4683
25	Faizabad	12084	1109	9.18	12084	1813	2417	4229	3625
26	Sultanpur	18646	1255	6.73	18646	2797	3729	6526	5594
27	Ambedkarnagar	11833	974	8.23	11833	1775	2367	4142	3550
28	Bahraich	13925	1640	11.78	13925	2089	2785	4874	4178
29	Gonda	16165	1985	12.28	16165	2425	3233	5658	4850
30	Balrampur	9849	424	4.31	9849	1477	1970	3447	2955
31	Shrawasti	6866	301	4.38	6866	1030	1373	2403	2060
32	Azamgarh	23085	3488	15.11	23085	3463	4617	8080	6926
33	Mau	10809	1208	11.18	10809	1621	2162	3783	3243
34	Ballia	16075	2747	17.09	16075	2411	3215	5626	4823
35	Deoria	15952	1896	11.89	15952	2393	3190	5583	4786
36	Padarouna (Kushi Nagar)	16902	2278	13.48	16902	2535	3380	5916	5071
37	Gorakhpur	22114	5073	22.94	22114	3317	4423	7740	6634
38	Maharajganj	12666	3193	25.21	12666	1900	2533	4433	3800
39	Basti	12089	586	4.85	12089	1813	2418	4231	3627
40	Sidharth NAGAR	11908	888	7.46	11908	1786	2382	4168	3572
41	Santkabir N.	8328	616	7.40	8328	1249	1666	2915	2498
42	Etawah	7832	812	10.37	7832	1175	1566	2741	2350
43	Farrukhabad	9208	853	9.26	9208	1381	1842	3223	2762
44	Kanpur(U)	24179	4685	19.38	24179	3627	4836	8463	7254

45	Kanpur(D)	9251	1162	12.56	9251	1388	1850	3238	2775
46	Aurraiya	6888	1124	16.32	6888	1033	1378	2411	2066
47	Kannauj	8093	565	6.98	8093	1214	1619	2833	2428
48	Hardoi	19852	2499	12.59	19852	2978	3970	6948	5956
49	Kheri	18700	2897	15.49	18700	2805	3740	6545	5610
50	Lucknow	21517	5634	26.18	21517	3228	4303	7531	6455
51	Raebareilly	16784	2748	16.37	16784	2518	3357	5874	5035
52	Sitapur	21132	3003	14.21	21132	3170	4226	7396	6340
53	Unnao	15776	1692	10.73	15776	2366	3155	5522	4733
54	Bulandshahr	17072	2827	16.56	17072	2561	3414	5975	5122
55	Ghaziabad	19222	3241	16.86	19222	2883	3844	6728	5767
56	Meerut	17537	4733	26.99	17537	2631	3507	6138	5261
57	Gautam B.Nagar	6957	1515	21.78	6957	1044	1391	2435	2087
58	Baghpat	6797	1274	18.74	6797	1020	1359	2379	2039
59	Muzaffarnagar	20684	3362	16.25	20684	3103	4137	7239	6205
60	Saharanpur	16640	2864	17.21	16640	2496	3328	5824	4992
61	Bijnor	18289	1412	7.72	18289	2743	3658	6401	5487
62	Moradabad	21901	2309	10.54	21901	3285	4380	7665	6570
63	Rampur	11225	853	7.60	11225	1684	2245	3929	3368
64	Jyoti ba F.Nagar	8750	1434	16.39	8750	1313	1750	3063	2625
65	Mirzapur	12356	3327	26.93	13556	2033	2711	4745	4067
66	Sonbhadra	8547	2882	33.72	12510	1877	2502	4379	3753
67	Bhadohi (Sant Ravidas Nagar)	7901	2514	31.82	7901	1185	1580	2765	2370
68	Jaunpur	22856	4802	21.01	22856	3428	4571	8000	6857
69	Ghazipur	17814	2464	13.83	17814	2672	3563	6235	5344
70	Varanasi	18396	5685	30.90	18396	2759	3679	6439	5519
71	Chandauli	9582	4023	41.98	11582	1737	2316	4054	3475
	U.P. Total	**970000**	**165341**	**17.05**	**985414**	**147812**	**197083**	**344895**	**295624**

11. IUCD INSERTION SERVICE – ACHIEVEMENT FOR 2010-11 & QUARTERLY PLAN FOR 2011-12

Sl.	District	2010-11 Dec.			Expected Level of Quarterly Work-Load 2011-12 In %				
		Total Work Load	Ach Till Dec.	%	Total Work Load	15% Ist Q.	20 % IInd Q.	35% IIIrd Q.	30 % IV th Q.
1	Agra	55045	23367	42.45	55045	8257	11009	19266	16514
2	Firozabad	31310	9718	31.04	31310	4697	6262	10959	9393
3	Mainpuri	27771	17424	62.74	29771	4466	5954	10420	8931
4	Mathura	32500	10675	32.85	32500	4875	6500	11375	9750
5	Aligarh	48333	13927	28.81	48333	7250	9667	16917	14500
6	Etah	22779	3528	15.49	22779	3417	4556	7973	6834
7	Hathras	21550	12468	57.86	22550	3383	4510	7893	6765
8	Kanshiram Nagar	19914	14040	70.50	19914	2987	3983	6970	5974
9	Allahabad	76828	2574	3.35	76828	11524	15366	26890	23048
10	Fatehpur	38885	14461	37.19	38885	5833	7777	13610	11666
11	Pratapgarh	42420	16981	40.03	42420	6363	8484	14847	12726
12	Kaushambi	20132	7406	36.79	22132	3320	4426	7746	6640
13	Bareilly	55550	13800	24.84	55550	8333	11110	19443	16665
14	Badaun	50500	720	1.43	50500	7575	10100	17675	15150
15	Pilibhit	25755	5084	19.74	25755	3863	5151	9014	7727
16	Shajahanpur	39390	18389	46.68	39390	5909	7878	13787	11817
17	Jalaun	22220	13344	60.05	23030	3455	4606	8061	6909
18	Jhansi	26765	16860	62.99	26765	4015	5353	9368	8030
19	Lalitpur	15150	6950	45.87	15150	2273	3030	5303	4545
20	Banda	22725	13444	59.16	22725	3409	4545	7954	6818
21	Hamirpur	16563	10847	65.49	16563	2484	3313	5797	4969
22	Mahoba	13130	8757	66.69	14230	2135	2846	4981	4269
23	Chitrakoot	12120	3062	25.26	12120	1818	2424	4242	3636
24	Barabanki	40400	12023	29.76	40400	6060	8080	14140	12120
25	Faizabad	31530	10566	33.51	31530	4730	6306	11036	9459
26	Sultanpur	57267	22266	38.88	67267	10090	13453	23543	20180
27	Ambedkar Nagar	30585	6846	22.38	30585	4588	6117	10705	9176
28	Bahraich	37883	13931	36.77	37883	5682	7577	13259	11365
29	Gonda	41915	9501	22.67	41915	6287	8383	14670	12575
30	Balrampur	26260	5718	21.77	26260	3939	5252	9191	7878
31	Shrawasti	18677	9347	50.05	18677	2802	3735	6537	5603
32	Azamgarh	60095	9198	15.31	60095	9014	12019	21033	18029
33	Mau	29795	13597	45.64	29795	4469	5959	10428	8939
34	Ballia	45450	9527	20.96	45450	6818	9090	15908	13635
35	Deoria	45450	11476	25.25	45450	6818	9090	15908	13635
36	Padarouna (Kushi Nagar)	44440	17592	39.59	44440	6666	8888	15554	13332
37	Gorakhpur	64640	19029	29.44	64640	9696	12928	22624	19392
38	Maharajganj	38602	10545	27.32	38602	5790	7720	13511	11581
39	Basti	26775	7765	29.00	26775	4016	5355	9371	8033
40	Sidharth Nagar	32320	8685	26.87	32320	4848	6464	11312	9696
41	Santkabir N.	18436	5081	27.56	18436	2765	3687	6453	5531
42	Etawah	21697	14438	66.54	21697	3255	4339	7594	6509

43	Farrukhabad	24210	10785	44.55	24210	3632	4842	8474	7263
44	Kanpur(U)	62620	27352	43.68	62620	9393	12524	21917	18786
45	Kanpur(D)	27674	13204	47.71	27674	4151	5535	9686	8302
46	Aurraiya	19098	11140	58.33	21098	3165	4220	7384	6329
47	Kannauj	20705	8624	41.65	20705	3106	4141	7247	6212
48	Hardoi	54035	22485	41.61	54035	8105	10807	18912	16211
49	Kheri	51005	15259	29.92	51005	7651	10201	17852	15302
50	Lucknow	56055	17653	31.49	56055	8408	11211	19619	16817
51	Raebareilly	45652	11627	25.47	45652	6848	9130	15978	13696
52	Sitapur	60186	12814	21.29	60186	9028	12037	21065	18056
53	Unnao	42420	14072	33.17	42420	6363	8484	14847	12726
54	Bulandshahr	44945	22515	50.09	50945	7642	10189	17831	15284
55	Ghaziabad	49679	13815	27.81	49679	7452	9936	17388	14904
56	Meerut	45450	17695	38.93	45450	6818	9090	15908	13635
57	Gautam B.Nagar	17991	11916	66.23	20991	3149	4198	7347	6297
58	Baghpat	17675	7596	42.98	17675	2651	3535	6186	5303
59	Muzaffarnagar	57257	23568	41.16	57257	8589	11451	20040	17177
60	Saharanpur	43430	18403	42.37	43430	6515	8686	15201	13029
61	Bijnor	52015	30175	58.01	55015	8252	11003	19255	16505
62	Moradabad	57722	15131	26.21	57722	8658	11544	20203	17317
63	Rampur	29290	10866	37.10	29290	4394	5858	10252	8787
64	Jyotiba F.Nagar	23079	8449	36.61	23079	3462	4616	8078	6924
65	Mirzapur	31739	15022	47.33	34739	5211	6948	12159	10422
66	Sonbhadra	22902	14788	64.57	26902	4035	5380	9416	8071
67	Bhadohi (Sant Ravidas Nagar)	20503	12530	61.11	20503	3075	4101	7176	6151
68	Jaunpur	59085	20216	34.22	59085	8863	11817	20680	17726
69	Ghazipur	52273	6639	12.70	52273	7841	10455	18296	15682
70	Varanasi	47813	11766	24.61	47836	7175	9567	16743	14351
71	Chandauli	24907	7003	28.12	24907	3736	4981	8717	7472
	U.P.Total	**2610967**	**908065**	**34.78**	**2648900**	**397335**	**529780**	**927115**	**794670**

APPROVED BUDGET SUMMARY FOR FAMILY PLANNING

FMR Code	Activity	Amount Approved (Rs. In Lacs)
RCH FLEXIPOOL		
A.3.1	Terminal/Limiting Methods	
A.3.1.1	Dissemination of manuals on sterilisation standards & QA of sterilisation services	-
	Wokshop at State level	2.00
	Workshops at District level	18.00
A.3.1.2	Female sterilization camps @ 9 camps per block	147.60
A.3.1.3	NSV camps	91.70
A.3.1.4	Compensation for sterilization (Female)	6,000.00
A.3.1.5	Compensation for sterilization (Male)	750.00
A.3.1.6	Accreditation of private providers for sterilisation services	75.00
A.3.2	**Spacing Methods**	-
A.3.2.2	IUD services at health facilities and compensation(Compensation for IUD Services @20/- per client)	400.00
A.3.2.3	Accreditation of private providers for IUD insertion services	75.00
A.3.5	**Other Strategies/Activities**	-
	Incentive to ASHA for IUCD follow up (ensuring retention of IUD by clients)	250.00
	Performance based rewards to institutions and providers for FP performance at district level	72.00
	Monitoring and supervisory visits to districts/ facilities (6 days/district/month)	25.00
	Sub Total	
A.8.1.7	Honoraria for F.P. Counsellor@9000 per month at 200 FRUs	216.00
A.9.6	**Family Planning Training**	656.83
	TOTAL - RCH FLEXIPOOL	**8,779.13**
NRHM FLEXIPOOL		
B.10.2.3	**BCC/IEC activities for FP**	676.81
B16.1.3	**Procurement of equipment: FP**	-
B16.1.3.a	NSV Kit	7.00
B16.1.3.b	IUCD Kit	150.00
B16.1.3.c	Minilap Set	4.80
B.16.2.2.c	**Drugs & supplies for FP**	-
	AMRC for Laparoscopes (Annual Maintenance and Repair Contract for Laparoscopes)	24.00
	TOTAL - NRHM FLEXIPOOL	**862.61**
	GRAND TOTAL – FAMILY PLANNING	**9,641.73**

A.4. ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH

Nearly 25 percent of the populations of Uttar Pradesh are adolescents (415 lacs). As per NFHS -3(2005-2006) adolescent girls who marry at less than 18 years of age are 59 percent and 38 percent begin child bearing when less than 19 years. As per NFHS-III teenage pregnancy is 14.3 percent and unmet need for contraception is 21 percent. Prevalence of Anemia in this age group is about 49% and adolescents seeking treatment at health facilities is only 31 percent. There is poor awareness in this age group regarding different problems occurring in adolescents such as RTI/STIs and ways to address them. NFHS III data also indicates that there is poor knowledge regarding problems of unsafe sex, personal hygiene and nutrition. Only 33 percent of girls in age group of 15-19 knew that condom can prevent HIV/AIDS and 36 percent males had heard of STDs.

Given the above scenario there is an urgent need for influencing the health seeking behaviour of adolescents which will determine mortality, morbidity, population growth and health in the community. This will also influence adolescents for delaying the age at marriage, reducing teenage pregnancy, meeting unmet need of contraceptive, reducing incidents of RTI/STIs and reducing maternal deaths in this age group.

Taking above mentioned situation into consideration the state has decided to implement ARSH (Adolescent Reproductive and Sexual Health) program among all 72 Districts of the State.

1. SENSITIZATION MEETINGS ON ADOLESCENT HEALTH

To sensitize health functionaries, service providers and other concerned and in line institutions on adolescent health issues the State has planned State level and District level sensitization meetings. Meeting platforms will also be utilized to make advocacy efforts simultaneously. ***A budget of Rs. 15.80 Lacs was proposed for the same as under, which is approved by GOI (ROP- FMR Code- A.4.3)***

Activity	Physical Targets	Unit Cost (Rs.)	Frequency	Total Amount (in Lacs)
State	1	500,000.00	1	5.00
District Level	72	15,000.00	1	10.80
Sub Total				**15.80**

2. ADOLESCENT FRIENDLY HEALTH SERVICES

State is planning to set up AFHS clinics in each of the 18 Divisional Head Quarter Districts separately for boys and girls in 2011-2012 thus aim is to establish total 36 such clinics in the state. These clinics will be established in premises of District Male and Female Hospitals and provide services during Hospital working hours. These

clinics will work in convergence with already existing ICTC and PPTCT centres of UPSACS which are functional in these hospitals. There is one full time counsellor who will be trained to provide counselling to adolescents. Strengthening of these ICTCs/PPTCTs will be done in regards to adolescent friendly health services. An additional amount of Rs. 2000 per month (which includes Rs 500 for mobility support for one outreach session every week) as honoraria is being proposed for these counsellors for conducting adolescent counselling sessions. A detailed monthly report will be compiled by these counsellors and sent to CMS and CMO Family Welfare regularly.

Clinics will be given additional support to make them adolescent friendly and maintain privacy. In the clinics good IEC/BCC messages will be displayed on the walls and enough reading material will be provided explaining physical and psychological changes to answer their queries. Some material will also be made available as take away for any future references. Existing clinics have a computer system on which data will be maintained by the counsellors for delivered services also. These clinics will be given an amount of Rs. 25,000.00 for strengthening and running of clinics (Rs. 13000.00 for additional furnishing/renovation and Rs.1000.00 per month for contingency)

It is proposed that associated counsellors will be provided with three days training on technical and counselling issues through State Institute of Health and Family Welfare (SIHFW). For the training, ANM/LHV modules developed by GOI will be utilized

Designing and development of the counsellors support materials like flip-book will be done at SPMU with the help of Johns Hopkins Bloomberg School of Public Health/Centre for communications programs (JHU/CCP) under ITAP project.

Sl	Activity	Physical Targets	Unit Cost (Rs.)	Frequency	Amount (Rs. in Lacs)
	AFHS Clinics				
1	Support to AFHS Clinics (lumpsum for Clinic strengthening and equipment like weighing Machine/height measuring stand etc.)	36	25,000.00	1	9.00
2	Reading material Supply	36	1,000.00	12	4.32
3	Other Supplies to AFHS clinics at DWH(IFA, Calcium, deworming & RTI drugs other than state supply)	36	10,000.00	1	3.60
4	Incentive to the counsellors	36	2,000.00	12	8.64
5	Development and printing of Support material for counsellors	36	2500.00	1	0.90
6	Training of AFHS Counsellors	36	3,332.50	1	1.20
	Sub Total				**27.66**

For this purpose, an amount of Rs. 27.66 Lacs is approved by GOI (ROP- FMR Code-A.4.1)

3. PROMOTION OF MENSTRUAL HYGIENE

State recognizes that problems during menstrual period and lack of knowledge in school going adolescent girls' constraints school attendance and possibly contributes to infections related to issues of personal hygiene. Hence, the State is willing to take up the scheme of Menstrual Hygiene in a phased manner.

State has identified 13 priority districts to take up menstrual hygiene scheme amongst school going adolescent girls along with existing Saloni Swasth Kishori Yojana. This has been decide with the view that the rural girls going to the school will be trained and advised to use and properly dispose-off these sanitary napkins during Saloni Sabhas by the trained school teachers. As informed by GOI, Sanitary napkins will be provided to the State at Block level for 12 selected Districts by GOI. Numbers of girls targeted to be covered under the scheme in these 12 District and requirement of packets of sanitary napkins of 6 each for them is as under-

Sl.	Name of the District	Number of the Blocks	Number of the Schools (10 Schools/Block)	Number of Adolescent Girls to be covered (150 girls/Schools	Number of packets of sanitary napkins (6 Napkins per Packet) required
1.	Faizabad	11	110	16500	214500
2.	Sultanpur	23	230	34500	448500
3.	MaharajGanj	12	120	18000	234000
4.	Basti	14	140	21000	273000
5.	Siddhartha Nagar	14	140	21000	273000
6.	Raibareli	21	210	31500	409500
7.	Unnao	16	160	24000	312000
8.	Saharanpur	11	110	16500	214500
9.	Muzzafarnagar	14	140	21000	273000
10.	Bijnor	11	110	16500	214500
11.	Muradabad	13	130	19500	253500
12.	Rampur	6	60	9000	117000
		166	1660	249000	**3237000**

Further arrangements for preparation and distribution of sanitary napkins in one district have to be taken up by the state through self help group (SHG). ***To mobilise self help groups in select district an amount of Rs. 5.00 Lacs was budgeted, which is approved by GOI (ROP- FMR Code- A.4.3).***

State and District Level Committees for Promotion of Menstrual Hygiene

Nodal officers at State and District levels have been identified to bear sole responsibility of the scheme. To support Nodal officers and making scheme run smoothly, the State proposes to have a State level committee under leadership of DG- Family Welfare comprising of Joint Director level nodal officer for Menstrual

Hygiene program at FW directorate, other concerned officials from FW Directorate, SPMU, ICDS and Development Partners. On the same pattern District committees will also be formed under leadership of CMO– Family Welfare and comprising of Nodal Officer Adolescent Health in the District, District Community Mobilizers, District Program Managers, ICDS officials and local partners from NGOs and other inline departments.

State and District committees will be responsible for overall implementation of the scheme and also work as technical resource pool.

4. SALONI SWASTH KISHORI YOJANA

Severe anaemia in adolescent girls has been identified as a major health challenge. Data from NFHS-III indicates that nearly 49 percent of adolescent girls in the age group of 15-19 years are anaemic and prevalence of anaemia continues to remain at 52 percent during pregnancy. Adolescent pregnancy and anaemia contribute to the high prevalence of low birth weight and subsequent under nutrition among Indian children. Iron deficiency during adolescence, with or without anaemia, result in poor physical work capacity, poor concentration, and low school achievement.

Keeping above mentioned facts in mind Adolescent health interventions under the name *Saloni Swasth Kishori Yojana,* have been launched for school going adolescent girls (10-19 years of age) in December 2008. The interventions include family life education, counselling on nutrition and personal hygiene, weekly IFA supplementation and biannual deworming. Based on program achievements in 2008-2009 and 2009-2010 this has been extended to 10 schools per block in 2010-2011thus reaching to 8200 schools. Under the programme the Medical teams, comprising of AYUSH lady doctors, LHV/ ANM visit each school every six months to provide weekly IFA, deworming tablets, FLE, counselling on nutrition and personal hygiene.

In each school, Saloni Sabha is organized once in a month with support of teachers on decided themes of adolescent nutrition and reproductive health issues. A budget of Rs. 300/Sabha per month has been incorporated in the scheme.

Sl	Activity	Physical Targets (Batches)	Unit Cost (Rs.)	Frequency	Amount (Rs. in Lacs)	FMR Code
1	Medical team visit to schools	8200	300.00	2	49.20	**A.4.3**
2	Saloni Sabhas	8200	300.00	10	246.00	**A.4.3**
3	Printing of referral slips (100 slips per school)	8200	100.00	1	8.20	**A.4.3**
4	Procurement – deworming tablet for school going	1230000	2.00	2	49.20	**B.16.2.2.d**
5	Procurement – IFA tablet for school going	1230000	6.72	1	82.66	**B.16.2.2.d**
	Sub Total				**435.26**	

To conduct above activities, an amount of Rs. 435.26 Lacs was proposed, out of which GOI approved Rs. 303.40 Lacs in RCH Flexipool (ROP – FMR code- A.4.3); & Rs. 131.86 Lacs in NRHM Flexipool under procurement head (ROP – FMR code- B.16.2.2.d)

5. INTERVENTION FOR NON-SCHOOL GOING ADOLESCENT GIRLS ADDRESSING ANEMIA

A large percentage of adolescents in our states do not go to the schools and are often in a more disadvantageous situation than those, who attend school. Hence, it is important that weekly Iron Folic Acid supplementation and Family Life Education-with counselling on nutrition & personal hygiene should be incorporated for non-school going adolescent girls in the community under the adolescent health programme.

Although ASHAs are conducting monthly meetings of adolescent girls (10-19 years of age) but in view of promotion of menstrual hygiene it is proposed that special emphasis to be given to 13 priority districts where ASHAs are being trained under menstrual hygiene promotion scheme and provided with Menstrual Hygiene flip books to address adolescent girls. These ASHAs will be provided with supportive supervision and handholding through development partners and local NGOs to conduct adolescent health meeting and additional supply of de-worming tablets.

There is a Provision of Rs. 100 for ASHAs under ASHA scheme for organizing meetings of adolescent girls at village level.

Activity	Physical Targets	Unit Cost (Rs.)	Frequency	Total Amount (in Lacs)	FMR Code
Non-School Going Adolescent Girls Addressing Anaemia (13 Districts)					
Monthly meetings of Non School going adolescents by ASHA	30506	-	0	0.00	Inbuilt in ASHA Scheme
Procurement of IFA Tabs (50 girls in area of each ASHA)	1525300	0.14	48	0.00	Provided in ASHA Kit
Procurement of De-worming Tabs (50 girls in area of each ASHA)	1525300	4.00	2	61.01	**B.16.2.2.e**

For the above purpose, an amount of Rs. 61.01 Lacs is approved by GOI in NRHM Flexipool under procurement head (ROP – FMR code- B.16.2.2.e)

6. TRAININGS UNDER ADOLESCENT HEALTH PROGRAMS

ARSH TRAINING

ARSH Training is being rolled out through SIHFW using Modules and guidelines developed by GOI. A state level planning meeting was conducted in presence of GOI representatives before rolling out such an ambitious training plan of around 4000 Medical Officers and 20,000 ANMs& LHVs to take the program to the grass root level. State level master trainers have been trained by GOI team and a pool of 25 master trainers are in place. Utilizing these master trainers, regional level trainers have been trained and a pool of 55 regional trainers is also in place. Training of Medical officers started in January 2011 which will be completed soon and then training of LHV/ANM (target of 2010-2011) will start and thus all the trainings planned for 2010-2011 will be completed by 31.3.2011. Plan of training 12000 ANM/LHV in 400 batches is proposed for the year 2011-2012 for which a budget of Rs.284.00 lacs is proposed. Also Rs.25.00 Lacs was proposed for development of training material by SIHFW for the Year 2011-12. Thus a total budget of Rs. 309.00 lacs for the ARSH training is proposed. **Detailed note on plan verses achievement and proposed budget of Rs. 309.00 Lacs is included in training chapter, as per following -**

Activity	Physical Targets	Unit Cost (Rs.)	Frequency	Total Amount (in Lacs)	FMR Code
ARSH Trainings	400	71,000.00	1	284.00	**A.9.7**
Development of Training Material	25000	100.00	1	25.00	**A.9.2**
Sub Total				**309.00**	

TRAINING OF SCHOOL TEACHERS UNDER SALONI SWASTHA KISHORI YOJANA

To strengthen the program further and to bring about sustainable behaviour change in adolescent girls, Saloni Diary and Teachers' guidelines have been developed by SPMU with support of John Hopkins Bloomberg School of Public Health/ Centre for communications Programs (JHU/CCP) under ITAP project. Saloni Diary is to be maintained by each adolescent girl in which she has to keep record of herself, her likes and dislikes, achievements and future plans, dietary habits etc. The topics of Saloni Diary are in concurrence with the chapters of teacher's guidelines. The budget for training and printing of training material was received from GOI in year 2010-2011. Printing of Saloni Teachers guidelines and Saloni Diaries is under progress. State requires some additional budget for printing of Saloni Diaries for new students registered in current educational year. Teachers training could not be rolled out due to delay in printing of Diaries and Teachers manual so the State requires a sum of 50.99 lacs to roll out Saloni Teachers' training in year 2011-12.

Budget Summary for Printing of Saloni Diaries and Teacher's Training under Saloni Swasthya Kishori Yojana

Sl	Activity	Physical Targets (Batches)	Unit Cost (Rs.)	Frequency	Total Amount (Rs. in Lacs)	FMR Code
	Saloni Swasth Kishori Yojana - Training					
1	State Level - (Trainees Distt Nodal Officer-72, Div PM18, DPMs-72,DCMs-72)	6	6,200.00	1	0.37	**A.9.7**
2	District Level - (Trainees MO BPHC -820,HEO/BPM -820)	41	14,200.00	1	5.82	**A.9.7**
3	Block Level (Trainees - Saloni School Teachers, 2 Teachers /8000schools)	400	11,200.00	1	44.80	**A.9.7**
	Sub Total				**50.99**	
4	Printing of Saloni Diaries (50 New Girls per 8200 Saloni Schools)	410000	50.00	1	205.00	**A.4.3**
	Total				**255.99**	

To conduct above activities, an amount of Rs. 255.99 Lacs was proposed, out of which GOI approved Rs. 50.99 Lacs in Training Chapter (ROP – FMR code- A.9.7); & Rs. 205.00 Lacs in Programme head (ROP – FMR code- A.4.3)

TRAINING UNDER PROMOTION OF MENSTRUAL HYGIENE

State officials have participated in training organized by GOI in this regard and a pool of state level Master Trainers trained by GOI are in place. These Master Trainers will visit the selected districts in groups of 3 to train district and block level trainers who will further train ASHAs to take the program to the adolescents at grass root level. Training plans for district and Block level trainings are being planned by Nodal Officer of Menstrual Hygiene program at Directorate of Family Welfare and Nodal Officer ASHA. Budget has already been released for the same from ASHA training Budget and guidelines have been sent to the concerned officials.

Training Materials – State has received training materials from GOI but there is shortage of ASHA Flip Books and ASHA reading material. There will be around 31000 ASHAs engaged under the scheme and Flip Books and ASHA reading material received are around 15,000. State needs to print around 16,000 Flip books as well as ASHA reading material.

Activity	Physical Targets	Unit Cost (Rs.)	Frequency	Total Amount (Rs. in Lacs)
Flip Book for ASHA	16000	150.00	1	24.00
Reading Material for ASHA	16000	30.00	1	4.80
Sub Total				**28.80**

For this purpose, an amount of Rs. 28.80 Lacs was budgeted under development of training packages in Training sanction, which is approved by GOI (ROP – FMR Code – A.9.2).

IEC/BCC ACTIVITIES UNDER ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH PROGRAMS

ARSH IEC/BCC strategy proposes to follow the State BCC Strategy. IEC/BCC activities for all 4 programs under ARSH will be linked with each other to get ripple effect of all the activities.

BCC Activities proposed under ARSH	
IPC	**Mid Media / Local media**
Menstrual Hygiene and Intervention for Non School Going Girls	
• Monthly Meetings by ASHA for Non School Going Adolescent Girls. • Provisioning of weekly IFA and biannually de-worming through ASHA	
Saloni SwathaKishoriYojana For School Going Girls	
• Monthly Saloni Sabhas on health, hygiene & nutrition behaviours through trained Saloni Teachers. • Weekly IFA through DOTS approach • Biannual medical examination and de-worming by team of medical doctors	• Set of 2 wall paintings each with one key priority behaviour in Saloni Schools. • Saloni Diaries to keep the record of changing and sustaining new behaviour* Saloni Handbills for parental consent / information
AFHS Clinics	
• Counselling and Advice on ARSH issues in privacy • Provision of reading materials • Provision of services like IFA, calcium, ECs, Condoms, RTI drugs etc.	• AFHS clinic signages • One Hoarding at Facility where clinic is established
**Saloni Diary has been developed by SPMU with support of Johns Hopkins Bloomberg School of Public Health/ Centre for Communication Programmes under the ITAP project funded by USAID and is under printing.* ***Information about AFHS Clinics and ARSH Helpline will also be disseminated by ASHA in adolescent girls' monthly meetings, Saloni Teachers in Saloni Sabhas. Helpline Number will be displayed at AFHS Clinics and other materials.*	

To conduct IEC/BCC activities, an amount of Rs. 42.26 lacs was budgeted under NRHM Flexipool under IEC/BCC head, which is approved by GOI (ROP – FMR Code - B.10.2.4 and its sub heads).

CONVERGENCE

As adolescents are in arena of various schemes of inline department there is enough scope of working in convergence to maximize outcome of the schemes being undertaken under Adolescent Reproductive and Sexual Health. State has already been working with few of them.

- **Convergence with the Department of Education –**

  Saloni SwasthKishoriYojna is currently being implemented in 10 selected schools per block and covering approximately 1200000 girls in age group 11- 19 years in 8200 schools across the state. In addition to the biannual medical examination, weekly IFA and biannual de-worming and monthly in school counselling sessions *Saloni Sabhas* are planned in conjunction with the Department of Education.

  Under the SSKY, two teachers from each Saloni school have undergone training for program implementation in 2009-10. A second round of training of the school teachers through a cascade model is being planned for 2011-12 will be trained by NRHM on basic Health and Nutrition issues so as to build their capacity to conduct monthly Saloni Sabhas.

- **Convergence with Uttar Pradesh State AIDS Control Society -**

  State will be working in convergence with UPSACS for establishment of AFHS clinics and strengthen ICTC and PPTCT facilities to make available adolescent services at same centres.

  Similarly state will be working with SABLA scheme of ICDS for adolescent health issues.

  A number of international agencies and reputed NGOs are working in the State. Their active role is envisaged in implementation of ARSH. Organizations like NSS, NCC and NYK can be contacted to promote services being provisioned under ARSH.

SUMMARY OF BUDGETARY REQUIREMENT FOR ADOLESCENT HEALTH

Sl	Activity	Physical Targets	Unit Cost (Rs.)	Frequency	Total Amount (Rs. In Lacs)	FMR Code
1	Sensitization Meetings					***A.4.3***
	State	1	500,000.00	1	5.00	
	District Level	72	15,000.00	1	10.80	
	Sub Total				**15.80**	
2	AFHS Clinics					
	Support to AFHS Clinics (lumpsum for Clinic Strengthening and equipment like weighing Machine /height measuring stand etc.)	36	25,000.00	1	9.00	***A.4.1***
	Reading Material Supply	36	1,000.00	12	4.32	
	Other Supplies to AFHS Clinics at DWH (IFA, Calcium, Deworming & RTI drugs other than State Supply)	18	10,000.00	1	1.80	
	Incentive to the Counselors	36	2,000.00	12	8.64	
	Development and printing of Support material for counselors	36	2,500.00	1	0.90	
	Training of AFHS Counselors	36	3,332.50	1	1.20	
	Sub Total				**27.66**	
3	Promotion of Menstrual Hygiene					***A.4.3***
	Production of Sanitary Napkins in One District through SHG	1	500,000.00	1	5.00	
	Sub Total				**5.00**	
4	Saloni Swasth Kishori Yojana					
	Medical Team Visit to the Schools	8200	300.00	2	49.20	**A.4.3**
	Saloni Sabhas	8200	300.00	10	246.00	**A.4.3**
	Printing of referral slips (100 slips per school)	8200	100.00	1	8.20	**A.4.3**
	Procurement - deworming tablets for School going Girls	1230000	2.00	2	49.20*	**B.16.2.2.d**
	Procurement - IFA tablets for School going Girls	1230000	6.72	1	82.66*	**B.16.2.2.d**
	Sub Total				**435.26**	
5	Intervention for Non School going Girls	-	-	-	-	
	Monthly meetings of Non School going adolescents by ASHA	-	-	-	-	
	Procurement of IFA Tabs (50 girls in area of each ASHA)	-	-	-	-	

	Procurement of Deworming Tabs (50 girls in area of each ASHA)	1525300	2.00	2	61.01*	**B.16.2.2.e**
	Sub Total				**61.01**	
6	ARSH Helpline					
7	Trainings under Adolescent Health Program					
7.1	ARSH Trainings	400	71,000.00	1	284.00	**A.9.7**
	Development of Training Materials	25,000	100.00	1	25.00	**A.9.2**
	Sub Total				**309.00****	
7.2	Saloni Swastha Kishori Yojana					
	State Level	6	6,200.00	1	0.37	
	District Level	41	14,200.00	1	5.82	
	Block Level	400	11,200.00	1	44.80	
	Sub Total (Training)				**50.99**	**A.9.7**
	Printing of Saloni Diaries	410000	50.00	1	205.00	**A.4.3**
	Sub Total				**255.99**	
7.3	Promotion of Menstrual Hygiene					
	Printing of Menstrual Hygiene Flip Books	16,000	150.00	1	24.00	***A.9.2***
	Printing of ASHA Reading Material	16000	30.00	1	4.80	***A.9.2***
	Sub Total				**28.80****	
8	**IEC/BCC Activities for ARSH**					
	Mid/Outdoor Media					
	AFHS Clinic Signage	36	2,500.00	1	0.90	***B.10.2.4.a***
	AFHS Clinic Hoardings - two in each District	36	18,100.00	1	6.52	***B.10.2.4.b***
	2 Wall Paintings at 8200 Saloni Schools	16400	105.00	1	17.22	***B.10.2.4.c***
	Other Printed Material					
	One Fold Handbill - Saloni Swastha Kishori Yojana	1230000	1.25	1	15.38	***B.10.2.4.d***
	One Fold AFHS Clinics/ Helpline Handbill (5000 Once a year for 36 AFHS Clinics)	180000	1.25	1	2.25	***B.10.2.4.d***
	Sub Total				**42.26*****	
	Total for Adolescent Health				**1180.78**	

*Budgeted under Procurement in Mission Flexipool
**Budgeted under Training in RCH Flexipool
***Budgeted under IEC/BCC Mission Flexipool

In addition to this, the revised SACH project will be implemented in six districts identified by NRHM viz. Saharanpur, Moradabad, Sultanpur, Raibareilly, Maharajganj and Gorakhpur by SIFPSA. An implementing agency will be identified to implement the project in each of the selected two blocks of each of the selected six districts.

In the revised project the Youth Information Centers (YIC) will be established in selected seven villages. These centres will be equipped with resource materials on reproductive health, life skills, hygiene, AIDs, RTI/STD etc., infotainment games (information through games) and need based locally popular games (i.e Carom Board, snakes and ladders, cricket kit, basketball, etc) will also be made available in these centres

A YIC will be catering to adolescents in the age group 15 – 19 years from three neighbouring village. A supervisor will be over all responsible for a SACH Kendra and one male and one female peer educator (called *Sacha Mitra*) will be identified by implementing agency who are active and have goodwill with adolescents.

At the block level two counsellors (one male and one female) will be appointed by the implementing agency who will be sharing the office with Block Coordinator of the implementing agency. Five days in a week, these counsellors will be visiting YIC at the village level to counsel the adolescent

7. SCHOOL HEALTH PROGRAMME

With a view to provide regular health checkups to school going children in the rural areas School Health program was initiated in the State in the year 2008-09 and was actually implemented from the month of Oct. 2008. There are a total of 1.08 lac Government Primary Schools in the State which have to be covered in a phased manner under the scheme. In the first phase 32800 schools were targeted so as to cover 30% of the total schools of the State. Keeping the availability and capacity of the block level health functionaries in mind the number of schools to be covered is being gradually increased and by the end of first phase of NRHM (2011-12) 50% of the total schools will be covered under the scheme.

COMPONENTS OF THE PROGRAM

Health services:

- **Screening, health care and referral:**
  - Screening of general health, assessment of anaemia/nutritional status, visual acuity & colour vision, hearing problems, dental check up, common skin problems, physical disabilities, learning disorders, behaviour problems.
  - Referral Cards for priority services at CHCs/District hospitals.

- **Micronutrient (Iron & Folic Acid) management:**
  - Weekly supervised distribution of Iron-Folate tablets coupled with education about the issues of anaemia.
- **De-worming**
  - As per national guidelines
  - Biannually supervised schedule
  - Cooks of Mid- day meal to be also covered.

- **Health Promotion at Schools**
  - Counselling for nutrition and personal hygiene.
  - Regular practice of physical education & health education
  - Capacity building of teachers and involved health personnel

- **Monitoring & Evaluation**
  - Monitoring by officials and supervisors of health department, ABSA and Supervisor of Education Department is integral part of the programme.
  - District magistrate to nominate senior officers for conducting surprise inspections.
  - Mid term evaluation is proposed through independent agency.

PROGRAMME IMPLEMENTATION

The school health programme is being implemented with collaboration of primary education department at every level in each district. A detailed block wise micro plan has been prepared indicating the date of visit of medical team as well as the members included in the team like-Medical Officer, Paramedic (Staff Nurse/Pharmacist/ LHV/ANM). There will be a refractionist or dental hygienist in the team as per availability. Under the programme every school has been provided with register on which detail information of the students is being entered by the teachers prior to Medical Team visit. After medical check-up the doctor mentions the findings and treatment on the register. A health card is being issued to each child with the detail findings signed by the doctor. In case of referral a referral slip is being issued by the doctor and the sick child is directed to go to the nearest CHC/DH. Instructions have been issue to the districts to give priority to these referred children. Along with appropriate treatment spectacles are also being given free of cost to children with refractive errors.

After the visit of the medical team the school teachers will screen the children at interval of 6 months. District Nodal Officers with support of District Programme Mangers and Community Mobilizers have conducted two days training of three trainers from each block. These trainers are in turn training the school teachers. Two teachers from each school are being trained on the various components of the programme. These teachers are being guided to provide bi annual de-worming and bi weekly IFA tablets to the children identification of various common ailments occurring in children, refractive errors, colour vision defects, measurement of height and weight etc. and refer the students to the nearest health facility for detailed medical examination and treatment as per requirement. Teachers have also been made responsible for making children aware regarding proper personal hygiene and importance of nutrition.

Under National Blindness control programme the component of school eye screening is incorporated for the target age group is 8-14 years but under school health programme the target age group is 6-10 years. Hence, budget for provision of spectacles is being inbuilt under the programme. Hence, budget is being included for 0.75 lac children @ Rs. 200/child.

As suggested by Principal Secretary, Basic Education and Director-SSA it is proposed that a sensitization workshop is conducted at State Head Quarter where concerned officers and workers of the department, representatives of other partner government departments, representatives of developmental partners, NGOs etc will be involved to give them complete information regarding the programme. In a similar manner a sensitization workshop is also being planned at each district head

quarter. For State workshop a budget of Rs. 5.00 lacs and for district workshop a budget of Rs. 15,000/district is being included.

PROGRESS OF SCHOOL HEALTH PROGRAM SINCE YEAR 2008-09

Year	Target of schools	Achievement	Target of students	Achievement
2008-09	32800	28868	50 lacs	30.44 lacs
2009-10	48000 (added 15200 new)	28392(20292 old+ 8100 new)	72 lacs	35.41 lacs
2010-11	49200 (added 1200 new)	32690(22190 first year+9500 second year+ 1000new)	73.80 lacs	36.61 lacs (upto Feb. 2011)

The budgetary requirement of the programme implementation is as below:

Sl.	Activity	Amount Proposed	Amount Approved	FMR Code
1.	Sensitization workshop at State Head Quarters	5.00	5.00	**A.4.2**
2.	Sensitization workshop at District Head Quarters (15000*72)	10.80	10.80	**A.4.2**
3.	Honorarium to Block Trainers (2460 trainers @Rs. 300/day)	14.76	14.76	**A.4.2**
4.	Training of Teachers at Block level @ Rs.250 per person [Hon. Rs.100/-, Refresh.-Rs.50/-, TA-Rs.50/-, Stat. – Rs.30, Contin.-Rs.20] x 2 persons per school x24600 schools x 2 days	246.00	246.00	**A.4.2**
5.	Contingency for Printing of Health Card, Referral card, etc. @ Rs.300/- per school x 49,200 schools (60 schools per block)	147.60	147.60	**A.4.2**
6.	Contingency for Printing of Health Card, Referral card, etc. @ Rs.500/- per school x 8200 schools(10new schools/block)	41.00	41.00	**A.4.2**
7.	Mobility to health team @ Rs. 300/- per visit x 57400 schools x 1 visit per school	172.20	172.20	**A.4.2**
8.	Weighing scale, Ht. measuring stand, eye chart, measuring tape, etc. @ Rs.1000/- per school x 10 sets per block (10new schools /block)	82.00	82.00	**A.4.2**
9.	Printing of training module for 10 new schools/block	10.00	10.00	**A.4.2**
	Sub Total	**729.36**	**729.36**	
10.	Procurement of IFA Tabs. (30 mg elemental iron and 250mcg Folic Acid) @ Rs.14/- for 100 tabs per child for 86.10 Lacs children	1205.40	1205.40	**B.16.2.2.c**

11. Procurement of De-worming Tabs. (1 tab. six monthly) @ Rs. 2/- per tab. x 2 tabs per child x 86.10 Lacs children	344.40	344.40	**B.16.2.2.c**
12. Procurement of spectacles @Rs x 75000 children	150.00	150.00	**B.16.2.2.c**
Sub Total	**1699.80**	**1699.80**	
Total	**2429.16**	**2429.16**	

To conduct above activities, an amount of Rs. 2429.16 Lacs was proposed, out of which Rs. 729.36 Lacs is approved in RCH Flexipool (ROP – FMR code- A.4.2); & Rs. 1699.80 Lacs is approved in NRHM Flexipool under procurement head (ROP – FMR code- B.16.2.2.c)

BEHAVIOUR CHANGE COMMUNICATION/ INFORAMTION EDUCATION COMMUNICATION ACTIVITIES FOR SCHOOL HEALTH

BCC/IEC Activities under School Health are being stated under IEC/BCC Chapter of Mission Flexi-pool and the budget of Rs. 80.93 Lacs was proposed for the same and booked under IEC/BCC head in other activities section.

To conduct these activities, Rs. 80.93 Lacs is approved by GOI in NRHM Flexipool (ROP – FMR code- B.10.2.5-V)

A.5. URBAN RCH

The current PIP has taken into account the guidelines as per the RCH II norms. If National Urban Health Mission is launched by Government of India, the planning and budget will be modified accordingly.

BACKGROUND

As per the 2001 Census of India, it is estimated that 28.6 crores people live in urban areas. According to the Census, this urban population is estimated to increase to 35.7 crores in 2011 and to 43.2 crores in 2021. As per projections by the United Nations, if urbanization continues at the present rate, then 46% of the total population will reside in urban regions by 2030.

1. URBAN HEALTH SCENARIO IN UP

The Urban Population in Uttar Pradesh has been increasing rapidly in recent decades along with rapid urbanization .As per 2001 census 3.45 crores persons were residing in towns and cities of Uttar Pradesh. It is estimated that 1.17 crores person comprises 30.6 percent of Urban Population of the State lives below the poverty line. The urban population in Uttar Pradesh grew by 33 per cent during the decade 1991-2001 compared with 26 per cent for the overall population growth rate. Unlike rural poverty which has been showing declining trends in recent decades, the number of urban poor persons living below the poverty line is increasing in Uttar Pradesh

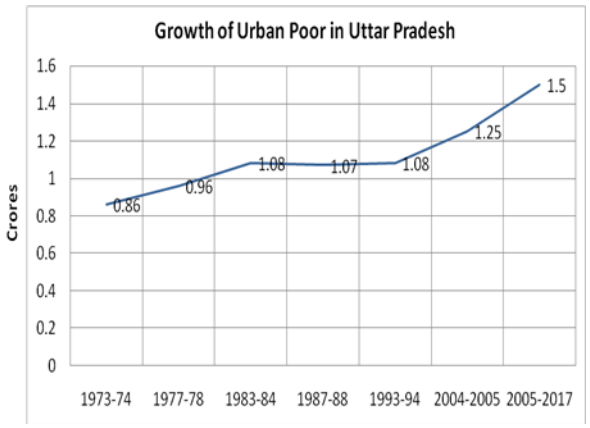


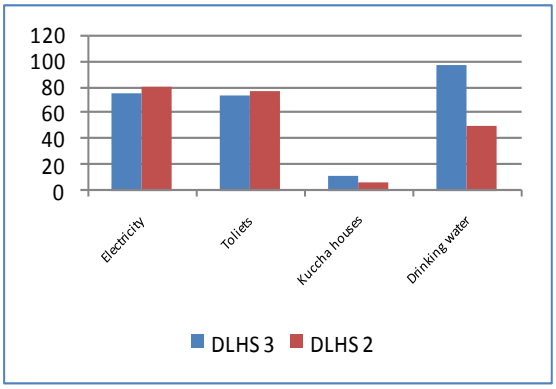
Table: Urban Population in Uttar Pradesh

State Details	2011
Projected population of State[3]	203 million
Projected Urban Population[4]	45 million
Projected Urban Slum population (approx.30% of Urban Population)[5]	13.5 million
Total no of Cities / urban Areas with population between 1- 10 lacs (2001)	51*
Number of cities with population more than 10 Lacs (2001)	5*

[3] The future population of India, a long range demographic view, Population Foundation of India.
[4] applying 22% proportion of urban population;
[5] planning commission

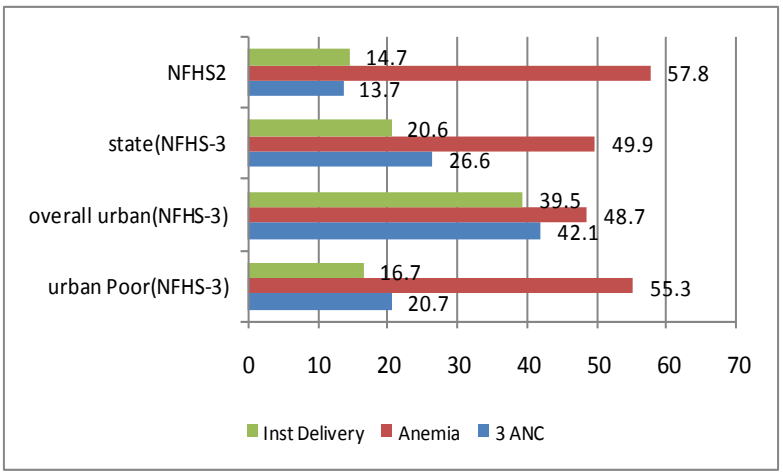
2. SITUATIONAL ANALYSIS

Social Determinants of Health:



The health status of people in Uttar Pradesh is amongst the lowest in the country, especially for the urban poor. The health indicators among urban poor are significantly lower than in rural areas of the state. A comparison of the District Household Survey (DLHS) 2 and 3 shows that with the exception of drinking water availability, the living conditions of the urban population have deteriorated. This is primarily due to the increasing proportion of urban poor.

Maternal Health:

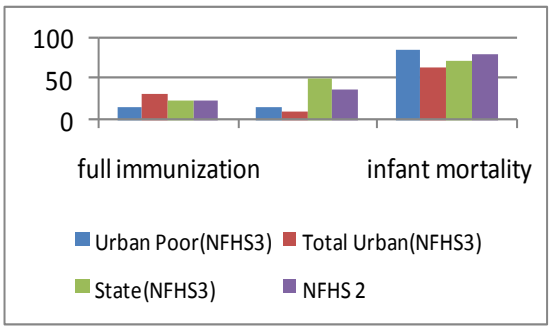


More than half of the urban poor women in UP are anaemic. High prevalence of anaemia contributes to high infant and maternal mortality, premature births and low birth weight babies. Only one in five urban poor women receives the recommended three antenatal checkups

Such low ANC coverage reflects glaring gaps in the health care system and accessibility in urban poor areas. Mere 24.4% of urban poor couples in UP use modern methods of contraception. This results in a large number of unwanted pregnancies and child births and deprives women to control their fertility and childbearing. High population growth in slums is not only because of rapid in-migration but also because of large family size. An urban poor woman gives birth to an average of 4.25 children during her reproductive span which is higher than the figure in rural areas.

Child Health:

The following figure depicts the deterioration in critical child health indicators among the urban poor between the NFHS surveys and their comparison to the urban population and state average.



Infectious diseases are more prevalent among the urban poor in Uttar Pradesh. The prevalence of medically treated TB (per 100,000 populations) is 532 as compared to 321 among average urban population and 425 in the state (NFHS 3). Percentage of urban poor women who have heard about AIDS has significantly increased from 16.6% (NFHS2) to 41.9% (NFHS 3); however this is low compared to the 72.2% of all urban women who have the knowledge.

3. HEALTH FACILITIES IN THE STATE

FACILITIES FUNDED BY STATE BUDGET

134 Urban Health Post (UHP) are providing primary health services, established in different Districts. Though, initially planned for a population of 50,000, due to migration there has been a substantial increase in slum and poor population. Increasing population pressure along with shortage of staff has rendered large areas of the city as either underserved or un-served areas and slums.

Information in respect of special schemes

Govt. Health Facilities -under Grant-in aid from GOI	No .	Controlling agency(SG/LB /VO/Ors)	Status (Functional /closed)	Brief summary of activities being carried out
No. of Health Posts			-	-
Type A	0	-	-	-
Type B	0	-	-	-
Type C	10	DG (FW) U.P.	Functional	-
Type D	124	DG (FW) U.P.	Functional	MCH,Immunization, FP & referral services
No. of Urban Family Welfare Centres				-
Type I		-	-	-
Type II	17	DG (FW) U.P.	Functional	-
TypeIII	28	DG (FW) U.P.	Functional	-

FACILITIES FUNDED BY NRHM BUDGET

Increasing urbanization tends to put pressure on health services delivered in catchment areas resulting a gap in delivering of RCH Services. To address these challenges, New Urban Health Posts established under SIP (European Commission) in slum areas, in year 2007-08 these Urban Health Posts are included under Urban RCH component of NRHM. In year 10-11, 131 Urban Health Posts were approved in PIP but 124 Urban Health Posts are functional. UHPs Kanpur Nagar (5), Bijnor(1) and Etah(1) could not be established. .In year 11-12 total 128 Urban Health Posts are being proposed. District wise details as follows :

Sl.	Name of cities identified for implementation UHPs in the State PIP under Urban RCH, so far	Major Urban health strategies/activities carried out under Urban RCH so far ,city wise	Urban Health Strategies/activities as proposed now in the State PIP under Urban RCH
1	Lucknow	14 UHPs+ additional support to 8 BMCs +MCH services in Slums by NGOs	14 UHPs+ additional support to 8 BMCs +MCH services in Slums by NGOs
2	Kanpur	10UHPs	5 UHPs+ MCH services in Slums by NGO
3	Agra	1 UHP	3 UHPs
4	Aligarh	5 UHPs	5 UHPs
5	Allahabad	2 UHPs	2 UHPs
6	Bareilly	3 UHPs	3 UHPs
7	Ghaziabad	5 UHP	5 UHP
8	Jhansi	3 UHPs	3 UHPs
9	Meerut	5 UHPs	5 UHPs
10	Saharanpur	5 UHPs	5 UHPs
11	Varanasi	6 UHPs	6 UHPs
12	Moradabad	5 UHPs	5 UHPs
13	Fiazabad	5 UHPs	5 UHPs
14	Gorakhpur	6 UHPs	6 UHPs
15	Unnao (incl.shuklaganj)	3 UHPs	3 UHPs
16	Auraiya	1UHP	1UHP
17	Ambedkarnagar	1UHP	1UHP
18	Azamgarh	1UHP	1UHP
19	Badaun	1UHP	1UHP
20	Bagpat	1UHP	1UHP
21	Bahraich	1UHP	1UHP
22	Balia	1UHP	1UHP
23	Balrampur	1UHP	1UHP
24	Banda	1UHP	1UHP
25	Barabanki	1UHP	1UHP
26	Basti	1UHP	1UHP
27	Bhadohi	1UHP	1UHP
28	Bijnor	1UHP	1UHP
29	Bulandshahar	1UHP	1UHP

30	Chitrakoot	1UHP	1UHP
31	Deoria	1UHP	1UHP
32	Etah	1UHP	1UHP
33	Etawah	1UHP	1UHP
34	Fatehpur	1UHP	1UHP
35	Firozabad	1UHP	1UHP
36	G.B.Nagar	1UHP	1UHP
37	Ghazipur	1UHP	1UHP
38	Gonda	1UHP	1UHP
39	Hamirpur	1UHP	1UHP
40	Hardoi	1UHP	1UHP
41	Hathras	1UHP	1UHP
42	J.p.nagar	1UHP	1UHP
43	Jalaun	1UHP	1UHP
44	Jaunpur	1UHP	1UHP
45	Kannoj	1UHP	1UHP
46	Kaushambhi	1UHP	1UHP
47	Kheri	1UHP	1UHP
48	Kushinagar	1UHP	1UHP
49	Lalitpur	1UHP	1UHP
50	Maharajganj	1UHP	1UHP
51	Mahoba	1UHP	1UHP
52	Mainpuri	1UHP	1UHP
53	Mau	1UHP	1UHP
54	Mirzapur	1UHP	1UHP
55	Muzaffarnagar	1UHP	1UHP
56	Pilibhit	1UHP	1UHP
57	Pratap garh	1UHP	1UHP
58	Raibareilly	1UHP	1UHP
59	Rampur	1UHP	1UHP
60	S.Kabir Ngr	1UHP	1UHP
61	Sidharthnagar	1UHP	1UHP
62	Sitapur	1UHP	1UHP
63	Sonbhadra	1UHP	1UHP
64	Sultanpur	1UHP	1UHP
65	Kashiramnagar	1UHP	1UHP
66	Shahjahanpur	1UHP	1UHP
67	Farrukhabad	1UHP	1UHP
	67 Districts	**131 UHPs**	**128UHPs**

GOALS AND OBJECTIVES

To improve the health status of the urban poors by provision of quality Primary Health Care services and decentralized health facilities by ensuring one urban health post (UHP) per 50,000 populations in the city.

CHALLENGES

Increasing urbanization tends to put pressure on the health services delivered in the catchments area resulting a gap in the delivery of RCH services as it largely depends

upon the community linkages and adoption of community based strategy. Ineffective Referral System from the community level to the second tier is another challenges leading towards the dilution of the trust of community and also the loss of manpower which accompanies the patients.

SOLUTIONS AND PRIORITIZED STRATEGIES

While there has been a problem in recruitment in the year 2010-11, now 124 UHPs out of 131 are functional. Some of the key strategies that can be prioritized to increase the access of quality health services and address challenges faced by urban population groups:

- Sustaining the State Urban Cell established in Directorate of Family Welfare, UP.
- Sustaining existing 128 Urban Health Posts in 67 Districts
- Capacity Building of the existing urban health human resources to deliver quality of services.
- Awareness campaign and programs to sensitize the people living in slums and generate need to utilize the health care services.
- Maximum utilisation of facilities by strengthening, reorganizing and redeployment.
- Organize monthly health and family planning outreach camps to strengthen forums of convergence in each city.
- Referral Protocols
- MCH services by NGOs for improving the health status of urban poor and increasing community awareness. (as a pilot in Lucknow and Kanpur).

HUMAN RESOURCE

a. Medical Officer – 1 Medical Officer (Preferably M.B.B.S. or AYUSH-Female) - @ Rs 30000 /month
b. Staff Nurse - 1 Staff Nurse to support Medical Officer - @ Rs 15000/month
c. ANM- 1 ANM to conduct MCH and Family planning services @Rs 9000/month
d. Sweeper cum IV class (male or female) - For cleaning and support to Medical Officer and Staff Nurse - @ Rs 4500/ month

DRUGS

- Drugs for UHP @ Rs 10000/per month per Urban Health post is being budgeted in Mission Flexipool under Procurement line items.

TYPE OF SERVICES

- Outpatient services, MCH services and referral service

TARGET POPULATION

- Poor & Under Served Population

- Inaccessible and Migrating Populations
- People with limited economic means & with less access to resources
- People live in temporary shelters
- People working in construction sites
- BPL people

KEY ACTIVITIES PROPOSED TO STRENGTHEN THE URBAN RCH PROGRAM IN 2011 – 2012.

- **Strengthening of the State Urban Cell under Directorate of Family Welfare -** During the course of implementation of the Urban RCH components it has been observed that there is a need to build a MIS system so as to properly monitor the urban health activities at the directorate level. This enhanced capacity will help in smooth implementation of urban health activities in the state.

Budget for Strengthening of Urban Cell at Directorate of Family Welfare, Lucknow					
a) Hiring of Contractual Staff					
	Particular	**No.**	**Honorarium**	**No. of Month**	**Amount (in Lacs)**
1	Data Assistant	1	Rs. 17000	12	2.04
2	Program Assistant	1	Rs. 17000	12	2.04
3	Office Attendant	1	Rs. 6500	12	0.78
	Subtotal Total				**4.86**
b) Operational expenses					
Particulars					**Amount (in Lacs)**
1	Telephone & Internet Bill @ Rs. 3000/- pm				0.36
2	Computer Peripherals (Cartridge etc.) @Rs. 5000/- pm				0.6
3	Stationary @ Rs. 5000/- pm				0.6
4	Contingency Miscellaneous @Rs. 5000/- pm				0.6
	Subtotal				**2.16**
	Total Annual Requirement (a+b)				**7.02**

Rs. 7.02 lakhs have been budgeted for Strengthening of Urban Cell at Directorate of Family Welfare, Lucknow in Programme Management, which is approved by GOI (ROP- FMR Code-A.10.1)

4. LUCKNOW URBAN RCH PROGRAMME

Some of the specific strategies suggested in the Lucknow Urban project are:

1. Sustaining support to Urban RCH Office and meeting hall
2. Sustaining support to UHPs(14 Urban Health Posts)
3. Additional support to 08 Bal Mahila Chikatsalaya – Specialists posted here will be paid according to the HR norms in general under NRHM. MD/MS will get Rs. 40000/- per month and PG Diploma holders Rs. 35000/- per month.
4. MCH services in slum area
5. Drugs: Provision of drugs @ Rs 3000/-per caesarean case for total 1000 cases is being budgeted under Mission Flexipool under Procurement.

BUDGETARY PROVISION FOR LUCKNOW URBAN RCH PROJECT 2011-12

	Particular	Honorarium @ Per Month	No.	No. of Months	Total Amount (in Lacs)
A	**Urban RCH Office Staff**				
	Sr.Copmputer Operator	13500	1	12	1.62
	Office assistant	6500	1	12	0.78
	Storekeeper-cum-Caretaker	9000	1	12	1.08
	Sweeper (Fulltime)	4500	1	12	0.54
	Security Guards	4500	3	12	1.62
	Peon	4500	1	12	0.54
	Subtotal				**6.18**
B	**Miscellaneous heads at Urban RCH Dist HQ**				
	Telephone with Internet Connection	3000	1	12	0.36
	Contingency for OPD slips,referral cards and others	5000	1	12	0.6
	Supervision, Monitoring, Evaluation and Reporting of Urban Program by ACMO	5000	1	12	0.6
	Subtotal				**1.56**
C	**Staff at BMC & PGs**				
	Gynecologist	35000	8	12	33.6
	Pediatrician	35000	4	12	16.8
	Anesthetist on call	1500	100	12	18
	Staff Nurse	15000	8	12	14.4
	Ward Ayah	4500	16	12	8.64
	Sweepers(full time)	4500	16	12	8.64
	Computer assistant at BMC	10000	4	12	4.8
	Ambulances (for BMC&PGs & on call avail. to UHPs)	23000	8	12	22.08
	Subtotal				**126.96**
D	**Streng. of Existing UHPs (14)**				
	Building rent Rent	7000	8	12	6.72
	Medical Officer	30000	14	12	50.4
	Staff Nurse	15000	14	12	25.2
	ANM	9000	14	12	15.12
	Sweeper cum Chowkidar	4500	14	12	7.56
	Electricity	1000	14	12	1.68
	Telephone	1000	14	12	1.68
	Contingency	500	14	12	0.84
	Subtotal				**109.2**
E	**MCH services in Slum Areas through NGO**				
	MCH services in Slum Areas	4600000	1		46.00
	Subtotal				**46.00**
	Grand Total				**289.90**

For the above purpose, GOI approved Rs 289.90 lacs under RCH Flexipool (ROP-FMR Code-A.5) and Rs. 46.80 Lacs for drugs and consumables in NRHM Flexipool (ROP-FMR Code- B.16.2.2.f).

5. URBAN RCH SERVICES IN 13 BIG CITIES

It is proposed to sustain 59 Urban Health Posts in 13big cities for providing following package of services at the facility.

1. Maternal Child Health services
2. Family Planning services
3. Immunization and Vitamin A supplement
4. Preliminary Medical care in OPD
5. Management of RTIs and STIs
6. Counselling on institutional and neonatal care practices

The UHPs will be providing health care services at the facility and outreach services (ANC and Immunization services)

For Agra 2 new UHPs are being proposed for year 11-12 due to an accelerated increase in urban population.

In Kanpur Nagar 10 Urban Health Posts under NRHM were approved for year 10-11 but 5 Urban Health Posts could not be established only 5 Urban Health Posts are functional . For Year 11-12, these 5 Urban Health Posts are proposed to sustain to meet the need of Urban Poor and in un-served slum of about 1, 93,000 populations being proposed for MCH services to be provided by NGO.

6. URBAN RCH INTERVENTIONS IN 53 DISTRICTS

Total 55 Urban Health Posts have been established in 53 cities (excluding Kanpur Dehat, Shravasti, Chandoli and Mathura) that will be providing following package of services at the facility. These include:

1. Maternal Child Health services
2. Family Planning services
3. Immunization and Vitamin A supplement
4. Preliminary Medical care in OPD
5. Management of RTIs and STIs
6. Counselling on institutional and neonatal care practices

The UHPs will be providing health care services at the facility and outreach services (ANC and Immunization services).

IMPLEMENTATION OF URBAN RCH PLAN/ACTIVITIES IN NUHPS OF 13 DISTRICTS FUNDED BY NRHM

Sl	Name of District	Total No.of NUHP	Building		Manpower								Other Expenses)			
			Rent @Rs 7000/month /center)		Medical Officer @ Rs 30000/pm /centre		Staff Nurse @ Rs 15000 /pm/ center		ANM @ Rs 9000/pm/center		Sweeper/ Chowkidar (Rs 4500/pm) /center		Tel bill (1000/month/center	Electricity(Rs 1000/month/center)	Contingency Rs. 500/month /Center	Total/ month
			No.	Amt (in Lac)	No.	Amt (in Lac)	No.	Amt (in Lac)	No.	Amt (in Lac)	No.	Amt (in Lac)				
1	Agra	3	3	2.52	3	10.8	3	5.4	3	3.24	3	1.62	0.36	0.36	0.18	**24.48**
2	Aligarh	5	5	4.2	5	18	5	9	5	5.4	5	2.7	0.6	0.6	0.3	**40.8**
3	Allahabad	2	2	1.68	2	7.2	2	3.6	2	2.16	2	1.08	0.24	0.24	0.12	**16.32**
4	Bareilly	3	3	2.52	3	10.8	3	5.4	3	3.24	3	1.62	0.36	0.36	0.18	**24.48**
5	Ghaziabad	5	5	4.2	5	18	5	9	5	5.4	5	2.7	0.6	0.6	0.3	**40.8**
6	Jhansi	3	3	2.52	3	10.8	3	5.4	3	3.24	3	1.62	0.36	0.36	0.18	**24.48**
7	Kanpur Nagar	5	5	4.2	5	18	5	9	5	5.4	5	2.7	0.6	0.6	0.3	**40.8**
	MCH services by NGO in Kanpur Nagar															**50.24**
8	Meerut	6	6	5.04	6	21.6	6	10.8	6	6.48	6	3.24	0.72	0.72	0.36	**48.96**
9	Saharanpur	5	5	4.2	5	18	5	9	5	5.4	5	2.7	0.6	0.6	0.3	**40.8**
10	Varanasi	6	6	5.04	6	21.6	6	10.8	6	6.48	6	3.24	0.72	0.72	0.36	**48.96**
11	Moradabad	5	5	4.2	5	18	5	9	5	5.4	5	2.7	0.6	0.6	0.3	**40.8**
12	Fiazabad	5	5	4.2	5	18	5	9	5	5.4	5	2.7	0.6	0.6	0.3	**40.8**
13	Gorakhpur	6	6	5.04	6	21.6	6	10.8	6	6.48	6	3.24	0.72	0.72	0.36	**48.96**
	Total	**59**	**59**	**49.56**	**59**	**212.4**	**59**	**106.2**	**59**	**63.72**	**59**	**31.86**	**7.08**	**7.08**	**3.54**	**531.68**

To implement activities, an amount of Rs. 531.68 Lacs was proposed in RCH Flexipool, which is approved by GOI (ROP- FMR Code- A.5) and Rs. 70.80 Lacs for drugs and consumables in NRHM Flexipool (B.16.2.2.f) for this purpose.

IMPLEMENTATION OF URBAN RCH PLAN/ACTIVITIES IN UHPS OF 53 DISTRICTS FUNDED BY NRHM

Sl.	Name of District	Total No. of NUHP	Building		Manpower								Other Expenses)			Total/ month
			Rent @Rs 7000/month/ center)		Medical Officer @30000/- pm/center		Staff Nurse @ Rs15000/- pm/ center		ANM @Rs 9000/-per ANM/pm/center		Sweeper/Chowkidar (Rs4500/- pm)/center		Tel bill (1000/month/center	Electricity(Rs 1000/month/center)	Contingency Rs. 500/month /Center	
			No.	Amt (in Lac)	No.	Amt (in Lac)	No.	Amt (in Lac)	No.	Amt (in Lac)	No.	Amt (in Lac)				
1	Auraiya	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
2	Ambedkarnagar	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
3	Azamgarh	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
4	Badaun	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
5	Bagpat	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
6	Bahraich	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
7	Balia	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
8	Balrampur	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
9	Banda	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
10	Barabanki	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
11	Basti	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
12	Bhadohi	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
13	Bijnor	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
14	Bulandshahar	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
15	Chitrakoot	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
16	Deoria	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
17	Etah	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
18	Etawah	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
19	Fatehpur	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
20	Firozabad	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
21	G.B.Nagar	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
22	Ghazipur	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
23	Gonda	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
24	Hamirpur	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
25	Hardoi	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22

26	Hathras	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
27	J.P.Nagar	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
28	Jalaun	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
29	Jaunpur	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
30	Kannoj	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
31	Kaushambhi	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
32	Kheri	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
33	Kushinagar	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
34	Lalitpur	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
35	Maharajganj	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
36	Mahoba	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
37	Mainpuri	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
38	Mau	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
39	Mirzapur	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
40	Muzaffarnagar	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
41	Pilibhit	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
42	Pratap Garh	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
43	Raibareilly	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
44	Rampur	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
45	S.Kabir Nagar	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
46	Sidharthnagar	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
47	Sitapur	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
48	Sonbhadra	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
49	Sultanpur	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
50	Kashiramnagar	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
51	Shahjahanpur	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
52	Farrukhabad	1	1	0.84	1	3.6	1	1.8	1	1.08	1	0.54	0.12	0.12	0.12	8.22
53	Unnao (incl.ShuklaGanj)	3	3	2.52	3	10.8	3	5.4	3	3.24	3	1.62	0.36	0.36	0.36	24.66
		55	**55**	**46.20**	**55**	**198.00**	**55**	**99.00**	**55**	**59.4**	**55**	**29.7**	**6.6**	**6.6**	**6.6**	**452.1**

For the above purpose, an amount of Rs. 452.10 Lacs was proposed in RCH Flexipool, which is approved by GOI (ROP- FMR Code A.5) and Rs. 66.00 Lacs for drugs and consumables in NRHM Flexipool (B.16.2.2.f).

BUDGET FOR DRUGS AT URBAN HEALTH POSTS AND BMC S - (LUCKNOW URBAN RCH, 13 BIG CITIES AND 53 CITIES)

Sl	Name of District	Target	Unit Cost	Frequency	Total
1-a	Lucknow (8 BMC@ Rs 3000/- per caesarean case for 1000 case)	1000	3000	1	30.00
1-b	Lucknow (14 Urban Health Posts)	14	10000	12	16.80
2	Agra	3	10000	12	3.60
3	Aligarh	5	10000	12	6.00
4	Allahabad	2	10000	12	2.40
5	Bareilly	3	10000	12	3.60
6	Ghaziabad	5	10000	12	6.00
7	Jhansi	3	10000	12	3.60
8	Kanpur Nagar	5	10000	12	6.00
9	Meerut	6	10000	12	7.20
10	Saharanpur	5	10000	12	6.00
11	Varanasi	6	10000	12	7.20
12	Moradabad	5	10000	12	6.00
13	Fiazabad	5	10000	12	6.00
14	Gorakhpur	6	10000	12	7.20
15	Auraiya	1	10000	12	1.20
16	Ambedkarnagar	1	10000	12	1.20
17	Azamgarh	1	10000	12	1.20
18	Badaun	1	10000	12	1.20
19	Bagpat	1	10000	12	1.20
20	Bahraich	1	10000	12	1.20
21	Balia	1	10000	12	1.20
22	Balrampur	1	10000	12	1.20
23	Banda	1	10000	12	1.20
24	Barabanki	1	10000	12	1.20
25	Basti	1	10000	12	1.20
26	Bhadohi	1	10000	12	1.20
27	Bijnor	1	10000	12	1.20
28	Bulandshahar	1	10000	12	1.20
29	Chitrakoot	1	10000	12	1.20
30	Deoria	1	10000	12	1.20
31	Etah	1	10000	12	1.20
32	Etawah	1	10000	12	1.20
33	Fatehpur	1	10000	12	1.20
34	Firozabad	1	10000	12	1.20
35	G.B.Nagar	1	10000	12	1.20
36	Ghazipur	1	10000	12	1.20
37	Gonda	1	10000	12	1.20
38	Hamirpur	1	10000	12	1.20
39	Hardoi	1	10000	12	1.20
40	Hathras	1	10000	12	1.20
41	J.P.Nagar	1	10000	12	1.20
42	Jalaun	1	10000	12	1.20
43	Jaunpur	1	10000	12	1.20
44	Kannoj	1	10000	12	1.20
45	Kaushambhi	1	10000	12	1.20
46	Kheri	1	10000	12	1.20
47	Kushinagar	1	10000	12	1.20
48	Lalitpur	1	10000	12	1.20
49	Maharajganj	1	10000	12	1.20
50	Mahoba	1	10000	12	1.20
51	Mainpuri	1	10000	12	1.20
52	Mau	1	10000	12	1.20

53	Mirzapur	1	10000	12	1.20
54	Muzaffarnagar	1	10000	12	1.20
55	Pilibhit	1	10000	12	1.20
56	Pratap Garh	1	10000	12	1.20
57	Raibareilly	1	10000	12	1.20
58	Rampur	1	10000	12	1.20
59	S.Kabir Nagar	1	10000	12	1.20
60	Sidharthnagar	1	10000	12	1.20
61	Sitapur	1	10000	12	1.20
62	Sonbhadra	1	10000	12	1.20
63	Sultanpur	1	10000	12	1.20
64	Kashiramnagar	1	10000	12	1.20
65	Shahjahanpur	1	10000	12	1.20
66	Farrukhabad	1	10000	12	1.20
67	Unnao(incl.ShuklaGanj)	3	10000	12	3.60
		128			**183.60**

7. ESTABLISHING URBAN HEALTH POSTS IN RESIDENTIAL AREAS POOREST OF POORS

Due to urbanization and to support livelihood, in most of the districts in urban areas, families below poverty line have started living in identified pockets. Most of such colonies do not have any health facility nearby and they have to travel long distances to reach the Govt. hospitals to get free treatment.

It is being proposed that total 150 Urban Health Posts will be established in such colonies (one Urban Health Post in each colony), so that people living here can easily access health facilities and treatment free of cost. These Urban Health Posts will provide OPD services, mother and child welfare services, birth-death registration and services under different National Disease Control Programmes.

Infrastructure and Manpower required for establishing one Urban Health Post in each colony is as below:

1. Rented Building: minimum 2 rooms (one for OPD and other for dispensing the medicine) with running water and electricity
2. Manpower:
    a. Medical Officer – 1 Medical Officer (M.B.B.S. or AYUSH-Female) - @ Rs 30000 /month
    b. Staff Nurse - 1 Staff Nurse to support Medical Officer - @ Rs 15000/month
    c. Sweeper cum IV class (male or female) - For cleaning and support to Medical Officer and Staff Nurse - @ Rs 4500/ month
3. One time establishment - @Rs 50000/ Urban Health Post
4. Drugs and consumables - @Rs 5000/ month
5. Contingency – @ Rs. 3000/month

Budgetary details for establishing 150 Urban Health Posts :

Head	Target	Unit Cost	Frequency	Total (Rs.in Lacs)
Building Rent	150	7000.00	8	84.00
Manpower				
Medical Officer	150	30000.00	8	360.00
Staff Nurse	150	15000.00	8	180.00
Sweeper cum Class IV	150	4500.00	8	54.00
One time establishment	150	50000.00	1	75.00
Contingency	150	3000.00	8	36.00
Total under RCH Flexipool				**789.00**
Drugs and consumables	150	5000	8	60.00
Total under Mission Flexipool				**60.00**
Grand Total				**849.00**

To establish 150 Urban Health Posts in residential areas of Poorest of Poors, an amount of Rs. 849.00 Lacs was proposed, which is not approved by GOI. (ROP-FMR Code- A.5)

IEC / BCC

Budget is proposed Rs 10000/year for Health post visibility and Budget has been proposed in IEC/BCC head.

Local district specific activities are being proposed to direct the demand to the services. Signages / hoardings at the UHP will be displayed prominently. Local cable channels with strip ads with locations of UHPs, schedule of services will be undertaken. Additionally, demand will be generated by street plays and IPC by the home visits being proposed through the RI Link workers.

Sl.	Activity	Physical Targets	Unit Cost	Frequency	Total in Lacs	Remarks
i	**Community Media**					
	Street plays for Urban RCH @ 3000/- x 24 performances per UHP per year x 50 Selected Urban Health Posts	50	3,000	24	36.00	
ii	**Outdoor Media**					
	Glow Sign Boards at UHPs					Inbuilt in Program Budgets
iii	**Mass Media**					
	Cable Strip	14	10,000	12	16.80	
	Radio Spots (FM)	5	50,000	12	30.00	
	Total				**82.80**	

***For IEC/BCC, Rs. 82.80 Lacs was proposed in Mission Flexipool under chapter IEC/BCC is approved by GOI (ROP- FMR Code-*B.10.2.5-I).**

APPROVED BUDGET SUMMARY FOR URBAN RCH

FMR Code	Activity	Amount Approved (Rs. In Lacs)
RCH FLEXIPOOL		
A.10.1	Strengthening of Urban Cell at Directorate*	
A.5	**URBAN RCH**	
	Urban RCH Project- Lucknow	289.90
	Activities in 13 Areas of Big Cities	531.68
	Activities in other 53 Cities	452.10
	TOTAL - RCH FLEXIPOOL	**1,273.68**
	NRHM FLEXIPOOL	
B.10.2.5	**IEC/BCC Activities- Urban RCH**	**82.80**
B.16.2.2.f	**Procurement of Drugs and supplies**	
	Lucknow Urban RCH	46.80
	Activities in 13 Areas of Big Cities	70.80
	Activities in other 53 Cities	66.00
	TOTAL - NRHM FLEXIPOOL	**266.40**
	GRAND TOTAL - URBAN RCH	**1,540.08**

**** Rs. 7.02 Lacs is being budgeted under programme management.***

A.6. SOCIAL AND GENDER EQUITY

1. STATE LEVEL

I.	**Strengthened Institutional Mechanisms for Social and Gender Equity**	**Remarks**
	Is there a designated government official to oversee inclusion of social and gender equity at the state level? Are there a technical consultant/ institution to mainstream gender and equity?	No
	What are the identified key entry points to ensure social inclusion and gender - specific strategies, capacity building, BCC, MIS	Capacity building and BCC
	What are the mechanisms to capture and monitor programme reach to socially excluded groups	No exclusive mechanism except regular reporting
II	**Improved Health Financing**	
	What is the allocation of funds for- specific strategies to reach vulnerable groups, emergency transport, emergency obstetric care, MTP services, maternal complications	Emergency transport service is going to be launched very soon in the state, however emergency obstetric care, MTP services and maternal complications are being handled at the identified FRUs and CHCs.
	Are there guidelines and plans for the use of un-tied funds at the village level and sub-centre level and adequately disseminated across the different districts?	The guidelines for use of un-tied funds at sub-centres and village level are in place and disseminated across the districts.
III	**Training**	
	Is there a systematic training and capacity building strategy and plan developed on gender and social inclusion in relation to - ANM, ASHA, SBA, MIS, BCC person. Are they shared across the districts?	Yes
	Do training plans include a focus on provision of MTP, management of RTI/STI, insertion of IUDs, vasectomies?	Yes
IV	**Policies, Guidelines, Human Resource Policies**	
	For effective outreach work by women service providers is there an anti sexual harassment policy and cell at the state level?	Yes

	For effect reach to socially disadvantaged groups are policies for staffing of service delivery units representative of excluded groups e.g. SC, ST being implemented?	Yes
	Are there sufficient women doctors, at least one in every PHC?	The posts of women doctors is not sanctioned at PHC, however, under NRHM contractual AYUSH lady doctors have been recruited and placed at the BPHCs.
V	**Facilities for Women Health Care Providers under NRHM**	
	Are there plans to improve safety of housing for all ANMs/ LHVs/ Front-line workers?	Yes
	Are there plans to improve field level functioning of ANMs/ Frontline workers e.g. provision of mobile phones, provision of vehicles for easy transport	Yes

2. DISTRICT LEVEL

I	**Strengthened Institutional Mechanisms for Social and Gender Equity**	**Remarks**
	The key entry points identified for addressing social inclusion and gender equity - a nodal gender and equity person, plans to train ANMs, ASHS, district level functionaries, use of MIS, BCC	There are plans to train ANMs and ASHAs and use of BCC for addressing social inclusion and gender equity.
	Has the plan been built on systematic mapping of underserved districts and vulnerable social groups, including (but not limited to) the Tribal areas.	Yes
II	**Improved Services for Disadvantaged Social Groups and Women as Clients**	
	Are specific strategies or mechanisms proposed to reach at a scale including budget allocations for 1) Under Served Districts 2. Social Group - ANC, PNC, Nutrition and Health, Ambulance and Transport Facilities, Trained medical staff, hospitals, safe community friendly alternative systems	Yes
	Are there strategies specified to ensure quality of services from a woman's perspective (e.g. through expansion of district Quality of Care	Yes

	Protocols, district teams). Are issues such as adequate, clean and separate toilets for women, privacy with the help of screens/ partitions, sufficient water, clean linen etc included as an aspect of quality?	
	Is there a plan for adolescent friendly health services - anaemia treatment, delay marriages, delay pregnancy, etc (inclusion of adolescent boys/girls, married and unmarried, out-of-school and in- school for SRH education and service provision).	Yes
	Are there strategies for development of capacity to provide counselling services at appropriate levels (e.g. for Family Planning, HIV prevention and testing, STI -partner management and Gender Based Violence) and integrate these in health services	Yes
III	**Improved Health Financing**	
	Is there sufficient allocation of funds for emergency transport, emergency obstetric care, MTP services, maternal complications	Yes
	Is there adequate allocation of funds for health delivery strategy made for women and BPL, SC, ST, migrants, urban poor, minorities and locally vulnerable groups	Yes
IV	**Training**	
	Do training plans include a focus on provision of MTP, management of RTI/STI, insertion of IUDs, vasectomies?	Yes
VI	**Improved Community Involvement - RCH - NRHM**	
	Are there plans and funds for communication, networking and BCC activities through community and women's groups for improved RCH outcomes (e.g. involvement of community volunteers, health messages through SHGs, strengthening of Mahila Swasthya Sanghs, health action groups and community health dialogues)	Yes
	Are there mechanism to ensure participation of socially marginalized groups and 50% women's participation in RKS and VHSCs	No special mechanism exists to ensure participation of these groups and women.
	Are there mechanisms to involve Panchayati Raj Institutions/Self Help Groups in needs assessment and planning?	Yes
VII	**Innovative approaches to make services and service environment client friendly**	

	Are there provision for innovative approaches to making services client–centered (e.g. 24 hour help counters at district hospitals for assisted referrals, help-lines for emergency transport)	Help counters are there in place in district hospitals. Emergency referral transport services are going to be implementing in the state very soon.
	Are putting up patients rights charters, rate charts, timings, in local languages at all health centres, putting up complaints boxes and credible grievance redressal system being practiced?	Yes.
	Are plans for linking hospitals with NGOs, Women's groups, helplines to address gender based violence?	Yes
VIII	**Men as partners and clients**	
	Are there innovative plans and allocation to improve provision of STI services to men (e.g. through BCC, male health workers, partner notification and treatment)	Yes
	Are their plans and allocations for BCC and MPW training to improve men's involvement in family planning including use of condoms and terminal methods	Yes
IX	**Women Health Care Providers**	
	Are there mechanisms to report or address sexual harassment at work-place at the district level?	Yes
	Are field level functioning of ANMs/ Frontline workers e.g. provision of mobile phones, provision of vehicles for easy transport	Yes
X	**Better implementation of PCPNDT Act**	
	Are there plan and allocations for better implementation of the PNDT act to stop sex-selection, specifically for - support cells at district providing monitoring or legal help - capacity-building of Appropriate Authorities and other stakeholders including for monitoring visits	Yes

A.7. PNDT AND SEX RATIO

Sex ratio is an important indicator to measure gender equity. The rapidly decreasing sex ratio in the state is likely to create severe gender imbalance that can destroy the social fabric. It should also viewed both as child right issue (girls are killed either through sex selective abortions or die prematurely due to violence and neglect). Number of females/males per thousand males indicates the trend in sex ratio over the two decades of India and Uttar Pradesh as shown in table below-

Year	India		U.P.	
	In General Population	0-6 year age group	In General Population	0-6 year age group
1991	927	945	876	927
2001	933	927	898	916

District wise sex ratio of U.P. is as follows:

Range (Sex Ratio)	Number of Districts
850-875	10
876-900	13
901-925	15
926-950	25
More than 950	07
Total	**70**

The 'Civil Registration Data' clearly shows that the sex ratio is declining in most of the commercially viable districts where ultrasonography centres are in abundance indicating a direct correlation. Consequently, strategies will focus on these districts. As per reports received from districts 4277 centres have been registered under the PCPNDT Act in the state. It is well known that it is difficult to regulate the private sector and therefore initiatives to monitor the implementation of the PCPNDT Act become even more essential.

It is seen that the status of eastern districts is better than western districts. Census 2001 indicates that Shahjahanpur (838), Mathura (841), Badaun (841), GB Nagar (842), Hardoi (843), Etah (847), Jalaun (847), Baghpat (848), Firozabad (851), Agra (852), Hamirpur (852), Mainpuri (855), Hathras (856), Etawah (856), Auraiya (856), Kanpur Dehat (856) and Shravasti (859) are the 17 worst affected districts with the sex ratio lower than 860. At present there is no authentic data available for knowing the current status of sex ratio.

1. STATE LEVEL ACTIVITIES

STATE PCPNDT CELL

A PCPNDT cell has been established at the FW Directorate. The following budget is proposed for the continuation of PCPNDT Cell:

Sl.	Name of Post	No. of Post	Honoraria per month	Total amount (In lacs)
1	Programme Assistant	02	Rs. 17,000/-	4.08
2	Data Assistant	01	Rs. 17,000/-	2.04
	Total	**03**		**6.12**

For this purpose, Rs. 6.12 lacs was proposed for the PCPNDT cell for the year 2011-12 and GOI approved these expenses under the programme (ROP – FMR Code – A.7.1).

STATE INSPECTION & MONITORING COMMITTEE

A State level Inspection & Monitoring Committee has been established, which will undertake inspection of ultrasound centres in 10 worst districts. It is estimated that for each inspection visit around Rs.10,000/- would be incurred for 1 visits per district. Accordingly, for visits to 10 districts, an amount of Rs.1.00 lac is being budgeted for the year 2011 -2012.

ORIENTATION TRAINING OF DISTRICT NODAL OFFICERS AND ASSISTANTS

There is a need to provide one day orientation training to ACMO (nodal officer) and their assistants to orient them for various PCPNDT procedures for maintenance of records and legal provisions under the act regarding implementation and also about their role and responsibilities.

Four batches of training will be required, each batch having around 40 participants. The cost of each batch of training would be around Rs. 25,000. **Thus, for 4 batches of training an amount of Rs.1.00 lac would be required for the year 2011-12**

REVIEW MEETINGS AT STATE LEVEL

It is proposed to review the activities conducted by districts for implementation of the PCPNDT Act. Nodal Officers from the district would participate in these meetings. A one-day meeting would be conducted every six months at the State headquarter for the purpose. Two batches of meetings would be required to be conducted to cover all the 72 districts. The budgetary requirement for each meeting would be as follows:

Sl.	Description	Annual amt. (Rs. in lacs)
1	Venue expenses (Audio/video, etc.)	**0.02**
2	Expenses towards refreshments, etc.	**0.07**
3	Stationery, etc.	**0.04**
4	Contingency	**0.02**
	Total for one batch	**0.15**
	Total for 2 meetings of 2 batches	**0.60**

STATE LEVEL MEETING OF BOARDS/COMMITTEES

Three Committees/Boards have been constituted at the State level under the PCPNDT Act. These committees would meet at regular intervals to review the activities under PCPNDT and suggest necessary actions to be taken, if required. The budgetary requirement for the various meetings would be as follows:

Sl.	Description	No. of Meetings to be organized	Estimated expense per meeting	Annual Requirement (Rs. in lacs)
1	Meeting of State Supervisory Board under the Chairmanship of Hon'ble Minister of Medical & Health	3	Rs.15,000/-	**0.45**
2	Meeting of State Appropriate Authority under the Chairmanship of DG (FW)	6	Rs.300-/	**0.018**
3	State Advisory Committee	6	Rs.1,000/	**0.06**
	Total			**0.53**

STATE LEVEL SENSITIZATION WORKSHOP

It is proposed that State Level sensitization workshop will be conducted this year involving different stakeholders including government doctors, District Magistrates, NGOs, representative from the legal field, social welfare department, women and child welfare department, women and human right groups, district administration and PRIs. In the second session, the participants will be members from IMA, nursing home associations, gynaecologists, radiologists, ultrasonologists, and members from FOGSI association. **A budgetary provision of Rs. 3.00 lacs is being made**.

STATE LEVEL IEC ACTIVITIES

It is proposed to conduct IEC activities through electronic media (Doordarshan & Akashwani) and Advertisement in News Papers at state level. Other IEC activities like print media (wall painting, hoarding, banners, display boards etc) will be done directly by districts, which are budgeted under district IEC activities. **A lumpsum provision of Rs. 50.00 lacs is being made for the year 2011-12**

2. DIVISIONAL LEVEL ACTIVITIES

ORIENTATION OF MEMBERS OF THE DISTRICT ADVISORY COMMITTEE

District level Advisory Committees have been constituted. The members of the Committees are required to be oriented regarding their role and responsibilities. Accordingly, it is proposed to conduct one day orientation meeting of these functionaries. The meetings will be organised at the division level. It is estimated that the average cost of each meeting would be around Rs.15,000/-. **Thus, the budgetary requirement for conducting one meeting in each of the 18 divisions works out to Rs.2.70 lacs.**

3. DISTRICT LEVEL ACTIVITIES

District Level Inspection & Monitoring - Two inspections and monitoring visits will be done every month. In addition to District PMUs, Divisional PMUs will be involved in monitoring the implementation of the PCPPNDT Act and submitting regular reports. No Extra Budget is required for this activity.

District Level Sensitization Workshops- After the State-level sensitization workshop has been conducted, one-day district level workshops would be organised for creating publicity regarding the need to address discrimination against girl child and creating awareness regarding the provisions of PCPNDT Act and its enforcement. Necessary guidelines and literature on the subject would also be provided to the participants. Accordingly, various stakeholders in the districts would be sensitised. Two sessions would be organised as follows:

- **First session -** for Medical Officers, NGOs, Officials from the Department of Women & Child Development, Social Welfare, Panchayati Raj, Human Rights Commission, etc.
- **Second session -** for Representatives of IMA, Nursing Home Associations, FOGSI, Gynaecologists, Radiologists, Ultrasonologists, etc.

An amount of Rs.25,000/- would be allocated to each district for the same. **Accordingly, an amount of Rs.18.00lacs is being budgeted for 72 districts.**

ORGANIZING COMPETITIONS AT INTER/DEGREE COLLEGES

As a part of awareness generation, it is proposed to organise various competitions, such as, debate, essay writing, poster competition etc. in intermediate/degree colleges on issues related to female foeticide, gender discrimination. Such events would be conducted in 3 institutions in each district. The budgetary requirement will be as follows:

Sl.	Description	Annual Amt.(Rs.)
1	Prizes for students @ Rs.1800/- per school x 3 schools	5400.00
2	Expenses towards refreshments, etc. @ Rs.1000/school x 3 schools	3000.00
3	Miscellaneous	1600.00
	Total for one District	10000.00
	Total for 72 Districts	720,000.00

Accordingly, for 72 districts, an amount of Rs. 7.20 lacs is being budgeted for the year 2011-12

IEC ACTIVITIES AT DISTRICT LEVEL

Districts can utilize funds being collected from registration/renewal of Centres under the PCPNDT Act for IEC activities. However, additional funds are proposed to be provided to the districts to undertake local level IEC for generating awareness regarding the provisions of the PCPNDT Act through wall paintings, posters,

hoardings, local media, etc. Names of the members of the District Advisory Committee and phone numbers for lodging complaints will be displayed at prominent places and printed on pamphlets, forms etc. for distribution.

Districts have been categorized based on the number of genetic centres in the districts and accordingly budgetary allocation according to sex ratio is proposed for each district.

Sl.	Name of District	Sex Ratio (2001)	Amount Proposed (In Lacs)
1	Kashi Ram Nagar	New District	1.00
2	ChatrapatiSahujiM.Nagar	New District	1.00
3	Azamgarh	1026	1.00
4	Jaunpur	1021	1.00
5	Deoria	1003	1.00
6	Mau	984	1.00
7	Pratapgarh	983	1.00
8	Sultanpur	980	1.00
9	SantKabir Nagar	978	1.00
10	Ambedkar Nagar	977	1.00
11	Ghazipur	974	1.00
12	Kushi Nagar	961	1.00
13	Gorakhpur	959	1.00
14	Ballia	952	1.00
15	Raebareilly	949	1.00
16	Siddharth Nagar	946	1.00
17	Faizabad	940	1.00
18	Maharajganj	933	1.00
19	Chandauli	922	1.00
20	Bhadhohi	918	1.00
21	Basti	916	1.00
22	Varanasi	908	1.00
23	Gonda	899	1.00
24	Unnao	898	1.00
25	Mirzapur	897	1.00
26	Sonbhadra	896	1.00
27	Bijnaur	896	1.00
28	Balrampur	896	1.00
29	Kaushambi	894	1.00
30	Fatehpur	892	1.00
31	Lucknow	891	1.00
32	Barabanki	886	1.00
33	Moradabad	885	1.00
34	J.P. Nagar	885	1.00
35	Lalitpur	884	1.00
36	Rampur	882	1.00
37	Allahabad	882	1.00
38	Bulandshahar	881	1.00
39	Pilibhit	876	1.00
40	Kheri	875	1.50
41	Muzaffar Nagar	872	1.50
42	Chitrakoot	872	1.50

43	Bareilly	872	1.50
44	Meerut	871	1.50
45	Jhansi	870	1.50
46	Kanpur Nagar	869	1.50
47	Kannauj	868	1.50
48	Saharanpur	868	1.50
49	Mahoba	866	1.50
50	Bahraich	865	1.50
51	Sitapur	862	1.50
52	Aligarh	861	1.50
53	Ghaziabad	860	1.50
54	Banda	860	1.50
55	Farrukhabad	860	1.50
56	Shrawasti	859	2.00
57	Hathras	856	2.00
58	Etawah	856	2.00
59	Auraiya	856	2.00
60	Kanpur Dehat	856	2.00
61	Mainpuri	855	2.00
62	Agra	852	2.00
63	Hamirpur	852	2.00
64	Firozabad	851	2.00
65	Baghpat	848	2.50
66	Etah	847	2.50
67	Jalaun	847	2.50
68	Hardoi	843	2.50
69	G.B. Nagar	842	2.50
70	Mathura	841	2.50
71	Badaun	841	2.50
72	Shajahanpur	838	2.50
		TOTAL	**101.00**

TA/DA TO DISTRICT LEVEL STAFF FOR ATTENDING MEETINGS, WORKSHOPS, TRAININGS, ETC. OUTSIDE DISTRICT HQ

Regular review meetings and refresher trainings, etc. have been planned for district nodal officers, dealing clerks and members of advisory committee. A lumpsum provision of Rs. 20,000/- per district is being made towards reimbursement of travel and DA to the district staff for attending meetings, trainings, etc. outside the district HQ. **Thus, a total budgetary provision of Rs.14.40 lacs is being made.**

APPROVED BUDGET SUMMARY FOR PCPNDT

Activity	Physical Targets	Unit Cost (in Rs.)	Frequency	Amount (in Lacs)	FMR Code
Operationalising State PCPPNDT Cell					
Programme Assistant	2	17,000	12	4.08	**A.7.1**
Data Assistant	1	17,000	12	2.04	**A.7.1**
State Monitoring and Inspection Committee					
Monitoring Visits	10	10,000	1	1.00	**A.7.2**
Orientation Training of District Nodal Officers and Data Assistants	4	25,000	1	1.00	**A.7.1**
Review Meetings at State Level					
Venue expenses (audio/ video)	2	2,000	2	0.08	**A.7.1**
Expenses towards refreshments	2	7,000	2	0.28	**A.7.1**
Stationery, etc.	2	4,000	2	0.16	**A.7.1**
Contingency	2	2,000	2	0.08	**A.7.1**
State level sensitization workshops					
Meeting of State Supervisory Board	3	15,000	1	0.45	**A.7.1**
Meeting of State Authorities	6	300	1	0.02	**A.7.1**
State Advisory Committee	6	1,000	1	0.06	**A.7.1**
State level sensitization workshop for providers	1	300,000	1	3.00	**A.7.1**
State Level IEC Activities	1	5,000,000	1	50.00	**B.10.4**
Orientation of Members of District Advisory Committee	18	15,000	1	2.70	**A.7.1**
District Level Activities					
District Inspection and Monitoring Committee	-	-	-	-	
District Level Sensitization Workshops	72	25,000	1	18.00	**A.7.1**
Competitions at Inter/Degree Colleges	72	10,000	1	7.20	**B.10.4**
IEC Activities at District Level	1	10,100,000	1	101.00	**B.10.4**
TA/ DA to District Level Staff	72	20,000	1	14.40	**A.7.1**
Sub Total				**205.55**	

Under PCPNDT & Sex ratio, proposal of Rs. 205.55 Lacs was made, out of which GOI approved Rs. 6.12 Lacs for support to PNDT Cell (ROP- FMR Code A.7.1) & Rs. 41.23 Lacs for other PNDT activities (ROP-FMR Code A.7.2) in RCH Flexipool; and Rs. 158.20 Lacs for creating awareness and IEC activities(ROP- FMR Code B.10.4) in NRHM Flexipool.

A.8. INFRASTRUCTURE AND HUMAN RESOURCE

1. HUMAN RESOURCE FOR SERVICE DELIVERY UNITS

Under NRHM, It is being proposed to enhance capacity of facilities and quality of service delivery by contracting human resources at all levels. Facility operationalization plan has been prepared for whole of the state, which includes 45 high focused districts and 27 non-high focused districts. These districts have prepared the details of their MCH centre plan with availability of human resources in the districts, proposal for the year 2011-12 and need in regard to human resources. The details are given in the chapter of MCH Centre Operationalization Plan under Maternal Health Section. Further, the required human resources at district level hospitals have also been worked out and thus the total human resource requirement has been worked out accordingly. The present situation under NRHM is as below:

State Requirement of HR	Specialists		Doctors			Nurses	ANMs	Para medicals - Lab tech/ ECG Tech/X-ray Tech/ Physio, Opto/ Refract., etc.)	Data Assistant/ Computer Operator at DHs	ISM Pharma cists
	Contract for whole month	On call	MBBS/ BDS	ISM Male	ISM Female					
Sanctioned Under NRHM (2010-11)	300	15000	523	1500	901	1500	2500	584	134	1000
Contractual engagement so far through NRHM (2010-11)	191	12000	523	1126	802	1484	807	239	129	813
Proposed filling up of vacancies for 2011-12	800	30000	1250	-	1100	2500	2500	700	138	-
Additional contractual engagement proposed under NRHM for 2011-12	609	18000	727	-	298	1016	1693	461	9	-

It was evident, that there is an acute shortage of specialists in the state and in spite of various efforts at public service commission level, the post graduate doctors are not willing to join the Government sector. Therefore, it has been decided to increase the honorarium in the rural areas, so as to attract them to join contractual appointments under NRHM.

HUMAN RESOURCE REQUIREMENT – RATIONALE AND FACILITY WISE DISTRIBUTION

- **ANM –**

  ANMs are to be posted at vacant sub-centres, or as 2nd ANM at sub-centres, which have been identified as level-I MCH centre with high case load. There are 807 ANMs already working in the state on contractual basis. These ANMs have been posted at vacant sub-centres. About 1900 ANMs are under training, which will be available for posting from April onwards. These ANMs will be posted at 975 sub centres in high focused districts and 718 in other districts. this is also to be clarified that about 200 ANMs posted in Urban Health Posts/PPCs, will be provided an honorarium of Rs. 9000/- per month and remaining 2300 ANMs @ of Rs. 11000/-.

- **Staff Nurses -**

  There are 1484 staff nurses working in the state on contractual basis. There are 70 DWH/DCH and 87 CHCs functional as level-III MCH Centre and 495 CHCs, 335 PHCs as level –II in the state. There is requirement of 500 staff nurses at level-III centres and 2000 staff nurses at level-II MCH centres. Hence, a total of 2500 staff nurses are required to operationalize MCH centres of level-III and level-II in the year 2011-12. Since 70 level-III hospitals are in urban area, hence the honorarium to be paid at this level has been proposed Rs. 15000/- per month and for remaining 2000 staff nurses @Rs. 17000/- per month. 3 to 6 staff nurses will be posted in SNCUs, working in different district level hospitals on contractual basis and will be paid Rs. 15000/- per month.

- **Paramedical staffs (Pharmacists/Lab tech/ECG Tech/X-ray Tech/Physio, etc.) -**

  The requirement of paramedical staff has been worked out by the districts, as per their MCH centre operationalization plan. As per their plans 150 paramedical staff is required at level-III MCH Centres, established in urban areas and 550 at level-II/III MCH Centres in rural areas. Thus, honorarium for paramedical staff, working in level-III MCH centres in urban area has been proposed Rs. 10000/- per month and for remaining working in rural areas @Rs. 12000/- per month.

- **Data Assistants/Computer Operators –**

  There were 134 district level hospitals in the state, which were projected in the PIP for year 2010-11 for requirement of data assistant/computer operator. As of today, 4 other hospitals (Rani Laxmibai combined hospital, Rajajipuram - Lucknow, Bhao Devras combined hospital, Mahanagar- Lucknow, T.B.Sapru hospital, Allahabad and K.P.M. hospital – Kanpur) have been included in the list, which cater to high number of OPD/IPD patients and one full time data entry operator is required to compile the information and reports. Since all these Data Assistants/Computer Operators will be posted in urban areas hence the honorarium proposed @ Rs. 10000/- per month.

- **MBBS Doctors -**

  As per discussion held at GOI level, it has been decided to strengthen district women hospitals in the 1st phase, since these units are catering to a very high number of JSY beneficiaries. It is being proposed to recruit 4 MBBS lady doctors at all those hospitals, where work load is more than 300 deliveries per month and number of caesareans are more than 50 per month. There are total 27 such hospitals, which may be categorized as below:

Sl.	No. of caesarean / year	Name of Hospitals	Total No. of Hospitals	No. of MBBS doctors proposed (2011-12)	Total Requirement
1	More than 2000	DWH - Kanpur Nagar, Moradabad, Saharanpur, Avanti bai-Lucknow	4	12 per hospital (4 at a time for 8 hours duty)	48
2	More than 1500	DWH – Gorkhapur ,Varanasi, Faizabad, Barabanki, Jhalkaribai Lucknow, RML-Lucknow, Raibareilly, Muzzaffarnagar.	8	9 per hospital (3 at a time for 8 hours duty)	72
3	More than 1000	DWH –Allahabad, Pratapgarh, Basti, Hardoi, Lakhimpur kheri, Mirzapur, Jaunpur, Bareilly, Sultanpur	9	6 per hospital (2 at a time for 8 hours duty)	54
4	500 to 1000	DHW – Agra, Azamgarh, Deoria, Farrukhabad, Unnao, Bijnor, Rampur, Gazipur, Gonda	9	5	45
5	250 to 500	DHW – Mathura, Aligarh, Badaun, Pilibhit, Sitapur	5	4	20
6	100 to 250	Balrampur, Fatehpur, Bahraich, Ambedkar Nagar, Jhansi,	12	3	36

		Lalitpur, Kanpur Dehat, Etawah-83, RLB-Lucknow, Meerut, Bulandshahar, Ghaziabad			
7	Less than 100	Remaining facilities performing more 3 to 4 caesarean per month	22	2	44
		Total	**69**		**319**

There are 60 FRU CHCs, which are performing on average 3 to 4 caesarean sections per month. These CHCs also need support of MBBS lady doctor to attend OPD/IPD and assistance in OT. Hence 2 MBBS lady doctors are being proposed for these units because this might increase the number of caesarean sections as well. Hence the total number of 120 MBBS lady doctors is being proposed at this level. Thus, an estimated number of 439 MBBS lady doctors are being proposed for better operationalization of level-III facilities in the state.

In addition to this, MBBS male doctors are working at block level CHCs/PHCs to support OPD/IPD services. It is estimated that 380 MBBS male doctors working on contract basis will continue to provide and strengthen health services and programmes being run under NRHM.

- **BDS Doctors –**

Dental problems are very crucial and have to be dealt with caution. At present, there are no dentists posted at many government health facilities, while dental chairs are available at 300 CHCs and all the district general hospitals. Hence, about 300 dentists were recruited on contractual basis, who are working at CHC level or district level, where no dentist is posted. It is being proposed to continue the facility in year 2011-12 and new recruitment (about 50) will be done only at places, where they are actually needed.

- **Specialists –**

To run MCH centres efficiently, a gynaecologist, paediatrician and an anethesitics is most urgently required. Additionally, there is a requirement of Ultrasonologist/Radiologist and a Pathologist at some places, depending upon work load and availability of equipments like ultrasound/X-ray machine and sophisticated pathological equipments. There are 69 district level women hospitals

and 60 CHCs, which are functioning as full-fledged FRUs, conducting a good number of normal deliveries, caesarean sections, performing other gynaecological surgeries and dealing with a high case load in OPD and Indoor. These units need to be strengthened with additional specialists, where they are available in lesser number or not available at all. As per list prepared in relation to number of deliveries and caesarean sections, it is being proposed to recruit specialists as below at DWHs:

Sl.	No. of total deliveries /year	No. of caesarean / year	Name of Hospitals	Total No. of Hospitals	No. of Specialists (Gyn/Paed/Anes/ US/Patho) proposed (2011-12)	Total Requirement
1	6000 to 8000	More than 2000	DWH - Kanpur Nagar, Moradabad, Saharanpur, Avanti bai- Lucknow	4	5	20
2	5000 to 6000	More than 1500	DWH – Gorkhapur ,Varanasi, Faizabad, Barabanki, Jhalkaribai Lucknow, RML-Lucknow, Raibareilly, Muzzaffarnagar.	8	4	32
3	4000 to 5000	More than 1000	DWH –Allahabad, Pratapgarh, Basti, Hardoi, Lakhimpur kheri, Mirzapur, Jaunpur, Bareilly, Sultanpur	9	3	27
4	3000 to 4000	500 to 1000	DHW – Agra, Azamgarh, Deoria, Farrukhabad, Unnao, Bijnor, Rampur, Gazipur, Gonda	9	3	27
5	2500 to 3000	250 to 500	DHW – Mathura, Aligarh, Badaun, Pilibhit, Sitapur	5	3	15
6	2000 to 3000	100 to 250	Balrampur, Fatehpur, Bahraich, Ambedkar Nagar, Jhansi, Lalitpur, Kanpur Dehat, Etawah-83, RLB-Lucknow, Meerut, Bulandshahar, Ghaziabad	12	3	36
7	1500 to 2500	Less than 100	Remaining facilities performing more 3 to 4 caesarean per month	22	2	44
			Total	**69**		**Approx. 200**

Additionally, at 60 CHCs, it is being proposed to post 2 specialists on an average according to requirement and availability to cater to the heavy load of OPD/IPD lady patients at these facilities. Hence, 120 specialists are needed at this level. Due to frequent transfers of these doctors, the number available at present is of no relevance, therefore not being given.

With increasing number of JSY beneficiaries, the OPD attendance in district general hospitals and CHCs has also increased tremendously. It has increased from 357 Lacs in year 2006 to 1112 Lacs in year 2010. This is a sharp rise, which explains the changing psyche of rural patients in Uttar Pradesh. Similarly, the IPD attendance has increased from 11.4 Lacs in year 2006 to 86 Lacs in year 2010. Uttar Pradesh is facing acute shortage (50%) of specialist doctors in PMS Cador and with this increasing case load at district hospitals and CHCs, it is a challenge to look after the patients well, as far as health services are concerned.

About 250 specialist doctors are working at present on contractual basis at district and CHC level; but due to low honorarium, many are hesitating to join under NRHM, though they are willing to work at a higher monthly payment. Hence, it is being proposed to recruit 400 such specialists (diploma/degree holders) on contractual basis at monthly honorarium (of Rs. 45000/- per month for Diploma Holders and Rs. 50000/- per month for Degree Holders in Urban areas) and (Rs. 50000/- per month for Diploma Holders and Rs. 55000/- per month for Degree Holders at CHCs). These specialists will be posted on absolute requirement basis and will be paid depending upon monthly performance, which will be reviewed regularly by CMS/SMS of the hospitals and quarterly at state level.

Further, blood banks have been established in all the districts and recruitment of one Diploma/Degree (pathology/transfusion medicine, with experience of working in blood bank) is required at all these centres. At many blood banks, regular pathologist is posted but in about 26 centres, there is no pathologist. Additionally there are 16 centres, which have one pathologist but need one more specialist, due to heavy case load. Similarly, specialists (Orthopaedic/General/Neurologist, etc.) are also required at trauma centres and hospitals dealing with emergencies. Hence one specialist in each such facility will be recruited on contractual basis. For smooth implementation of activities, a total of 80 more specialists will be needed for the year 2011-12 at blood bank/trauma centres, etc.).

Thus, total of 800 specialists are being proposed for the year 2011-12.

- **Specialists on Call –**

  In the year 2010-11, a provision of 15000 calls was made against which report of 12000 calls has already been received up to January 2011. Further, it has been shared by the district officials that private practitioners are willing to come on call basis if the honoraria is increased especially in the rural areas. Due to acute shortage of doctors in the PMS, the need for on-call facility is genuine and needs to be addressed if we have to increase the number of caesarean sections in CHC FRUs and in backward districts, where there is no specialist posted at the facility itself.

  For the year 2011-12, the honorarium proposed is Rs. 1500/- per call in the urban areas and Rs. 2000/- per call in the rural areas. The provision for 30000 total calls is being made.

- **PHNs/Tutors at regional/ANMTC and DPTTs –**

  ANM Training is being conducted at all 40 ANMTCs. Similarly, in-service trainings are being conducted at RFPTCs and DPTTs. These institutions needs to be strengthened physically, as well as by recruiting human resource as per requirement to conduct trainings smoothly. A total of 100 PHNs/Tutors/Instructors/Others will be recruited at these training centres, since MPW male and female both trainings have to be conducted during the year 2011-12. An honorarium of Rs. 20000/- per month for 10 months is being proposed for this year.

According to the above requirement, a proposal of Rs. 20,023.40 Lacs was submitted for all the above mentioned positions under NRHM, for the year 2011-12, out of which GOI approved the following (ROP- FMR Code A.8 and its sub heads):

FMR Code	Activity	Physical Targets	Unit Cost	Frequency	Amount Approved (Rs. In Lacs)
A.8	**INFRASTRUCTURE & HUMAN RESOURCES**				
A8.1	**Contractual Staff & Services**				
A.8.1.1	**ANMs, Staff Nurses**				
	ANM				
	Rural (As 2nd ANM at functional 1100 (level –I) sub centres and 1200	2300	10,000.00	12	2,760.00

	vacant sub centres)				
	Urban (for health posts and PPCs)	200	9,000.00	12	216.00
	Nurse				-
	Rural (for level –II CHC/PHCs and level –III CHCs)	1200	16,500.00	12	2,376.00
	Urban (DWHs, Health posts, PPCs and SNCUs)	500	15,000.00	12	900.00
	Sub Total				**6,252.00**
A.8.1.2	**Laboratory Technicians, MPWs**				-
A.8.1.3	**Specialists (Anaesthetists, Paediatricians, Ob/Gyn, Surgeons, Physicians, Dental Surgeons, Radiologist, Sonologist, Pathologist, etc. for DHs, Trauma Centres and CHC)**				
	Specialist - With Diploma (DGO/DCH/DA/D-Orth/DCP/DMRE, etc.)				
	Rural - to be posted at Level -III CHCs only	100	42,000.00	12	504.00
	Urban - to be posted at DWH and District General Hospital, depending upon requirement and workload	75	38,500.00	12	346.50
	Specialist - With Degree(MS/MD/MDS/MCH/MD-Radiology/Pathology/Ortho, etc.)				-
	Rural - to be posted at Level -III CHCs only	100	48,000.00	12	576.00
	Urban - to be posted at DWH and District General Hospital, depending upon requirement and workload	75	44,000.00	12	396.00
	Others (Trauma Centres/Emergency Centres/Blood Banks)	100	44,000.00	12	528.00
	Specialists- On Call				-
	Rural	10000	2,000.00	1	200.00
	Urban	10000	1,500.00	1	150.00
	Sub total				**2,700.50**
A.8.1.4	**PHNs at CHC, PHC level**				
	PHNs/ Tutors /Others as teaching faculty at RHFWTs/ANMTCs/DPTCs, etc.	100	20,000.00	-	-
	Sub total				**-**
A.8.1.5	**Medical Officers at CHCs / PHCs**				
	MBBS Doctors				
	Rural (CHCs and Block PHCs) (100 lady doctors + 380 Male doctors)	480	36,000.00	12	2,073.60
	Urban (DWH hospitals)	150	33,000.00	12	594.00

	BDS Doctors				-
	Rural - to be posted only at CHCs, where dental chair is available	100	35,000.00	12	420.00
	Urban- to be posted at District Hospitals, where no dentist is available	50	30,000.00	12	180.00
	Sub total				**3,267.60**
A.8.1.6	**Additional Allowances/ Incentives to M.O.s of PHCs and CHCs**	-	-	-	-
	Sub total				**-**
A.8.1.7	**Others - Computer Assistants/ BCC Co-ordinator etc**				
	Data Assistant/Computer Operator				-
	Urban	138	8,800.00	12	145.73
	Paramedical Staffs (Pharmacists/ Lab tech/ECG Tech/X-ray Tech/Physio, etc.)				-
	Rural	500	10,800.00	12	648.00
	Urban	100	9,900.00	12	118.80
	OT Assistants for 21 high load FRUs (3 each)	63	6,500.00	12	49.14
	Honoraria for F.P. Counsellor@9000 per month at 200 FRUs	200	9,000.00	12	216.00
	Sub total				**1,177.67**
	TOTAL				**13,397.77**

As evident from above table, GOI approved Rs. 13397.77 Lacs for human resource to operationalize identified MCH centres for the year 2011-12. Further, an amount of Rs. 200.00 Lacs, which was proposed for recruiting retired/new PHNs/Tutors/other teaching faculties at RHFWTs/ANMTCs and DPTTs to conduct ANM and MPWs pre-service trainings, is not approved.

2. STRENGTHENING OF GOVERNMENT BLOOD BANKS

Proposal for strengthening of Government Blood Banks of Uttar Pradesh was muted in the financial year 2010-11. A total of 66 existing blood banks (including 11 Medical Colleges) and 21 new blood banks were targeted for strengthening / setting up new facility. During Financial year 2010-11, an amount of Rs. 2473.45 Lacs was sanctioned for Blood Bank strengthening in the state including hiring of contractual human resources and procurement of equipments, etc. During the year 2010-11, following contractual posts were provided to different categories of blood banks as follows:

Sl.	Posts	Positions Sanctioned in 2010 -11		
		State Head Quarter	Medical College Blood Banks	District Hospital Blood Banks
1	Senior Medical Officer (Pathologist)	0	0	13
2	Medical Officer	0	0	90
3	Lab Technician	0	0	59
4	Staff Nurse	0	0	76
5	Class IV Staff (for Janitor/ Generator work)	0	0	152

It is proposed that all the above proposed contractual posts will be provided through district pool of manpower; while the a new post of Public Relation Officer – VBD in 76 district level blood banks in the government hospitals is being proposed and budgeted as below:

Description	Physical Target	Unit Cost (Rs.)	Months	Total Amount (in Lacs)
Public Relation Officer -VBD Promotion – (Qualification- Post Graduate Degree/PG Diploma in public relations with minimum 2 years of experience in related field along with sound computer proficiency.)				
District Blood Banks	76	12,000.00	8	72.96
Total				**72.96**

For the year 2011-12 Rs. 72.96 Lacs was budgeted for 76 district blood banks, which is not approved by GOI(ROP-FMR code.A.8.1.9)

3. SUPPORT TO STRENGTHEN ROUTINE IMMUNIZATION PROGRAMME

The budgetary requirement of Rs. 207.72 Lacs for human resource under Routine Immunization activities is being budgeted under RCH Flexipool (as per the advice of Programme Division (RI), GOI). Last year GOI sanctioned manpower to strengthen routine immunization; most of the manpower has been recruited and are in position.

In this year PIP, same manpower is being proposed. The details of the proposal is also given in the Routine Immunization Section (Part – C)

Human resource	Approved last year PIP	In position	Proposed (20 11-12)
State level			
Computer assistant at state level	2	2	2
Assistant Cold Chain Officer	1	1	1
Manager Accountant	1	0 (selection in progress)	1 (Not approved)
Cold Chain Handlers	5	5	5
Regional/ Divisional			
Programmers cum computer assistants(data Assistant)	18	18	18 (Not approved)
Cold-chain handlers	18	18	18
Technician	9	9	9
Vaccine Store Keeper	9	9	9
Drivers for van	5	5	5
District level			
Computer operator	71	71	71
Cold Chain Handlers	71	71	72
Technician	12	12	12

Note:*-Positions for Manager-Accountant at State level and Programmer cum computer assistants (data Assistant) at Divisional level have not been approved.*

For this purpose, GOI Approved Rs. 174.96 Lacs(ROP- FMR Code- A.8.1.9)

4. INCENTIVE TO ANMS CONDUCTING DELIVERIES AT SUB CENTRES

District level hospitals and CHCs/PHCs are over burdened with the increased workload of deliveries due to JSY scheme. There is a need to distribute the load to peripheral health facilities. In present, most of the sub centres are underutilized and only 25% are conducting

deliveries on a regular basis. There are many ANMs, who are experienced and enthusiastic but are not performing deliveries due to lack of motivation or some infrastructural gaps at the sub centre level.

The recent data received from districts about institutional deliveries at sub centre is as below:

Deliveries	No. of SCs
>2 to 5 deliveries per month	2300
>5 to 10 deliveries per month	1400
>10 Deliveries per month and average between 10-20 deliveries	740
>20 -30 deliveries	615
>30 -50 deliveries	136
>50 Deliveries	16
Total	**5207**

It is being proposed to motivate the ANMs, who are actually willing to perform by incentivizing them on an annual basis with cash award depending upon the average number of deliveries conducted per month. This cash award will definitely empower them to perform better and in this way extend support to the community by providing safe delivery services within the village or nearby.

Deliveries	Proposed Nos/Units	Amount (in Rs.) Annually	Total Amount (in Lacs)
>10 Deliveries per month and average between 10-20 deliveries	1500	5,000.00	75.00
>20 -30 deliveries	700	7,000.00	49.00
>30 -50 deliveries	250	10,000.00	25.00
>50 Deliveries	50	15,000.00	7.50
Total	**2500**		**156.50**

For this purpose, a budgetary provision of Rs. 156.50 Lacs was made and booked under incentives/Awards to ANMs, which is approved by GOI (ROP-FMR Code-A.8.1.8).

5. INCENTIVE FOR PERFORMING CESEAREAN SECTIONS AT IDENTIFIED LOW PERFORMING FRUS

Delivery by caesarean section is one of the important procedures to prevent maternal deaths due to complicated pregnancies. Efforts have been made to provide facilities for caesarean sections in designated FRUs. It has been observed that 3 district level FRUs namely Mainpuri, Auraiya, Maharajganj are not doing caesarean sections and 10 district level FRUs namely Etah, Mau, Banda, Chitrakoot, Hamirpur, Mahoba, Kannaoj(Gyanpur), Sonebhadra, Sant ravidas nagar and Chandaouli are performing at a very low level (on an average 1 to 2 per month). Likewise 10 CHCs namely Kasganj, Handia, Kunda, Khalilabad, Sohawal, Kayamganj, Gola, Chakia, Sakaldiha and Badlapur are doing on an average 3 to 6 caesarean sections per month, while 51 CHCs are doing on an average 0 to 2 caesarean sections per month. These CHCs are Bah, Kheragarh, Farah, Tundla, Jasrana, Khair, Sadabad, Karchana, Patti, Lalganj (Pratapgarh), Lalganj (Azamgarh), Phoolpur, Ghosi, Sikanderpur, Rasra, Faridpur, Ujhani, Uska, Kaiserganj, Ekona, Kadipur, Jagdishpur, Bikapur, Haidergarh, Fatehpur, Tanda, Jalalpur, Sahjanwa, Pipraich, Partawal, Sarsol, Sandila, Pihani, Mohanlalganj, Lalganj, Bachrawan, Nawabganj, Sidhouli, Palia, Chunar, Bhadohi, Amroha, Gajroula, Milak, Khataouli, Deoband, Fatehpur, Cholapur, Kerakat, Saidpur and Mohabadabad.

In order to enhance the performance of these hospitals/CHCs, it is proposed to incentivise the team doing caesarean sections at these units. Any team doing caesarean sections over and above 10 caesarean sections per month will be given a cash personal incentive of Rs. 1000/- per caesarean section per team. The incentive will be given in the month of February each year. The distribution of incentive money will be as below:

Surgeon – Rs. 300/- , Assistant Surgeon – Rs. 200/-, Anaesthetist – Rs. 200/-, Nurses (2) – Rs. 100/- each, Other (2) – Rs. 50/- each. A budgetary provision for incentivizing 5000 caesarean sections is being made @ Rs. 1000/- per caesarean section. ***The total fund required is Rs. 50.00 Lacs and budgeted under RCH Flexipool- Other Incentive Scheme, which is approved by GOI (ROP-FMR Code-A.8.1.10).***

A.9. TRAINING

Training is an important component of capacity building of the personnel in the State to provide quality services. Training of providers and community level volunteers also becomes essential to ensure that consistent messages reach communities and the community volunteers are available to follow up the health needs of the community. The Training Policy of the State is to enhance the knowledge and skills of each and every category of health personnel as per latest technology to enable them to provide quality and efficient health services as well manage health programmes.

The State Institute of Health and Family Welfare (SIHFW) is the Collaborating Training Institute for the State and conducts clinical as well as management related trainings. State Innovations in Family Planning Services Agency (SIFPSA) conducts family planning related trainings in the State. Both agencies and concerned departments also collaborate with National Institutions, Medical Universities and Medical Colleges as training sites for conducting clinical trainings.

There are 87 Government training facilities in the State, of which SIHFW is the apex institute at the State level, 11 are Regional Health and Family Welfare Training Centres (RHFWTCs), 40 are ANM Training Centres (ANMTCs), 30 are DPTT (*Achal Prashikshan Kendra),* four are LHV training centres (health schools) and one PHN training centre. Each of these facilities is located in State owned buildings. These include class rooms, hostels, furniture, and audio visual equipment. In DPTT audio-visual equipments are not available.

1. STRENGTHENING OF TRAINING INSTITUTIONS- SIHFW

As a measure for strengthening of SIHFW, following activities have been planned-

- To ensure quality of training activities, monitoring is necessary from the State Institute of Health & Family Welfare (SIHFW), Directorate of Family Welfare and Health and State Programme Management Unit (SPMU) officers at the state level. A provision is being made in the PIP for organizing study tours, meetings and seminars and facilitates exposure visits for programme managers and planners. A provision for operational research on ongoing activities under NRHM & RCH-II interventions has also been included. The financial norms will be same as approved for both the Directorates and SPMU.

- Furnishing of new Class Rooms, Tea Lounge, Recreation Rooms, Reception Lounge, Furnitures, Mess Lenin and CTVs for hostels are required. For which a budgetary provision of Rs 50.00 lacs has been made.

- There is a need of contractual manpower for security, classrooms and hostel attendants, mess support staff, consultants and other support staff for the smooth conduction of training. For various field visits, transportation support in the form of fuels, POL and maintenance of vehicle, communication is also required. There

is a need of a bus on contract basis for field training of the Trainees. For which a budgetary provision of have been made.

- There is a need to strengthen the library and Computer lab so that trainees can get sufficient reading/ reference materials and also can get hands on training on HMIS, MCTS, ProMIS etc.

- The SIHFW building is very old which requires repair and maintenance of conference room and meeting hall etc. Also there is a need for repairing of road, water facility, fire extinguisher and rain water harvesting and drainage facility. To ensure regular supply of electricity a provision for purchase and installation of a generator set has also been made.

SUMMERY BUDGET FOR STRENGTHENING OF SIHFW

Activities	Total (Rs. in lacs)	FMR Code
a) Training related M & E activities, planning and review meetings, seminars, workshops and study tours and research etc. for quality improvement	50.00	**A.9.1**
b) Strengthening of SIHFW (furnishing of new class rooms, tea lounge, recreation room, reception lounge, furniture, mess, linen and CTVs, for hostels)	50.00	**A.9.1**
c) Contingency support to SIHFW (transportation, POL, maintenance of vehicles communication, library)	10.00	**A.9.1**
d) Hiring of security guards, class room and hostel attendants & Mess support staff	35.00	**A.9.1**
e) Equipment (Audio Visual training aid)	15.00	**A.9.1**
f) Generators (1)	10.00	**A.9.1**
g) Bus (40 seats AC) on contract @ Rs 10,000/ day for 100 days in a year	10.00	**A.9.1**
Sub Total	**180.00**	
h) Renovation of main building, hostel building, repair roads, water facility, fire, harvesting, proper drainage, conference and meeting hall etc.	100.00	**B.5.10.1.a**
i) Computer Lab and Library	100.00	**B.5.10.1.a**
Sub Total	**200.00**	
Total	**380.00**	

For the above purpose, budgetary provision of Rs. 380.00 Lacs was made, out of which GOI approved Rs. 180.00 Lacs under RCH Flexipool (ROP- FMR Code- A.9.1) and remaining Rs. 200.00 Lacs is approved under Infrastructure of training institutions (ROP – FMR Code – B. 5.10) under NRHM Flexipool.

2. DEVELOPMENT OF TRAINING MATERIALS/PACKAGES

A provision has been made for development & printing of various training materials and modules for ARSH training, menstrual hygiene and ASHA job aids and tools under (CCSP) child health programme. The details have been given in the relevant sections while summery of the budgetary proposal is given below:

Training Materials and Packages	Total (Rs. in lacs)
ARSH (SIHFW) – Printing of modules provided by GoI 25,000 modules	25.00
Menstrual hygiene (Printing of Flip books and reading materials for ASHAs as there were supplied less from GoI)	28.80
Job aids and tools for ASHA under CCSP (Child Health)	65.17
Printing of training materials(CCSP & FIMNCI Modules)- Child Health Programme	102.40
Total	**221.37**

For the above purpose, budgetary provision of Rs. 221.37 Lacs was made, which is approved by GOI under RCH Flexipool (ROP- FMR Code- A.9.2)

TRAINING PLAN FOR 2011-12

Various kinds of trainings planned for the year 2011-12 are listed below. A comprehensive training plan has been developed by SIHFW and SIFPSA has been provided as the end of the Chapter.

3. MATERNAL HEALTH TRAININGS

SKILLED BIRTH ATTENDANTS' (SBA) TRAINING PROGRAMMES (ROP – FMR CODE-A.9.3.1):

a) Strengthening of Training Sites - It is proposed to strengthen 100 SBA training sites during 2011-12. The estimated cost is Rs 15,000/- per site. Hence, a budgetary provision of Rs 15.00 Lacs has been made.

b) Training of Trainers (TOT)- Two day SBA TOT has been held for 423 trainers at SIHFW, U.P., but due to the transfer/ retirement of trainers or some other causes, this number has come down. Hence, there is a need to train new trainers. In the year 2011-12, SBA TOTs will be conducted for 60 trainers.

c) Training of Staff Nurse/ANM/LHVs - It is proposed to be trained 3,000 health workers of this category in 750 batches. The details have been provided in table 1.

d) Training Of Lady Ayush Doctors for SBA -Since Female AYUSH Doctors are conducting normal deliveries at 24*7 units and also referring high risk women to higher centres after recognizing the signs of complications, it is very essential to train them under SBA training course approved by GOI. It has been decided that 125 such batches will be conducted, where 4 Female AYUSH doctors will be trained at a time, using the same manual, which being used for staff nurses and LHVs.

The training will be conducted with the help of SIHFW, using same training sites, which have been developed for SBA training under NRHM for staff nurses/LHVs /ANMs. ***The cost of one such batch is Rs. 1.08 Lacs and the estimated budget of Rs. 135.00 Lacs is sanctioned under RCH Flexipool (ROP – FMR Code-A.9.3.1).***

EMERGENCY OBSTETRICS CARE (EMOC) TRAINING (ROP – FMR CODEA.9.3.2):

This training is been done in the department of Obstetrics & Gynaecology of two Medical Colleges of Uttar Pradesh- The Chatrapati Shahu Ji Maharaj Medical University (Lucknow), Jawahar Lal Nehru Medical College, Aligarh Muslim University (Aligarh). Each Medical College provides 16 weeks Emergency Obstetrics Care (EmOC) Training - 6 weeks Training at Medical College + 9 weeks' Field Attachment Training at DWH + 1(last) week's Training at Medical College to 8 MBBS Medical Officers of the Provincial Medical Services.

After consultations with the representatives of the GOI, two new training sites at Allahabad and Meerut Medical Colleges are being included in this year's PIP. The details of the trainings are given in the table 2.

a) **Training of Trainers -** 10 Medical Specialists (7 from the Provincial Medical Services, 2 from CSMMU (Lucknow) and 1 from Aligarh have received Training of Trainers for EmOC training at Vellore and Surat centres organized by FOGSI. This year a total of 8 candidates will receive training as EmOC Trainers at these or other centres chosen by the FOGSI/AVNI. These candidates will be from new sites and the existing medical colleges (sites).

   The Trainers from the PMS are the specialists posted at DWHs where the EmOC participants are being attached. As per the guidelines of FOGSI, 8 DWHs are attached to a Medical College. In view of the above, the number of trainers for the year 2010-11 is to be increased to 30 to include trainers from the new proposed sites. It is proposed to train 64 MOs in 8 batches during year 2011-12.

SHORT TERM COMPREHENSIVE EMERGENCY OBSTETRICS CARE (CEMOC) REFRESHER TRAINING

a) **Training of Trainers -** A sensitization training of CEmoC will be conducted at SIHFW, UP for trainers of EmOC. The trainer of EmOC training will also be a trainer of the Short Term Comprehensive Emergency Obstetrics Care (CEmOC) Refresher Training.
b) **Training of Gynaecologists for CEmOC -** In the Provincial Medical Services it has been observed that there are a number of Doctors, who are specialists (MS/MD (Gyn.)/DGO) but do not perform caesarean section either because they are posted in an area where such opportunity is not available or because they lack confidence to do so. Under the National Rural Health Mission, there is a provision of a Short Term Comprehensive Emergency Obstetrics Care (CEmOC) Training of 14 days for such specialist doctors.

   Together with this it is also proposed to refresh the skills of these service providers in post partum abdominal tubectomy. It is observed that although post partum abdominal tubectomy is a simple procedure which can be performed soon after delivery (within 48 hours), service providers are reluctant to offer these services to beneficiaries in absence of current practice. During the course of this training, there will be an opportunity to refresh their skills on post partum clients who opt for abdominal tubectomy.

This training is to be organized at 10 District Women Hospitals which have caesarean operation load of more than 60. At each site there will be a batch of 2 MOs, who would be attached to a near by DWH to perform caesarean operation.

LIFE SAVING ANAESTHESIA SKILL TRAINING (LSAS) (ROP – FMR CODEA.9.3.3):

Under the National Rural Health Mission (NRHM), a basic objective is to provide safe and qualitative delivery services at First Referral Units (FRUs) to minimize the MMR. For this, LSAS training is being provided in five Medical Colleges of Uttar Pradesh, viz: The Chatrapati Shahu Ji Maharaj Medical University (Lucknow), S.N. Medical College (Agra), LLRM Medical College (Meerut), GSV Medical College (Kanpur) and Maharani Laxmi Bai Medical College (Jhansi). It is planned to train 60 Medical Officers in the year 2011 – 12. The details of the LSAS training are given in the **table 2.**

a). Training of Trainers - The Trainers of these Medical Officers are the Anaesthetists of the DWH, where they are attached. In this phase, the Medical Officers are usually attached to a training site near their place of posting. A two day Training of Trainers is conducted at the Medical Colleges where the LSAS training is going on. For this purpose the budget is inbuilt in the training budget of the Medical Colleges. In the year 2011 -12, 20 trainers are to be trained.

The present 5 Life Saving Anaesthesia Skill Training centres need to be strengthened and a new centre at Allahabad is also to be initiated. For the strengthening of these centres, a sum of Rs. 30 lacs is budgeted for this activity for the year 2011-12.

b). Refresher Training - Refresher training for trained MOs in LSAS (14 days) at District Female Hospitals (30) will start in 2011 -12. 90 Medical Officers will be trained in 45 batches

MTP /MVA METHOD TRAINING (ROP – FMR CODEA.9.3.4):

In the year 2011 – 2012 a target of 120 doctors in 40 batches is proposed in 10 sites to be trained. 2 batches of TOT will be required at State level. The details of the training are given in the table 3.

RTI/STI TRAINING OF MEDICAL OFFICERS & LAB TECHNICIANS (ROP – FMR CODEA.9.3.5):

In the year 2011-12, 450 Medical Officers will be trained in 2 days in an orientation training and 1650 Medical Officers (already trained by UPSACS) will be trained in one day refresher training. 2 days orientation training for 210 lab technicians from CHC will be organized on RTI/STI in collaboration with CSMMU.

BEMOC TRAINING (FOR MEDICAL OFFICERS)- (ROP – FMR CODEA.9.3.6):

The objective of trained providers in SBA Skills is to provide at least one trained doctor at each 24 x 7 facility in the state.

A total of 196 doctors have been trained in SBA Skills at 6 Medical Colleges viz. Lucknow, Kanpur, Meerut, Agra, Gorakhpur and Jhansi in the year 2010-11 upto November, 2010. This activity will be continued in the year 2011-12 and a total of 288 doctors, out of which 160 doctors of high focus districts will be trained in the above mentioned six Medical Colleges.

TABLE 1

Status of Skilled Birth Attendants' (SBA) Training Programmes*

No of districts conducting SBA Training	No. of Institutions (including District Hospitals) conducting SBA training in the state	No. of district hospitals/ training institutes practicing SBA Protocols particularly Partograph	No of Master Trainers trained (Both State and Districts)	No. of SNs/ ANMs/ LHVs to be trained till 2012 (cumulative)	Total No of SNs/ANMs/LHVs trained till2010 (till Dec.2010 cumulative	Target for 2010-11	Total No of SNs/ANMs/LHVs trained in2010-11 (tillDec. 2010)	Target for 2011-12									
								Q1		Q2		Q3		Q4		Annual	
								HF	State (Non-HF)	HF	State (Non-HF)	HF	State (Non-HF)	HF	State (Non-HF)	HF	State (Non-HF)
62	98	98	550	14,942	2,500	3,000	1,047	450	300	450	300	450	300	450	300	1,800	1,200

TABLE 2

Maternal Health Trainings

Status of Life Saving Anaesthesia Skill (LSAS)Training and Emergency Obstetrics Care (EmOC) Training - The detail about the LSAS and EmOC training is given below in prescribed GoI format.

Type of training	No of Medical Colleges conducting LSAS/ EmOC Training	No of District Hospitals conducting LSAS/ EmOC T raining	Total No of MBBS Doctors to be trained in LSAS/ EmOCtill 2012 (cumulative)	Total No of MBBS Doctors trained in LSAS/ EmOC till 2010 (till Dec. 2010 cumulative)	No of trained MOs posted at FRU till Dec 2010 (cumulative)	Target for 2010-11	Nos. trained in 2010-11 (till Dec. 2010)	Target for 2011-12								
								Q1-Q2			Q3-Q4			Annual		
								HF	Non-HF	State	HF	Non-HF	State	HF	Non-HF	State
LSAS	5	20	515	62	51	72	44	18	12	30	18	12	30	36	24	60
EmOC	2	10*	515	39**	32	64	0#	14	10	24	14	10	24	28	20	48

**:This number is expected to increase to 30; **: 15 more to be added likely to be available by Feb 2011; #: 15 will be added by Feb 2011*

No.of Govt. health facilities conducting MTPs	No. of Private Health Facilities accredited for conducting MTPs	No of doctors planned to be trained in MA/ MVA/EVA till 2012	Total No of doctors trained till 2010 (till Dec. 2010 cumulative)	Targets for 2010-11(No. of doctors planned to be trained in 2010-11)	No. of doctors trained in 2010-11 (till Dec. 2010)	No. of24x7 PHCs providing At least 1st Trimester, Safe Abortion Services	No. of DH/FRUs Providing Comprehensive Safe Abortion services	Target for 2011-12									
								Q1		Q2		Q3		Q4		Annual	
								HF	Non-HF	HF	Non-HF	HF	Non-HF	HF	Non-HF	HF	Non-HF
11	NIL	1688	78	120	NIL	1	77	18	12	18	12	18	12	18	12	72	48

Approved Budget Summary for Maternal Health Training

Details of Maternal Health Training	Amount (in Lacs)	FMR Code
Maternal Health Training		**A.9.3**
Skilled Birth Attendance / SBA		
Strengthening of SBA sites	15.00	
Training of trainers	3.00	
Training of SN/ANM/LHV in SBA	828.23	
SBA Training of ISM Lady Doctors (4 doctors per batch)	135.00	
Sub total	**981.23**	**A.9.3.1**
EmOC Training		
Training of Medical Officer (GYNE)	6.00	
Field training (MBBS)	60.00	
EmOC centres running cost, certification, monitoring - FOGSI	25.00	
Basic EmOC (MOs) 2 days	7.02	
Refresher training for trained MOs	12.25	
CEmOC short term refresher		
Training of trainers	1.00	
Field training	2.45	
Sub total	**113.72**	**A.9.3.2**
Lifesaving Anaesthesia skills training		
Training of trainers	90.00	
Field training		
Refresher training for trained MOs in LSAS	22.05	
One time grant for site strengthening (5 Medical Colleges and 25 Dist Hospitals)	30.00	
Sub total	**142.05**	**A.9.3.3**
MTP training		
Training of trainers	2.00	
Field training	20.80	
Sub total	**22.80**	**A.9.3.4**
RTI/ STI Training		
Orientation of MOs	10.65	
Refresher training of MOs	23.65	
Sub total	**34.30**	**A.9.3.5**
BEmoC training (for Mos)	97.20	
Sub total	**97.20**	**A.9.3.6**
Other MH Trainings*		
Lab technicians	5.92	
Sub total	**5.92**	**A.9.3.7**
Total	**1,397.22**	

INTEGRATED MANAGEMENT AND ENVIRONMENT PROGRAMME (IMEP)

It is proposed to conduct trainings for Hospital Waste Management for Staff Nurses & support staff at the district level hospitals. For which training for ToT on Hospital Waste and training will be done at the state and district levels. The summary and budget is given as follows:

IMEP trainings	Amount (in Lacs)
Training of trainers (district level)	4.50
Field training for nursing staff and others at Dist. Level Hospitals	72.00
Total	**76.50**

To conduct this training, Rs. 76.50 Lacs is approved by GOI (ROP- FMR Code – A.9.4)

4. CHILD HEALTH TRAININGS

The details of the child health training have been provided in the Child Health Chapter under training section and Approved Budget Summary is below:

Details of Child Health Training	Amount (in Lacs)	FMR Code
Child Health Training		**A.9.5**
IMNCI		
CCSP training (ToT)	127.92	
Dist level ANM/LHV/ASHA training	1,614.54	
Dist level supervisory training for ANM/LHV	197.24	
Physician training for MO	-	
Operational cost for medical colleges for training	41.37	
Sub total	**1,981.07**	**A.9.5.1**
Facility Based Newborn Care (in-built in FIMNCI training)		
FIMNCI training for MO, SN (5 days training)	156.00	
One-day training on demonstration and use of equipment NBCC and SNCU (for MO and SN)	-	
Sub total	**156.00**	**A.9.5.2**
Home Based Newborn Care (in-built in the CCSP training)	-	**A.9.5.3**
Care of Sick Children and severe malnutrition (NRC Staff training will be supported by UNICEF and orientation of ASHAs and AWWs will be through ASHA training)	-	**A.9.5.4**
Other CH Training		
NSSK training for MO, SN, ANM (2 days training)	90.80	
One-day training on demonstration and use of equipment NBCC and SNCU (for MO and SN)	36.00	
Sub total	**126.80**	**A.9.5.5**
Total	**2,263.87**	

5. FAMILY PLANNING TRAININGS

SIFPSA has been designated as nodal agency for Clinical Family Planning Trainings. The requirement of funds for NSV, Laparoscopic, Abdominal Tubectomy, IUCD Training, and SBA for Medical Officer training for the year 2011-12 for meeting the set objectives will be required.

Laparoscopic Sterilization

In the year 2011-2012, Training of Trainers (TOT) training has been proposed for 48 doctors and 16 staff nurses for six new Divisional Clinical Training Centres, which are likely to be made functional by March, 2011. The induction training at 13 DCTCs (7 old DCTCs and 6 new DCTCs) for 162 Medical Officers and 108 staff nurses have been proposed. The refresher training to 78 doctors have been proposed. In the year 2011-12, a total of 240 doctors have been proposed for undertaking the training (162 inductions & 78 refreshers), out of which 144 doctors will be trained from the high focus districts.

Minilap (Abdominal Tubectomy) training

The Training of Trainers (TOT) for the year 2011-2012 has been proposed for training of 10 doctors and 2 staff nurses for 2 new DCTCs viz Banda & Gorakhpur at Medical College, Agra. A total of 135 doctors as service providers of Minilap (Abdominal Tubectomy) will be trained in induction training. Out of which 81 doctors will be from the identified high focus districts. In addition to training of above number of doctors 90 Staff Nurses will also be trained to support the trained providers.

NSV Trainings

1) NSV Satellite Centres (Medical College Meerut, Allahabad & Kanpur)

The training of doctors depends upon client load; the demand generation activities are proposed to be continued in the year 2011-12. A total of 162 doctors have been proposed to be trained in these three medical colleges. Out of 162 proposed to be trained, a total of 97 doctors will be trained from the high focus districts.

2) Centre of Excellence (COE CSMMU, Lucknow)

The Centre of Excellence at CSMMU is an established static NSV service delivery cum training centre. On an average around 10 to 15 cases are being operated on daily basis. In the year 2011-12, a total of 132 doctors have been proposed for undertaking the training out of which 79 doctors will be from the high focus districts. NSV TOT has been proposed for 6 doctors.

IUCD Insertion Training

The training is being proposed in 43 districts in the year 2011-12, A total of 160 doctors / staff nurse/LHV/PHNs will have to be trained as District Trainers for successful outcomes of the IUCD insertion training. A total of 688 doctors, 1376 staff nurses, 3870 ANMs will be trained in IUCD technique in the year 2011-12, out of which 2967 MOs, staff nurses and ANMs will be from high focus districts.

Post Partum IUCD Training

Presently this training has been piloted in CSMMU, Lucknow and Veerangana Avanti Bai Mahila Chikitsalaya, Lucknow. The scaling up of this programme is proposed in

remaining DCTCs and Medical Colleges in phased manner in the year 2011-12 through SIFPSA funds. Priority will be given to high focus districts during the expansion plan.

6. OTHER FAMILY PLANNING TRAININGS

Training for Family Welfare Counsellors (FWCs)

It is proposed to organise training for Family Welfare Counsellors who are to be posted at the District Women Hospital in each district. A budgetary provision of Rs. 37.18 lacs have been made in the PIP, out of which GOI Approved Rs. 16.38 Lacs .

New Initiative - Post Partum Abdominal Tubectomy Training (Minilap)

It is observed that although post partum abdominal tubectomy is a simple procedure which can be performed soon after delivery (within 48 hours), service providers are reluctant to offer these services to beneficiaries in absence of current practices and also due to lack of emphasis on post partum family planning services although there is huge load of deliveries (due to JSY) but this opportunity is lost to address the unmet need of the family planning among the target couple. This is also because of shortage of human resources (lady doctors), who are over-burdened with the delivery load.

With this view, it is decided to train almost all the lady medical officers (MBBS only) at identified divisional district female hospital, where delivery load is sufficient. A batch of 5 trainees/month/9 batches per facility will be trained for 12 working days, so as to train 810 MBBS lady medical officers as per GOI norms.

In addition, post partum abdominal tubectomy refresher training will be provided for 288 LMOs at district women hospitals in post partum centres for 3 days. During the course of this training, they will refresh their skills on post-partum client, who opt for abdominal tubectomy. For **the year 2011-12, to train 810 doctors, Rs. 193.27 Lacs is required for 12 days training and for refresher training of 288 doctors (LMOs), Rs. 11.52 Lacs is required. Thus the total of Rs. 204.79 Lacs is proposed for this activity. Both these activity will be undertaken by DG-FW level.**

Approved Budget Summary for Family Planning Training, 2011-12

Family Planning Training	Amount (in Lacs)	FMR Code
Laparoscopic Sterilisation Training		
ToT	8.48	A.9.6.1
Induction	56.16	
Refresher	7.23	
Minilap Training		
ToT	1.76	A.9.6.2
Induction	53.69	
Post partum abdominal tubectomy	193.26	
Post partum abdominal tubectomy-Refresher	23.04	

NSV Training		
ToT	1.35	A.9.6.3
Induction and refresher	52.63	
IUD Insertion Training		
ToT for District trainers	13.00	A.9.6.4
MO and SNs	86.00	
LHV and ANMs	143.84	
FWC training*	**16.38**	**A.9.6.6**
Total	**656.82**	

: SIHFW will be conducting this training with an amount of Rs. 18.38 Lacs and the rest amount will be for SIFPSA FP trainings.

7. ARSH TRAINING

ARSH training started in 2010 – 2011. State level trainers and monitors (25) and Regional level trainers (55) have been trained. Field level training for Medical Officers at (RHFWTCs) have been started and it is expected that proposed targets will be completed. District level trainings for ANMs and LHVs will start in February and it is expected that nearly 40% of the target will be completed.

No of districts	Trg status as on 01.04.2010		Trg planned for 2010-11		Achievement against planned till 31.12.2010		Target for 2011-12*									
							Q1		Q2		Q3		Q4		Annual	
	MO	ANM/LHV	MO	LHV	MO	ANM/LHV	HF	State (Non-HF)	HF	State (Non-HF)	HF	State (Non-HF)	HF	State (Non-HF)	HF	State (Non-HF)
72	NIL	NIL	1,816	4,262	NIL	NIL	1,800	1,200	1,800	1,200	1,800	1,200	1,800	1,200	7,200	4,800

: Target proposed only for ANM/ LHVs. By March 2011 all 1,816 MOs will be trained

In the year 2011 – 12, 12,000 ANMs and LHVs are proposed to be trained in the district level trainings ***for which a budgetary provision of Rs 284.00 Lacs was made, which is approved by GOI (ROP- FMR Code-A.9.7)***. The details of these training have been provided in **Adolescent Health Chapter.**

TRAINING UNDER SALONI SWASTHYA KISHORI YOJNA

Under Saloni Swasthya Kishori Yojna, training for teachers is being proposed at state, district and block levels, ***for which Rs. 50.99 Lacs was proposed as per details given here under. GOP approved the same amount for this purpose (ROP-FMR Code – A.9.7).*** The details of these training are given in **Adolescent Health Chapter.**

Saloni Swasth Kishori Yojana - Training	Batches
State Level - (Trainees Distt Nodal Officer-72, Div. PM18, DPMs-72, DCMs-72)	6
District Level - (Trainees MO BPHC -820,HEO/BPM -820)	41
Block Level (Trainees - Saloni School Teachers, 2Teachers/8000schools)	400

8. PROGRAMME MANAGEMENT TRAININGS

DPMU Training

It is proposed to organize financial management training for SPMU/ Directorate/ District Health Officials concerned with the NRHM management; and District Accounts Managers of the DPMU. The training will be outsourced to Centre for Development of financial Administration, run by the U.P. Govt. for which Rs. 10.20 Lacs is budgeted. The details of this proposed training is provided in financial management chapter.

BPMU Training

Under NRHM, block programme management units are to be made functional. Apart from block programme managers, there is one contractual post of Block Data Entry Assistant cum Accounts Clerk. The Block Data Entry Assistant cum Accounts Clerks has been recently appointed. To utilize their services optimally, it proposed to train them for NRHM programme and accounting, which includes financial management, accounting procedures, internal accounting controls, NRHM balance sheets, NRHM FMIS, compilation of FMIS, UCs under NRHM, practical sessions, NRHM audit and income tax, etc.

For this purpose, training of trainers will be done in the State Institute of Health and Family Welfare, Uttar Pradesh in two batches, having 25 participants in each batch. The Block Data Entry Assistant cum Accounts Clerks will be trained in 11 RHFWTCs in 33 batches, having 25 participants in each batch. Thus the total fund required for this training is Rs. 3620324.00(Rs. 36.20 Lacs) as per below:

- TOT – 2 batches @Rs.139537/- per batch – Total Rs. 279074.00 (Rs.2.79 Lacs)
- Block Data Entry Assistant cum Accounts Clerk Training – 33 batches @ Rs. 101250/- per batch – Total Rs. 3341250.00 (Rs. 33.41Lacs).

Programme Management Training	Total Budget (Rs. in lacs)	FMR Code
DPMU	10.20	
BPMU Training	36.20	
Sub Total	**46.40**	**A.9.8.2**

For this purpose, GOI approved Rs. 46.40 Lacs for conducting DPMU Training (Rs. 10.20 Lacs) & BPMU Trainings (Rs. 36.20 Lacs) – (ROP- FMR Code – A.9.8.2)

9. OTHER PROGRAMME MANAGEMENT TRAININGS

NRHM Skill Development Training for districts level managers

Training has been planned for CMOs/ Dy.CMOs who are looking after NRHM in the districts. The course contents include more knowledge and hands on practice for planning and implementation of NRHM schemes and guidelines. It had been planned to train 50 Doctors in 2 Batches for the yr 2011-12.

NRHM Skill Development Training for block programme managers

Similarly a course was planned for block level managers (Senior Medical Officers). 50 doctors are to be trained during the year 2011 -12.

Hospital Management Training

A 5 day training course for hospital managers has been developed at the State Institute of Health & Family Welfare (SIHFW) for CMS's of Male & Female District hospital and M.S. Male & Female of CHC of the district. 4 batches of 25 participants each was planned for the year 2011 -12,

Five days Administrative Management Training for CMS

For giving recent knowledge on administrative rules i.e. recruitment, promotion, reservation, office management, court procedures and financial rules and procedures (Government rules and regulations). A 5 day training course has bee planned .100 CMS (male and female) will be trained in 4 batches in the year 2011-12.

BCC trainings for District Program Management Units

A training course on BCC for all District Program Managers, District Community Mobilizers etc has been planned, 100 participants in 4 batches will be trained during the year 2010-2011.

Disaster Management Training for Medical Officers

5 days trainings for the medical officers is being organized on disaster management. 150 participants in 6 batches will be trained during 2011 -12.

Training Programme on Gender Sensitivity & Gender Equity for Health Professionals

The training programme contents include Gender equality, Gender Budgeting, PCPNDT Act, & MTP Act, Gender and HIV, AIDS vulnerability, Domestic Violence and Health consequences etc. 100 medical officers of PHCs/CHCs are planned to train during the year 2011 -12.

Family Life Education

Girls & Boys, when they reach the reproductive age group, require some kind of family life education. This is the time when they need to know about reproductive health, child bearing, family planning, RTI & STI and child rearing etc. Teachers of Government Inter colleges are required to be trained on the above mentioned topics so that they can disseminate this information to their students.

100 Principals/teachers of Government Inter Colleges are to be trained during the year 2011 -12.

BCC/IPC training for Tutors/DPHN/DHV

150 Tutors/DPHN/DHV are to be trained during the year 2011 -12.

Foundation course for Health Education Officers (HEOs)

The objective of the foundation course is to develop the HEOs as an efficient Government Officers and effective block level managers. The course curriculum will include roles and responsibility of HEOs, Government servant's conduct rules, structure of the department, demographic indicators and public health issues of India and Uttar Pradesh, orientation on NRHM and its components, Financial rules and procedures, HRD and Management, Supportive supervision, Community participation and mobilization. 100 HEOs are to be trained 2011– 12.

Budget Summary for Programme Management Training

Other Programme Management Trainings	Total Budget (Rs. in lacs)	FMR Code
District level managers (ACMO/Dy.CMO)	4.04	A.9.8.3
Block level managers (SMOs)	4.04	
Hospital management training (CMS-M/ F)	8.08	
Administrative & financial management training for (CMS – M/F)	8.08	
BCC training for dist. prog. Management units	8.08	
Gender sensitization training for MOs	8.08	
Family life education for principals/teachers of GICs	12.12	
BCC/IPC trainings for tutors/PHNs (RHFWTC and ANMTC)	6.84	
Foundation training for health education officers	13.80	
Disaster management training for MOs	12.12	
Sub Total	**85.28**	

10. STRENGTHENING OF GNM NURSING SCHOOLS

There are 4 district hospitals (Balrampur hospital, Lucknow, District Hospital Bareilly, District Hospital Gorkhapur & UHM Hospital Kanpur) in the state which are engaged in GNM Training. There is a separate nursing school in the hospital campus. The annual intake capacity of the schools ranges from 23 to 30. None of these schools are having teaching faculty and support staff as per norms prescribed by

Indian nursing council. Hence there is an urgent need for providing sufficient teaching faculty and support staffs, teaching aids, computer labs and office equipments etc. to these schools to enable them to impart quality nursing education to the students.

The detail of the required support is given below:

A). Infrastructure Upgradation, Furniture and Teaching Aids

Sl	Details	Lucknow	Gorkhapur	Bareilly	Kanpur	Funds required (Rs. In Lacs)
1	Minor Civil Work	40.00	20.00	15.00	20.00	95.00
2	Furniture	2.00	1.50	1.50	2.50	7.50
3	Teaching Aids	5.00	5.00	-	5.00	15.00
	Total	**47.00**	**26.50**	**16.50**	**27.50**	**117.50**

B). Human Resources

Sl	Details	Monthly Honorarium	Nos. required					Funds required for 9 Months (Rs. In Lacs)
			Lucknow	Gorakhapur	Bareilly	Kanpur	Total	
1	Principal	30,000.00	1	1	1	1	4	10.8
2	Vice Principal	28,000.00	1	1	1	1	4	10.08
3	Sr. Tutor	26,000.00	2	2	2	2	8	18.72
4	Tutor	25,000.00	6	8	8	7	29	65.25
5	Intern	23,000.00	1	1	1	1	4	8.28
6	Steno/PA	10,500.00	-	1	1	1	3	2.835
7	Sr. Clerk/ Cashier	10,500.00	1	1	1	1	4	3.78
8	Jr. Clerk	9,000.00	1	1	1	1	4	3.24
9	Librarian	9,000.00	1	1	1	1	4	3.24
10	Lab Attendant	6,000.00	1	1	1	1	4	2.16
11	Choukidar	6,000.00	1	2	2	2	7	3.78
12	Peon	6,000.00	2	2	3	-	7	3.78
13	Sweeper	6,000.00	1	2	2	1	6	3.24
14	Cook	6,000.00	2	2	4	-	8	4.32
	Total							**143.50**

Hence, the total fund requirement is Rs. 261.00 lacs for strengthening of 4 GNM nursing schools in the state is not approved by GOI(ROP- FMR Code-A.9.10.1).

11. STRENGTHENING OF TRAINING INSTITUTIONS

There are 11 RHFWTCs, 40 ANMTCs and 30 District Peripheral Training Teams (DPTTs) Achal Prshikshna Kendra) in the State. These institutions are old and require further strengthening. All 11 RHFWTCs and 4 ANMTCs located at divisional headquarter were taken up for strengthening 2010-11. The remaining AMNTCs (36) and 30 DPTTs are to be strengthened in the year 2011-12. As, the state is going to start trainings of ANMs and MHWs in these institutions. Most of these institutions lack tutors and other staff to take up the trainings. ***The budget for these activities***

is approved under the head (B.5.10) Infrastructure of training institutions in NRHM Flexipool.

12. OTHER TRAINING AND CAPACITY BUILDING PROGRAMMES

Integrated Skill Upgradation Training for Paramedicals

a). Logistics Management Training for Store Keeper & Pharmacist (3 days):

Training for Store Keeper and Pharmacists will be organised to train about logistic management. Trainings will be conducted at RHFWTCs during 2011-2012 for which a budgetary provision of Rs.49.28 lacs have been made.

b). Statistical officers & Investigators cum computers (ICC) (5days) -This training will enable Statistical Officers & Investigator cum computers (ICC) to handle all the data and statistical analysis for monitoring and evaluation purposes. Trainings will be conducted at RHFWTCs, for which a budgetary provision of Rs. 61.60 lacs has been made.

c). Monitoring and Evaluation Training - A 3 day training of CMO/Dy CMO and DPM will be organised in SIHFW. 370 participants are to be trained in 13 Batches for which a budgetary provision of Rs. 25.35 lacs has been made.

Summary budget for Other Health Personnel Training

Integrated skill upgradation training for paramedical	Amount (In Lacs)
Training of trainers (district level) *	12.12
Skill upgradation for store keepers and pharmacists at RHFWTC level*	49.28
Skill upgradation for statistical officers and computers at RHFWTC level*	61.60
M&E Trainings CMO, Dy. CMO, DPO (FW), Dy. DPO (FW) and DPM (NRHM) by SIHFW)	25.35
Total	**148.35**

Thus the total amount of Rs. 148.35 Lacs is approved by GOI to conduct the above activities (ROP – FMR Code - A.9.11.3)

Other Capacity Building Trainings

a). Post Graduate Diploma in Health Management - It is proposed to send 10 Doctors(Medical Officers) for 1 yr Post Graduate Diploma in Health Management organised by NIHFW. ***For this a budgetary provision of Rs. 25.00 lacs was made, which is approved by GOI (ROP – FMR Code- A.9.11.3)***.

b). Training of ENT Specialists for updated knowledge and recent developments regarding hearing impaired - During year 2011 – 12 it is proposed to train ENT specialists in recent developments in the field of ENT. The training will be given by CSMMU Lucknow. ***A Budgetary provision of Rs 8.07 lacs was made, which is not approved by GOI.*** .

c). Training for Dental Surgeons -A training program for Dental Surgeons has been planned in collaboration with CSSMU for imparting training in the field of Faciomxillary Surgery (12 Days), Orthodontics (refresher course -uneven & crowning tooth -6 days) and Endodontics (refresher course- root canal & preservation of tooth - 6 days). ***For which a budgetary provision of Rs. 30.00 lacs was made but GOI not approved this activity***.

Summary budget for Other Health Personnel Training

Training (Other Health Personnel)	Amount (In Lacs)	FMR Code
Post Graduate Diploma in Health Management for Medical Officers	25.00	A.9.11.3
ENT Specialist training on advanced developments	8.07	Not Approved
Clinical trainings: for Dental Surgeons – Advance Faciomaxillary Surgery, Orthodontics (refresher course) – uneven and crowding teeth, Endodontic (refresher course) root canal & preservation of tooth*	30.00	Not Approved.
Total	**63.07**	

For this purpose, an amount of Rs. 63.07 Lacs was proposed, out of which GOI approved only 25.00 Lacs for PGDHM for medical officers. (ROP- FMR Code- A.9.11.3)

13. PRE SERVICE TRAINING OF MALE AND FEMALE HEALTH WORKERS

Pre-service training of health workers is essential, as they are required at sub centres and in the field to serve the community. As per GOI guidelines, 2nd ANM is to be posted at all the sub centres on a priority basis depending on the number of deliveries conducted at these centres. At the centres, where deliveries are in good numbers, one ANM can provide delivery services at the sub centre and the other ANM can move in the field as per the roaster. Similarly, male health workers are required for dissemination of information regarding family planning services in males and provide various services of national programmes.

The training duration of female workers is of 18 months and these trainings are conducted at 40 ANMTCs in batches of 60 participants. The training duration of male workers is of 12 months and conducted at Regional Health and Family Welfare Training Centres (RHFWTCs) and District Peripheral Training Teams (DPTTs) – *Achal Prashikshan Kendras* or in a PPP Mode in private training centres. Training for the batches exceeding the capacity of the RHFWTCs is to be outsourced.

1904 ANMs have been trained during the year 2008-10 (completed in Dec.2010) and the trained ANMs are being posted at sub centres as 2nd ANM in their respective districts on priority basis. During 2010-12, it was proposed to train 2400 female health workers and 5000 male workers, for which an amount of Rs. 2582.00 Lacs was approved in PIP of year 2010-11 and was transferred to DG(FW), as per following details.

Pre-service training	Total Budget (in Rs Lacs)
Pre service Training of BHW (M) (One year with 5,000 participants) (lump sum amount)	2,070.00
Pre-service training of ANM (40 centres; 1.5 years course) (lump sum amount)	512.00
Total	**2,582.00**

Somehow, due to unavoidable reasons, trainings of ANMs/MPWs(male), which was supposed to be started in the 3rd/4th quarter of 2010-11, could not start.

Now it is being proposed that the unspent funds lying with DG(FW) will be utilized in 2011-12 and onwards. Government of India (GOI) is requested to treat this unspent fund as committed liability and approve the activity.

14. COMPREHENSIVE TRAINING PLAN FOR SIHFW, 2011-12

Sl.	Area & Name of Training	Category of Trainees	Duration	No. of Sites	Details of Training Sites	Comments	Current Status	Total Batches	Number of Trainees / batch	Total Number of Trainees	Unit Cost/ Batch	Budget (in Lacs)
Maternal Health												
1	**Skilled Birth Attendant's training**											
1.1	Strengthening of SBA Sites				100 (DFH/ CHCs /FRUs)			100 units				15.00
1.2	Training of Trainers (TOT)	CMS(DFH), Gyae., Paed., Staff Nurses	2 Days	1	SIHFW	TOT - Trainers of District Female Hospitals & FRUs who impart training to Field Operatives		2	30	60	1.5	3.00
1.3	Training of staff Nurse/ ANM/ LHV/ in SBA	ANMs/LHVs /Staff Nurses	21 Days	100	District Female Hospitals & First Referral Units	Skills & Knowledge abut safe delivery with introduction of Partographs and use of MagSulph, Mesoprestrol etc.	1,064	750	4	3,000	1.104	828.23
2	**Life Saving Anaesthesia Skills**											
2.1	Training of Trainers(TOT)	Anaesthetists	2 Days	5	Medical Colleges of Lucknow, Agra, Meerut, Kanpur, Jhansi	TOT for Anaesthetists of District Female Hospitals who will work as Trainers (budget is built		10	2	20	9.0	90.00

Sl.	Area & Name of Training	Category of Trainees	Duration	No. of Sites	Details of Training Sites	Comments	Current Status	Total Batches	Number of Trainees / batch	Total Number of Trainees	Unit Cost/ Batch	Budget (in Lacs)
						in training budget to Medical Colleges)						
2.2	Life Saving Anaesthesia Skills(Field Training)	MBBS Medical Officers	18 Weeks	5	Medical Colleges of Lucknow, Agra, Meerut, Kanpur, Jhansi	Out of 18 Weeks' 12 Weeks' LSAS Training is provided at respective Medical Colleges & then Trainees are attached to a DFH for practical training for 6 Weeks followed by an exam.	88	10	6	6		
2.3	Refresher Training for trained MOs in LSAS	LSAS Trained Doctors for Practice	14 Days	30	DFHs	MOs who received LSAS training will have practical experience through attachment Training at DFHs		45	2	90	0.49	22.05
2.4	One Time Grant For Site Strengthening of Sites (5 centres & 25											30.00

Sl.	Area & Name of Training	Category of Trainees	Duration	No. of Sites	Details of Training Sites	Comments	Current Status	Total Batches	Number of Trainees / batch	Total Number of Trainees	Unit Cost/ Batch	Budget (in Lacs)
	District sites)											
3	**Emergency Obstetric Care(EmOC) Training**											
3.1	Training of Medical Officers in EmOC	Gynaecologists	10 Days	4	Medical Colleges decided by FOGSI (such as CMC Vellore, Gandhigram, Surat etc.)	Trainers for Emergency Obstetrics Care & Short Term Emergency Obstetrics Care	18			10		6.00
3.2	Field Training	MBBS Medical Officers	16 Weeks	3	Medical Colleges of Lucknow , Aligarh, Varanasi have been included	Out of 16 weeks, 6 weeks EmOC Training, 9 weeks practical training in DFH, last week to their respective medical colleges	39	6	8	48	10.0	60.00
3.3	EMOC Centre Running Cost, Certification, Monitoring (FOGSI)											25.00
3.4	Refresher Training for trained MOs in EmOC	LSAS Trained Doctors for Practice	14 Days	30	DFHs	The MOs who received EMOC training will have practical experience through attachment Training at DFHs		25	2	50	0.49	12.25
3.5	Basic EmOC	Medical	2 Days	1				3	30	90	2.34	7.02

Sl.	Area & Name of Training	Category of Trainees	Duration	No. of Sites	Details of Training Sites	Comments	Current Status	Total Batches	Number of Trainees / batch	Total Number of Trainees	Unit Cost/ Batch	Budget (in Lacs)
		Officers										
4	**Short term refresher CEmOC**											
4.1	Training of Trainers(TOT)	Trainers of EmOC Training	1	1	SIHFW	1 Day Sensitization Training regarding CEmOC to Trainers of EmOC Training		1	10	10	1	1.00
4.2	Field Training	Specialist MOs (DGO/MS /MD)	14 Days	10	District Female Hospitals with Cesarean load of 60	Specialist MOs who have no exposure to conduct Cesarean Section.		5	2	10	0.49	2.45
5	**MTP using MVA**											
5.1	Training of Trainers(TOT)	Pool of Trainers from Dist. Male & Female Hospitals & Training Centres.	5 Days	1	SIHFW in Collaboration with Female Hospitals	20 trainers are available and 30 new trainers will be trained		2	15	30	1	2.00
5.2	Field Training	MOs (Female)	5 Days	10	District Female Hospitals	Refresher Training with MVA Method		40	3	120	0.52	20.80
6	**RTI/STI Training**											
6.1	Orientation of MOs	MOs Trained by UPSACS	2 Days	70 DHs	In collaboration with UPSACS	In 2010-11 55 Districts had been taken. This Year 15 More Districts are to		15	30	450	0.71	10.65

Sl.	Area & Name of Training	Category of Trainees	Duration	No. of Sites	Details of Training Sites	Comments	Current Status	Total Batches	Number of Trainees / batch	Total Number of Trainees	Unit Cost/ Batch	Budget (in Lacs)
						be taken						
6.2	Refresher Training of MOs	MOs Trained by UPSACS	1 Days	55	In collaboration with UPSACS	Trained MOs of Districts Taken in PIP of 2010-11		55	30	1650	0.43	23.65
6.3	RTI/STI Training for LTs	Lab Technicians	2 Days	1	SIHFW/ CSMMU	Lab Technicians of CHCs will be trained on RTI/STI	180	7	30	210	0.84	5.92
7	**Programme Management and Human Resources Development**											
	NRHM Skill Development Training											
7.1	Programme Management training for district level managers	ACMO/ Dy.CMO	5 Days	1	SIHFW	Training on NRHM related programmes and activities	365	2	25	50	2.02	4.04
7.2	Hospital Management Training	CMS (Male & Female)	5 Days	1	SIHFW			4	25	100	2.02	8.08
7.3	Programme Management Training for block programme managers	Senior Medical Officers	5 Days	1	SIHFW	Training on NRHM related programmes and activities.	416	2	25	50	2.534	4.04
7.4	Administrative & Financial Management training for CMS	CMSs	5 Days	1	SIHFW	Administrative & Financial rules, regulations, Office Management	43	4	25	100	2.02	8.08

Sl.	Area & Name of Training	Category of Trainees	Duration	No. of Sites	Details of Training Sites	Comments	Current Status	Total Batches	Number of Trainees / batch	Total Number of Trainees	Unit Cost/ Batch	Budget (in Lacs)
						etc.						
7.5	BCC trainings for District Programme Management Units	DPMs/ DCMs & NGO Personnel	5 Days	1	SIHFW	Knowledge about Behavior change communications for implementation of NRHM Programme	19	4	25	100	2.02	8.08
7.6	Disaster Management Training	MOs of CHC	5 Days	1	SIHFW	Preparedness in Hospitals & PHC/CHC in case of Disasters	78	6	25	150	2.02	12.12
7.7	Gender Sensitization Training	MOs	5 Days	1	SIHFW	Gender planning, gender budgeting & knowledge about PCPNDT Act.		4	25	100	2.02	8.08
7.8	Family Life Education	Principals & Teachers of GICs	5 Days	1	SIHFW	To sensitize the principals of GICs about NRHM activities to propagate the issues in their colleges & civil society	70	6	25	150	2.02	12.12
7.9	BCC/IPC trainings	Tutors/ DPHN/ DHV	5 Days	1	SIHFW	To train on IPC/BCC . These trainers will impart training to ANMs	22	4	25	100	1.71	6.84

Sl.	Area & Name of Training	Category of Trainees	Duration	No. of Sites	Details of Training Sites	Comments	Current Status	Total Batches	Number of Trainees / batch	Total Number of Trainees	Unit Cost/ Batch	Budget (in Lacs)
7.10	Family Welfare Counsellors' Trg.	Family Welfare Counsellors	7 Days	1	SIHFW	The FWC to be appointed at DFH will be given training on Counselling & Communication	18	8	25	200	-	16.38
7.11	Foundation Training	HEOs	12 Days	1	SIHFW	Training on roles & responsibilities, Govt. Servant conduct rules, financial rules etc	49	4	25	100	3.45	13.80
7.12	BPMU training	Block Data Entry Assistants cum Accounts clerks	3 days	1+11	SIHFW + 11 RHFWTCs	Training on NRHM programme, finance and accounting	-	2 (ToT) +33 (for trainees)	25	50 (TOT) + 825 (trainees)	1.39 (TOT) + 1.01 (traines)	36.20
7.13	DPMU Training	State & district officials				Fiance management				150 (3days) +80(1week)	0.036 + 0.06	10.20
8	**Adolescent Health Training(ARSH)**											
	ARSH	ANM /LHV	3 days	71	District Level Training Centre/ facility	Adolescent health component as per GOI module	80	400	30	12,000	0.71	284.00
9	**Integrated Skill Upgradation Training for Para Medicals**											
9.1	Training of Trainers	Trainers of RHFWTC /ANMTC /DH	5 days	1	SIHFW	These trainers will form Pool of Trainers to conduct training at Division or District Level	187	6	25	150	2.02	12.12

Sl.	Area & Name of Training	Category of Trainees	Duration	No. of Sites	Details of Training Sites	Comments	Current Status	Total Batches	Number of Trainees / batch	Total Number of Trainees	Unit Cost/ Batch	Budget (in Lacs)
9.2	Skill Upgradation	Store Keepers & Pharmacists	3 days	11	RHFWTC	Their Roles & Responsibilities in NRHM		88	15	1320	0.56	49.28
9.3	Skill Upgradation	Statistical Officers & Computers	5 Days	11	RHFWTC	Their Roles & Responsibilities in NRHM, Different formats regarding FMIS		44	25	1100	1.4	61.60
10	**IMEP (Hospital Waste Management Trainings)**											
10.1	TOT	Clinicians from DH	2 Days	1	SIHFW	Different Types of Waste, Disposal of Waste in Hospital	81	3	25	75	1.5	4.50
10.2	Field Training	Staff Nurses & Support Staff	3 Days	72	District Hospitals	Different Types of Waste, Disposal of Waste in Hospital		144	25	3,600	0.5	72.00
11	**Dental Training (Clinical)**											
11.1	Dental (Advance Faciomaxillary Surgery)	Dental Surgeons - PMS	12 days	1	SIHFW in Collaboration with CSMMU, Lko			5	7	35		-
11.2	Dental (Orthodentics (refresher course) - uneven and crowding teeth, Endodentic	Dental Surgeons - PMS	6 days	1	SIHFW In Collaboration with CSMMU, Lko			5	10	50		-

Sl.	Area & Name of Training	Category of Trainees	Duration	No. of Sites	Details of Training Sites	Comments	Current Status	Total Batches	Number of Trainees / batch	Total Number of Trainees	Unit Cost/ Batch	Budget (in Lacs)
11.3	Dental - Endodentic (refresher course) root canal & preservation of tooth	Dental Surgeons - PMS	6 days	1	SIHFW In Collaboration with CSMMU, Lko			5	10	50		-
12	ENT specialist		5-days	1	SIHFW In Collaboration with CSMMU, Lko	Latest development on techniques in the field of ENT		3	25	75	2.69	-
13	**Monitoring and Evaluation training**											
13.1	M&E	CMO, Dy. CMO, DPO (FW), Dy. DPO (FW) and DPM (NRHM)	3-days	1	SIHFW			13		370	1.95	25.35
14	**Post Partum Abdominal Tubectomy Training**											
	Refresher	PMS	3 days		DWH	high delivery load		9	5	810		193.26
	TOT		12 days		DWH					288		11.52
14	SIHFW Strengthening (include Renovation)											
14.1	Training related M & E activities, planning and review meetings, seminars, workshops and study tours and research etc. for quality improvement											50.00
14.2	Strengthening of SIHFW (furnishing of new class rooms, tea lounge, recreation room, reception lounge, furniture, mess, linen and CTVs, for hostels)											50.00
14.3	Contingency support to SIHFW (transportation, POL, maintenance of vehicles communication, library)											10.00
14.4	Hiring of security guards, class room and hostel attendants & Mess support staff, driver and cleaner											35.00
14.5	Equipment (Audiovisual training Aids)											15.00
14.6	Generator with installation (3 with installation)											10.00
14.7	Bus (40 seat AC) on contract @ Rs 10,000/ day for 100 days in a year											10.00
14.8	Renovation of main building, hostel building, repair roads, water facility, fire, rain water harvesting, proper drainage, conference & meeting hall etc.											100.00#
14.9	Computer Lab and Library											100.00#

#- in approved in NRHM Flexipool (ROP – FMR Code – B. 5.10)

15. COMPREHENSIVE TRAINING PLAN FOR FAMILY PLANNING (SIFPSA), 2011-12

Sl	Area & Name of Training	Category of Trainees	Duration	No. of Sites	Details of Training Sites	Current Status	Total Batches	Number of Trainees /batch	Total Number of Trainees	Unit Cost/ Batch	Budget (in Lacs)
1	**Laparoscopic Sterilization Training**										
1.1	ToT	DCTC MOs	6-days	3	MC LKO, Meerut, Kanpur		8	6	48	1.06	8.48
1.2	Induction	MO+SN	6-days for SN & 12 days for MO	13			54	3 MOs and 2 SN	270 MO & SN	1.04	56.16
1.3	Refresher	MO	3 days	13			26	3 MOs	78	0.278	7.23
2	**Minilap Training**										
2.1	ToT	MO+SN	6-days	1	Agra MC		2	6 (5 MO + 1SN)	10 MO + 2SN	0.88	1.76
2.3	Induction	MO+SN	6-days for SN & 12 days for MO	5	Agra, Varanasi, Jhansi, Chitrakoot, Gorakhpur		45	3 MO + 2SN	135 MO +90 SN	1.193	53.69
3	**NSV Training**										
3.1	ToT	MO	3-days	1	LKO MC		3	3 MOs	9 MOs	0.45	1.35
3.2	Induction and refresher	MO	3-days	4	LKO, Kanpur, Allahabad, Meerut		98	3 MOs	294 MOs	0.537	52.63
4	**IUD Insertion Training**										
4.1	ToT for Dist trainers	MO+ Paramedics	6-days	10	DCTCs		20	8 MOs & SN/PHN/ LHV	160 MOs & SN/ PHN/LHV	0.65	13.00
4.2	MO and SNs	MO+ SNs	6-days	43			344	2 MOs & 4 SN	688 MOs & 1376 SNs	0.25	86.00
4.3	LHV and ANMs	LHV+ ANMs	6-days	86	2 block level sites per district for 43 districts		645	6 ANMs/ LHVs	3870 ANMs/ LHVs	0.223	143.84
5	**SBA**										
5.1	SBA training for MOs		10-days	6	MCS - Lko, Kanpur, Meerut, Agra, Jhansi, Ghorakhpur		48	8	288	2.025	97.20

APPROVED BUDGET SUMMARY FOR TRAININGS

FMR Code	Activity	Amount Approved (Rs. Lacs)
RCH FLEXIPOOL		
A.9.1	**Strengthening of Training Institutions**	180.00
A.9.2	**Development of training packages**	221.37
A.9.3	**Maternal Health Training**	
A.9.3.1	Skilled Attendance at Birth	981.23
A.9.3.2	Comprehensive EmOC Training (including c-section)	113.72
A.9.3.3	Life saving Anaesthesia skills training	142.05
A.9.3.4	MTP training	22.80
A.9.3.5	RTI / STI Training	34.30
A.9.3.6	BEmOC training	97.20
A.9.3.7	Other MH Training (Training of TBAs as a community resource, any integrated training, etc.)	5.92
A.9.4	**IMEP Training**	76.50
A.9.5	**Child Health Training**	
A.9.5.1	IMNCI	1981.07
A.9.5.2	F-IMNCI	156.00
A.9.5.3	Home Based Newborn Care	-
A.9.5.4	Care of Sick Children and severe malnutrition	-
A.9.5.5	Other CH Training (pl. Specify)	126.80
A.9.6	**Family Planning Training**	
A.9.6.1	Laparoscopic Sterilisation Training	71.87
A.9.6.2	Minilap Training	271.76
A.9.6.3	NSV Training	53.98
A.9.6.4	IUD Insertion Training	242.84
A.9.6.5	Contraceptive Update	
A.9.6.6	Other FP Training (pl. Specify)	16.38
A.9.7	**ARSH Training**	334.99
A.9.8	**Programme Management Training**	
A.9.8.1	SPMU Training	-
A.9.8.2	DPMU Training	46.40
A.9.9	**Other training (pl. Specify)**	85.28
A.9.10	**Training (Nursing)**	
A.9.10.1	Strengthening of Existing Training Institutions/ Nursing School	-
A.9.10.2	New Training Institutions/ School	-
A.9.11	**Training (Other Health Personnel)**	
A.9.11.1	Promotional Training of health workers females to lady health visitor etc.	-
A.9.11.2	Training of ANMs, Staff nurses, AWW, AWS	-
A.9.11.3	Other training and capacity building programmes	173.36
	TOTAL - RCH FLEXIPOOL	**5,435.82**
NRHM FLEXIPOOL		
B.5.10.1.a	Renovation of main building & Other Repairs - Rs. 100 Lacs; & Construction of Computer lab & library - Rs. 100 Lacs	200.00
B.5.10.1.b	ANMTCs Strengthening	360.00
B.5.10.1.c	DPTT (Achal Prashikshan Kendra) Strengthening	225.00
	TOTAL - NRHM FLEXIPOOL	**785.00**
	GRAND TOTAL	**6220.82**

A.10. PROGRAMME MANAGEMENT

For effective programme management, state PMU for NRHM has been established. Programme Managers, designated as General Manager have been deployed. Most of the staff has been hired on contract, some have been brought on deputation and some staff is on loan basis from SIFPSA. The process for establishment of knowledge Resource centre (KRC) is in progress. The newly developed KRC will also function as state health systems resource centre (SHSRC). Presently, SPMU is functioning as both Secretariat to Mission Director as well as SHSRC. Programme management units have also been established at divisional HQs in close coordination with SIFPSA, District PMUs and Block PMUs. Apart different programme management units, SIHFW, Directorate of Family Welfare, Directorate of Medical Health and Regional Directors (MH and FW) are also involved in effective programme management. Hence, support has been extended to these units also for their smooth functioning. Hence, the structure of the State PMU is designed as shown in the following page.

1. PROPOSED STAFFING OF VARIOUS CELLS AT SPMU/DFW

PROPOSED STAFFING OF FINANCE CELL AT SPMU

Sl.	Post	No.	Qualification / Source of Appointment
1	Finance Controller	1	From UP Finance and Accounts Services
2	State Accounts Manager	1	CA/ICWA with minimum 5 yrs experience from open market
3	State Finance and Accounts Manager	1	On deputation from UPFS with experience of 10 yrs.
4	Manager Finance	4	AO or AAO with minimum 10 yrs experience in Govt or semi-govt org. or CA Inter/ICWA Inter with min. 5 yrs experience from open market
5	Accountant	4	B.Com/B.Com with computer knowledge of tally software and minimum 5 years experience in Government or Semi Government organisations
6	Internal Auditor	4	Accountants/Auditors with min. 10 yrs experience in govt or semi-govt org. or B.Com/CA Inter/ICWA Inter from open market
7	Data Analyst	1	Masters Degree in Computer Science with relevant experience of min. 5-7 yrs.
8	Secretary	1	Graduate, good speed in shorthand typing. Must be proficient in computers (MS Word, Excel, Power Point, Internet etc.) with min. 5 yrs experience from open market.

PROPOSED STAFFING OF HR CELL (ADMIN AND PROGRAMME MANAGEMENT) AT SPMU

Sl.	Post	No.	Monthly Honoraria	Qualification
2	HR Specialist	1	Rs.33,000	Senior HR professional having MBA/PGDM with specialization in HR and experience of at least 3 years from reputed organization
3	Data Assistant	1	Rs.17,000	BCA/ B.Sc. with computer science from open market with min. 3-5 years of experience

PROPOSED STAFFING OF IEC CELL AT DIRECTORATE OF FAMILY WELFARE

Sl.	Post	No.	Monthly Honoraria	Qualification
1	Technical Consultant – IEC	1	Rs. 33,000	IEC Expert having post graduate qualifications in Mass Communication having experience of preparing media plans and communication strategy with work experience of at least 5 years
2	Program Assistant	1	Rs. 17,000	Masters Degree in related subject with relevant experience of min. 5 yrs.
3	Data Assistant	1	Rs. 17,000	BCA/ B.Sc./PG Diploma with computer science from open market with min. 3 years of experience

PROPOSED STAFFING OF PROCUREMENT CELL AT DIRECTORATE OF FAMILY WELFARE

Sl.	Post	No.	Monthly Honoraria	Qualification
1	Technical Consultant-P&L	1	Rs. 33,000	MBA- Logistics and Procurement with 5 years experience
2	Accountant	1	Rs. 21,000	B.Com/B.Com with computer knowledge of tally software and minimum 5 years experience in Government or Semi Government organizations
3	Program Assistant	1	Rs. 17,000	Masters Degree in related subject with relevant experience of min. 5 yrs.

PROPOSED STAFFING FOR M&E CELL AT SPMU

Sl.	Post	No.	Monthly Honoraria	Qualification
1	Technical Consultant (M &E) (Non Medical)	1	Rs.33,000	PG in Statistics/Demography/Pop. Sc. with min. 5-8 yrs experience
2	Data Analyst	1	Rs. 21,000	Masters Degree Computer Science with relevant experience of min. 3-5 yrs.

PROPOSED STAFFING FOR MIS CELL AT SPMU

Sl.	Post	No.	Monthly Honoraria	Qualification
1	Data Analyst/ Programmer	1	Rs. 21,000	Masters Degree in Statistics/Computer Science/ B-Tech, with relevant experience of min. 3 yrs
2	Data Assistant	2	Rs.17,000	BCA/ B.Sc./PG Diploma with computer science from open market with min. 3 years of experience
3	MIS Officer	3		Salary born by SIFPSA

PROPOSED STAFFING FOR QUALITY MAINTENANCE UNDER CCSP

Sl.	Post	No.	Monthly Honoraria	Qualification
1	Programme Assistant (1 at SPMU & 1 at DGFW)	2	Rs.17,000	Masters Degree in related subject with relevant experience of min. 5 yrs.
2	Data Assistant	1	Rs.17,000	BCA/ B.Sc./PG Diploma with computer science from open market with min. 3 years of experience

2. DIVISIONAL PMU

Divisional Programme Management Units have been established in 18 divisions. These units have been placed under the Additional Director of the Division and each unit has a Programme Manager who is assisted by an Officer responsible for MIS and accounting activities. The Divisional PMUs are mentoring the District PMUs and assisting in NRHM programme implementation

Operational Expenses for Divisional PMUs

Sl.	Description	No. of Units	Rate per Unit (in Rs.)	Months	Total (in Rs. Lacs)
1	Operating Expenses of Divisional PMUs	18	125,000	12	270.00
	Sub Total				**270.00**

For this purpose, an amount of Rs. 270.00 Lacs is approved by GOI (ROP-FMR Code-A.10.4)

3. DISTRICT PMU

For management of the programme interventions at the district level, District PMUs have been established in 71 districts and one additional is to be established in newly carved district (named Chatrapathi Sahuji Maharaj Nagar). Thus, total number of District PMUs will be 72. During last 2 years, many district level programme managers have left their job as they got better opportunity in different places. The

recruitment was made in the year 2008-09, through NHSRC, New Delhi and as per experience till date the selection of candidates was quite satisfactory and the managers selected are functioning optimally. It is being proposed that in view of importance of these posts, the selection of candidates for vacant posts will be done by the same procedure through NHSRC.

Operational Expenses for District PMUs

Sl.	Description	No. of Units	Rate per Unit (in Rs.)	Months	Total (in Rs. Lacs)
1	Honoraria to District PMU Staff				
	District Programme Manager (Rs. 27,000/- per month)	72	27,000	12	233.28
	District Community Mobilizer (Rs.22,000/- per month)	72	22,000	12	190.08
	District Accounts Manager (Rs. 22,000/- per month)	72	22,000	12	190.08
	District Data cum Accts. Assistant (Rs. 17,000/- per month)	72	17,000	12	146.88
	Class - IV (Rs. 6500/- per month)	72	6,500	12	56.16
	Sub Total				**816.48**
2	10% increment to DPMU Sfaffs*				**81.65**
3	Other Operating Expenses of District PMUs	72	60,000	12	518.40
4	One time setup cost of DPMU-C.S.J.Maharaj nagar	1	700,000	1	7.00
	Total				**1,423.53**

all those functionaries, who have completed one year or more with the organisation will be given 10% increase in the honorarium w.e.f. 1/4/2011 subject to their satisfactory performance.

For this purpose, an amount of Rs. 1423.53 Lacs is approved by GOI (ROP-FMR Code-A.10.2)

4. BLOCK PMUS

At the block level, the Block MOIC would be head of the Block PMU and would be supported in his function by the Block Programme Manager/Health Education Officers, appointed by the State government, and Data Assistants hired on contract under NRHM.

Additionally there are 414 blocks in 69 identified districts, where population of one block is above the state average and in some places; there are more than one health facility (BPHC/CHC). Hence, in these blocks, one additional Block Data Assistant is required on contractual basis as the workload under NRHM has increased tremendously and lots of data has to be computerized.

OPERATIONAL EXPENSES FOR BLOCK UNITS

Sl.	Description	No. of Units	Rate per Unit (in Rs.)	Months	Total (in Rs. Lacs)
	Honoraria to Block Unit Staff				
1	Block Data Assistant	820	8800	12	**865.92**
2	Additional Block Data Assistants in largest blocks	414	10000	-	**-**
3	Mobility support for block managers (hired vehicle @1000/- per day, twice in a week for 4 weeks in a month)	820	1000	96	**787.20**
4	Communication Support to Block Prog. Manager	820	500	12	**49.20**
5	Contingencies (Rs. 1,000 per month to be met from ASHA Support system)				
	Sub Total				**1,702.32**

For this purpose, an amount of Rs. 1702.32 Lacs is approved by GOI (ROP-FMR Code-A.10.3)

5. HUMAN RESOURCE PLAN FOR SIHFW/CTI

A plan to provide additional human resource to support planning, implementation and monitoring of training activities was approved under NRHM PIP for year 2010-1011. A Training management unit will be placed this year as a part of human resource plan under NRHM, this unit will work under chart society established at SIHFW which is functioning as CTI (Collaborating Training Institute) for NRHM. It is difficult for SIHFW staff to monitor district level trainings directly due to their contribution in State level trainings. Support of technical consultants for monitoring strengthens the quality of training in totality.

Sl.	Designation	No	Essential Qualification	Monthly Honorarium (Rs.)	Total (in Rs. Lacs)
1	Consultant-Clinical Training	2	MBBS, PG degree/PG Diploma preferably in Gynaecology or Paediatrics with preferably minimum 3 years of experience	40,000.00	9.60
2	Consultant-Public Health	2	MBBS, with preferably minimum 3 years experience	30,000.00	7.20
3	Accountant	1	B.Com with Computer knowledge with Tally software. 5 years of experience in accounting	21,000.00	2.52
4	Social science Consultant (Quality monitors)	3	Post Graduate with 5 years of experience in the field of research and training	30,000.00	10.80

5	Data Assistant	3	BCA/ BSc with computer science from open market with min. three years of experience	10,000.00	3.60
6	Training Assistant	3	Graduate with three years experience of handling teaching/ communication aids	10,000.00	3.60
7	Assistant Staff	3		6,500.00	2.34
8	Expenses towards recruitment and institutional overheads and travel				5.00
TOTAL					**44.66**

For this purpose, an amount of Rs.44.66 Lacs is approved by GOI (ROP-FMR Code-A.10.4)

6. OPERATIONAL EXPENSES

a) Expenses towards honoraria and allowances to SPMU Staff

Sl.	Description	No. of Units	Rate per Unit (in Rs.)	Months	Total (in Rs. Lacs)
1.	GM (on deputation)	8	84000	12	80.64
2.	DGM (on deputation)	2	63000	12	15.12
3.	FC (on deputation from UPFS)	1	84000	12	10.08
4.	State Finance and Accounts Manager	1	56000	12	6.72
5.	Manager Finance	3	36500	12	13.14
6.	HR Specialist	1	36500	12	4.38
7.	Technical Consultants (non-medical)-M&E, IEC, Infrastructure, Procurement/ Log., Legal, MIS	6	33000	12	23.76
8.	Consultant (Medical) - not below rank of JD	3	35000	12	12.60
9.	Regional Manager	4	21000	12	10.08
10.	Accountant	3	21000	12	7.56
11.	Data Analyst	5	21000	12	12.60
12.	Data Assistant	5	17000	12	10.20
13.	Program Assistant	12	17000	12	24.48
14.	Internal Auditors	2	14000	12	3.36
15.	Secretary/ Steno Typist	4	21000	12	10.08
16.	Office Coordinator	1	21000	12	2.52
17.	Guard	3	4500	12	1.62
18.	Sweeper	3	4500	12	1.62
	Sub Total				**250.56**
	10% increment to SPMU Sfaffs*				**25.06**
	Electricians	1	4500	12	0.54
	Office Attendants	13	4500	12	7.02
	Total				**283.18**

all those functionaries, who have completed one year or more with the organisation will be given 10% increase in the honorarium w.e.f. 1/4/2011 subject to their satisfactory performance.

b) Expenses towards Support to Directorate Staff

Sl.	Description	No. of Units	Rate per Unit (in Rs.)	Months	Total (in Rs. Lacs)
1	Technical Consultant Legal - LLB with 10 year experience	**1**	33,000	12	**3.96**
2	Data Analyst	1	21,000	12	**2.52**
3	Data Assistant	2	17,000	12	**4.08**
4	Programme Assistant	2	17,000	12	**4.08**
5	Office Attendant	1	6,500	12	**0.78**
	PCPNDT Cell				**-**
1	Programme Assistant				approved in programme
2	Data Assistant				
	Urban Cell				**-**
1	Data Assistant (GIS)	1	17,000	12	**2.04**
2	Programme Assistant	1	17,000	12	**2.04**
3	Office Attendant	1	6,500	12	**0.78**
	Quality maintenance under CCSP				**-**
1	Programme Assistant	1	17,000	12	**2.04**
2	Data Assitant	1	17,000	12	**2.04**
	IEC Cell				
1	Technical Consultant – IEC	1	33000	**12**	**3.96**
2	Program Assistant	1	17000	**12**	**2.04**
3	Data cum Accountant Assistant	1	17000	**12**	**2.04**
	Procurement Cell				
1	Technical Consultant - P&L	1	33000	**12**	**3.96**
2	Accountant	1	21000	**12**	**2.52**
3	Program Assistant	1	17000	**12**	**2.04**
	Subtotal				**40.92**
	10% increment to Staffs*				4.09
	Total				**45.01**

all those functionaries, who have completed one year or more with the organization will be given 10% increase in the honorarium w.e.f. 1/4/2011 subject to their satisfactory performance.

c) Other Operational Expenses for FW Directorate & SPMU

An amount of Rs. 379.51 lacs has been budgeted for various miscellaneous expenses (telephone, fax, stationery, consumables, program managers travel expense, housekeeping, etc.), ***out of which GOI Approved Rs.281.91 Lacs (ROP-FMR Code.A.10.1)***

Expenditure Head	Amount (Rs. in lacs)	
	DFW	**State PMU**
Rent for State PMU	-	25.00
Telephones/Fax/Mobile Phones/Other communication methods/ maintenance		25.00
Electricity Bills/Electrician on contract/AC maintenance/ gensets etc.		10.35
Stationary/Photo Copier Bills/AMC etc.		20.00

Computer/AMC/CDs/Floppies/Internet etc.		20.00
Vehicle Hire/POL etc.		80.00
Field visits/Mtngs at GoI/for Officers as per norms (include CRM/JRM visit)		30.00
Review Meetings under CCSP (Quality Maintance)		6.00
Field visit of Senior Manager/Regional Manager under CCSP (Quality Maintance)		2.40
Office equipments/ furniture/ painting/ maintenance etc.		8.00
Library/research/surveys/study tours/seminars & workshops		20.00
Contingency support/imprest money/office daily expenditures etc.		12.00
Advertisement		5.00
Office maintanance - Housekeeping, Security & Gardening		10.00
Operating expenses for Urban RCH cell	2.16	-
Operating expenses for Routine Immunisation & Cold Chain	6.00	-
T.A/D.A for PCPNDT cell staff	-	
Total	**8.16**	**273.75**

d) Operational Expenses for Divisional ADs

Sl.	Description	No. of Units	Rate per Unit (in Rs.)	Months	Total (in Rs. Lacs)
1	Mobility Support for monitoring & supervision (@Rs. 3000 p.m. per district)	72	3,000.00	12	25.92
2	Contingencies (Rs. 8,000 per month x 18 Divisions)	18	8,000.00	12	17.28
3	Strengthening of A.Ds offices (as per individual/actual requirement of offices)	18	150,000.00	1	27.00
	Total				**70.20**

For this purpose, an amount of Rs.70.20 Lacs is approved by GOI (ROP-FMR Code-A.10.4)

e) Operational Expenses for Mission Director Support

Sl.	Description	No. of Units	Rate per Unit (in Rs.)	Months	Total (in Rs. Lacs)
1	Operating Expenses	1	15,000.00	12	1.80
	Total				**1.80**

For this purpose, an amount of Rs.70.20 Lacs is approved by GOI (ROP-FMR Code-A.10.1)

F) Audit Fee

Sl.	Description	No. of Units	Rate per Unit (in Rs.)	Months	Total (in Rs. Lacs)
1	Statuary and Concurrent Audit Fee – SPMU	1			40.00
2	Concurrent Audit for Districts	72	6000.00	12	51.84
	Total				**91.84**

For this purpose, an amount of Rs.91.84 Lacs is approved by GOI (ROP-FMR Code-A.10.5 and A.10.6)

APPROVED BUDGET SUMMARY FOR PROGRAMME MANAGEMENT

Sl.	Description	Appproved Amount (Rs. Lacs)
1	Strengthening of SHS/SPMU/DFW	623.44
2.	Strengthening of DHS/DPMU	1,423.53
3	Strengthening of Block PMU	1,702.32
4	Strengthening (Others)	
	Strengthening of Divisional PMU	270.00
	Strengthening of SIHFW/CTI	44.66
	Strengthening of Divisional ADs Office	70.20
	Sub total	**4,134.15**
5	Audit Fees	40.00
6	Concurrent Audit (72 districts)	51.84
	Sub total	**91.84**
	TOTAL	**4,225.99**

BUDGET SUMMARY - RCH FLEXIPOOL

FMR Code	Activity	Amount Approved (Rs. in Lacs)
A.1	**MATERNAL HEALTH**	
A.1.3.1	RCH Outreach Camps/ Others	442.80
A.1.4	**Janani Suraksha Yojana / JSY**	47,533.50
A.1.5	Maternal Death Review	57.35
A.1.6	Other strategies/activities	3,017.20
	Guaranteed free and cashless deliveries (JSSK)	20,570.00
A.2	**CHILD HEALTH**	
A.2.1	IMNCI	53.71
A.2.2	Facility Based Newborn Care/ FBNC	340.00
A.2.5	Care of Sick Children and Severe Malnutrition	85.00
A.2.6	Management of Diarrhoea, ARI and Micronutrient Malnutrition	164.46
A.2.8	Infant Death Audit	24.30
A.2.9	Incentive to ASHA under Child Health	1,131.60
A.3	**FAMILY PLANNING**	
A.3.1	**Terminal/ Limiting Methods**	
A.3.1.1	Dissemination of manuals on sterilisation standards & QA of sterilisation services	20.00
A.3.1.2	Female Sterilisation camps	147.60
A.3.1.3	NSV camps	91.70
A.3.1.4	Compensation for female sterilisation	6,000.00
A.3.1.5	Compensation for male sterilisation	750.00
A.3.1.6	Accreditation of private providers for sterilisation services	75.00
A.3.2	**Spacing Methods**	
A.3.2.2	IUD services at health facilities	400.00
A.3.2.3	Accreditation of private providers for IUD insertion services	75.00
A.3.5	Other strategies/ activities	347.00
A.4	**ADOLESCENT HEALTH / ARSH**	
A.4.1	Adolescent services at health facilities	27.66
A.4.2	School Health Programme	729.36
A.4.3	Other Strategies/ Activities	529.20
A.5	**URBAN RCH**	1,273.68
A.6	**TRIBAL RCH**	**-**
A.7	**PNDT & Sex Ratio**	47.35
A.8	**INFRASTRUCTURE (Minor Civil Works) & HUMAN RESOURCES (Except AYUSH)**	13,779.23
A.8.2	**Minor civil works**	-
A.9	**TRAINING**	5,435.82
A.10	**PROGRAMME / NRHM MANAGEMENT COSTS**	4,225.99
A.11	**VULNERABLE GROUPS**	**-**
	TOTAL - RCH FLEXIPOOL	**107,374.51**

B. NRHM Flexi Pool

B. NRHM FLEXI POOL

B.1)- ASHA SCHEME

The State has currently selected 136,183 ASHAs against the proposed number of 136,263. To train these ASHAs, training up to the fourth module has been completed and 128,250 (95 %) ASHAs have been trained. 5th module training has been started with Audio-Video support as an innovation to impart effective and uniform training to all ASHAs and is likely to be completed by march 2011. Other than Induction training, 10 days Comprehensive Child Survival Programme Training (IMNCI Plus) is also being imparted to ASHAs in phased manner. At present, all 71 districts are being covered. All ASHAs have been supplied with drug kits. The ASHA scheme is being implemented under following components:

TRAINING OF ASHA (ROP- FMR CODE – B.1.1)

From the Govt of India, 6th, 7th and 8th modules have been received. However, the State has conducted Training Need Assessment for ASHAs and based on the findings and recommendations of the assessment, priority areas will be identified and necessary adaptations shall be made in the 6th and 7th modules in order to initiate the training on these modules. Currently, training of 5th module is continuing and would be completed till March 2011; and if there would be any remaining training of 5th Module and other training, it would be met out from proposed budget of 2011-12.

All trainings under ASHA scheme will be organized by SIHFW in partnership with Directorate of Family Welfare and ASHA Resource Centre /SPMU. ***For this purpose Rs. 1,927.01 Lacs was proposed (including training expenses, printing of modules, etc.) for the year 2011-12, which is approved by GOI (ROP- FMR Code- B.1.1.1).***

REPLACEMENT OF ASHA

Nearly 5-6 percent of the ASHAs have left their job and are no longer providing their services since they are now employed as AWWs, school teachers, etc. The process of selection for replacement of such ASHAs has already been initiated and is expected to be concluded this fiscal. Non functional ASHAs will be identified and their replacement process along with the new additional selection of ASHAs as per the census 2011 will be initiated and the required initial training will be provided to them.

ASHA DRUG KITS AND REPLENISHMENT(ROP- FMR CODE – B.1.2)

As per GoI norms, every traind ASHA is to be provided with drug kit. However, the items are required to be replenished. The following items are provided to each ASHA:

1. DDK - 10
2. IFA Tablets (large) - 1000
3. Tab Punarvadumandur (Iron) - 1000
4. ORS packet (WHO) - 100 packets
5. Tab. Paracetamol - 200 tabs
6. Tab. Dicyclomine - 50 tabs
7. Povidine Ointment - 2 tubes
8. Cotton Absorbent Roll (500gm) - 1
9. Bandage (4 cm x 4 mt.) - 10
10. Tab. Chloroquine* - 50 tabs
11. Condoms* - 500
12. Oral Pills (in cycles)* - 300

** From existing stock at Sub Centre/PHC under Malaria and FW programmes.*

Estimated cost of one unit of Kit is Rs. 500/. This kit will be provided to 90% of selected and trained ASHAs. Therefore, a total of 122565 ASHA Kits are required, for which a total amount of ***612.82 Lacs*** is approved by GOI for the year 2011-12. Further, the replenishment of medicines will be done by the ANM to ASHA as per her need and some medicines will be stocked with the ASHA as a depot holder.

Hence, a total budgetary approval for the above is Rs. 612.82 Lacs (ROP- FMR Code- B.1.1.2).

INCENTIVE TO ASHA (ROP – FMR CODE – B.1.1.3)

The sustenance of the ASHA, a voluntary worker, depends on incentives earned by her. The State is proposing following incentive schemes for ASHAs (a few new incentives included).

PROPOSAL FOR ASHA INCENTIVES UNDER VARIOUS SCHEMES

Sl.	Name of the Scheme/ Activity	Type of work being incentivized	Amount of Incentive (Rs.)	Payments made from
1	JSY	Motivation for institutional delivery	600/-	RCH Flexipool
2	Family Planning	Care of female client after sterilization	150/-	RCH Flexipool
3	Family Planning	Care of male client after sterilization	200/-	RCH Flexipool
4	RNTCP	As DOTS Provider after completion of treatment of patient	250/-	NDCP (RNTCP)
5	Pulse Polio	Working at polio booth and home visits	75/-	Pulse Polio
6	Immunization Campaigns	Social mobilization for immunization	150/-	Routine Immunization
7	Nation Leprosy Eradication Programme	Treatment of pacci bacillary leprosy patient for 6-9 months	300/-	NDCP (NLEP)
8	Nation Leprosy Eradication Programme	Treatment of Multi bacillary leprosy patient for 18 months	500/-	NDCP (NLEP)
9	Child Health (IYCF)	PNC care of mother and child twice in 1st week and ensuring colostrum feeding	50/-	Mission Flexipool (ASHA

		with in one hour of delivery		Scheme)
10	Referral of complicated pregnancy & sick new born	Referral at FRU	200/-	Mission Flexipool (ASHA Scheme)
11	Routine Immunization	On completion of Polio, DPT, Measles vaccination and vit. A up to one year of age	100/-	Mission Flexipool (ASHA Scheme)
12	Village Health Register	Development and regular updation of village health register	500/-	Mission Flexipool (ASHA Scheme)
13	Birth and Death registration	Motivation to support birth and death registration and certificate	5/-	Mission Flexipool (ASHA Scheme)
14	Health Awareness	Motivation to conduct monthly health awareness meetings, one with females and one with adolescents	200/-	Mission Flexipool (ASHA Scheme)
15	Blindness Control	Motivation for sight testing and spectacles below 15 years of age	25/-	Mission Flexipool (ASHA Scheme)
16	Blindness Control	Motivation for follow-up after cataract operation	50/-	Mission Flexipool (ASHA Scheme)
17	Mobility support	Motivation to attending monthly meetings	30/- but proposed 50/- this year in PIP	Mission Flexipool (ASHA Scheme)
18	CCSP	Home visits to new born	Rs. 100/50	RCH Flexipool (child health)
19	Registration of pregnant women	Registration along with preparing of ANC card	30/- to ASHA	Not approved
20	Maternal Death audit	Reporting death of women (15-49) within 24 hours	50/-	RCH Flexipool (Child Health)
21	Water testing in fluorosis and arsenic affected areas	At least 10 water samples in identified districts in fluorosis and arsenic affected areas	100/-	Mission Flexipool (ASHA Scheme)

It is expected that about 90 percent of the ASHAs (approx. 122565 nos.) will be able to earn on an average Rs.550/- per month other than JSY and National Programmes, where incentives are already built in the scheme. **Thus an amount of Rs. 8089.29 lacs is being proposed for this year against which GOI approved Rs. 245.13 Lacs only. A representation has been sent to GOI for re-consideration as this amount is absolutely insufficient for the purpose.**

Incentives to ASHA under JSY have been included under the detailed budget of JSY in Maternal Health Section. Similarly, budget for incentive to ASHA under Family planning services has been included in Family Planning Section.

ASHA PAYMENT VOUCHERS AND REGISTERS (ROP- FMR CODE- B.1.1.3.A & B)

ASHA payment vouchers have been introduced. The format for the voucher is enclosed as Annexure in the PIP. These vouchers are submitted in duplicate by the ASHAs and duly verified by the area ANM to be submitted to the Medical Officer in the monthly block level meeting. The cost of the booklet of vouchers is estimated @ Rs. 50 per booklet. For better monitoring of the functioning of ASHAs and their payment, a master payment register at the block level has been introduced. The format is enclosed in the Annexure. In this register all types of monthly payments, made to ASHAs are recorded in detail. The cost of the master payment register is estimated @ Rs. 200 per register per block. ***The total amount for ASHA vouchers and registers at 820 blocks is about (Rs. 61.28 Lacs and Rs. 1.64 Lacs) =Rs. 62.92 Lacs, which is approved by GOI (ROP- FMR Code- B.1.1.3.a & B.1.1.3.b)***

ASHA NEWSLETTERS (ROP- FMR CODE- B.1.1.3.C)

Newsletter for ASHAs is being published and distributed every quarter. The newsletter depicts their roles, success stories, government schemes, progress under various components of NRHM interventions, etc. It is proposed to continue publishing of around 1.50 lac copies each quarter.

Therefore, for printing of 6 lacs newsletters @ approx. Rs. 11/- per newsletter, an amount of about Rs.66.00 lacs is approved by GOI for the year 2011-12 (ROP- FMR Code-B.1.1.3.c).

ANNUAL ASHA SAMMELAN/ DIWAS (ROP- FMR CODE- B.1.1.3.D)

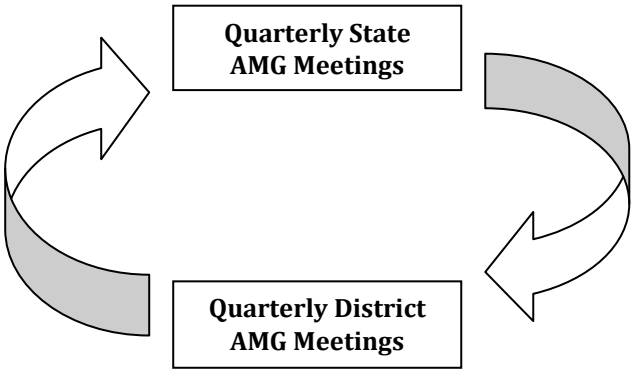
The ASHA scheme was launched in the State on August 23, 2005. An annual programme for the ASHAs is organized in each district on the same date that is on 23 August. It is proposed to continue the activity this year. It is expected that around 60 percent ASHAs would participate in these meetings. A budget of Rs. 250/- per ASHA is being budgeted. ***Therefore, for around 81,710 ASHAs, an amount of Rs. 204.27 lacs was proposed, which is approved by GOI (ROP- FMR Code- B.1.1.3.d).***

ASHA AWARD SCHEME (ROP- FMR CODE-B.1.1.4)

To motivate the ASHAs, a reward scheme for best performing ASHA in each block was proposed. The governing body of the district health societies will make the final selection of the best performer, based on the evaluation of the activities conducted by them during the whole year. The winners would be felicitated publicly on the occasion of the ASHA SAMMELAN on 23rd August and would be given a certificate of appreciation and cash prize of Rs. 5,000. It is proposed to continue the scheme this year. ***Accordingly, for 820 ASHAs an amount of Rs. 41.00 lacs is approved by GOI (ROP- FMR Code- B.1.1.4).***

ASHA MENTORING GROUP (AMG)- (ROP- FMR CODE – B.1.1.5)

To support the ASHA scheme, an ASHA Mentoring Group has been constituted at the State and District levels. This Group at the State level meets quarterly to discuss feedback received from District AMG meetings. Major feedback and decisions are conveyed to the districts and this feedback forms the agenda for their next quarterly AMG meeting. The State level AMG finalizes a 15 day time frame within which all districts are required to conduct their AMG meetings. Minutes of the district meeting are compiled and sent to the state for analysis which, among others, forms the agenda for the next state level meetings. For the meetings of this a group and field visit, a provision of Rs. 7.20 Lacs (10,000 per district for 72 districts) is being made. Further, an amount of Rs.2.80 lacs has been provisioned for the State level meetings (4 meetings in a year).



Thus, for the above purpose, an amount of Rs. 10.00 lacs is approved by GOI (ROP-FMR Code- B.1.1.5.a & B.1.1.5.b.).

TRAINING OF ASHA FACILITATORS (ROP- FMR CODE- B.1.1.5.C)

It is proposed to conduct 6 day training at the district level on the concept and activities under NRHM, role & responsibilities of ASHA, role & responsibilities of the ASHA facilitator, supervision, verification of services, reporting, community mobilization, convergence with other departments, such as, ICDS, PRI, Education, etc. A training module will be developed for the same. Each batch of training would have 25-30 participants.

It is proposed to conduct these trainings through state level NGOs/ Medical Colleges/ professional training institutions. The estimated budget for the training activity is as under:

Sl.	Description	Amount (Rs.)
A. Development of Training Module		
1	Expenses towards development of training module	2,00,000.00
2	Printing of Training Module (10,000 copies @ Rs. 200/- per copy)	20,00,000.00
Total		**22,00,000.00**
B. Total Expenses towards Training (per batch)		**85900.00**

It is proposed to undertake the implementation of the ASHA facilitator intervention, initially, in about 18 districts, for which, approximately 2000 facilitators shall be required to be deployed.

Accordingly, for training 2000 ASHA Facilitators around 67 batches of training will be required to be conducted. ***Thus, the total expenses towards training worked out were Rs. 80.00 lacs, which is approved by GOI (ROP-FMR Code-B.1.1.5.c).***

STATE LEVEL ASHA RESOURCE CENTRE, MONITORING AND SUPERVISION

A monthly reporting format will be developed which would be submitted by the ASHA Facilitators to the block Nodal Officer with a copy to the District Nodal Officer. The vouchers and payment registers will be compiled at the block level, at the district level and then at the state level. At State level, selection and training is being monitored at SPMU along with the payment up to ASHA in various activities.

ASHA SUPPORT SYSTEM

GoI has recommended setting up of ASHA support system at State, District and Block levels for facilitating, streamlining and supporting the functioning of ASHA scheme.

At the State level, though a strong and appreciable support is being provided by NHSRC, two additional personnel are required for better functioning of ASHA scheme in the state. At district level, District Nodal Officers and District Community Mobilizers have been positioned. At the block level, Block MOIC and the Block Health Education Officer under the State cadre, designated as Block Managers under NRHM, would act as the Nodal Officers. In absence of a Block Manager, an officer nominated by the Block Medical Officer will act as a Nodal Officer. A Data Assistant is being positioned at the block level to support the Nodal Officer under the Block Programme Management Unit.

To begin with, the state has decided to have one female block facilitator (ASHA Facilitator) for twenty ASHAs. It was proposed to hire NGOs for facilitating this function but could not be taken up. Now it is being decided to start it, in few districts on the basis of experiences from Raipur (Chhattisgarh state), where ASHA facilitator model has been quite successful.

For this purpose Rs. 400.00 Lacs is being proposed for 2011-12, which is approved by GOI. (ROP- FMR Code- B.1.1.5.h)

SUMMARY OF APPROVED BUDGET UNDER ASHA SCHEME

FMR Code	Activity	Physical Targets	Unit Cost	Frequency	Amount Approved (Rs. In Lacs)
B1	**ASHA**				
B1.1	**ASHA Cost**				
B.1.1.1	Selection & Training of ASHA	136183	1,415.01	1	1,927.01
B.1.1.2	Procurement of ASHA Drug Kits - 90%	122565	500.00	1	612.83
B.1.1.3	Other Incentives to ASHAs (if any)				
	Child Health (IYCF) @Rs. 50/-	122565	50	1	61.28
	b - Maternal death reporting @ Rs. 50/-	122565	50	1	61.28
	c - Complete Immunization @Rs.100/-	122565	100	1	122.57
B.1.1.3.a	ASHA payment vouchers	122565	50.00	1	61.28
B.1.1.3.b	ASHA registers	820	200.00	1	1.64
B.1.1.3.c	ASHA Newsletter - for 1.50Lac copies	150000	11.00	4	66.00
B.1.1.3.d	Annual ASHA Sammelan/ Diwas	81710	250.00	1	204.27
B.1.1.3.e	Incentive to ASHA for complete ANC	2042745	50.00	-	-
B.1.1.4	Awards to ASHA's/Link worker	820	5,000.00	1	41.00
B.1.1.5	ASHA Resource Centre/ASHA Mentoring Group (AMG)				
	ASHA Mentoring Group (AMG)				
B.1.1.5.a	State level quarterly meetings	1	280,000.00	1	2.80
B.1.1.5.b	District meetings and field visits	72	10,000.00	1	7.20
	ASHA Support System				
B.1.1.5.c	Training of ASHA Facilitators for ASHA support system				80.00
B.1.1.5.d	State level ASHA Resource Centre	1	200,000.00	1	2.00
B.1.1.5.e	Statistical Assistant -State level	1	150,000.00	1	1.50
B.1.1.5.f	Office Assistant - State level	1	150,000.00	1	1.50
B.1.1.5.g	District level support system for district community mobilizer				206.18
B.1.1.5.h	Block level support system - ASHA Facilitators				400.00
Subtotal					**3,860.34**

B.2)- UNTIED GRANT TO HEALTH FACILITIES

Govt. of India has approved provision of untied grant @ Rs. 0.50 lac per year per facility for CHCs @ Rs. 0.25 lacs per PHC (30,000 Pop.) through Rogi Kalyan Samiti and @ Rs. 0.10 lac for each sub centre through Village Health Sanitation Committee and @ Rs. 0.10 lac for Village Health & Sanitation Committee. As per GOI norms the total allocation works out to Rs. 8379.25 lacs.

As at some places, due to urbanization the numbers of VHSCs has reduced. Around51914 VHSCs at Gram Panchayat level were established and accounts were opened. However, the revenue villages are 100422. Accordingly, the fund requirement for the year 2010-11 was asked for all of them. But, the expenditure has not been good at VHSCs level and it is being proposed to provide Rs. 10000 per VHSC (gram panchayat level) only, where account is opened and functional.

Sl.	Facility	Amount (In lacs)			FMR Code
		No.	Rate	Total	
1	CHCs (block + Non block)	466	0.5	233.00	**B.2.1**
2	Sub District Woman Hospitals	15	0.5	7.50	**B.2.1.a**
3	Block PHCs	460	0.5	230.00	**B.2.2**
4	PHCs (30,000 Population or APHCs)	2661	0.25	665.25	**B.2.2.a**
5	Sub Centre	20521	0.1	2,052.10	**B.2.3**
6	VHSCs - 51914	**51914**	0.1	5,191.40	**B.2.4**
Grand Total				**8,379.25**	

Thus, total amount of Rs. 8,379.25 Lacs is sanctioned under untied grants to facilities and VHSCs (ROP – FMR Code – B.2)

VILLAGE HEALTH AND SANITATION COMMITTEE (VHSC)

In all 51,914 Gram Sabhas in UP VHSCs have been constituted and have an operational bank account. Each VHSC is given an untied fund of Rs. 10,000 annualy.

Activity	Cumulative Achievements so far
No. of Revenue Villages	100422
Number of Village Health & Sanitation committees constituted	51914
No. of Joint Account opened	51494
Total funds released to VHSCs (Rs in Lac)	10042.20
Total amount spent by VHSCs so far	3278.96
Total unspent balance	Total budget is expected to be utilized by March 2011
No of VHSCs members trained	2 members from each gram panchayat (52002) are being trained in a phased manner at Block level.

To engage these VHSCs meaningfully, 394 master trainers at district level and 4851 trainers at block level have trained 55278 Panchayat members till last quarter of year 2010. This process is continuing and the activity will continue in the year 2011-12.

In addition, a leaflet with guidelines for operating VHSCs has been prepared and disseminated to all members.

B.3)- ANNUAL MAINTENANCE GRANT (AMG)

Govt. of India has approved provision of AMG @ Rs.1.00 lac per year per facility for CHCs, @ Rs.0.50 lacs per PHC through RogiKalyanSamiti and @ Rs.0.10 lac for each sub centre through Village Health Sanitation Committee. However, as already explained in the section on 'Untied Grants', the State has two kind of primary health centres which vary in physical size, staffing pattern, population catered, etc. Accordingly, the AMG funds are allocated in the following manner:

Sl.	Facility	Amount (In lacs)			FMR Code
		No.	Rate	Total	
1	CHCs (block + Non block)	466	1	466.00	B.3.1
2	Sub District Woman Hospitals	15	1	15.00	B.3.1.a
3	Block PHCs	460	1	460.00	B.3.2
4	PHCs (30,000 Population or APHCs-Government building)	2294	0.5	1,147.00	B.3.2.a
5	Sub Centre (Government building)	12413	0.1	1,241.30	B.3.3
Grand Total				**3,329.30**	

Thus, a total amount of Rs. 3,329.30 is sanctioned for AMG (only for health facilities functioning in government buildings) -(ROP – FMR Code – B.3).

B.4)- OPERATIONALIZING HEALTH FACILITIES

Up-gradation of Selected District Hospitals & CHCs to IPHS

An amount of Rs. 16000.00 lacs had been approved for up-gradation of 40 District Level Hospitals at the rate of Rs. 400 lacs/hospital in the year 2009-10. The work is on progress and it is expected that it will be completed by June 2011.An amount of Rs. 8795.57 lacs was budgeted in 2009-10 for strengthening of 50 selected CHCs. The work is in progress and will be completed by June 2011.

Further, an amount of Rs. 8900 Lac was sanctioned for up-gradation of 89 district level hospitals, as per IPHS in the year 2010-11. As per survey reports by UPPCL, the actual requirement, progress and additional requirement is being reflected below:

Sl.	Facility	Nos.	Estimated Cost per Unit	Total Amount (Rs. In lacs)
1	Up-gradation of DHs as per IPHS	89	Estimated as per survey report	**22625.65**

The total fund of Rs. 22625.65 lacs budgeted for this activity has not been approved by GOI . (ROP – FMR Code – B.4.1.1)

Up-gradation of Sub Centres

A proposal for up-gradation of 3876 sub centres accredited under JSY was included in the PIP of Year 2010-11. The work of up-gradation is in progress and will be completed by March 2011. Further, additional 1000 sub centres are being accredited during the year 2011-12 and a proposal for their up-gradation has been included in the chapter of maternal health for Rs. 300 lacs (Rs. 30,000.00 per unit) under RCH-Flexi-pool.

A total amount of Rs. 300.00 Lacs is sanctioned by GOI under NRHM Flexipool (ROP – FMR Code – B.4.1.4)

Hospital Waste Management System

A PPP model for management of hospital waste was being implemented by UPHSDP and has been adopted under NRHM from the year 2009-10. This activity will be continuing in the year 2011-12 as well, ***and an amount of Rs. 1300.00 lacs was proposed for the same and sanctioned by GOI (ROP – FMR Code –B.4.1.5.c).***

Outsourcing of Cleaning, Up-keep and Laundry Services at District Hospitals & FRU-CHCs

The performance of the healthcare services is greatly influenced by the effectiveness of non-clinical services such as laundry, security, sanitation & housekeeping, gardening, etc. The UP Health Systems Development Project model has been adopted in the state for 134 district level hospitals during the year 2009-10 and 2010-11 for which purpose, an amount of Rs. 1350.00 Lacs per quarter was approved by GOI during the year 2010-11, though the activity could start late in this financial year.

Since, it is very important to have clean and hygienic environment in the hospitals, especially in FRUs, where regularly surgical procedures are being conducted, in the year 2011-12, it has been decided to expand the scheme to 200 functional CHCs (as FRUs or proposed to be functional as FRUs) as well, because these units are also having heavy load of outdoor and indoor patients. As per calculations made, an amount of Rs. 252.00 Lacs per month is required for 134 district level hospitals; and Rs. 60.00 Lacs per month for 200 CHCs. **Thus, a total amount of Rs. 3,744.00 Lacs was proposed for 134 district level hospitals & 200 CHCs for year 2011-12.** It has been decided that this activity will be carried at the district level through DHS under direct supervision of District Magistrate, who will also supervise and monitor the activity on regular basis during his review meetings and in DHS meetings.

GOI approved Rs. 1872.00 Lacs (50% of proposed budget) subject to state government sharing 50%of the cost excluding 15% state share of total resources under NRHM (ROP – FMR Code – B.4.1.5.d)

Rent of Sub Centres

There are 12415 Sub-Centres in the State that are operating from government buildings and 8106 in rental buildings. As per communication received from GoI the funds requirement would be met from RCH flexi-pool. Accordingly, **a provision of rent @ Rs. 250/- per month for 8106 Sub Centres, amounting to Rs. 243.18 lacs, is being proposed for the year 2011-12 under NRHM Flexipool.** Additionally, Rs.250/- p.m. would be utilized from untied grant at Sub Centre, in case a proper (minimum two rooms) rented building is available and can be used for providing better services including deliveries. ***For this purpose, total amount of Rs. 243.18 Lacs is sanctioned by GOI under NRHM Flexipool (ROP– FMR Code – B.4.3)***

Strengthening Logistic Management

- **OPERATIONALISATION OF DISTRICT DRUG WAREHOUSES**

The budget is required for provision of contractual staff and operating expenses. Each warehouse will have a Computer Operator cum Store Keeper, Generator Operator cum Mechanic/Electrician, Loader, Choukidar and part time sweeper. The details are as under –

Sl.	Activity	Physical Targets	Unit Cost (Rs.)	Frequency	Amount (in Lacs)
	Contractual Staff				
1	Computer Operator cum Store Keeper	53	10000	**12**	**63.60**
2	Generator Operator cum Mechanic/ Electrician	53	5000	**12**	**31.80**
3	Loader	53	5000	**12**	**31.80**
4	Choukidar	53	5000	**12**	**31.80**
5	Part-time Sweeper	53	2500	**12**	**15.90**
	Sub Total				**174.90**
	Contingent Expenditure	53	200000	**1**	**106.00**
	Total				**280.90**

For this purpose, a total requirement of Rs. 280.90 Lacs is sanctioned by GOI (ROP-FMR Code –B.4.4.a).

- **DE-CENTRALISED FUNDS FOR TRANSPORTATION**

A provision of funds for hiring transport at local level was made at the PHC/CHC/District and Divisional levels for transportation of supplies and contraceptives right from the State Logistic Management Cell down to the Sub-centres. These funds will be continued to be made available as per the requirement given below:

Expenditure Description	No. of Locations	Amount per Location (Rs.)	Amount (Rs. In lacs)
Divisional Level (Additional Directors)	18	60,000.00	10.80
District Level (Chief Medical Officers)	72	40,000.00	28.80
Block Level – CHC/PHC(M.O.Incharge)	820	15,000.00	123.00
Total			**162.60**

A total amount of Rs. 162.60 Lacs is sanctioned by GOI (ROP- FMR Code- B.4.4.b).

B.5)- NEW CONSTRUCTIONS/RENOVATIONS

- **MCH CENTRES OPERATIONALISATION**

As per the details given in the Chapter - A.1 Maternal Health, state done a wide exercise to map out the MCH centres in the districts acoodring to GOI guidelines & planned to operationalize these MCH centres in phased manner. The teams constituted at district and block level, identified the gaps in infrastructure which included minor repairs, major repairs, renovation, partial constructions & bed requirement for the facilities to operationalise them optimally. The equipments which are mostly needed include phototherapy units, radiant warmers, resuscitation trolley, oxygen cylinders, Boyel's apparatus, pulse oxy-meter, centrifuge, calorimeter, etc. The level wise requirements & budgetary details are given here under:

Facilities	No. of beds required		Partial construction /Renovation/Minor repairs		Equipments		One room set for 2nd ANM	
	HF	State	HF	State	HF	State	HF	State
MCH Centre Level - III	909	1400	70 CHCs	126 CHCs	45	72	0	0
MCH Centre Level -II	1714	2200	700	1100	45	72	0	0
MCH Centre Level -I	Being done under JSY accreditation		2300	3625	45	72	70	100

Level wise budget requirement -

Facilities	No. of beds required		Partial construction /Renovation /Minor repairs		Equipments		One room set for 2nd ANM	
	HF	State	HF	State	HF	State	HF	State
MCH Centre Level - III	State budget		210.00	378.00	Being given by state budget			
MCH Centre Level -II	State budget		1,050.00	1,650.00	337.50	540.00	-	-
MCH Centre Level -I	-	-	1,150.00	1,812.50	225.00	360.00	175.00	250.00
Sub Total				**3,840.50**		**900.00**		**250.00**
Total								**4,990.50**

The proposal here is to repair and strengthen residential complexes for Medical Officers, Staff Nurses and other Paramedical Staffs. The engineering cell of the DFW has prepared a detailed plan for repair of these residences on the basis of actual requirement, performance and deliverables at these centres. The allocation for 45 high focus & remaining districts has been made separately. The budget for the same

has been allocated accordingly. Detailed sheets (Annexure -1 and 2) are annexed at the end of A.1. Maternal Health chapter in RCH Flexipool.

The equipments required in various level MCH Centres (level I, II and III), from backward and non backward districts is as below:

Equipments	Total no. of requirement	Rate	Total Cost (in Lacs)
A Labour table with foam mattress and Kelly's Pad	1100	4,500.00	49.50
Shadow less lamp	100	10,000.00	10.00
Instrument set for normal delivery	1100	2,000.00	22.00
Boyle's type anaesthesia machine with antistatic wheel and facility to lock	90	20,000.00	18.00
For New Born Corner/ stabilization unit			-
200-watt bulb(radiant warmer)	1505	200.00	3.01
Radiant warmer with Trolley	1762	35,000.00	616.70
Neo-natal Ambu-bag with face mask	3000	500.00	15.00
Mucus Extractor: Foot operated	2000	2,500.00	50.00
Instruments for C-section	400	20,000.00	80.00
Phototherapy unit	72	50,000.00	36.00
Total			**900.21**

In addition, at 100 identified sub centres, one room set for 2nd ANM will be constructed, who are willing to stay at facility @ Rs. 2.50 Lacs for per sub centre. This one room set includes one bedroom, bathroom, kitchen, etc.

For the activities under MCH centres operationalization, total budgetary requirement was Rs. 4990.50 Lacs and GOI approved the same with following details:

Sl	Activity	Physical target	Amount Proposed (Rs. in Lacs)	Amount Approved (Rs. in Lacs)	FMR Code
1	CHCs - MCH Centre Level – III (Partial construction)	126 CHCs	378.00	378.00	**B5.1**
2	PHCs - MCH Centre Level –II (Partial construction)	1100 (577 CHC +523 BPHC/ APHC)	1,650.00	1,650.00	**B5.2**
3	MCH Centre Level –I (Partial construction)	3625 SCs	1,812.50	1,812.50	**B5.3.a**
4	One room set for 2nd ANM	100 SCs	250	250.00	**B5.3.b**
	Sub Total			**4090.50**	
5	**Procurement of Equipments**				**B16.1.5**
	MCH Centre Level -II	72	540.00	540.00	**B16.1.5.a**
	MCH Centre Level -I	72	360.00	360.00	**B16.1.5.b**
	Sub Total			**900.00**	
Total				**4990.50**	

- **NEW CONSTRUCTIONS/RENOVATIONS**

During the last few years, many constructions/renovations have been carried out and their progress and status of various civil works (**Cumulative Achievement so far (since launch of NRHM))** going on in the state is shown as below:

Activity	Cumulative Achievement so for			
	Physical		Financial	
	Sanctioned	Comp.	Sanctioned	Expend.
Sub-Centre				
Construction of new Sub-Centre building	4050	3678	31999.59	29972.73
Renovation of sub-centre building	500	482	875.00	766.00
Setting up of new sub-centres	-	-	-	-
Up-gradation of sub-centre	-	-	-	-
PHC				
New construction of PHC building	-	-	-	-
Renovation of PHC building	-	-	-	-
Setting up of new PHCs	-	-	-	-
Up-gradation of PHCs (JSY Ward)	942	133	7353.40	4429.63
Availability of 24X7 services	-	-	-	-
CHC				
New construction of CHC building	33	-	10605.87	3848.92
Renovation of CHC building	-	-	-	-
Setting up of new CHCs	-	-	-	-
Up-gradation of CHCs	50	-	8795.57	6039.02
Blood storage unit	-	-	-	-
SDH/DH				
Strengthening of District and Sub Divisional Hospital	129	-	24900.00	5671.26
Up-gradation of SDH	-	-	-	-
Renovation of SDH	-	-	-	-
Renovation of DH	-	-	-	-

In the year 2011-12, it is being proposed to construct 710 new sub centres, 18 district drug warehouses and construction of 32 waiting homes for pregnant women in difficult areas. Further, renovation of 11 regional drug warehouses is being proposed.

Sl.	Activity	Unit Cost	Physical Targets	Required fund under NRHM
	New Construction/Renovation and Setting up			
1	Sub-Centre of Construction	9.00	710	6390.00
2	Construction of BHO, Facility improvement, Civil Work, BEmoC and CEmoC centre	Being done under up-gradation of DWH as per IPHS		
3	Major civil works for operationalisation of FRUS	Being done under up-gradation of DWH as per IPHS		
4	Major civil works for operationalisation of 24 hour services at PHCs	942 JSY Ward are being constructed at 24X7 PHCs		

5	Civil works for operationalise Infection Management and Environment Plan at health facilities	Being done under waste disposal programme		
6	Construction of Distt. Drug ware House	50.62	18	911.16
7	Renovation of Regional Drug Ware House	10.00	11	110.00
8	Construction of waiting homes for pregnant women in difficult areas	35.00	32	1120.00
	Total			**8531.16**

WAITING HOMES FOR PREGNANT WOMEN IN DIFFICULT AREAS

In State of Uttar Pradesh there are 8 Districts which have naxal, tribal or very difficult to reach pockets i.e. Sonbhadra (8 Blocks), Mirzapur (12 Blocks), Chandauli (2 Blocks), Shravasti (2 Blocks), Balrampur (2Blocks), Chitrakoot (2 Blocks), Bahraich (2 Blocks) and Kheri (2 Blocks). There are total 32 Blocks where a proposal to construct waiting homes for pregnant mothers coming to the PHC is being put up for approval. These homes will have provision of stay of 8 to 10 pregnant women for 10 to 15 days to avoid any complications during labour. Unit cost of building construction and furnishing has been worked out to be Rs. 35.00 lacs. A total amount of Rs.1120.00 lacs is being budgeted for construction and establishment of 32 waiting homes in the concerned Blocks.

To conduct the above activities under New Constructions & Renovations, total budgetary requirement was Rs. 8531.16 Lacs and GOI approved the same with following details:

Sl	Activity	Physical target	Amount Proposed (Rs. in Lacs)	Amount Approved (Rs. in Lacs)	FMR Code
1	SHCs/Sub Centers	710 (New SCs)	6,390.00	6,390.00	**B5.3**
2	Construction of Distt. Drug ware house	18	911.16	911.16	**B5.4**
3	Govt. Dispensaries/ others renovations				**B5.5**
4	Renovation of regional Drug Ware Houses	11	110.00	110.00	**B5.5.a**
5	SIHFW				**B5.5.b**
6	Construction of waiting homes for pregnant mothers in naxal and tribal areas	32 waiting homes	1,120.00	1,120.00	**B5.6**
	Total			**8,531.16**	

INFRASTRUCTURE OF TRAINING INSTITUTIONS

A. Strengthening of SIHFW

- The SIHFW building is very old which requires repair and maintenance of conference room and meeting hall etc. Also there is a need for repairing of road, water facility, fire extinguisher and rain water harvesting and drainage facility. To ensure regular supply of electricity a provision for purchase and installation of a generator set has also been made.
- There is a need to strengthen the library and computer lab so that trainees can get sufficient reading/ reference materials and also can get hands on training on HMIS, MCTS, ProMIS etc.

For this purpose, Rs. 200.00 Lacs was proposed and GOI approved the same as per following:

Budget for Strengthening of SIHFW	Total (Rs. in lacs)	FMR Code
Renovation of main building, hostel building, repair roads, water facility, fire, harvesting, proper drainage, conference and meeting hall etc.	100.00	**B. 5.10.1.a**
Strengthening Computer Lab and Library	100.00	
Total	**200.00**	

B. Strengthening of ANMTCs and DPTTs (Achal Prashikshan Kendra)

- There are 11 RHFWTCs, 40 ANMTCs and 30 District Peripheral Training Teams (DPTTs) Achal Prshikshna Kendra) in the State. These institutions are old and require further strengthening. All 11 RHFWTCs and 4 ANMTCs located at divisional headquarter were taken up for strengthening 2010-11. The remaining AMNTCs (36) and 30 DPTTs are to be strengthened in the year 2011-12.

For this purpose, Rs. 585.00 Lacs was proposed and GOI approved the same as per following:

Budget for Strengthening of ANMTCs & DPTTs	Total (Rs. in lacs)	FMR Code
Strengthening of 36 ANMTC (@Rs 10 Lacs)	360.00	**B. 5.10.1.b**
Strengthening 30 DPTT (Achal Prashikshan Kendra) (@Rs 7.5 Lacs)	225.00	**B. 5.10.1.b**
Total	**585.00**	

B.6)- CORPUS GRANTS TO HMS/ROGI KALYAN SAMITI (RKS)

A rapid qualitative assessment of the operationalisation of RKS was conducted in eight districts which were selected using simple random sampling. These districts were Bijnor and Shahjahanpur from Western region; Fatehpur and Unnao from Central region; Bahraich and Ghazipur from Eastern region and Hamirpur from Bundelkhand region. The assessment covered 42 facilities including all district level hospitals, two block level hospitals (CHCs) and two PHCs from each of the selected districts. The assessment noted that RKS funds were being utilised for various activities depending on the need of the facility such as small upgradation of facilities like construction of boundary wall, white washing and minor repairs; housekeeping, display boards and gardening; and utilities such as electricity including POL for generators, water and toilets; boarding and lodging facilities. Forty one of the 42 facilities had separate RKS accounts.

However, the study reflected a need for reorientation of RKS members and clarity on guidelines. Accordingly guidelines were revised and disseminated to all health units. Also, to increase the resources available at the facility and to facilitate better planning, the RKS funds, annual maintenance grant (AMG) and user charges were pooled together at the disposal of the RKS. The officer incharge of the facility has been instructed to prepare Annual Plan for these funds which should be duly approved by district health society. These funds can be utilised for medical waste disposal management, procurement of emergency drugs, procurement of essential consumables, repair and maintenance of equipment, facility maintenance, arrangements for regular electricity supply, arrangements for drinking water, ambulance, communication, annual audit and any other that the RKS may deem fit as per Annual Plan.

ANNUAL ASSISTANCE TO RKS (ROP – FMR CODE- B.6)

Govt. of India provided assistance of Rs. 5 lacs to each district level hospitals, Rs. 1 lac for CHCs/PHCs and Rs. 0.50 Lac for APHCs in Rogi Kalyan Samiti (RKS) according to which the total allocation works out to be Rs. 3031.50 lacs. However, due to difference in the size, population catered, etc. the allocation has been reworked for the state is as under:

Sl.	Component	Nos.	Budget (Rs. in Lacs)		FMR Code
			Rate	Total	
1	District Hospitals (DHM, DWH, DHC, T.B. and Mental Hospital)	152	5.00	760.00	**B.6.1**
2	Sub District Woman Hospitals (Maternity Homes/Tehsil Level Mahila Hospital etc)	15	1.00	15.00	**B.6.1.a**
3	CHCs (block + Non block)	466	1.00	466.00	**B.6.2**
4	Block level PHCs (BPHCs)	460	1.00	460.00	**B.6.2.a**
5	PHCs (30,000 Population or APHCs)	2661	0.50	1,330.50	**B.3**

Grand Total	**3,031.50**	

**** In Combined Hospitals, Male and Female units have been taken separately for RKS purposes***

The total amount sanctioned for this activity is Rs. 3031.00 Lacs, as per above.

CAPACITY BUILDING OF RKS

Rogi Kalyan Samitis have been constituted at the designated health facilities. A training component was proposed in yr. 2010-11 and trainings have been completed. Hence training for RKS members is not proposed for the year 2011-12.

B.7)- DISTRICT ACTION PLAN

Decentralized planning is an elaborate process for a State with 72 districts. However, based on guidelines received from Government of India, guidelines were issued to each of the districts with formats to provide information on specific indicators in November 2010 during the state level workshop (4 days). Eighteen divisional meetings were convened from December 9 to 25, 2010 by Additional directors with help of divisional programme managers, where CMOs – Family welfare, CMOs- Health, ACMO (NRHM) and District Program Managers (DPMs)/ DCMs/DAMs participated in interactive sessions. Preliminary instructions for preparing the DHAPs were shared with these representatives. Four consecutive workshops were conducted at State Programme Management Unit (SPMU) again with representatives from each of the divisions and districts in which the planning processes were finalized and discussed in detail in the end of December 2010. A planning meeting was conducted under the leadership of Divisional PMUs at district and block level to identify district specific health needs. Capacity building of Block Medical Officers and Block Managers was part of this meeting in which village health planning processes were elaborated and clarified. Each Block Medical Officer prepared atleast25% Village Health Plans with the respective VHSC members on the basis of which Block Health Plans have been formulated. These are then compiled at the district level for the District Health Action Plan. Seventy two DHAPs and more than 4000 Village Health Action Plans are being developed for the State and a team of experienced, enthusiastic and willing developmental partners working in the State on various health issues along with Divisional PMs has been constituted to review these plans and develop district specific action plans.

To conduct this preparatory activity next year (2012-13) for developing the District Action Plans, an amount of Rs. 200.00 lacs was proposed and GOI approved the same (ROP – FMR Code – B7).

B.8)- PANCHAYATI RAJ INITIATIVES

- **ORIENTATION OF VHSC MEMBERS ON THEIR ROLES AND RESPONSIBILITIES UNDER NRHM**

VHSCs are resources available at the village level and when effectively engaged can mobilise communities to solve their health related problems. To engage these VHSCs meaningfully, 394 master trainers at district level and 4851 trainers at block level have trained 55278 Panchayat members during the year 2009-10. In the year 2011-12, due to Panchayat elections, these training have been delayed and the newly elected members are being trained for the same.

About 50% training is over and rest will be completed by the end of the year. Hence no further capacity building is required in the year 2011-12. Hence no budget is required in this head for the year. In addition, a leaflet with guidelines for operating VHSCs has been prepared and disseminated to all members.

- **TEHSIL LEVEL PRADHAN SAMMELAN**

A Tehsil level Pradhan Sammelan shall be organised to educate and orient the Pradhans about their roles and responsibilities for functioning of the VHSCs. 312 Tehsil level Pradhan Sammelans will be organised in 2011-12 with intensive IEC activities. In this Sammelan, they will also be oriented regarding the health program under NRHM and the utilisation of services by the community. For this Rs. 40,000 per Sammelan is budgeted. ***Thus, the total amount required would be Rs. 124.80 lacs during the year 2011-12, which is approved by GOI (ROP-FMR Code – B.8.3).***

B.9)- MAINSTREAMING OF AYUSH

Under NRHM, in order to strengthen health care delivery services to rural population, monitoring of various National Health Programmes and supporting supervision to ANM and ASHA, the state has appointed AYUSH Male and Female doctors (1961 in nos. against the total target of 2401) and pharmacists (800 nos. against the target of 1000) on contractual basis. AYUSH lady doctors are providing ANC, PNC, Immunization and FP services at 24*7 units.

In order to enable them, to practice their respective system of medicine, funds were demanded from directorate of AYUSH, MOHFW, GOI. So, far AYUSH medicines have not been supplied to these doctors. Due to non-availability of AYUSH drugs, services of these male doctors are not being fully utilized. Hence in the year 2011-12, the state does not propose to extend the contract of male AYUSH doctors and Pharmacists.

Further, this is to inform that AYUSH Female doctors are extending their support in antenatal, intra-natal (normal deliveries) and post natal care services and they have been proved useful for providing 24*7 MCH services at these units. Hence, the state proposes to extend the contract of additional 199 AYUSH female doctors, so as to cover all the 24*7 units (1100 units). In order to optimally utilize AYUSH human resource a budgetary demand has been proposed for the honorarium of the AYUSH lady doctors @ Rs. 30000/- per month. ***Thus total budget of Rs. 3960.00 Lacs was proposed for this activity for the year 2011-12, out of which Rs. 3168.00 Lacs is approved by GOI (@Rs. 24000/month) – (ROP- FMR Code – B.9.1).***

TRAINING OF LADY AYUSH DOCTORS FOR SBA (SKILL BIRTH ATTENDANT)

Since Female AYUSH Doctors are conducting normal deliveries at 24*7 units and also referring high risk women to higher centres after recognizing the signs of complications, it is very essential to train them under SBA training course approved by GOI. It has been decided that 125 such batches will be conducted, where 4 Female AYUSH doctors will be trained at a time, using the same manual, which being used for staff nurses and LHVs.

The training will be conducted with the help of SIHFW, using same training sites, which have been developed for SBA training under NRHM for staff nurses/LHVs /ANMs. ***The cost of one such batch is Rs. 1.08 Lacs and the estimated budget of Rs. 135.00 Lacs is sanctioned under RCH Flexipool (ROP – FMR Code-A.9.3.1).***

B.10)- INFORMATION, EDUCATION AND COMMUNICATION/ BEHAVIOUR CHANGE COMMUNICATION (IEC/BCC)

- **STRENGTHENING OF IEC/BCC IMPLEMENTATION CAPACITY OF THE STATE**

To implement the BCC Annual action plan, state realizes the need of establishing a fully functional IEC/BCC cell under Family Welfare Directorate and to have one GM (IEC), one communication officer with one support staff at SPMU level to coordinate with IEC/BCC cell under FW directorate.

A lump sum budget of Rs. 5.00 lacs was proposed for the setting up of a new IEC/BCC cell at the Family Welfare Directorate under the Director IEC. The cell would have the professional manpower recruited from the market or on deputation with expertise and requisite experience in IEC/ BCC. The logistic support required for infrastructure including purchase of furniture, colour printers, fax machines and photocopiers are being budgeted. The plan proposes following structure for IEC/BCC cell under Family Welfare directorate and support staff at SPMU.

IEC/BCC Cell under Family Welfare Directorate		IEC/BCC Cell under SPMU
Overall Leadership	• Director, IEC/BCC (From GoUP / Directorate FW)	• General Manager, Planning
	• Joint Director IEC/ BCC (From GoUP / Directorate FW)	• General manager IEC (Deputation / Contractual)
Support Staff	• Consultant Technical (IEC) (Deputation / Contractual) Strategic Planning & implementation, Media Planning and Execution, IPC, Community Mobilization & Training, Monitoring and Evaluation • Support staff (Contractual)	• Consultant Technical (IEC) (Deputation / Contractual) • Support staff (Contractual)

Budget for Setting up IEC/BCC Cell under Family Welfare Directorate

Sl	Activity	Unit Cost	Frequency	Total (in Lacs)
1.	Setting up IEC cell under FW Directorate – Lump-sum (Furniture, colour printers, fax machines & photocopier etc.)		1	5.00
2.	**Salaries to support Staff**			
	Technical Consultant – IEC	33000	12	3.96
	Program Assistant	17000	12	2.04
	Data Assistant	17000	12	2.04
	Sub Total			**13.04**
3	**IEC cell - SPMU**			
	Salaries to support Staff			
	Technical Consultant – IEC	33000	12	3.96
	Program Assistant	17000	12	2.04
	Sub Total			**6.00**

** Salaries of the support staff is being budgeted under Program Management.

Amount proposed for setting up IEC cell in FWD is approved by GOI (ROP-FMR Code- B.10)

- **BUILDING CAPACITY FOR BCC PLANNING AND IMPLEMENTATION AT DISTRICT AND BLOCK LEVELS**

Improving BCC planning and implementation skills at the divisional and district levels will be one of the focus areas for 2011-12. It is proposed to orient the Divisional, district and block level officers directly associate with implementation with the BCC activities with the detailed BCC strategy for the state. District level BCC planning and implementation skills will be built in Divisional Programme Managers, District Programme Managers, District Community Mobilizers and Block Health Education Officers.

A 5 day capacity building course has been developed with the help of John Hopkins Bloomberg School of Public Health under ITAP Project. Trainings are being rolled out on the basis of module developed.

Details of Number of officials trained in 2010-11 on same and planned for 2011-12 are being presented in detail under the training section of the same document.

Similarly 5 day Training on BCC- focused on IPC is being undertaken to train PHN tutors to further transfer the skills to ANMs and LHVs to ensure proper implementation of IPC content of the BCC strategy and planning.

• DEVELOPMENT OF STATE BCC/IEC STRATEGY

State wants to take the pride of having a well- defined and detailed BCC strategy developed in year 2008 with support of Johns Hopkins Bloomberg School of Public Health/ Centre for Communications program under ITAP Project.

State proposes to disseminate BCC implementation guidelines in Hindi based on State BCC Strategy to all District and Block level officials that can be used as ready-reckoner by them.

State will take technical support of ITAP for development of guidelines and printing will be done by State. Budget for printing of shorter Hindi version of State BCC Strategy is as below:

Sl.	Activity	Unit Cost	Frequency	Total in Lacs
1.	Printing of BCC Implementation Guidelines based on State BCC Strategy	100	1000	1.00

For the above purpose, an amount of Rs. 1.00 Lac is approved by GOI(ROP – FMR Code – B.10.1)

• IMPLEMENTATION OF BCC/IEC STRATEGY

BCC/IEC ACTIVITIES FOR MATERNAL HEALTH (ROP- FMR CODE- B.10.2.1)

The priority behaviours and target audiences for BCC activities under Maternal Health for the year 2011-12 are as under-

	Priority Behaviours	Target Audiences	
		Primary	**Secondary**
Maternal and Newborn Health	Complete ANC: 3 ANC checkups, 100 IFA, 2 injections TT	Married women of childbearing age	Husbands, Older women in households
	Institutional deliveries and stay in hospital for 48 hours (Focus on *Janani Suraksha Yojana*)	Pregnant Women and their Husbands	Decision makers in households –Mother in-laws
	Essential New born care (skin to skin care, cord care, immediate &	All married women of childbearing age	ASHA, AWW, Older women in family

	exclusive BF) and 2 PNC

Objectives of implementing IEC/BCC activities under Maternal Health are –

INCREASING AWARENESS ABOUT INSTITUTIONAL DELIVERIES

There will be a special multi-media campaign using mass media, interpersonal communication, local and mid media to increase awareness of Janani Suraksha Yojna and with emphasis on safe motherhood and need for complete Ante natal care and postnatal care.

EXCLUSIVE AND IMMEDIATE BREAST FEEDING & ADOPTION OF APPROPRIATE NEW BORN PRACTICES TO PREVENT NEONATAL MORTALITY

Strategies proposed to be undertaken for improving new born care practices involve-

- Neo natal care messages to be given to the community during the Saas Bahu Sammelans.
- Counselling of the woman and the mother-in-law by the MO/IC and ANM about appropriate neo-natal practices would be initiated during the pregnancy.
- Promote stay at the hospital for 48 hours
- Counselling of the mother & family members on correct new born practices by Family Welfare Counsellors.
- Two home visits by ASHAs and AWW for PNC and monitoring of new born
- Infant death audit; Community Notice boards
- An intensive burst of mass media and mid media activity across the state is planned to build an enabling environment for promoting awareness about appropriate new born practices.
- Folk performances would be used to convey maternal health and new born care related messages to media dark villages to support the mass media campaign.
- Activities are being planned around special days like the Safe Motherhood Day (April 13) to give added impetus to the multimedia campaign on Maternal Health and JSY.

Activities being planned under the MNH campaigns		
Inter personal Communication	**Mid Media / Local media**	**Mass Media(State Level/District level)**
Household Level • Home Visits by ASHA for need based counselling (IPC tools & leaflets for community) • 2 PNC visits by ASHA & AWW for infant monitoring and New Born Care	**Village Level/ Community Level** • Folk performances on MNH by trained troupes • Community notice boards for monitoring village level performance on 5 parameters: o Infant deaths	• Newspaper Advertisement and TV & Radio spots on JSY, New Born Care and immediate and exclusive breast feeding. • Media sensitization

Village Level/Community Level

- VHND for ANC / PNC service provision
- Monthly Group Meetings by ASHA/ANM
- Saas Bahu Sammelan
- Community infant death audit

Facility Level:

- Counselling of pregnant women by FW Counsellor/ MO/IC
  - Maternal deaths
  - Immunization status
  - Acceptance of NSV
  - Acceptance of female sterilization

Facility Level:

- Posters (4 types on JSY, EBF, NBC & ANC & PNC)
- Standard treatment & Protocol charts at facility level

meets on maternal health and New born care on the occasion of special days:

- ***Safe motherhood Day (April 13)***

Budget for IEC/BCC Activities under Maternal Health Programme-

To carry out above mentioned activities a budget of Rs. 440.42 Lacs was proposed as under. Further this is to be stated that Rs. 196.00 lac for Mass Media are to be met from JSY administrative budget and Rs. 260.01 lac for community Notice Boards are to be met from untied funds of VHSC.

Sl.	Activity	Physical Targets	Unit Cost	Frequency	Total in lacs	Remarks	FMR Code
1	**Inter Personal Communication**						
i.	Monthly Group Meetings by ASHA			-	Inbuilt in ASHA Scheme		-
ii.	Home Visits by ASHA for PNC				Inbuilt in ASHA Scheme		-
2.	**Community Awareness & Mobilization**						
i.	Tehsil level Gram Pradhan Sammelan				Inbuilt in NRHMFlexipool		-
ii.	Annual ASHA Sammelan				Inbuilt in ASHA scheme		-
iii.	Saas Bahu Sammelan				Inbuilt in NRHMFlexipool		-
3.	**Community Media (Folk Media)**						
	Folk performances @ 25 performances per 400 blocks of High Focused Districts	10,000	2500	1	250.00	Troupes trained on NRHM messages by SIFPSA	**B.10.2.1.b**
4	**Outdoor Media**						
	Community Notice Board (Black board with painting & installation) to be placed at Panchayat Ghar	52002	500	1	260.01 lac, Expenses to be met out from Untied funds of VHSC		-
5	**Mass Media**						
	Print				196.00 lac, Expense to be met out from administrative budget of JSY		
	TV/ Radio (Including Development of Spots)						
6	POS/Other Printed Material (safe motherhood booklets, protocols, etc.)				154.42		**B.10.2.1.d**
7	Special Celebrations (Days/ Week)						

	Safe motherhood day	72	50,000	1	36.00	**B.10.2.1.a**
	Total				**440.42**	

To conduct above activities, Rs. 440.42 Lacs is approved by GOI (ROP – FMR Code – B.10.2.1 under its sub heads)

BCC/IEC ACTIVITIES FOR CHILD HEALTH (ROP- FMR CODE – B.10.2.2)

The areas for communication interventions that have been identified under child health are new born care and routine immunization. As mass media and IPC activities are already covered under maternal health section and in this section only mid media activities are being planned for CCSP and BSPM.

Budget for IEC/BCC Activities under Child health Programme-

Sl.	Activity	Physical Targets	Unit Cost	Frequency	Total (in Lacs)	FMR Code
1	State level workshop - World Breastfeeding Week	1	500,000	1	5.00	**B.10.2.2.a**
2	District level workshops - World Breastfeeding Week / New Born Care Week	72	50,000	1	36.00	**B.10.2.2.b**
3	**POS /Other Print media**					
	Paper Posters (20"x30") Campaign BSPM (CH)	170000	4	2	13.60	**B.10.2.2.e**
4	Diarrhoea Management tool kit				2.00	**B.10.2.2.f**
	Total for Child Health				**56.60**	

To conduct above activities, Rs. 56.60 Lacs is approved by GOI (ROP – FMR Code – B.10.2.2 under its sub heads)

BCC/IEC ACTIVITIES FOR FAMILY PLANNING (ROP-FMR CODE – B.10.2.3)

BCC/IEC Activities under Family Planning are proposed in order to promote small family norm, demand generation for IUCD and demand generation for NSV and female sterilization. Priority Behaviours and target audiences identified are as under-

	Priority Behaviours	Target Audiences	
		Primary	**Secondary**
Family Planning	Intensions to adopt small family	Eligible Couples	General Public
	Increase birth intervals (with focus on Cu 380 A-IUCD)	Couples with spacing needs	ASHAs, AWW, ANMs, Mothers-in-law
	Increasing men participation in Contraception.	Married Men	VHSC & Community influential, ASHAs, ANMs,

	Use of Limiting methods (with focus on NSV)	Couples achieving desired family size	ASHAs, AWWs, ANMs, Community influential, Mothers-in-law

Activities are planned as per the State BCC strategy and include Household level, community level and state level interventions of IPC, Mid Media, Community/Local Media and Mass Media as per table below-

IEC/BCC Activities proposed under Family Planning

Inter personal communication *	Mid Media / Local media	Mass Media
Household Level • Identification of clients for spacing and limiting by ASHA **Village Level** • VHND - Counselling of pregnant women by ANM • Community Level • Monthly group meetings for promotion of small family norm by ASHA & ANM as per monthly themes • Saas Bahu Sammelan • Group discussions/ meeting through the VHSC for encouraging male participation in FP decision making **Facility Level** • Counselling of pregnant women on PPFP during ANC, delivery and PNC visits by ANM, FWCs, MO/IC	• Wall Paintings on benefits of small family/ NSV/ IUCD at District Hospitals • Street Plays on FP / NSV / IUCD/ Male participation by trained troupes • Posters for IUCD, NSV, FP (basket of contraceptives) • NSV Hoardings • IPC materials for use by ASHA during home visits and group meetings:	• TV and Radio. Spots/programmes • Print Media (Press ads and articles) are planned to highlight benefits of birth spacing as part of celebration of World Population day

CELEBRATING WORLD POPULATION DAY TO PROMOTE CONCEPT OF SPACING AND SMALL FAMILY

- Health Mela in all 85 Parliamentary constituencies (participation of PRI, School Teachers, Health Functionaries, ASHAs, Women and Youth Group and Eligible families is to be ensured)
- Wide publicity of small family norms, spacing and other Family Planning related messages through Mass Media including Print and Audio-Visuals.
- Other community mobilization activities like exhibitions, rallies, poster competitions are proposed as per district specific plans.

Budget for IEC/BCC Activities under Family Planning Programme-

Sl.	Activity	Physical Targets	Unit Cost	Frequency	Total in Lacs	Remarks	FMR Code
1	**Inter Personal Communication**						
i.	Monthly Group Meetings by ASHA	-	-	-	Inbuilt in ASHA Scheme		-
ii.	Home Visits by ASHA				Inbuilt in ASHA Scheme		-
2.	**Community Awareness & Mobilization**						
i.	Tehsil level Gram Pradhan Sammelan- For VH& SC orientation				Inbuilt in Mission Flexipool budget		-
ii.	Saas Bahu				Inbuilt in Mission		-

	Sammelan				Flexipool	
3.	**Community Media (Folk Media)**					
	Street Plays for FP(Spacing and Limiting, Basket of Choice)	1000	3000	1	30.00	**B.10.2.3.a**
4	**Outdoor Media**					
i	NSV Banners for Camp sites				Inbuilt with Camp Expenditure	
ii	NSV Hoardings 2 per District - Collectorate and Bus Stand	144	18,100	1	26.06	**B.10.2.3.b**
iii	4 wall paintings each at 134 District Hospital size 10'x10' @ Rs 7 psf (male & female sterl. & spacing methods)	53600	7	1	3.75	**B.10.2.3.c**
iv	Side and Back Bus Pannel for 3 Months (FP) @8244*1000 Buses	1000	8,244	1	82.44	**B.10.2.3.d**
	Sub Total				**112.26**	
5	**Mass Media**					
	Print (News papers)				100.00	**B.10.2.3.e**
	TV/ Radio/Radio phoning prog. (Including Development of Spots)				265.00	**B.10.2.3.e**
	Designing and Production				30.00	**B.10.2.3.e**
	Sub Total				**395.00**	
6	**POS/Other Printed Material**					
i	Foam Posters (20"x30") **FP(Basket of choice)** @ 18 x 160000 x 1 time (for distribution to ASHAs/ FWCs / Sub centres)	1,60,000	18.00	1	28.80	**B.10.2.3.f**
ii	One folded Pamphlets **FP guide Spacing / Limiting** @ 1.00 x 30 leaflets x 150000	4500000	1.0	1	45.00	**B.10.2.3.f**
	Print of peer research study for dissemination to promote NSV (Lump sum)	200000.00	1.0	1	2.00	**B.10.2.3.g**

	Sub Total				**75.80**	
7	**Special Celebrations (Days/ Week)**					
	World Population Day (11July)	85	75000.00	1	63.75	**B.10.2.3.h**
	Total for Family Planning				**676.81**	

To conduct above activities, Rs. 676.81 Lacs is approved by GOI (ROP – FMR Code – B.10.2.3 under its sub heads)

BCC/IEC ACTIVITIES FOR ARSH (ROP-FMR Code – B.10.2.4)

ARSH IEC/BCC strategy proposes to follow the State BCC Strategy. IEC/BCC activities for all 4 programs under ARSH will be linked with each other to get ripple effect of all the activities.

BCC Activities proposed under ARSH	
IPC	**Mid Media / Local media**
Menstrual Hygiene and Intervention for Non School Going Girls	
• Monthly Meetings by ASHA for Non School Going Adolescent Girls. • Provisioning of weekly IFA and biannually de-worming through ASHA	
Saloni Swatha Kishori Yojana For School Going Girls	
• Monthly Saloni Sabhas on health, hygiene & nutrition behaviours through trained Saloni Teachers. • Weekly IFA through DOTS approach • Biannual medical examination and de-worming by team of medical doctors	• Set of 2 wall paintings each with one key priority behaviour in Saloni Schools. • Saloni Diaries to keep the record of changing and sustaining new behaviour* Saloni Handbills for parental consent / information
AFHS Clinics	
• Counselling and Advice on ARSH issues in privacy • Provision of reading materials • Provision of services like IFA, calcium, ECs, Condoms, RTI drugs etc.	• One Hoarding at Facility where clinic is established Wall paintings at sub-centres highlighting AFHS clinic address in District
**Saloni Diary has been developed by SPMU with support of Johns Hopkins Bloomberg School of Public Health/ Centre for Communication Programmes under the ITAP project funded by USAID and is under printing.* ***Information about AFHS Clinics and ARSH Helpline will also be disseminated by ASHA in adolescent girls' monthly meetings, Saloni Teachers in Saloni Sabhas. Helpline Number will be displayed at AFHS Clinics and wall Paintings of AFHS Clinics*	

Budget for IEC/BCC Activities under ARSH Programme-

Sl.	Activity	Physical Targets	Unit Cost	Frequency	Total (in Lacs)	FMR Code
1	**Mid/Outdoor Media**					
	AFHS Clinic Signage	36	2500.00	1	0.90	**B.10.2.4.a**
	AFHS Clinic Hoardings - two in each District	36	18100.00	1	6.52	**B.10.2.4.b**
	2 Wall Paintings at 8200 Saloni Schools	16400	105.00	1	17.22	**B.10.2.4.c**

2	**Other Printed Material**					
	One Fold Handbill - Saloni Swastha Kishori Yojana	1230000	1.25	1	15.38	**B.10.2.4.d**
	One Fold AFHS Clinics/ Helpline Handbill (5000 Once a year for 36 AFHS Clinics)	180000	1.25	1	2.25	**B.10.2.4.d**
	Sub Total				**42.26**	

To conduct above activities, Rs. 42.26 Lacs is approved by GOI (ROP – FMR Code – B.10.2.4 under its sub heads)

OTHER ACTIVITIES

- **URBAN RCH -** Local district specific activities are being proposed to direct the demand to the services. Signages / hoardings at the UHP will be displayed prominently. Local cable channels with strip ads with locations of UHPs, schedule of services will be undertaken. Additionally, demand will be generated by street plays and IPC by the home visits being proposed through the RI Link workers.

Sl.	Activity	Physical Targets	Unit Cost	Frequency	Total (in Lacs)	Remarks
i	**Community Media**					
	Street plays for Urban RCH @ 3000/- x 24 performances per UHP per year x 50 Selected Urban Health Posts	50	3,000	24	36.00	
ii	Outdoor Media					
	Glow Sign Boards at UHPs			Inbuilt in Program Budgets		
	Mass Media					
	Cable Strip	14	10,000	12	16.80	
	Radio Spots (FM)	5	50,000	12	30.00	
	Total				**82.80**	

To conduct above activities, Rs. 82.80 Lacs is approved by GOI (ROP – FMR Code – B.10.2.5-I)

- **RADIO DRAMA SERIES FOR GENERAL PUBLIC –** A Radio series is proposed biweekly on Primary Channel of All India Radio (Across all AIR Relay Stations in the State) that will cover all the components of NRHM including National programs based on a priority Calendar. Series will have all formats of thematic broadcasting and audiences will be encouraged to ask their queries through phone –in and postcards, quiz will also be a part of the series and participants will be rewarded. ***For this purpose, a lumpsum of Rs.120.00 Lacs @ Rs.10.00 Lacs/month is approved by GOI (ROP- FMR Code - B.10.2.5-II)***

- **ASHA NEWSLETTER – ASHA** Newsletter is an on-going activity to establish direct communication with ASHAs**.** 1.5 lac ASHA newsletters are printed every quarter. Activity is budgeted under ASHA Scheme.

- **VHSC ADVOCACY BOOK – VHSC** Advocacy book is proposed to sensitize VHSC members especially PRI representatives and will have information on all the programs under NRHM and roles and responsibilities of VHSC members in implementation of these programmes. ***A budget of Rs 22.50 Lacs was proposed to print 1.50 Lacs copies of these booklets @Rs.15/booklet including cost of development and designing, which is approved by GOI (ROP- FMR Code - B.10.2.5-III).***

- **CELEBRATION OF REPUBLIC DAY –** An amount of Rs. 1.50 lac was budgeted for the celebration of Republic Day, which is approved by GOI ***(ROP- FMR Code - B.10.2.5-IV).***

- **ROUTINE IMMUNIZATION –** A high visibility and an intensive BCC campaign is being proposed for promotion of parental responsibility for ensuring complete immunization of the children. The campaign will use mass media channels like Radio, Television and Print for dissemination of the messages. It will be supported by IPC by ASHAs, AWWs during the VHND and the RI sessions at the village level and counselling of parents of new born about the importance of complete immunization at the facility level. **"Mother and Child Protection Card"** BCC immunization card has been developed.

Activities proposed under RI campaigns		
IPC : HHs and community level	**Mid Media / Local media**	**Mass Media**
Household Level • Identification & tracking of beneficiaries for RI through household visit by ASHA per session Village Level • VHND - Counselling of pregnant/ mothers of new borns by ANM on importance of complete immunization during ANC / PNC visit Community Level • Monthly group meetings for demand generation for RI activities ASHA & ANM as per monthly themes • Pradhan Sammelan • Saas Bahu Sammelan Facility Level • Counselling of pregnant women/ mothers of new borns on RI during ANC, delivery and PNC visits by ANM, FWCs, MO/IC	• VHND and RI Flex banners • BSPM Posters	• TV and Radio spots on RI and Bal Swasth Poshan Mah (BSPM) • Media advocacy efforts through interviews and talk shows, Doctors interviews and content on popular TV & Radio programs like Kalyani, Hello Sehat • Print Media: Massage in News Papers eg. (Jagran Pahal)

Budget for IEC/BCC Activities under Routine Immunization Programme-

Sl.	Activity	Unit cost	Frequency	Total (In Lacs)	Remarks
1.	**Interpersonal Communication (IPC)**				

	Mobilization of RI beneficiaries through ASHA @ Rs 150/- per session		Inbuilt in RI programme budget Part C
	Social Mobilization by Urban RI link worker in 11 selected cities @ 150/-Sessions		Inbuilt in RI programme budget Part C
2.	**Outdoor Media**		
	25000 RI Flex Banner for Vaccinator 4"x2.5 @15.50psf	155.00 1	38.75
3	**Mass Media**		
	Campaign 1 complete immunization		
	Television/Radio		175.00
	Print		125.00
	Development of film, spots and campaign materials		15.00
	Total RI		**353.75**

To conduct above activities, Rs. 353.75 Lacs is approved by GOI (ROP – FMR Code – B.10.2.5-V)

- **SCHOOL HEALTH PROGRAMME–** State is undertaking school health programme in around 57400 schools. This year print materials of Rs. 80.93 Lacs are proposed for the activities, as per below:

Sl.	Activity	Physical Targets	Unit Cost	Frequency	Total (in Lacs)	Remarks
1	**POS /Other Print media**					
ii.	Foam Posters - School Health Program	287000	18.00	1	51.66	
iii.	Single leaf Handbill School Health Program	9758000	0.30	1	29.27	
iv.	Bal Swasth card / referral slip x 150 children x 57400 schools				In built in programme budget	
	Total for School Health				**80.93**	

To conduct above activities, Rs. 80.93 Lacs is approved by GOI (ROP – FMR Code – B.10.2.5-V)

APPROVED BUDGET SUMMARY OF IEC/BCC ACTIVITIES

FMR Code	IEC-BCC NRHM	Amount (in Lacs)
B.10	Strengthening of BCC/IEC Cells at FW Directorate and SPMU	5.00
B.10.1	**Development of State BCC/IEC strategy**	
	Dissemination of BCC Strategy Implementation Guidelines to BPMs, DHEOs and BHEOs	1.00
B.10.2	Implementation of BCC/IEC strategy	-
B.10.2.1	BCC/IEC activities for MH	440.42
B.10.2.2	BCC/IEC activities for CH	56.60
B.10.2.3	BCC/IEC activities for FP	676.81
B.10.2.4	BCC/IEC activities for ARSH	42.26
B.10.2.5	Other activities (please specify)	

I	Urban RCH	82.80
II	Radio Drama Series for general Public	120.00
III	VHSC Advocacy Booklet	22.50
IV	Republic day	1.50
V	Routine Immunization	353.75
	BCC/IEC activities for School Health	80.93
	Grand Total - IEC/BCC	**1,883.57**

Thus, an amount of Rs. 1883.57 Lacs is approved by GOI for IEC/BCC activities of NRHM for the year 2011-12 under NRHM Flexi-pool.

HEALTH MELAS (GRAMEEN SWASTHYA MELA YOJNA) – ROP- FMR CODE- B.10.3

The initiative of Health Melas was introduced in the year 2009-10, which successfully continued in the year 2010-11. A total of 4000 Health Melas have been conducted during this period reaching nearly 50 lac beneficiaries. Of these, 75258 high risk cases were referred to health facilities, 28256 IUD inserted, 1925 male vasectomies and 23758 tubectomy conducted, 3325 new leprosy cases identified, 652 leprosy cases registered for restructuring surgery and 45893 cataract operations conducted.

Up-till now, these melas were orgnaized at CHC level, but now it is proposed to expand these health services and facilities up to village level during the year 2011-12, as at block level, there are many camps being organized like sterilization camps, RCH Camps and NSV camps, etc. In this way, wider spectrum of community, screening of patients of cronic illness, especially belonging to BPL will be served or referred.

As per provisions available, 12 health melas can be organized in a block. In view to cover village community in a better way, one such Health Mela (Grameen Health Mela) will be conducted in one to two Nyaya Panchayat area, which covers 10 to 15 villages and a population of 10000-15000. The venue of these melas will be changed every month, so as to cover the whole block in a phased manner. The nodal officer of the district will decide about the area and proper organization of the melas to facilitate proper provision of quality services to the community.

A state level officer from medical and health directorate is responsible for sending all state level guidelines to the districts and ensuring that all logistics are available at the district. Computerized reports from districts are received at State level within 48 hours after the event, which includes provision for qualitative feedback on how the project is functioning.

Sl.	Activity	Unit Cost	Number	Total Amount (in lacs)
1	Organization of Mela (incl. tent, furniture, IEC, refreshments for functionaries and audio systems)	Rs. 20,000	820	**1968.00**
2	Vehicle arrangement	Rs. 600 per day	2 buses per mela for 820 blocks	**118.08**

3	Planning and monitoring at State level	Rs. 10,000 per month	12 months	**1.20**
4	Medicines/ X-ray plates/ ECG rolls/ reagents etc.		From State budget	
	Total			**2087.28**

Thus, to organized the health melas, GOI approved of Rs. 2087.28 Lacs for the year 2011-12 (ROP- FMR Code – B.10.3).

CREATING AWARENESS ON DECLINING SEX RATIO ISSUE

IEC activities for generating awareness regarding the provisions of the PCPNDT Act are being conducted by the IEC Bureau in the State. It is proposed to continue the IEC activities through the IEC bureau. The activity plan would be prepared by the IEC Cell with support of ITAP and discussed with the members of the State Advisory Committee and the State Appropriate Authority. After approval of the same the IEC activities will be implemented. For this purpose, a total provision of Rs. 158.20 Lacs was proposed, out of which Rs. 50.00 Lacs was made for state level activities and Rs. 108. 20 Lacs for district level IEC activities including competitions /debate activities in schools for year 2011-2012. *The details of activities are given in PCPNDT Chapter.*

GOI approved Rs. 158.20 Lacs to conduct the activities (ROP- FMR Code – B. 10.4)

OTHER COMMUNITY BASED ACTIVITIES

SAAS BAHU SAMMELANS

With a view to improve communication within the family in relation to the health of daughters-in-law, it was proposed to organise 'Saas Bahu Sammelans' at the district levels. These joint meetings of daughters-in-law, mothers-in-law, elderly ladies of the family, female PRI members, ICDS functionaries, NGOs, and women's groups were organised during the year. During these meetings, women health issues, role of various family members, harmful social practices & beliefs, significance of nutrition, information of various programmes and schemes, role of other stakeholders in improving health practices in the community are discussed. It is proposed to organise such meetings this year also. These meetings will be organised once a year at the District level.

Accordingly, at the district level, an amount of Rs.1.50 lacs per meeting (Rs.1 lac for organising the meeting including stalls and Rs. 0.50 lacs towards transportation of participants) has been budgeted. ***Thus, for organizing Saas Bahu Sammelans in 72 districts, total amount of Rs.108.00 Lacs is approved by GOI (ROP- FMR Code – B.10.5).***

B.11)- IMPROVING ACCESS TO HEALTH SERVICES USING MOBILE MEDICAL UNITS (MMU)

Under the 2010-11 PIP provision of opertionalizing MMUs in 15 select Districts was approved and accordingly Tender process was adopted by Directorate of Family Welfare to select the Private bidder and financial bids were received and lowest first bid was declared for the 15 Districts (i.e. Ballia, Banda, Chandauli, Chitrakoot, Deoria, Gazipur, Hamirpur, Jalaun, Jhansi, Kushi Nagar, Lalitpur, Mahoba, Mau, Mirzapur and Sonbhadra). The MMU scheme has been launched during the current financial year 2010-11 and 100% will be procured by April 2011 and all 133 MMUs will be made operational from April 2011 onwards.

For the implementation of the MMU scheme (Mukhya Mantri Mahamaya Sachal Aspatal Yojna) the following budget is being proposed:

Operation of 133 MMUs in 15 Districts launched during 2010-11 for which a sanctioned amount of Rs. 4267.80 lacs was available. The tender was floated and as per the financial bids the total Capital cost required for procuring 133 MMUs is Rs.3383.16 lacs and the Recurring cost works out to Rs. 3035.64 lacs for the whole year. Thus, the recurring cost per MMU per month works out to Rs. 1.9 lacs. It is envisaged that by the end of April 2011 all the 133 MMUs will be fully operationalised. The expected expenditure at the end of 2010-11 is Rs. 2368.21 lacs thus, an amount of Rs. 1899.59 Lacs is available as saving, which will be carried forward in 2011-12 under committed liabilities. Although, the expected saving is Rs. 1899.59 Lacs, letter of credit has been issued to the service provider for Rs. 3383.16 Lacs for fabrication of vehicles and providing equipments. Therefore, after deduction of LC, amount of only Rs. 884.64 lacs remains. From this amount, a deduction of Rs. 34.00 Lacs (for hiring PPP consultant, expenses of tender and related activities) is made. Thus net saving to be carried out in 2011-12 is Rs. 850.64 Lacs.

It is proposed to operationalize MMUs in all the rural blocks of state. There are 820 blocks in state of Uttar Pradesh. After deducting 72 district head quarter blocks, only 748 blocks are to be provided with MMUs. Out of this, 133 blocks has been taken up in 2010-11. Therefore, 615 MMUs are to be operationalize in 2011-12. A total of Rs. 29521.86 Lacs is needed to operationalize MMUs in all 748 rural blocks as per details given below:

Mobile Medical Units (Including recurring expenditures)	Physical Targets	Unit Cost	Frequency	Total Cost (in Lacs)
Fabrication of 615 MMUs (vehicle and equipments)	615	2800000	1	17,220.00
Operational Cost for 615 MMUs (year 2011-12) for 8 months	615	209,000	8	10,282.80
Operational Cost for 133 MMUs (year 2010-11) for 11 months	133	190,000	11	2,779.70

Tender/Prebid/Hiring Consultant and other related expenditure	90.00
Subtotal	30,372.50
Deduction - Committed liabilities (only for operational cost)	850.64
Sub Total	**29,521.86**

To operationalize 748 MMUs (133+615) in the state, an amount of Rs. 29,521.86 lacs was proposed for 2011-12, out of which GOI approved Rs. 2779.70 lacs only for operational cost of 133 MMUs for 11 month (ROP-FMR Code-B.11.c).

B.12)- EMERGENCY MEDICAL TRANSPORT SERVICES (EMTS)

In view of the importance of access to ambulance services for reducing delays in access to care during emergencies, it was proposed to have emergency transport services in all districts. Thus, with the objective of providing immediate response during emergencies the ambulance service would provide basic first aid to the patient and transport them to the nearest facility; and if needed the patient may be transferred from one facility to another suitable facility. The departmental ambulances available at the facility will be provided to the patients, who wish to avail the facility of transportation from facility to their homes. The government is also considering involvement of private providers for transporting patients from facility to home.

To provide basic life support services and immediate referrals to the community, 988 ambulances are being procured through TATA Motors by the state, so far 590 ambulances have been delivered by TATA Motors and remaining ambulances will be delivered within next 2 months. These ambulances are proposed to be operationalized through public private partnership. Further, 1012 additional ambulances are being proposed to be made operational during the year 2011-12.

Referral Transport	Physical Targets	Unit Cost	Frequency	Total Cost (in Lacs)
Ambulance - New (1012) with Equipments and accessories	1012	1,075,000	1	10,879.00
Equipment and accessories for 590 ambulances purchased in 2010-11	590	350,000	1	2,065.00
Cost of 398 ambulances of 2010-11 along with equipments and accessories	398	1,075,000	1	4,278.50
Operational Cost of1012 Ambulances (from Oct. 11- March 12)	1012	128,000	6	7,772.16
Operational Cost of 988 Ambulances (from Sept.11 to March 2012)	988	128,000	7	8,852.48
Establishment of Call Centre and Procurement of Toll free number	1	180000000	1	1,800.00
Hiring consultant for selection of service provider, expenses of tender and related activities	1	5,000,000	1	50.00
Sub Total				**35,697.14**

Deduction of	
a. 40% of operational cost of Rs. 16564.64 to be borne by State Govt.-UP (item no. 4 & 5)	6,625.86
b. Committed liability from last year	11,628.46
Sub Total	**18,254.32**
Thus the actual budget needed for the year 2011-12	**17,442.82**

For EMTS, total amount of Rs. 17442.82 Lacs was proposed for the year 2011-12, out of which GOI approved Rs. 5311.50 Lacs(60% of operational cost for 7 months) only for operational cost of 988 ambulances. (ROP-FMR Code-B.12.2.b)

B.13)- PUBLIC PRIVATE PARTNERSHIP (PPP)/NGO

1. PUBLIC PRIVATE PARTNERSHIP (PPP)/NGO

The State has been innovating with various Public Private Partnerships for improving access to quality health services. Some of these initiatives along with status are:

- **Mother NGO scheme:** Under the Mother NGO Scheme, operationalizsed by Government of India, 35 MNGOs have been selected in the State, of which 8 MNOs have 65 FNGOs. These NGOs were selected by GoI. Selection for another 27 MNGOs is pending. In addition, SIFPSA was selected as the Regional Resource Centre (RRC) to provide technical support to these NGOs in fulfilling their objectives. The objectives of this programme are to address gaps in information or RCH services; build institutional capacities; and generate advocacy and awareness. However, there is a need to provide stimulus to this network and operationalise it. It is proposed to select all NGOs, identify gaps requiring their support in the field and support this network in implementation. Coordination with GoI will be initiated towards this objective.

- **Voucher System in KAVAL towns:** Voucher system was operationalised in Agra and Kanpur Nagar by SIFPSA using PPP model. This scheme is for pregnant women of vulnerable families so that they could access ante natal care, delivery services, and post natal care, family planning services and RTI / STI services from accredited private providers. Rates were pre negotiated with these private providers and contracts were signed with them. These private providers were then reimbursed by a Voucher Management Unit for the services provided, verifiable by the vouchers received. Based on the success of the voucher system in the two areas, it is now being scaled up to urban slums of KAVAL towns, namely, Kanpur, Agra, Varanasi, Allahabad and Lucknow. However, financial support for this scheme is available through SIFPSA and USAID and no financial assistance is being requested.

- **Social Franchising in 35 districts:** The franchising model is being used in the State to supplement the services being provided through the public health systems. This network of facilities, branded as Merrygold Health Network, has nearly 400 private sector facilities in 35 districts and a referral network of over 10,000 community based members providing reproductive and child health services. The facilities provide services at fixed prices, inclusive of medicines and hospital stay, which are about 50 percent less than market prices. Linking this network of private providers with the State level schemes makes it possible for vulnerable population to access quality health care. Since this project is being funded by USAID through SIFPSA, no additional budget is required.

- **Involvement of Private Sector for Management of Health Systems:** Establishment and management of Mobile Medical Units (MMU) and Emergency Transportation Scheme.

B.14)- OTHER INNOVATIONS

FAMILY FRIENDLY HOSPITAL INITIATIVE

Family Friendly Hospital Initiative has been started to improve quality of services with the help of NHSRC in the year 2010-11. In the first phase, 50 DWH and 30 CHCs FRUs are to be made family friendly hospitals. NHSRC provides technical support to do the gap analyses in these facilities according to check list. In 22 hospitals, a gap analysis has been done. CMSs of these hospitals have taken initiatives in preparation of action plans in addressing the gaps.

After implementing the action points, the certification team from the directorate will visit the facility. If, the team find the hospital meeting the criterion as per FFHI hand book, than certificate will be awarded to them. For DWH, CMO will organize a small public function under chairmanship of DM for handing over the certificate to CMS/MS of the facility. Function for CHCs will be organized under chairmanship of SDM. The certificates will be printed centrally. A board displaying the certification status for FFH will be displayed at the entrance of the hospital. Budget proposed is as below-

Sl.	Activity	Physical Target	Unit cost	Frequency	Amount (in lacs)
1	Visits of Certification committee (2 visit per facility by 6 members)	80	20000	2	**32.00**
2	District level training for 50 districts	50	20000	1	**10.00**
3	CHC level training for 30 CHCs	30	10000	1	**3.00**
4	FFHI Award function for 50 facilities (25 DWH & 25 CHC in the same districts)	50	15000	1	**7.50**
5	FFHI Award function for 5 CHC	5	10000	1	**0.50**
6	FFHI Award function for 25 DWH	25	10000	1	**2.50**
7	Printing of certificates and Display board	80	5000	1	**4.00**
	Total				**59.50**

Thus, a total amount of Rs. 59.50 Lacs has been approved by GOI (ROP- FMR Code.B.14 and its sub heads)

B.15)- PLANNING, IMPLEMENTATION AND MONITORING

B.15.1- COMMUNITY BASED MONITORING (CBM)

Community monitoring is one of the core strategies under NRHM. It was proposed to operationalise community monitoring activities with support from GOI, development partners and NGOs during the year 2010-11 as a pilot in 5 districts. The activity is being started late and it is expected that the same activity will continuing in 2011-12.

The following activities have been completed for CBM in 2010-11:

- Identification of five districts for implementation of CBM activities.
- Development of guidelines for implementation of CBM in identified districts.
- Development of ToRs for NGOs with support from Advisory Group on Community Action (AGCA)/ Population Foundation of India (PFI) and selection of NGOs for facilitation and supervision of CBM;
- Establishment of CBM Committees at block level and district level in identified districts with guidelines on its constitution and clearly defined roles, responsibilities and authority; (being undertaken)
- Village health mapping involving communities is being developed for all villages and development of Village Health Plans;
- Initiating public dialogue (*Jan Sunvai)* to be chaired at the block and district level chaired by the local and district health authority respectively;
- Printing of IEC materials for mobilization of communities and for information sharing with them (being undertaken); and
- Development of information systems to manage the implementation of CBM.

The activities detailed above will lead to empowerment of VHSCs to influence public health systems to meet needs of their communities.

CBM Activity will be initiated in the month of February, 2011 for which an amount of Rs. 20.00 lacs is available from the budget approved in PIP of 2010-11 will be utilized; and remaining un-utilized amount will be treated as un-spent and uncommitted balance carried over to 2011-12. ***For this year (FY-2011-12) an amount of Rs. 20.00 Lacs is also approved by GOI (ROP-FMR Code-B.15.1.1)***

B.15.2- QUALITY ASSURANCE

It is proposed that existing Quality Assurance Committees will be strengthened at the State as well as District levels. These committees will go through list of minimum standards provided by the state and identify gaps in their service provision. The issues will be prioritized- which can be solved within the facility; which require additional resources; which need support from the district or state HQ. Short term

and long term solutions will be identified. An action plan will be developed indicating the names of officials responsible for solving each problem and the deadlines.

State QAC: The members of State QAC include:

- Mission Director/Secretary, Medical and Health (Chairperson)
- Director General, Family Welfare (Convener)
- Director FW/AD FW
- MCH/AD MCH/ADUIP
- One empanelled Gynaecologist
- One empanelled Vasectomy Surgeon
- One Anaesthetist
- State Nursing Advisor
- Joint Director, FW
- Joint Director, MCH
- Any other as determined by the department of Health and Family Welfare
- One member from an accredited private sector
- One representative from the legal cell

In the state QA Cell, one consultant from technical background and one from management background (hospital management/hospital quality assurance/MBA in Hospital Management) will be hired on contract. To support them, there will be one data entry operator, one programme assistant and one office assistant, who will be hired on contractual basis.

Functions of the state QAC:

- Visit both public and private facilities providing family planning and MCH services in the state to ensure the implementation of national standards.
- Review and report deaths /complication following sterilization in the state.
- Review and report cases of conception due to failure of sterilization in the state.
- Give directions on the implementation of measures for improving the quality of sterilization services in the state.
- Review the implementation of the National Family Planning Insurance Scheme/payment of compensation in the state.
- Meet once every six months
- A minimum of three members shall constitute the quorum.

Budget Required for State QA Cell:

Sl.	Activity	Physical Targets	Unit Cost	Month	Total Budget (in Lacs)
1	Technical Consultant -Medical with PG in Gyn./Obs./Paed./SPM	1	50000	9	4.50
	Technical Consultant -Management	1	40000	9	3.60
2	Data Entry Operator	1	10000	9	0.90

3	Programme Assistant	1	15000	9	1.35
4	Office Assistant	1	7000	9	0.63
5	Office Expenses				
	Computers/Laptops	4	35000	1	1.40
	Other onetime expenses (Furniture, Printer, etc.)	1	100000	1	1.00
	Contingency	1	5000	9	0.45
6	Mobility Support	1	10000	1	0.10
7	Meetings and Workshops	2	50000	1	1.00
	Sub Total				**14.93**

Thus, an amount of Rs. 14.93 Lacs is approved by GOI (ROP- FMR Code-B.15.2.2) for this purpose.

Similarly the members of DQAC will be headed by Chief Medical Officer-family planning, will have:

- Chief Medical Officer- Family Planning (Convener)
- District Chief Medical Officer
- One empanelled gynaecologist/CMS
- One empanelled vasectomy surgeons
- One surgeons
- One Paediatrician
- One Physician
- One anaesthetist
- District Family Welfare Officer/RCHO
- One representative from the nursing cadre
- Any other as determined by the department of health and family welfare (state government)
- One representative from the legal cell

The procedures to be followed are:

- The state government will issue a notification on the constitution of the committee and its institutional arrangements
- District – level committee will meet every six months to review the reports being received from the districts. The committee may ask for additional information from the DQAC if needed.
- The state QAC will also have a supervisory role in the functioning of the district – level committees. If needed, the SQAC may organize orientation programmes for the members of the DQAC on a periodic basis.
- It would be ideal to have at least one professional responsible for coordinating the state committee's activities, preparing reports and conducting selective investigations. The JD-FW/JD MCH/JDEPI or the DD may be the designated officer responsible for this activity.

Functions of the district QAC

- Conducting medical audit of all deaths related to sterilization, child birth and infant deaths and sending reports to the State QAC office.
- Collecting information on all hospitalization cases related to complications following sterilization as well as sterilization failure
- Processing all cases of failure, complications requiring hospitalization and deaths following sterilization for payment of compensation and pursuing these cases with the insurance company or otherwise.
- Reviewing all static institutions i.e. government and accredited private/NGOs providing MCH services and selected camps providing sterilization services for quality of care as per the standards laid down and recommending remedial action for institutions not adhering to the standards.
- Meeting once every three months.
- A minimum of three members shall constitute the quorum.

Procedures:

Details of procedures to be followed for monitoring of sterilization services and MCH services would be according to GOI/State guide lines for standards of sterilization (male & female), maternal& infant death audit guideline and monitoring of Family friendly hospital services.

It is proposed that the concern member of QAC will be involved in monitoring of specific activities like Sterilization services will be monitored by Gynaecologist, NSV surgeons and Family Friendly Hospital will be monitored by CMS/ Gynaecologist/Paediatrician- and representative of nursing cadre.

Specific activities like sterilization, Family Friendly Hospital accreditation, Infant and Mother Death Audit will be monitored by concern QAC members. Similarly others RCH activities will also be monitored by the QAC members.

Strengthening State Quality Assurance Committee

The state quality assurance committee will be strengthened as per need.. One day orientation program will be organized for all members to orient them on the fundamentals of quality; strategies and methodology for improving quality of services in public health facilities. The group will define minimum standards for quality of services in labour rooms, maternity wards and OT in district hospitals and FRUs. A one day workshop will be organized with the stakeholders including MO ICs, gynaecologists and technical and public health experts to finalize minimum standards for selected services. ***Hence, No extra budget is needed for this activity.***

Strengthening District Quality Assurance Group

The District Quality Assurance Groups will be strengthened and reconstituted if needed. Each group will be oriented through a one day workshop to fundamentals of quality; minimum standards of quality in labour rooms, maternity wards and OT in district hospitals and FRUs and methodology for improving quality. ***Hence, No extra budget is needed for this activity.***

STATE QUALITY MONITORS

In the PIP of year 2010-11, it was proposed that monitoring of NRHM programs must be undertaken in a systematic manner by involving state level monitors for which officers from outside the government system, preferably retired government officers, of Joint Director and above rank, having requisite experience of functioning at district/ state level in health sector were deployed. At present 9 State Quality Monitors are working on contract. This year it is proposed that 18 SQMs (one SQM per division) will be contracted for whom the budgetary requirement is as follows.

Budgetary Requirement

Sl.	Description	No. of Units	Rate per Unit (in Rs.)	Months/ Frequency	Total (in Rs. Lacs)	FMR Code
1	**District Visits (2 days per district/ month)**					
	Honoraria (@Rs.1250 per day)	72	2,500.00	12	21.60	**B.15.2.4**
	Boarding and Lodging (@Rs 2500/- per trip)	72	2,500.00	12	21.60	**B.15.2.5**
	Travel Expenses (HQ to District and Local Vehicle Hiring)				17.25	**B.15.2.6**
2	**Expenses per SQM**					
	Contingency (@ Rs. 1,000/- per Division per month)	18	1,000.00	12	2.16	**B.15.2.7**
	Monthly Visits to State HQ (DA–Rs. 1500/-, TA-Rs. 2000/-, Inc. Rs.250/-)	18	3,750.00	12	8.10	**B.15.2.8**
3	Recruitment of SQMs (Newspaper advertisement and recruitment process)	1	50,000.00	2	1.00	**B.15.2.9**
4	Orientation workshop	1	100,000.00	1	1.00	**B.15.2.10**
5	Quarterly review meeting @ 50,000 per quarter	1	50,000.00	4	2.00	**B.15.2.11**
	Total				**74.71**	

To conduct the above activities, an amount of Rs. 74.71 is approved by GOI (ROP-FMR Codes – B.15.2.4 to B.15.2.11) for the year 2011-12.

B.15.3- MONITORING AND EVALUATION

COMPUTERIZATION HMIS AND E-GOVERNANCE, E-HEALTH

- **Status of HMIS -** In order to capture data for Health Management Information System(HMIS) from facility level, computer systems have already been installed in all 823 block CHCs and 128 district hospitals. Presently, monthly consolidated data is being uploaded from all 71 districts on HMIS portal. Apart from this, quarterly FMRs and infrastructure details are also being uploaded on the portal on regular basis.

- **State Level Core Team -** A core team consisting of PRC faculty, members from SPMU, DG-Family Welfare office and SIHFW has already been constituted under the chairmanship of Regional Director, ROHFW Lucknow. Monthly review meetings are being conducted by the core team for checking and validation of HMIS data on regular basis. Facility based reporting from block level and district level hospitals are to be done in financial year 2011-12.

- **Financial system -** In order to strengthen financial system, Tally ERP 9.0 is being implemented at state and district level. District Account Managers (DAM) and District data and account assistants (DDAA) are maintaining data related to financial accounting system at district level. Tally ERP single user software needs to be extended up to Block level. Block data assistants are responsible to maintain the accounts in Tally Software at Block level.

- **Status of MCTS -** For Mother and Child Tracking, formats for mother & child tracking have already been distributed to all ANMs at sub centre level. District and block level training on Mother and Child tracking formats has also been imparted upto the ANM level. The format provided for Mother and Child Tracking have been printed and are being filled by the ANM at sub centre level with the help of ASHAs & AWWs in hard copy. The conversion of these data in soft copy in excel format at block level has been started at Block level. Due to absence of internet connection at block level, the health units are facing difficulties in uploading on line data on MCTS portal.

  The uploading of the consolidated & validated reports on line at district level has not been started as the software provided by NIC is not functioning properly.

- **HMIS and MCTS data at block level -** For facility based reporting from block health units, the recruitment of block data assistants is under process. The HMIS data at block units (PHCs/CHCs) will be compiled by ICCs at block level and will be uploaded by block data assistants. The MCTS data will be collected by Block Programme Managers and will be updated by block data assistants. Monthly consolidated data of HMIS is being compiles by Investigator-cum-Computer (ICC) at district level and uploaded by computer operators.

- **Nodal M&E officers for HMIS and MCH tracking -** Nodal Officers for HMIS have already been nominated at state, district and block level. Separate nodal M & E officers are required to be designated for Mother and Child tracking as per following table:

Notification of Nodal M&E officers for HMIS and Mother and Child tracking

Level	Nos. required	Nos. Present	Remarks
State	10	10	4 from SPMU, 1 from DG-FW, 2 from PRC, 1 from ROHFW office, 1from SIHFW & 1 from NIC
Districts	72+72+18	71	**District Investigation cum computer (ICC)+ District Programme Manager (DPM)/District Community Manager (DCM)+ Divisional Project Manager**. Presently, district ICCs are nominated as HMIS nodal Officer. DPMs/DCMs need to be nominated as MCTS Nodal Officer and Divisional Project Managers need to be designated as Nodal officer for both HMIS and MCTS.
Blocks	823+823	823	**Block ICCs+Block Programme Manager**. Presently block ICCs are nominated as HMIS nodal Officer. Block Programme Managers need to be nominated as MCTS Nodal Officer.

The status and quality of uploaded data by HMIS data operators at facility level will be monitored by state with the support staff of NRHM, divisional project managers and District Programme Managers/District Community Mobilizers. The state nodal officers will have to visit the district health units to check the data quality, status of data uploading and other issues pertaining to operationalisation of HMIS, ProMIS and MCTS in health units. District Community Mobilizers (DCM) are responsible for operationalisation of MCTS with the support of District Programme Managers (DPMS). Similarly, nodal officers at division and district level will have to visit health units of their respective districts/divisions. The block nodal officers also have to visit sub centres and PHCs in-order to check the data on formats/registers filled by ANMs. They have to provide hand-holding in data collection by ANMs.

R&D activities are being proposed by PRC faculty along with their research scholars in order to analyse the HMIS/MCTS data and derive important facts.

INFRASTRUCTURE, HUMAN RESOURCES AND INTERNET REQUIREMENTS

In order to upload data for HMIS, provision is being made for 38 computer operators at state level (DG medical health office, SPMU and support for Monitoring at Govt. level) and 72 computer operators at district level. Apart from this, 85 CHCs and 48 drug warehouses are also being computerized in current financial year 2010-11 and procurement of computers for these units is under progress. Provision is also being

made for 85 data entry operators for 85 non-block CHCs. Computer operators for drug warehouses has already been proposed in RCH flexi-pool. As the HMIS, ProMIS, Tally ERP and MCTS applications are web-based, therefore internet connection will be required at the health units. Provision for internet connection is also being made to access internet through computers installed at these health units. Budget provision is also made for consumables (toner, paper, CDs etc.) for report printing and data backup.

TRAINING

Training on HMIS, ProMIS, Tally ERP and MCTS will be required at all level in order to enhance data quality of HMIS. The persons included for training are computer operators, Investigator-cum-Computers, District Programme Managers/District Community Mobilizers, Divisional Programme Managers, CMOs-Family Welfare, additional CMOs, Dy.CMOs, Block ICCs, Block Programme Managers and Block Data assistants.

COMPUTERIZATION OF CENTRAL MEDICAL SUPPLY DEPARTMENT (CMSD), LUCKNOW

It is proposed to computerize central medical supply department (CMSD) established in Health Directorate, Lucknow. As per the proposal submitted by DG, Directorate of Medical and health services, an expenditure of Rs. 25.00 Lacs are needed for this activity.

As per the proposal, this budget will be utilized to procure server unit, 10 computer sets, internet connections, outsourcing of data entry works and web based software, etc.

BUDGET FOR HEALTH MIS

In order to maintain Health MIS upto facility level during 2011-12 and computerization of CMSD of directorate of medical and health, a total budget of Rs. 897.50 lacs is proposed as detailed in the table below. This will include activities such as printing of Health MIS formats for Health facilities, training on M&E for staff at state, district & block level, provisioning of contractual staff for data uploading, reports printing, generating work-plans, internet access and other recurring expenses including computer consumables etc.

Budget for Health MIS

Major Head	Minor Head	Budget (in Rs. Lacs)	Details	Remarks
1. Strengthening of M&E/ HMIS/ Mother & child tracking	Salaries of M&E, MIS & Data Entry Consultants	235.00	Salaries for 38 computer operators at state level, 72 computer operators for CMO, Family Welfare, 85 operators for Non-Block PHCs/CHCs	@10,000 per month for Data Entry Operators/ Computer Operator
	Mobility for M&E officers	150.00	Mobility for HMIS Nodal officers posted at state, district and block level	
	Workshops/ Training on M&E	5.00	Training on M&E at state level	
	M&E studies	2.50	R&D activities based on HMIS data	R&D activities are proposed to be done the support from PRC & the funds will be utilised honorarium for research students of PRC
	Others (specify)	15.00	Hiring of IT related services from external agencies in case of any contingency	
2.Procurement of HW/SW and other equipments	Hardware /Software procure-ment	195.00	Computer hardware procurement for divisional level (AD office) and CMO, Family Welfare office. This also includes procurement of computers, printers, ups, Software & other electronics equipments, furniture for state level units. Tally software single user along with training for all 820 block health units.	18 computer systems for divisional level, 72 for CMO, Family Welfare office. Thus, total 90 desktop computers with monitor, CPU, printer and UPS are proposed to procure with unit price about @60,000/- per computer system.
	Internet connectivity	60.00	Broadband internet connections at state, district and block level units	Rs. @400 per month per computer basis
	Annual Maintenance	25.00	Annual maintenance of H/W & equipments which are already procured	

			during 2008-09 and 2009-10	
	Printing & computer stationery	60.00	Consumables for computers, printers and computer stationery at state, district and block level	Rs. @400 per month per computer basis
	Others	25.00	Provision of wireless internet access for health facilities	Data cards are proposed for remote health units
3.Operationalising HMIS at sub district level	Review of existing registers - to make compatible with National HMIS	10.00	Review of existing registers/formats and redesign in order to make compatible with national HMIS	
	Printing of new Registers/ Forms	15.00	Printing of registers/input formats for health units	
	Training of staff	75.00	Training on M&E at division, district and block level	
4. Computerization of Central Medical Supply Department (CMSD) in the directorate of medical and health- UP, Lucknow		25.00	Procurement of server unit, 10 computer sets, internet connections, outsourcing of data entry works and web based software, etc.	
	TOTAL	**897.50**		

Thus, a total amount of Rs. 897.50 Lacs was budgeted and approved by GOI for the year 2011-12 (ROP – FMR Code – B.15.3.2)

PREGNANT MOTHER AND CHILD TRACKING SYSTEM

The detailed proposal of MCTS is given in Maternal Health Chapter.

Minor	Target	Unit Cost	Frequency	Total Budget	Remarks
Printing and reproducing Registers/Forms	1800000	4.00	1	72.00	MCH registers have been printed this year and MCH tracking formats have been included in these register
Capacity building of teams - State	1	250,000.00	4	10.00	Capacity building of Nodal Officer, DPM/DCM, Block Managers ,ICC and Data Operators at State ,District and Block level
Capacity building of teams-Districts	72	25,000.00	4	72.00	
Capacity building of teams - Block	820	5,000.00	1	41.00	
Ongoing review of MCH tracking activities	216	2,000.00	4	17.28	4 Review meeting at Sate level,3 Participants /District
Monitoring data collection and data quality	205	5,000.00	12	123.00	Assuming in 25% of the Blocks , MCTS data will be outsourced
Others (Contingency)	820	10,000.00	1	82.00	Operational cost
Total				**417.28**	

Thus, total budgetary requirement for this activity was Rs. 417.28 Lacs, which is approved by GOI. (ROP- FMR Code – B15.3.2.A).

OTHER M&E ACTIVITIES

Village Health Index Register (VHIR)

A Village Health Index Register has been developed and provided to most of the ASHAs. Training on filling up and maintenance of records on the same has also been conducted. The register includes, apart from basic family details, utilization of RCH and other health services, status of nutrition, water supply & sanitation. It is concurrently updated for vital events, disease status, services & other health related inputs & services utilization and can be used for annual planning.

Thus, for year 2011-12, to print 140,000 VHIRs @Rs. 80.00 per register, an amount of Rs. 112.00 lacs was budgeted, which is approved by GOI (ROP- FMR Code – B.15.3.3.a).

- **ANM Supervision and Monitoring Systems**

There are more than 21000 ANMs who are working in the State posted in 20521 sub centre s and PHCs. Each ANM was catering to a population of 5000, however now on an average each ANM is covering 8000-10000 population. In her area she is supposed to provide antenatal checkups, delivery at sub centre, postnatal care, immunization, family planning services and counselling regarding nutrition and hygiene. These ANMs also provide their services in Pulse Polio Campaigns which in U.P. on monthly basis. As per NRHM mandate there should be 2 ANMs at each sub centre, one for service provisioning and other for outreach.

As per existing structure, Lady Health Visitor (LHV) is supposed to supervise and monitor ANMs work. Each LHV has to supervise about 4-5 ANMs, After the consultation from District level and state level officers it is being proposed that a monitoring system should be established at CHC and PHC level.

At CHC level MOIC, Medical officer, health supervisors (male and female) and at some places specialists and are in position. It has been suggested that if state will provide mobility support to CHC then officers will move to supervise the Sub centre activity, VHND/RI sessions and other NRHM activities. MOIC of CHC has been designated as a nodal officer for ANM supervision and it is recommended that at least one Medical officer along with supervisor will visit fields in all working days of the week to monitor the activities of ANMs . During these visits Medical officers will also monitor JSY, VHND/RI sessions and contact with some beneficiaries for feedback. In addition to this these medical officers also visit ANC clinics at sub centre. They will also monitor IUCD services at sub centres.

Hence, for hiring of vehicles for mobility support of these Officers @ Rs. 1000.00 /day/vehicle for 820 blocks for 100 days in a year, for which Rs. 1771.20 Lacs was budgeted (Rs. 1000x 820 Blocks x 100 days = 820.00Lacs), which is not approved by GOI (ROP-FMR Code-B.15.3.3.b).

Each Doctor of CHC will summit their advance tour plan to MO I/C CHC and will prepare a report in a prescribed format on each visit undertaken.

- **MOBILITY SUPPORT FOR MONITORING & SUPERVISION BY DPMU**

A detailed monitoring and supervision guideline was prepared in 2009-10 to make monitoring visits effective. Sites for visits at each level were defined for all functionaries along with checklists for monitoring each activity. Frequency of visits by each level of supervisors/ officers was defined in the guidelines. Detailed reporting formats were sent to SPMU on a monthly basis. These reports are reviewed and compiled for feedback and corrective action. Thus this activity is continuing for the year 2011-12 as well.

Sl.	Description	Annual Exp. (in lacs)
1	Mobility Support to District Communication Manager (@Rs.1000/- per day x 8 days/month) for 72 districts	69.12
2	Mobility Support to District Accounts Manager (@Rs.1000/- per day x 6 days/month) for 72 districts	51.84
Total		**120.96**

To improving programme management, monitoring & supervision, at the district and block levels, an amount of Rs. 120.96 lacs was proposed for the year 2011-12, which is not approved by GOI (ROP-FMR Code-B.15.3.3.e & f).

- **MOBILITY SUPPORT TO DWH & DCH STAFF**

With the objective of improving monitoring, supervision and quality of services, it was proposed to provide mobility support to Officers at the District Women Hospitals and Combined Hospitals for conducting field visits. Hired vehicles were provided at each unit and this has certainly increased the monitoring at the district hospital level. As per the reports received, about 5-10% of JSY and FP beneficiaries are being followed-up and verified due to this facility.

A budgetary provision of Rs.2.50 lacs per annum for each hospital was made. ***The similar amount Rs. 187.50 lacs was proposed for 75 facilities, which is not approved by GOI (ROP- FMR Code-B.15.3.3.d).***

- **SUPERVISION OF ASHA THROUGH RECOGNIZED INSTITUTIONS**

Under CCSP programme the following activities are being budgeted under Monitoring and Evaluation.

Description	No. of Units	Total (in Lacs)
CCSP Programme Monitoring		
Reporting Formats	56580	56.58
Supervision of ASHAs		304.56
State/ Divisional level Quarterly review meeting and contingent charges	1	7.00
Sub Total		**368.14**

The amount proposed for the above activity is not approved by GOI (ROP-FMR code- B.15.3.3. g to B.15.3.3.l.)

- **TECHNICAL SUPPORT GROUPS**

The State has formulated Technical Support Groups to ensure that quality services are provided effectively through various programmes. These groups influence policy decisions at State level, provide strategic direction to programme implementation and review programmes for any course correction needed. The TSGs consist of representatives from Directorate, donor partners, local implementation partners and technical experts. Details about TSG are already mentioned in last year's PIP.

- **ESTABLISHMENT OF HOSPITAL INFORMATION SYSTEM IN HOSPITALS / MEDICAL COLLAGES & FUNCTIONING OF CONTROL ROOM AT STATE LEVEL**

There are 134 district level hospitals in the state out of which Hospital Information System (HIS) has been implemented in 16 Hospitals. In these hospitals patient registration, cash collection, pathology, medicine store and wards are computerized. Hospital Information System (HIS) in these hospitals is functioning well and has been found very useful.

Seeing the results of HIS in 16 hospitals, it is proposed to extend this model in remaining 118 district level hospitals and 9 medical colleges (7 State+2 Central, list attached). For implementation of HIS, these hospitals are broadly categorised into 3 types. The hospitals with 150 or less bed strength will require 2 patient registration counters and hospitals with 300 or above bed strength will require 5 patient registration counters. The middle range hospitals with bed capacity between 150 to 300 would require 3-4 patient registration counters. In order to implement HIS, local area network(LAN) setup will be required which includes computer server, nodes, printers, UPS, networking connections, system software, application software for HIS, furniture, internet connection, other peripherals, consumables etc and manpower. The estimated average budget for this activity is about Rs.20 lacs per hospital. Thus, a budgetary provision of Rs. 20 lacs x 127 =Rs.2540 lacs is being made for establishment of Hospital Information System in 118 district level hospitals and 9 medical collages @Rs.20 lacs per health unit.

In order to monitor the health services of all 134 district level hospitals and 9 medical collages, a control room needs to be setup at state level. A central control room is proposed to be established at SHSRC along with other nodes of control room at the office of DG Medical Care, DG family welfare, DG Medical Education, SIHFW, SPMU-NRHM and Secretariat, GOUP. The central control room needs to be equipped with a computer server, computer terminals (total 15 no.), phone lines, and internet connections etc.. One consultant (M&E), 2 Data Analysts, 2 Data Assistants and 10 computer operators will be required to operate this control room. Other 6 nodes of control room at each location will require one data assistant & five computer operators with computer terminals (total 6 no.), phone lines and internet connections. The server at central control room will be linked with all 134 district hospitals, 9 medical collages and other nodes of control room at state level. An estimated budget of Rs.125.00 lacs will be required to setup control rooms at state level, which includes computer server, terminals, phone lines and internet connections, software, consumable and manpower. ***Thus, a total budgetary provision of Rs. 2665.00 Lacs was made for establishment of Hospital Information System and functioning of control room at state level under NRHM Flexi-pool, which is not approved by GOI (ROP- FMR Code-B.15.3.3.m).***

LIST OF DISTRICT HOSPITALS TO BE COMPUTERAISED FOR HIS

Sl	District	District Combined Hospital	District Male Hospital	District Women Hospital	Medical Colleges	Total
1	Agra			1	1	2
2	Aligarh	1	1	1	1	4
3	Allahabad		1	1	1	3
4	Azamgarh		1	1		2
5	Budaun		1	1		2
6	Bahraich			1		1
7	Ballia		1	1		2
8	Balrampur		1	1		2
9	Banda			1		1
10	Barabanki		1	1		2
11	Bareilly		1	1		2
12	Basti		2	1		3
13	Bijnor	1		1		2
14	Bulandshahar	1	2	1		4
15	Chandauli		1			1
16	Chitrakoot	1				1
17	Deoria			1		1
18	Etah		1	1		2
19	Etawah		1	1		2
20	Faizabad		2	1		3
21	Farrukhabad		1	1		2
22	Fatehpur		1	1		2
23	Firozabad	1	1	1		3
24	G B Nagar	1				1
25	Ghaziabad	1		1		2
26	Ghazipur		1	1		2
27	Gonda		1	1		2
28	Gorakhpur		1	1	1	3
29	Hamirpur		1	1		2
30	Hardoi		1	1		2
31	Hathras	1		1		2
32	Jalaun		1	1		2
33	Jaunpur		1	1		2
34	Jhansi		1	1	1	3
35	Kannauj	1				1
36	Kanpur Dehat	1				1
37	Kanpur Nagar		1	1	1	3
38	Kashi Ram Nagar		1			1
39	Kaushambi	1				1
40	Lakhimpur Kheri		1	1		2
41	Lalitpur		1	1		2
42	Lucknow	2	1		1	4
43	Maharajganj	1				1
44	Mahoba	1		1		2
45	Mainpuri		1	1		2
46	Mathura		1	1		2
47	Mau	1				1
48	Meerut		1	1	1	3
49	Mirzapur		1	1		2
50	Moradabad		1	1		2
51	Muzaffarnagar		1	1		2
52	Pilibhit		1	1		2
53	Pratapgarh		1	1		2
54	Rae Bareli		1	1		2
55	Rampur		1	1		2
56	Saharanpur			1		1
57	Sant Ravidas Nagar		1			1
58	Shahjahanpur		1	1		2
59	Siddharth Nagar	1				1
60	Sitapur		1	1		2
61	Sonbhadra	1				1
62	Sultanpur			1		1
63	Unnao		1	1		2
64	Varanasi		2	1	1	4
	Total	**18**	**49**	**51**	**9**	**127**

- **ESTABLISHMENT OF CALL CENTRE (GRIEVANCE REDRESSAL/QUERRY/ MEDICAL LINK FACILITY) AT STATE LEVEL**

There are many districts, where people want to contact senior officials at state level about their problems, complaints and grievances. Normally there is no way out for these people to contact the concerned officials and convey about their grievances. Similarly, the people at periphery have queries about availability of medical facilities, specialists or rights. Similarly the medical personnels, serving in periphery may have queries about latest circulars, GOs or explanation about already existing orders. To address all these problems it has been decided to establish a call centre at state level, which will have facility of terminal, phone lines and accessories with adequate manpower. **This call centre will be established with the help of NIC in the state and the approximate cost is Rs. 30.00 Lacs, as per details given below:**

Sl	Description	Amount (in Rs.)
1	Setup cost (one time)-3 terminals	500,000.00
2	Recurring cost(for 12 months, including human resources, Communication and consumables)	1,500,000.00
3	IEC/Wide Publicity Activities for Call centre	1,000,000.00
	Total	**3,000,000.00**

The total amount for this purpose is approved by GOI(ROP- FMR Code-B.15.3.3.n)

B.16)- PROCUREMENT

1. PROCUREMENT OF EQUIPMENTS

Procurements for Maternal Health *(ROP- FMR Code – B.16.1)*

- **RCH Kit- A & B –** As per information received from Govt. Of India, RCH kit-A and B are being procured by GOI and will be made available to the states by June 2011. If the state under goes the process of procurement after getting approval of PIP in May 2011, it will not be before July 2011, when these kits will be made available to the districts. ***Hence, no provision for RCH kit-A and B is being made for the year 2011-12 in the PIP***.

- **Purchase of Colour Doppler Ultrasound Machines –** All the district women hospitals and few FRU CHCs are catering to a large load of pregnant women, performing normal and caesarean deliveries and tackling to a number of complicated pregnancies. It is essential that one colour Doppler ultrasound machine is made available to every such unit, so that complications may be identified in time and may be treated accordingly. This will reduce maternal and neonatal mortality and morbidity. It was proposed to procure 100 such machines @ Rs. 16.00 Lacs per machine to be supplied at the units, where they will be utilized optimally and the total cost for these machines is Rs.1600.00 Lacs. ***GOI***

approved Rs. 336.00 Lacs to purchase 21 such machines for high case load facilities, where specialists are available (ROP- FMR Code – B.16.1.a).

- **Purchase of Foetal Monitors–** To assess growth and development of foetus, one foetal monitor is required at 100 units (DWH/DCH and Identified FRU CHCs) to support the gynaecologists and obstetricians to provide quality maternal and neonatal services @ Rs.1.10 Lacs and the total cost for these units is Rs. 110.00 Lacs**.** ***GOI approved Rs. 23.10 Lacs to purchase 21 such machines for high case load facilities, where doctors are available(ROP- FMR Code – B.16.1.b).***

- **Kits for Medical Abortion** - 2000 drug kits for medical abortion have been budgeted under safe abortion services in Maternal Health Chapter. ***An amount of Rs. 2.00 Lacs has been proposed for 2000 kits @ Rs.100/- per kit, which is approved by GOI(ROP- FMR Code – B.16.1.c).***

- **MVA** - MVA procurement has already been detailed under safe abortion services in Maternal Health Chapter. ***An amount of Rs. 8.66 Lacs has been budgeted for 433 units @ Rs. 2000/- per unit, which is approved by GOI (ROP- FMR Code – B.16.1.d).***

- **Purchase of Glucometers -** To detect accurate blood glucose level in pregnant ladies with diabetes, procurement of glucometers for 820 CHCs is being proposed @ Rs. 2500 for the kit and Rs. 2000 for the consumables. ***A total budget of Rs. 36.90 Lacs was proposed, which is not approved by GOI.***

- ***Blood Storage Refrigerators -*** *To procure 20 blood storage refrigerators, an amount of Rs. 18.00 Lacs is approved by GOI****(ROP-FMR Code-B.16.1.g).*** *The details about these items are given in Maternal Health Chapter.*

- ***Blood Transport Boxes –*** *To procure 316 blood transport boxes, an amount of Rs. 47.40 Lacs is approved by GOI****(ROP-FMR Code-B.16.1.h).*** *The details about these items are given in Maternal Health Chapter.*

Procurements for Child Health *(ROP- FMR Code – B.16.1.2)*

- Under up-gradation of district hospitals, as per IPHS, there are identified districts, where SNCU wing is almost ready and equipments will be installed soon. These units may also start functioning as SNCU, if they get paediatrician and staff nurses to work. These districts are Varanasi, Meerut, Fatehpur, Farrukhabad, Agra and Jhalkari Bai Woman Hospital, Lucknow. These units will also be provided with adequate human resource from the district pool of specialists and staff nurses, so that they may start functioning as SNCU/ NNU or NBSU, as per norms. These units also need some equipment like phototherapy unit with baby cot, radiant warmers, open care system, infusion pump; padel operated suction machine, oxygen cylinder and certain consumables. A lumpsum

proposal of Rs. 40.00 Lacs was made for equipments in identified these 6 hospitals. ***This amount has been approved at (ROP- FMR Code. B.16.1.2).***

- **Equipments for new born care corners -** Procurement of weighing scales for trained ASHAs under CCSP was undertaken in the year 2010-11 for 60000 ASHAs @ Rs. 350/- per scale. ***This year, it is not being proposed to procure additional weighing scales.***

Procurements for Family Planning *(ROP- FMR Code – B.16.1.3)*

- **NSV Kits -** 1000 kits @ Rs. 700/- per kit was budgeted with a total proposal of Rs. 7.00 Lacs, ***which is approved by GOI (ROP- FMR Code – B.16.1.3.a).***

- **IUCD Kits -** 5000 kits @ Rs. 3000/- per kit was budgeted with a total proposal of Rs. 150.00 Lacs, ***which is approved by GOI (ROP- FMR Code – B.16.1.3.b).***

- **Minilap Sets -** 160 sets @ Rs. 3000/- per set is was proposed with a total cost of Rs. 4.80 Lacs ***which is approved by GOI (ROP- FMR Code – B.16.1.3.c).***

Procurements of others *(ROP- FMR Code – B.16.1.5)*

- **Equipments under MCH Centre Plan** – Under maternal health section, details of equipments has been given for Rs. 900.21 Lacs, which is required for optimum functioning level-II and III MCH Centres. ***GOI approved the same amount with following details:***

Description	Units	Unit Cost	Amount approved (Rs. in Lacs)	FMR Code
MCH Centre Level -II	72	750,000.00	540.00	**B16.1.5.a**
MCH Centre Level -I	72	500,000.00	360.00	**B16.1.5.b**

Dental Equipments for facilities, where dental chair is available

A number of dentists are working at CHCs and DHs under NRHM and providing services to the community. They are performing tooth extraction, treatment of dental carries, root canal treatment, filling of cavities and treatment of traumatized cases etc.

As per reports and information received from the field, at most of the places dental equipments are not available or not adequate, though dental chair is available and functional. Therefore, this year a proposal of essential dental equipments @Rs. 50000/- per DH and functional CHC is being budgeted, for a total of 350 places. ***Thus, the total cost of Rs. 175.00 Lacs was proposed, which is not approved by GOI (ROP-FMR Code-B.16.2.2.f)***

Equipments for sub-centres

Strengthening of Accredited sub centres @ Rs. 30000/- per sub centre (average) for 1000 sub centres has been budgeted with details under maternal health. ***Thus the total amount of Rs. 300.00 Lacs was proposed for the year 2011-12 under Mission Flexi pool- Strengthening of Sub Centres & has been approved by GOI (ROP-FMR Code-B.4.1.4).***

2. PROCUREMENT OF DRUGS AND SUPPLIES

Details about propcurement of drugs and consumables are included in respective chapters. Number of units, rate and total amount proposed has also been given in chapters as well as in following table.

FMR Code	Activity	Physical Targets	Unit Cost	Frequency	Amount Approved (Rs. In Lacs)
B.16.2	**Procurement of Drugs and supplies**				-
B.16.2.1	**Drugs & supplies for MH**				-
	RTI/STI				-
B.16.2.1.a	Consumables for RTI/STI services at sub district level	72	20,000.00	1	14.40
B.16.2.2	**Drugs & supplies for CH**				-
	Kits for ASHAs				-
B.16.2.2.a	Child Survival Kit (New)	20585	1,000.00	-	-
B.16.2.2.b	Child Survival Kit (Replenishment)	35287	535.00	-	-
	Drugs & supplies for School Health				-
B.16.2.2.c	**Procurement of drugs**				-
	Procurement of IFA Tabs.	8610000	14.00	1	1,205.40
	Procurement of De-worming Tabs.	8610000	2.00	2	344.40
	Procurement of spectacles	75000	200.00	1	150.00
	Drugs & supplies for FP				-
	AMRC for Laparoscopes (Annual Maintenance and Repair Contract for Laparoscopes)	400	6,000.00	1	24.00
	Supplies for IMEP				-
	General drugs & supplies for health facilities				-
	School Going Adolescent Girls				-
B.16.2.2.d	Procurement – deworming tablet for school going	1230000	2.00	2	49.20
	Procurement – IFA tablet for school going	1230000	6.72	1	82.66
B.16.2.2.e	**Non School going Adolescent Girls**				-

	Procurement of De-worming Tabs.	1525300	2.00	2	61.01
B.16.2.2.f	**URBAN RCH**				-
	Lucknow Urban RCH				46.80
	Activities in 13 Areas of Big Cities	59	10,000.00	12	70.80
	Activities in other 53 Cities	55	10,000.00	12	66.00
	Urban Health Posts in residential areas -POP	150	5,000.00	-	-
	Dental Equipments	350.00	50,000.00	-	-
B.16.2.5	General drugs & supplies for health facilities				
Sub Total					**2,114.67**

B.17)- OPERATIONALISATION OF REGIONAL DRUG WAREHOUSES

There are 11 regional drug warehouses and one state level warehouse functional in the state. At each warehouse an Accountant, Computer Operator, Folk Lift Operator cum Mechanic, Fourth Class/Loader, Generator Operator cum Electrician, Security staff and class-IV staff will be deployed. The budget details are as under:

Warehouse	Elect. Charges	Telephone Charges	POL for DG Set	Stationery	Contin-gencies	Salary to Cont. Staff *	Total (Rs. In lacs)
State WH-LMC	13,000	18,000	10,000	30,000	200,000	795,672	**10.67**
Agra	11,000	10,000	9,000	15,000	200,000	733,788	**9.79**
Allahabad	11,000	10,000	9,000	15,000	200,000	733,788	**9.79**
Azamgarh	11,000	10,000	9,000	15,000	200,000	733,788	**9.79**
Bareilly	11,000	10,000	9,000	15,000	200,000	733,788	**9.79**
Banda	11,000	10,000	9,000	15,000	200,000	733,788	**9.79**
Gorakhpur	11,000	10,000	9,000	15,000	200,000	733,788	**9.79**
Faizabad	11,000	10,000	9,000	15,000	200,000	733,788	**9.79**
Kanpur	11,000	10,000	9,000	15,000	200,000	733,788	**9.79**
Lucknow	11,000	10,000	9,000	15,000	200,000	733,788	**9.79**
Meerut	11,000	10,000	9,000	15,000	200,000	733,788	**9.79**
Varanasi	11,000	10,000	9,000	15,000	200,000	733,788	**9.79**
Total	**134,000**	**128,000**	**109,000**	**195,000**	**2,400,000**	**8,867,340**	**118.33**
Strengthening of State Logistic-ware house in Lucknow							**2.00**
Grand Total							**120.33**

**** Contractual Staff***

Sl.	Activity	Physical Targets	Unit Cost (Rs.)	Frequency	Total Amount (in Lacs)
1	Accountant Assistant	12	10,000	12	14.40
2	Computer Operator/Store keeper	12	10,000	12	14.40
3	Fork- Lift Operator cum Mechanic	12	6,500	12	9.36
4	Fourth Class/Loader	12	6,500	12	9.36
5	Generator Oper. Cum Electrician	12	5,000	12	7.20
6	Sweeper	12	3,500	12	5.04
7	Armed Guards	12	6,335	12	9.12

8	General Guards	25	5,157	12	15.47
9	Gardener	12	3,000	12	4.32
	Total				**88.67**

Accordingly, a total amount of Rs. 120.33 Lacs was budgeted for the year 2011-12, which is approved by GOI (ROP- FMR Code-B.17).

B.18)- NEW INITIATIVES/STRATEGIC INTERVENTION – AS PER NEED (BLOCK/DISTRICT ACTION PLANS)

BACKWARD DISTRICTS INTERVENTIONS

Based on the RCH indicators there are 45 identified backward districts in the State. Through vigorous exercise by concerned districts, State and Govt. of India officials MCH Centres have been identified and a detailed micro plans have been prepared for their operationalisation. The budgetary requirements for operationalisation have been calculated for infrastructure, HR, training and equipments. The budgetary requirements have been raised in the section "MCH operationalisation plan" under RCH.

Some special interventions have been planned for these districts to facilitate quick response and delivery of quality MCH services to the clients. Various interventions and budgetary requirements are listed below:-

DISTRICT MOBILE TRAINING TEAM (ROP- FMR CODE- B.18.A)

There are 3876 Sub Centres, which have been accredited for institutional delivery. There is only 1 ANM posted at these sub centres and conducting 10-60 deliveries per month. These ANMs cannot be spared from their sub centres to undergo SBA trainings for 21 days. Apart from this fact there is limited capacity for SBA training in the identified training centres. In such circumstances it has been planned that 2 PHN tutors will be hired on contract @ of Rs. 40,000/- per month (which includes mobility also). These PHNs will move to sub centres and impart the SBA training to the ANMs on their work site (sub centre). After completion of training, ANMs will be issued certificate of SBA training. It is proposed to implement this strategy in 10 backward districts. **Thus, a budgetary requirement for this activity is Rs. 96.00 Lacs (20 PHNs @ Rs. 40,000/- per month for 12 months).** As per discussions with NHSRC, these PHN tutors will be made available through NHSRC. ***GOI not approved this activity (ROP- FMR Code- B.18.a).***

DISTRICT STATIC TRAINING LAB (ROP – FMR CODE –B.18.B)

There are certain skills which needs to be developed on continuous basis like:- measurement of B.P., estimation of Haemoglobin, per abdominal examination of pregnant women, identification of high risk cases, IUCD insertion, fatal heart sounds, preparation of partogram etc. For this purpose it is proposed to established

1 District Static Training Lab in 10 identified backward districts. This training lab will be established in the district female hospital/PPC, etc., where one PHN Tutor will be posted on contract basis. Due to JSY there is tremendous increase in the number of patients in the district hospitals; and regular posts of sweepers /sweeperess are very few and are overburdened also. Hence, there is a need of sweepers/sweeperess on contract in skill lab is required. Many trainings and skills are to be developed by hands-on method on patients, which will require the help of a sweeperess. ***The budgetary requirement for establishment of training lab is Rs. 151.60 Lacs as per the details given below, which is approved by GOI. (ROP- FMR Code – B.18.b):***

- One time establishment cost towards furniture, furnishing, workstations, equipments, audio-visuals and minor civil work, etc. @ Rs. 13 lacs per district for 10 districts=Rs. 130.00 lacs
- Honorarium for one PHN Tutor @ Rs. 20,000/- per month for 9 months for 10 districts =Rs. 18.00lacs
- Honorarium for one Sweeper @ Rs. 3,500/- per month for 9 months for 10 districts =Rs. 3.15 lacs
- Consumables and contingency @ Rs. 500/- per month for 9 months for 10 districts =Rs. 0.45 lacs

PROVISION OF INCENTIVES FOR MEDICAL OFFICERS AND OTHER REGULAR STAFF TO GET POSTED IN DIFFICULT TO REACH OR INACCESSIBLE AREAS

State has chalked out a plan to allure specialist and medical officers to get posted in districts/facilities, where usually no specialist is available. These doctors will be incentivized as follows:

- Provision of One promotion with increment.
- Special allowance to maximum 20% of the basic pay.
- Provision of double establishment for the family.
- Priority to be given in PG courses.
- Preference of the person for next posting after completing the term of 3 years.
- Mobility support

The total fund requirement for implementation of Backward Districts Interventions was Rs. 247.60 lacs, out of which GOI approved Rs. 151.60 Lacs for District Static Training Lab.

B.19)- HEALTH INSURANCE SCHEME

For the year 2011-12, no activity was planned under this head.

B.20)- RESEARCH STUDIES AND ANALYSIS

STUDY TOURS OF STATE, DISTRICT, FACILITY DOCTORS AND PROGRAMME MANAGERS (ROP-FMR CODE-B.20.A)

There are certain states in India, which are good performers and are considered role models in certain fields as mentioned below:

- Nutrition and Rehabilitation Centres – Madhya Pradesh
- SNCU- West Bengal (Purulia) and Gujarat
- Family Planning Services – Tamilnadu
- Procurement Systems and mechanism - Tamilnadu
- Adolescent (ARSH) – Karnataka and Maharashtra
- MCTS – Gujarat
- Communitization Processes – Chhatisgarh, Maharashtra and Rajasthan

These states have adopted some certain good practices to achieve success. It is worth visiting these places to learn about various interventions and practices, which has played key role in achieving desired level.

It is proposed to send programme managers and doctors managing various health facilities to the identified states on study tour. The officers can observe and study the situations there for its adoptability in the state/district/facilities.

For this purpose, a 5 day study tour has been planned for which an amount of Rs. 120.00 Lacs is being budgeted with the following details.

Descriptions	Programme Managers		Health Facilities		Total
	State Level	District Level	DHs	CHC	
5 days tour outside the state	60	80	80	100	320

Sl.	Descriptions	Cost for 5 days tour outside the state
1	Travel Expenses	Lump sum -20000.00
2	D.A.	@ 1000/- per day -5000.00
3	Accommodation	@2000/-per day -10000.00
4	Miscellaneous	Lump sum- 2500.00
	Sub Total	**37500.00**

Sl.	Descriptions	Units	Unit Cost	Total Amount (Rs.)
2	5 days tour outside the state	320	37500.00	12000000.00
	Total			**12000000.00**

The rates shown above are tentative but the payments will be made on the actual basis, wherever applicable.

This acitivity is not approved by GOI (ROP – FMR Code – 20.a)

CONCURRENT EVALUATION OF PROGRAMME ACTIVITIES (ROP-FMR CODE-B.20.B)

In addition to the GoI Annual Health Survey, concurrent evaluation of programme implementation activities will be conducted through PRC Lucknow/reputed Medical Colleges to provide inputs into programme planning:

CCSP Programme: It was proposed in 2010-11 to conduct a survey in 17 districts where the CCSP programme implementation was initiated in 2009-10. The survey is to provide estimates for IMR/ NMR to assess progress in these districts and mid-time corrections if any. The initial talks with SPM department of CSMMU, Lucknow and PRC, Lucknow have been initiated and it is expected that the work will start by the end of Feb. 2011. To obtain reliable district wise estimates, a sample of 1000 to 1500 will be taken, depending on the size of the district, and it is expected that a total sample of 20000 will be required. A total amount of Rs. 100 lacs was proposed for the activity in 2010-11. This year, in consultation with CSMMU and PRC, Lucknow it is expected that Rs. 50 lacs will be needed for the purpose out of which Rs. 25.00 Lacs will be transferred/utilized by March 2011 and remaining Rs. 25.00 Lacs in the year 2012, which is being budgeted again for this year 2011-12.

To monitor programme implementation in the field, a detailed log frame has been developed with verifiable indicators and means of verification. These indicators along with the indicators identified by GoI through their MIS will provide information on programme implementation.

For this purpose, an amount of Rs. 25.00 Lacs is approved by GOI (ROP- FMR Code-B.20.b)

B.21)- STATE LEVEL HEALTH RESOURCE CENTER (SHSRC)

As per NRHM mandates for States to set up a State level Health Resource Centre to act as 'think-tank' for the State in implementing the NRHM activities and providing technical assistance for improving health systems in the State along with the SPMU Rs. 665.32 Lacs budget was approved by Government of India in PIP 2010-11 as proposed by the State for the same with following specific role-

- Conduct high quality research and surveys, rapid assessments and appraisals in selected areas and on identified topics that contribute to understanding of programme issues and results achieved, impact made by programmes, and areas that need to be strengthened;
- Document and disseminate best practices and successful experiences of other states as well as countries to different stakeholders;
- Provide technical support to the Directorate on BCC strategy implementation plan, development of materials and media plans, design of BCC campaigns and study of impact of these campaigns on improved awareness and knowledge and behavior change;

- Identifying capacity building need, develop training modules and innovate on capacity building methodologies, including exploring satellite centres for distant learning;
- Development of an evaluation plan, design evaluation studies to assess programme performance in identified areas, empanel research agencies for conducting these evaluations, identification of research agencies, training of investigators, monitoring the study in field, finalization of reports, documenting and disseminating findings and identifying areas for strengthening programme implementation;
- Development of standardized protocols and tools for ensuring minimum quality standards in health care service delivery; and
- Designing innovative public private partnership models, conducting operations research by piloting them, documenting lessons learnt and designing scale up plans for successful models.

Though the centre could not be made functional as per the proposal but a society named, "Health Knowledge and Resource Centre" has been registered to run the centre and the Secretary, M& H has been nominated to head this Centre as Chief executive. An OSD has been posted under Chief executive to start the functioning with the help of officers deputed for preliminary works by March 2011. The activities have been started on these lines.

For proper and transparent functioning of the SHRC/HKRC, following key steps will be taken -

A. A website of the centre will be developed and the vision, goals & objectives, structure, details of human resource, activities, budget, tender and recruitment process etc. will be put on the website with regular updating. The Administrative Officer will maintain the website, with proper approval by Chief Executive/ Secretary Medical Health/Principal Secretary MH & FW with the help of Senior Advisors.

B. The movement of the proposals / files will be as follows-

1. Financial and Administrative - will start from the division (P A →Consultant → Senior Advisor) → Administrative Officer → Finance Officer → OSD → Additional Director →Chief Executive/ Secretary Medical Health →Principal Secretary MH & FW.

2. Programme activities/Reports/others- will Start from the division (P A → Consultant → Senior Advisor) → OSD → Additional Director → Chief Executive/Secretary Medical Health →Principal Secretary MH & FW

In year 2011-12 the centre will become fully functional as per proposal of 2010-11 with slight modification in activities & human resource with the budget of Rs. 665.32 lacs of year 2010-11 already transferred to the society "Health Knowledge and resource Centre".

In addition to this, "Development of 200 Model villages in 20 identified districts in the State" is being proposed in addition to the above with total new budgetary requirement of Rs. 115.00 lacs in year 2011-12.

The summary of above is as follows-

A. Proposal for utilization of fund of Rs. 665.32 lacs of year 2010-11-

Activities	No. of Units	Rate per Unit (Rs in lacs)	Frequency	Total (in Lacs)
HR Full time*				150.00
Short term consultant	10	0.07/day	20 days / consultant	14.00
Library/SHRC Website	1	30.00	1	30.00
Operational expense	1	5.00	12	60.00
Retaining of Emp. Advertizement /Evaluation Agency	1	2.00	10	20.00
Research & Concurrent Evaluation	10	10.00	1	100.00
Books & periodicals (Print/ Electronic)	-	0.11	12	1.32
Field Visits	7	0.10	72	36.00
Hard ware for distant education	1	100.00	1	100.00
One time set up cast	1	100.00	1	100.00
Conferences/workshops	6	4.00	1	24.00
National/International Study tour	10	-	1	30.00
Total				**665.32**

*** Breakup of Rs.150.00 lacs Budget Requirement for Human Resource**

Sl.	Designation	No. of Unit	Rate per Unit (Rs. in lacs)	Frequency (in Months)	Total (Rs. in lacs)
1	Additional Director	1	1.25	10	12.50
2	OSD (coordination)/ Senior Advisor (Planning, Research, Evaluation & Innovations)	1	1.15	10	11.50
3	Senior Advisor (Technical-MCH & FW)	1	1.15	10	11.50
4	Senior Advisor (National Health Programme)	1	1.15	10	11.50
5	Senior Advisor (HRD/Trg)	1	1.15	10	11.50
6	Senior Advisor (IEC/BCC/Multimedia)	1	1.15	10	11.50
7	Administrative Officer	1	0.6	9	5.40
8	Finance Officer	1	0.6	9	5.40
9	Consultant (R/E)	1	0.6	9	5.40

10	Consultant (technical)	1	0.6	9	5.40
11	Consultant (HRD/Trg)	1	0.6	9	5.40
12	Consultant (IEC)	1	0.6	9	5.40
13	Consultant (Library & Telemedicine)	1	0.6	9	5.40
14	Accountants	2	0.21	9	3.78
15	Account Clerk	1	0.1	9	0.90
16	Store keeper	1	0.1	9	0.90
17	Receipt & Dispatch Assistant	1	0.1	9	0.90
18	Secretary	4	0.21	9	7.56
19	Divisional Assistants	4	0.17	9	6.12
20	Librarian	1	0.21	9	1.89
21	Data Analyst	1	0.21	9	1.89
22	Data Entry operators	2	0.17	9	3.06
23	Helper	10	0.065	9	5.85
24	Sweeper	1	0.045	9	4.05
25	Guard	3	0.1	9	2.70
26	Electrician	1	0.07	9	0.63
27	Junior Engineer	1	0.22	9	1.98
Total (Rs. rounded of in lacs)					**150.00**

Essential Criteria for recruiting human resources in SHRC/HKRC (Qualifications, experience and recruitment processes)

Sl.	Designation	Essential Qualification & Experience	Recruitment process
1	Chief Executive	Secretary, Medical & Health	
2	Additional Director	1. MBBS with specialization in Public Health. 2. Academic Excellence i.e. Medals/ Fellowship. 3. Not less than 20 years professional experience not less than 15 years at State Level. 4. National & International exposure in professional activities 5. Research paper presented/published	On Deputation from PMHS not below the rank of L-4/Medical College/ Universities not below the rank of professor
3	OSD (coordination)/ Senior Advisor (Planning, Research, Evaluation & Innovations)	1. MBBS with specialization in Public Health. 2. Academic Excellence i.e. Medals/Fellowship. 3. Not less than 20 years professional experience not less than 15 years at State Level. 4. National & International exposure in professional activities 5. Research paper presented/published	On Deputation from PMHS not below the rank of L-3
4	Senior Advisor (Technical-MCH & FW)	1. MBBS with specialization in Clinical Subject Preferably Obs & Gyn/Ped). 2. Academic Excellence i.e. Medals/Fellowship. 3. Not less than 20 years professional experience not less than 15 years at State Level.	On Deputation from PMHS not below the rank of L-3

		4. National & International exposure in professional activities	
		5. Research paper presented/published	
5	Senior Advisor (Technical-National Health Programme)	1. MBBS with specialization in Clinical Subject	On Deputation from PMHS not below the rank of L-3/ Contractual
		2. Academic Excellence i.e. Medals/Fellowship.	
		3. Not less than 20 years professional experience not less than 15 years at State Level.	
		4. National & International exposure in professional activities	
		5. Research paper presented/published	
6	Senior Advisor (HRD/Trg)	1. MBA (HR)/MSW or MA in Social Sciences with Ph.D.	On Deputation/ Contractual
		2. Academic Excellence i.e. Medals/Fellowship.	
		3. Not less than 10-15 years professional experience not less than 8 years at State Level.	
		4. National & International exposure in professional activities	
		5. Research paper presented/published	
7	Senior Advisor (IEC/ BCC/ Multimedia)	1. PG in communication/Mass Media	Contractual
		2. Academic Excellence i.e. Medals/Fellowship.	
		3. Not less than 10-15 years professional experience health sector intervention & not less than 8 years at State Level.	
		4. National & International exposure in professional activities	
		5. Research paper presented/published	
8	Administrative Officer	District Administrative Officer with not less than 5 years experience	On deputation from Medical & Health dept.
9	Finance Officer	PCS (F & A) with not less than 5 years experience	On deputation from Finance dept.
10	Consultant (R/E)	M.Sc. in Stats/Bio Stats/Ph.D. with 5-10 years experience in operational research, Paper presented published	Contractual
11	Consultant (technical)	MBBS with specialization clinical with academic excellence and min. 10 years experience	On deputation from Medical & Health dept./ Contractual
12	Consultant (HRD/Trg)	MBA (HR)/MSW/MA in Sociology with not less than 5-10 years experience in HRD /Training	Contractual
13	Consultant (IEC)	PG degree in Communization/ Social work with not less than 10 years experience	Contractual
14	Consultant (Library & Telemedicine)	PG degree in Library Science/ Telemedicine with not less than 8-10 years experience with proficiency in ICT tools.	Contractual
15	Others	Norms of SPMU, NRHM will be followed	Contractual

B. Development of 200 Model Villages in 20 identified districts in the State

The state will develop 200 model villages in 20 identified districts which are underserved or difficult to reach. At least one district will be selected from each division. In these villages, efforts will be made to reach 100% population with various ongoing activities of maternal health, child health, family planning, disease control programmes, nutrition and school/adolescent health programmes. It has been decided to conduct base-line survey on local basis for important health indicators in these villages and then conduct the activities with intensive supervision and monitoring of the programmes.

It is being planned that the criteria for selection of these villages would be in a cluster within a block or in adjacent blocks, so that the outreach activities will be implemented easily, facilitation of interventions and their monitoring will be doable and the impact of services will be evident. While selecting these villages, it is mandatory to select the village where the Sub-centre is located. For this purpose, a committee will be formed in each division, which will function in the supervision of SHRC/HKRC.

The budgetary provision for the activity is as follows:

Sl	Description	Units	Cost (in Rs.)	Frequency	Total Cost (In Lacs)
1	Strengthening of village Sub-Centre	200	10,000.00	1	20.00
2	Mobility Support to ANM	200	750.00	12	18.00
3	Provision of helper to ANM	200	750.00	12	18.00
4	One Facilitator for each district	20	10,000.00	12	24.00
5	Mobility Support to Facilitators	20	2,500.00	12	6.00
6	Mobility support to district Nodal Officer for monitoring	20	5,000.00	12	12.00
7	Convergence Workshops/Activities in Villages	200	1,000.00	4	8.00
8	Contingency Expenses (Communication, Computerization and Documentation)	20	2,500.00	12	6.00
9	Data Analysis and documentation at SHRC/HKRC level	1	100,000.00	1	1.00
10	Award to best Model villages (in kind/support to village)	20	5,000.00	1	1.00
11	Award to best ANM (in Cash)	20	5,000.00	1	1.00
Total					**115.00**

It was requested to approve the above proposed activities with keeping the budget of Rs. 665.32 lacs of year 2010-11 (FMR Code B-25 of last year ROP) as committed unspent fund under NRHM with SHRC (HKRC) and providing a new budget of Rs. 115.00 lacs.

Thus, a total budgetary provision of Rs. 115.00 Lacs is approved by GOI (ROP – FMR Code-B.21) for 2011-12.

B.22)- SUPPORT SERVICES

Support to BRD Medical College, Gorkhapur (Paediatrics Department)

The department of paediatrics is engaged in management of J.E. cases and research activities. GOI had sanctioned a plan for strengthening of JE ward in BRD Medical College, Gorkhapur in the year 2009-10. The sanction plan had provision for human resource, equipments and infrastructure strengthening based on recommendations of GOI, following human resource had been deployed in BRD Medical College, Gorkhapur. The head of the department-paediatrics has submitted the request for continuation of these human resource and consumables for proper functioning of the JE ward and research activities. The details are given below:

Sl.	Post	Number	Unit Cost	Total Cost (in Lacs)
1	Professor, Bal Rog for 12 months	1	70000	8.40
2	Assistant Professor, Bal Rog for 12 months	2	60000	14.40
3	Lecturer, Bal Rog for 12 months	2	40000	9.60
4	Lecturer, Microbiology for 12 months	1	40000	4.80
5	Senior Doctor (Residential), Bal Rog for 12 months	10	35000	42.00
6	Junior Doctor (Residential), Bal Rog for 12 months	15	33000	59.40
7	Sister In-charge for 12 months	3	18000	6.48
8	Staff Nurse for 12 months	37	17000	75.48
9	Hospital Attendant for 12 months	15	7000	12.60
10	Sanitary Attendant for 12 months	10	7000	8.40
11	ECG Technician for 12 months	1	8000	0.96
12	Lab Technician for 12 months	5	11410	6.85
13	Lab Attendant for 12 months	4	6000	2.88
14	O.T. Technician for 12 months	1	12000	1.44
15	Radiographer for 12 months	2	10000	2.40
16	A.E.G Technician for 12 months	1	8000	0.96
17	Physiotherapist for 12 months	1	13000	1.56
18	Aqupaysanal Therapist for 12 months	1	14000	1.68
19	Medical Record Technician for 12 months	1	8000	0.96
20	C.S.D. Technician for 12 months	2	18500	4.44
21	Laundry Attendant for 12 months	2	6000	1.44
22	Kitchen Attendant for 12 months	4	6000	2.88
23	Driver for 12 months	8	7000	6.72
24	Security Staff for 12 months	6	6000	4.32
		Total		**281.05**
		10% Annual Increment		**28.10**
		Maintenance of Equipments & Chemicals		**50.00**
		Grand Total		**359.15**

A proposal of Rs. 359.15 Lacs for the above proposed activities as support services for NVBDCP from the Mission Flexi-pool was made, out of which GOI approved Rs. 63.25 Lacs to support BRD Medical College (ROP-FMR Code-B.22.3.a) & Rs.47.28 Lacs for Kushinagar special project to control JE (ROP-FMR Code-B.22.3.b).

B.23)- OTHER EXPENDITURE AND POWER BACKUP

DIESEL FOR GENERATORS AT DISTRICT HOSPITALS & FUNCTIONAL CHCS, DISTRICT H.Q. COLD CHAIN (ROP- FMR CODE – B.23)

The availability of electricity in Uttar Pradesh is poor affecting the functionality of the health facility. In some areas, there is less than four hours of electricity available throughout the day. Therefore, various funds available at facilities for the purpose are inadequate. It is proposed that an additional amount of Rs. 1 lac per month per district level facility and Rs. 0.35 lac per month per fully functional CHC and Rs 0.35 lacs for CHCs which are still functional in Block PHC building , be provided to the facilities to overcome the shortage of electricity. ***A total amount of Rs. 4,801.20 lacs was proposed for the activity for the year 2011-12 and GOI approved the same as per following:***

Activity	No. of Units	Rate per Unit	Freq ency	Total (in Lacs)	FMR Code
Diesel for generators					B. 23.a
For District Hospitals	152	50000	12	912.00	B.23.b
For fully Functional CHCs	466	35000	12	1,957.20	B.23.c
For CHCs which are functional in Block PHC building	460	35000	12	1,932.00	B.23.d
Sub Total				**4,801.20**	
POL for generator at District H.Q. Cold chain	72	25000	12	216	B.23.e

REFRIGERATORS FOR CHCS/BPHCS

Apart from vaccines for Routine Immunization, many other drugs, reagents and vaccines/venoms/insulin, etc., are required to be store in the refrigerators. In the absence of refrigerators in BPHCs/CHCs, there are chances that above kind of drugs, vaccines, etc., may be kept in ILRs, which have made available at these units for storage of vaccines for RI.

Hence it is proposed to provide refrigerators at CHCs/BPHCs @ Rs. 9000/- per refrigerator for 820 units. Thus the budgetary provision of ***Rs. 73.80 Lacs was made for this purpose under Mission Flexi-pool, which is approved by GOI (ROP – FMR Code -23.g).***

BUDGET SUMMARY - NRHM FLEXIPOOL

FMR Code	Component/Activity	Amount Approved (Rs. In Lacs)
B1	**ASHA Scheme**	3,860.34
B2	**Untied Funds**	8,379.25
B.3	**Annual Maintenance Grants**	3,329.30
B.4	**Hospital Strengthening**	4,264.08
B5	**New Constructions/ Renovation and Setting up**	13,406.66
B.6	**Corpus Grants to HMS/RKS**	3,031.50
B7	**District Action Plans (Including Block, Village)**	200.00
B8	**Panchayati Raj Initiative**	124.80
B9	**Mainstreaming of AYUSH**	3,168.00
B10	**IEC-BCC NRHM**	1,883.57
B.10.3	Health Mela	2,087.28
B.10.4	Creating awareness on declining sex ratio issue	158.20
B.10.5	Other activities (Saas Bahu Sammelans)	108.00
B11	**Mobile Medical Units**	2,779.70
B12	**Referral Transport-EMTS**	5,311.49
B13	**PPP/ NGOs**	-
B.14	**Other innovations (Family Friendly Hospitals)**	59.50
B15	**Planning, Implementation and Monitoring**	
B15.1	Community Monitoring (Visioning workshops at state, Dist, Block level)	20.00
B15.2	Quality Assurance	89.64
B15.3	Monitoring and Evaluation	1,456.78
B.16	**Procurement**	
B16.1	Procurement of Equipment	1,536.96
B.16.2	Procurement of Drugs and supplies	2,114.67
B.17	**Regional drugs warehouses**	120.33
B.18	**New Initiatives/ Strategic Interventions**	151.60
B.19	**Health Insurance Scheme**	-
B.20	**Research, Studies, Analysis**	25.00
B.21	**State level health resources centre (SHSRC)**	115.00
B.22	**Support Services**	172.13
B.23	**Other Expenditures (Power Backup, Convergence etc.)**	6,591.00
	GRAND TOTAL	**64,544.78**

C. Immunization

C. IMMUNIZATION

Introduction

Immunization programme is the cornerstone of public health, world over. Vaccination was practiced in India since the early 1900s, especially against small pox, in late 1940's. In 1962, BCG inoculation was included in the National Tuberculosis Control Program. A formal programme under the name of Expanded Programme of Immunization (EPI) was launched in 1978. This gained momentum in 1985 under Universal Immunization Programme (UIP). UIP was merged in child survival and safe motherhood programme (CSSM) in 1992-93. Since 1997 immunization activities are an important component of Reproductive and Child Health (RCH) programme. A National Technical Advisory Group on Immunization (NTAGI) was set up in 2003, and a Midterm Strategic Plan (MTSP) developed in 2004. From April 2005, immunization is an important component of RCH II under the National Rural Health Mission (NRHM).

1. SITUATIONAL ANALYSIS OF THE STATE IMPLEMENTATION PROGRAMME

Current Scenario of Implementation of Immunization Programme: In the state of Uttar Pradesh, the RI sessions are held for 2 days in a week – Wednesdays and Saturdays, thus 8 sessions per sub center per month are presumed to be held. The state proposes to hold 4-8 session in a month for any sub-centre as required according to its population and beside this immunization sessions are also being held in District Hospital, PPC, Urban Health Posts and outreach sessions in slums of big cities. Strategy aims to improve equity in access to immunization by targeting difficult-to-reach populations. It involves:

- Re-establishment of regular outreach services;
- Supportive supervision and on-site training;
- Community links with service delivery;
- Monitoring and use of data for action;
- Better planning and management of human and financial resources.

All outreach session in the village are being organized as "**Village Health and Nutrition Days".** State has introduced **"Jachcha- Bachcha Suraksha Karyakram"** since August 2010 to provide comprehensive outreach services for pregnant women and children at their doorstep. The main objective of the programme is to expand access to care and improve quality of **Village Health and Nutrition Day.**

STATE LEVEL COVERAGE:

Sl.	Coverage	BCG	DPT	OPV	Measles	Fully Immunized
1.	DLHS-3	73.4	38.9	40.4	47.0	**30.3**
2.	CES-2009	76.4	58.1	53.9	52.8	**40.9**
3	Concurrent evaluation NRHM,2009	97.5	79.4	75.8	68.2	**66.5**
4	Reported 2009-10	103	100	100	99	**98.88**
5	**Reported2010-11 (upto Dec 10)**	**69**	**60**	**60**	**58.4**	**58.1**

DISTRICT WISE COVERAGE LEVEL OF ALL ANTIGENS FOR 2009-10 & 2010-11

Sl.	Name of District	Yearly Target (2010-11)		BCG	OPV-1st Dose Coverage	OPV-3rd Dose Coverage	DPT 1st Dose Coverage	DPT 3rd Dose Coverage
		Infants	Pregnant Women	2010-11 (upto Dec10)	2010-11 (upto Dec10)	2010-11 (upto Dec10)	2010-11 (upto Dec10)	2010-11 (upto Dec10)
1	Aligarh	100826	118873	64111	64398	56365	65615	56125
2	Etah	50771	59859	36322	37486	26686	37486	26686
3	Hathrus	45035	53096	32529	28435	24823	28435	24823
4	Kashiram nagar	43249	50991	32142	32917	32066	32917	32066
5	Agra	121995	143830	84514	82781	73411	82739	73353
6	Mainpuri	53829	63464	38234	37758	35711	38117	35711
7	Mathura	69925	82442	53040	58427	52916	58417	52916
8	Firozabad	69187	81572	53464	48359	42513	48768	42524
9	Allahabad	166349	196123	114757	112962	95370	112966	95247
10	Fatehpur	77768	91689	54709	51797	43526	52296	45891
11	Kaushambi	43572	51370	29661	26886	22225	26977	22225
12	Pratapgarh	92031	108506	67185	58922	67183	58922	67183
13	Baduan	103426	121938	73479	73090	62894	72988	62943
14	Barielly	121951	143779	92644	93440	79585	91886	80770
15	Pilibhit	55435	65357	31593	30097	25604	30184	26966
16	Shahanpur	85866	101236	63077	57619	50467	58227	50650
17	Jaluan	48999	57770	34344	32670	30067	32670	30067
18	Jhansi	58802	69327	46154	50918	44166	50918	44166
19	Lalitpur	32960	38860	24875	22371	21738	22371	21738
20	Banda	51798	61070	33261	32849	26754	32846	26722
21	Chitrakoot	25813	30434	21987	19790	15851	19790	15851
22	Hamirpur	35176	41472	23876	22440	19188	22440	19188
23	Mahoba	23854	28123	16202	17713	14543	17803	14543
24	Ambedkarnagar	68306	80532	43935	46842	42110	46842	42110
25	Barabanki	90100	106227	59340	56513	49673	56513	49673
26	Faizabad	70395	82995	42951	41576	35542	41576	35542
27	Sultanpur	108342	127734	71126	64896	57466	65133	57595
28	Bahraich	80241	94603	44935	45967	43330	45967	43330

29	Balrampur	56685	66832	38337	39112	35506	40010	35592
30	Gonda	93226	109911	68148	67635	57408	67643	57408
31	Shrawasti	39637	46732	23770	20500	23530	20500	23530
32	Azamgarh	132778	156543	88374	82207	72269	82207	72269
33	Ballia	93083	109744	58582	59921	48784	59921	48784
34	Mau	62481	73666	43346	40194	35614	39917	35496
35	Deoria	91422	107783	54653	53494	46568	54125	46142
36	Gorakhpur	127036	149776	81806	78432	68969	78432	68969
37	Maharajganj	73265	86379	45603	43029	38207	44883	39514
38	Kushinagar	97487	114937	78730	71827	59113	72091	58961
39	Basti	70266	82844	48795	48670	43382	48670	43382
40	Sant Kabir Nagar	47849	56413	28883	30277	24523	30277	24523
41	Siddhrahth nagar	68747	81051	42949	43751	34011	45444	35230
42	Auriaya	39766	46881	25769	27417	23363	27417	23363
43	Etawah	45121	53197	33437	26639	27451	26554	26875
44	Farrukhabad	52906	62376	38330	31311	34528	31311	34528
45	Kannuaj	46811	55190	33114	32161	29929	32161	29929
46	Kanpur Dehat	52679	62108	41991	37042	35168	37042	35168
47	Kanpur Nagar	140462	165605	102756	94403	90679	97707	90520
48	Hardoi	114507	135004	77912	74402	62197	74402	62197
49	Khiri	108071	127415	71088	72062	59170	72754	59502
50	Lucknow	122932	144936	91691	86430	80780	86430	80780
51	Raibareilly	96791	114116	72131	76037	71190	76138	71504
52	Sitapur	121993	143830	89772	85704	73338	87036	75412
53	Unnao	90995	107282	69156	68832	66535	68824	66417
54	Baghpat	39223	46246	31226	32226	31049	32334	31049
55	Bulandshahr	98169	115739	77352	74278	73860	74919	73049
56	G.B. Nagar	40506	47753	32118	28352	27908	28352	27908
57	Ghaziabad	110912	130765	81534	78500	72943	79948	73587
58	Meerut	100996	119073	70260	75282	66600	75161	66691
59	M.Nagar	119394	140765	89824	75036	89455	71980	89466
60	Saharanpur	97630	115105	65509	56740	64631	66870	64631
61	Bijnor	105542	124434	68846	68119	61493	68082	63059
62	J.P.Nagar	50519	59562	33451	31436	28395	31436	28395
63	Moradabad	128430	151416	81300	77605	66200	77017	66400
64	Rampur	64839	76446	37588	33201	32675	29918	32770
65	Bhadohi	45630	53802	32035	31227	28912	31626	29112
66	Mirazapur	71305	84067	49848	49770	40329	50210	40672
67	Sonbhadra	49340	58171	31744	30059	23931	30774	23986
68	Chanduali	55364	65276	42313	41590	34028	41199	33988
69	Ghajipur	102374	120698	68830	68363	61516	68363	61516
70	Jaunpur	131825	155420	105262	100805	85300	101904	85300
71	Varanasi	105786	124718	85353	75482	73673	75485	73623
	Total	**5600781**	**6603279**	**3917963**	**3769479**	**3396883**	**3789283**	**3407801**

District-wise Coverage (upto Dec-2010)

Sl.	Name of District	Measles Coverage	TT2+Booster Coverage	Hep B-Birth Dose Coverage (Wherever applicable)	Hep B-1st Dose Coverage (Wherever applicable)	Hep B-3rd Dose Coverage (Wherever applicable)	JE-Routine (wherever applicable)
		2010-11 (upto Dec10)	2010-11 (upto Dec10)	2010-11 (upto Dec10)	2010-11 (upto Dec10)	2010-11 (upto Dec10)	2010-11 (upto Dec10)
1	Aligarh	54896	43287				
2	Etah	25080	22598				
3	Hathrus	24812	22689				
4	Kashiramnagar	31972	24333				
5	Agra	73293	50224				
6	Mainpuri	31565	26922				
7	Mathura	52911	35440				
8	Firozabad	38489	34500				
9	Allahabad	77492	60489				3215
10	Fatehpur	43245	32031				42310
11	Kaushambi	22744	18629				
12	Pratapgarh	67190	35488				6252
13	Baduan	62897	47171				
14	Barielly	71172	43750				22521
15	Pilibhit	25997	19388				
16	Saharanpur	47430	39835				32581
17	Jaluan	26835	22604				
18	Jhansi	44154	30801				
19	Lalitpur	21695	15805				
20	Banda	27025	21066				
21	Chitrakoot	14903	12526				
22	Hamirpur	19491	19102				
23	Mahoba	15233	12121				
24	Ambedkar nagar	42034	28312				8978
25	Barabanki	49318	42128				7853
26	Faizabad	34100	28729				22645
27	Sultanpur	56744	42154				15010
28	Bahraich	44613	35174				10389
29	Balrampur	32029	24122				4732
30	Gonda	54035	43096				23670
31	Shrawasti	23521	16348				14190
32	Azamgarh	63729	51850				17540
33	Ballia	44278	33471				14693
34	Mau	33635	22646				6452
35	Deoria	42705	38262				35456
36	Gorakhpur	68540	45170				39999
37	Maharajganj	37871	30082				22690
38	Kushinagar	55107	40986				7235
39	Basti	42231	26818				19089
40	Sant-Kabir Nagar	23291	18014				9857

41	Siddhrahth nagar	34489	26023				48994
42	Auriaya	21978	19167				
43	Etawah	25794	20583				
44	Farrukhabad	33410	23255				
45	Kannuaj	29082	20645				
46	Kanpur Dehat	34452	22776				
47	Kanpur Nagar	80352	75947				38946
48	Hardoi	63727	51145				24993
49	Khiri	55649	47321				24319
50	Lucknow	74943	53505				27639
51	Raibareilly	53198	40548				28789
52	Sitapur	65611	67204				14187
53	Unnao	65116	37656				23459
54	Baghpat	31273	19267				
55	Bulandshahr	72744	41190				
56	G.B. Nagar	27718	17747				
57	Ghaziabad	84836	52692				
58	Meerut	66549	33582				
59	M.Nagar	89598	48660				32350
60	Saharanpur	63850	33642				44463
61	Bijnor	62778	46644				
62	J.P.Nagar	28319	20335				
63	Moradabad	70100	48369				
64	Rampur	32550	20998				
65	Bhadohi	27979	22524				
66	Mirazapur	38242	36197				
67	Sonbhadra	23882	20908				
68	Chanduali	33835	19451				
69	Ghajipur	61472	44174				4944
70	Jaunpur	85228	69639				19881
71	Varanasi	67787	43474				
	Total	**3274843**	**2403429**				**720321**

Note: JE vaccination has been included in 34 Districts in Routine Immunization. In District Kanpur Nagar and Lucknow; Hep. B vaccination is being implemented as a pilot. (Source: Directorate FW, UP 2011)

REPORTING AND INCIDENCE OF VPDS FOR 2010-11 TILL DEC'10:

Sl.	Diseases	2010-11	
		Cases	**Death**
1	Diphtheria	2	
2	Whooping Cough	0	
3	Neonatal Tetanus	4	
4	Tetanus(other)	136	
5	Measles	306	2
6	Polio	10	
7	AES	3548	498

Source: Directorate FW, UP 2011

REPORTING AND RESPONSE OF OUTBREAKS AND AEFIS FOR 2010-11 TILL DEC'10

AEFI cases details till Dec'10				
	2009		2010	
	Cases	Death	Cases	Death
AEFI	25	14	28	25

Source: Directorate FW, UP 2011

2. STRATEGIES FOR FURTHER IMPROVING ROUTINE IMMUNIZATION:

- Sub centre level Intensive micro planning with route maps to cover unreached and hard to reach areas
- Computerization of available human resource related to programme
- Tracking of Pregnant woman & child and computerization of data
- Mobility support to Medical Officers of PHC to ensure sessions at vacant sub centres & hard to reach areas and to supervise the sessions
- Provision of incentives to ASHA, AWW and Awards to ANMs, Gram Pradhan and Block Pramukhs to expand access to care
- Session wise reporting from Block to District
- Analysis of reports at State level Officers and feedback to Chief Medical Officers(FW) for corrective action

TARGET OF IMMUNIZATION COVERAGE

Sl.	Beneficiaries	Target		
		2009-10	**2010-11**	**2011-12**
1	Pregnant Women	6543526	6603279	**6755000**
2	0-1 Year(Infants)	5538203	5600781	**5730000**
3	1-2 Years	5217398	5276351	**5398000**
4	2- 5 Years	-	-	**-**
5	5 years	4664874	4717584	**4820000**
6	10 years	4518864	4569924	**4675000**
7	**16 years**	**3726694**	**3768803**	**3855000**

Source: Directorate FW, UP 2011

MANPOWER

The status of health immunization staff is provided in the following table

Particulars	Sanctioned	In position	Required
State Immunization Officer (AD UIP)	1	1	0
State Cold Chain Officer	1	1	0
District Immunization Officers	71	71(in charge)	0

Source: Directorate FW, UP 2011

TO IMPROVE THE ACCESSIBILITY OF ROUTINE IMMUNIZATION

The improvement in fully immunized coverage from 30.3 (DLHS-3; 2007-08) to 40.9 (CES -2009) reflects an increase in access to the immunization services and left out children have been decreased from 24% (DLHS-3; 2007-08) to 17.8 % (CES 2009). According to CES 2009 BCG coverage is 76.4 %, which is good coverage but some Districts are having poor access, the reason there are

- Microplanning is not proper
- 100% planned sessions are not being held.
- Due-lists for beneficiaries are not being prepared
- Reporting and recording needs strengthening.
- Role of ANM under NRHM has increased with involvement of finance and record keeping has hampered her routine work.

Steps taken for Improvement: Intensive micro planning has been done in all the Districts in the month of June and July 2010 with route maps specially to cover vacant sub centre and hard to reach areas before the starting of " Jachcha Bachcha Suraksha Karyakarm"

- **Fixed sessions** at facilities District Hospital (Male and Female), Combined Hospitals , CHCs, PHCs and Additional PHCs and UHPs
- **Outreach sessions in** outreach areas of Rural and Urban Slums
- **Sessions in Urban Slums/areas of 11 big cities** and other cities having urban slum population
- **Mobile sessions for vacant sub centre and Hard to reach areas** : Approx. 244416sessions/year have been planned to cover vacant sub centre and 160992 sessions/year hard to reach areas by team approach by vehicle (1 vehicle to cover 4 session)

Availability:

- Shortage of ANMs is 2546 ANMs in the state and it is around 10.8 % and population catered by ANM is around 8000-9000 (only one ANM available per Sub centre) .35 Districts are having > 10 % shortage of ANMs

Steps taken to improve

- To compensate the shortage of ANMs there is provision of hiring the contractual ANMs however only 853 could be hired last year. 1905 ANMs(1^{st} and 2^{nd} ANM) have been trained and with in short time they will start working

TO REDUCE DROPOUTS: (REASONS AND STEPS TAKEN TO IMPROVE)

- CES 2009 data shows BCG coverage in the State is 76.4%, while 58.1% children are being reached with DPT 3 doses with the dropout of 24%.
- If we compare BCG coverage with Measles coverage, the measles coverage is 52.8% with the dropout of 30.9%

- The CES 2009 data provides a base that if the children reached with BCG vaccine are being tracked subsequently in RI sessions in a systematized way then we can reduce the drop-out rate significantly.

Steps taken to improve:

- Enlisting of all beneficiaries by "Pregnant Woman and Child Tracking Strategy" by ASHA, AWW and AN**M**
- Registration of PW and preparation of **"Mother and Child Protection Cards"**
- Registration and immunization of children (0-1year)
- ANM will collect relevant data in respect of all cases of pregnant women registered and children
- Computerization of all beneficiaries at Block level
- Maintenance of MCH registers and update of counterfoil
- Name wise Tally Sheet (Tracking formats) for beneficiaries in all RI sessions

TO CREATE COMMUNITY DEMAND

- Regular payment to ASHA for social mobilization of Rs 150/- session ,
- Incentive/Award scheme for strengthening VHND(budget given for VHND under Incentive Scheme Mission Flexipool)
- Comprehensive IEC/BCC strategy, mass media /print media etc to create community awareness and demand
- IPC through ANMs, AWWs, ASHAs, local Mobilizers and influential persons
- Anganwadi centres will also be used as immunization sites and fixed immunization days displayed with the name of the ANM.
- Strengthening of Village Health and Nutrition Days (VHND) through VHSC.

INNOVATION AS "JACHCHA-BACHCHA SURAKSHA KARYAKRAM" SINCE AUGUST 2010:

Detailed of programme given in "VHND" section under RCH Flexipool

3. STATUS OF MICROPLANNING

All Districts have updated RI micro plans along with route map.

Sl.	Routine Immunization Sessions	2009-10	2010-11	2011-12
1	Total sessions planned	2018016	2007384	**2090588**
2	Total sessions held	1642921	1275544 (upto Dec 10)	
3	No of Outreach sessions	2018016	1687384	**1905731**
4	No of fixed site sessions		320000	**184857**
5	No of sessions in Urban areas	48000	42384	**66460**
6	No of sessions in rural areas	1970016	1645000	**1839271**

7	No of sessions in hard to reach areas			**160992**
8	No of sessions with hired vaccinators	7200	42384	**45000**
9	No of hired vaccinators	353	340	340

Source: Directorate FW, UP, 2010-11

4. ROLES AND RESPONSIBILITIES PERTAINING TO IMMUNIZATION OF 1ST ANM, 2ND ANM AND HEALTH VISITOR

- **1st ANM:** There are 823 Blocks CHC/PHC, 2661 PHC and 20521Subcentre .There are 23570 sanctioned posts for ANMs but only 21024 ANMs are in position and 2546 positions are vacant. ANMs are doing all MCH services, FP services, recording and reporting.
- **2nd ANM:** 960 ANMs have been trained and yet to be posted as a 2nd ANM at Sub centre.
- **Health Visitor:** LHV are supervising the work of ANM and few LHVs are also conducting immunization in vacant sub centre.

5. COORDINATION AND CONVERGENCE BETWEEN AWW AND ASHA:

- Common Mother and Child Protection cards are being used by ANM and AWW
- Sharing of records by ASHA and AWW
- Most of the AWC which are in vicinity of community are used for VHND sessions.
- AWW share information/records of pregnant mothers and newborns with ANMs
- AWW help in tracking beneficiaries and mobilising of families for immunization and Vita A supplementation in "**Bal Swasthaya Posha Mah".**

6. ALTERNATE VACCINE DELIVERY

Total 1905731 sessions are being planned as per District plans, out of that approx. 160992 sessions/year have been planned in hard to reach areas . For normal sessions Rs 50/- session has been proposed as standard norms and for hard to reach areas Rs 250/- session (1 vehicle @ Rs 1000/- vehicle) have been requested to cover hard to reach areas.

There are approximately 2546 sub centre are vacant. ANMs and LHVs will cover these areas by team and sector approach other than normal Immunization day , provision to cover these sub centre mobility support to block to has been proposed in Part C. These sessions will also be supervised by Medical Officers of the PHC.

7. SUPERVISION AND MONITORING

Core Group meeting at State level under the chairmanship of Director General (National Program, Monitoring & Evaluation) provides technical support as well as monitors the progress made on a regular basis. The members of the Core group include Director (FW), AD UIP, AD MCH, AD IEC, CCO, and GM & DGM from SPMU, Partner agencies – UNICEF, NPSP (WHO).

Additional Director (UIP) is a nodal officer at state level for implementing and monitoring the Immunization activities under Director General Family Welfare. One District Immunization Officer is supervising the RI activities at District level. Monitoring of RI sessions is taking place for the last 4 years by Govt, and supported by Development Partners as WHO/NPSP and UNICEF and others. Revised RI monitoring formats are being used. Monitoring formats are compiling at District NPSP office and after analysis compilation at State level .Feedback is being shared by State, District and Block level officials for corrective action.

For strengthening monitoring and supervision, funds for mobility support have been provided to DIOs, MO I/C of CHCs.

8. TRAINING

Comprehensive training plan for Medical Officers, Health Workers, cold chain handlers, Data handlers, and Computer assistants has been planned.

Name of the Training	Participants	Training load	To be Trained 10-11	Training load for 2011-12	No of Batches	Budget /Batch
2 days orientation ANMs, Multipurpose Workers, Supervisors	ANMs, MPWs male, LHV	26335	22808	3547	178	Rs 49000 /Batch
3 Days training of Medical Officers on RI	Medical Officers	7826		3223	161	Rs 90000/- Batch
1 day refresher training of District and State level Computer assistants on RIMS and HMIS	State and District level Computer assistants	73	73	73	3	Rs 75000/ batch
1 Day cold chain handlers training	District and Block level Data handlers	1000	1000	1100	72	Rs 29000/ Batch
1 day training of Data Handlers	District and Block level Data Handlers	1000	1000	1000	72	Rs 500/- Participant

9. STATUS OF RIMS IMPLEMENTATION FOR MONITORING

Only 50% of the Districts are reporting regularly in RIMS formats.

Sl.	District	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10
1	Agra	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2	Aligarh	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No
3	Allahabad	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
4	Ambedkar Nagar	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
5	Auraiya	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
6	Azamgarh	Yes	No	No	No	No	No	No	No	No	No	No	No
7	Badaun	No	No	No	No	No	No	No	No	No	No	No	No
8	Badohi	No	No	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes
9	Baghpat	No	No	No	No	No	No	No	No	No	No	No	No
10	Bahraich	No	No	No	No	No	No	No	No	No	No	No	No
11	Ballia	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No
12	Balrampur	No	No	No	No	No	No	No	No	No	No	No	No
13	Banda	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
14	Barabanki	No	No	No	No	No	No	No	No	No	No	No	No
15	Bareilly	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No
16	Basti	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	No
17	Bijnor	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
18	Bulandshahar	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
19	Chandauli	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No
20	Chitrakoot	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21	Deoria	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
22	Etah	No	No	No	No	No	No	No	No	No	No	No	No
23	Etawah	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
24	Faizabad	Yes	No	No	No	Yes	No	No	No	No	Yes	No	No
25	Farrukhabad	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
26	Fatehpur	No	No	No	Yes	No	No	No	No	No	No	No	No
27	Ferozabad	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No
28	Gautam Budh Nagar	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No
29	Ghaziabad	No	No	No	No	No	No	No	No	No	No	No	No
30	Ghazipur	No	No	No	No	No	No	No	No	No	No	No	No
31	Gonda	No	No	No	No	No	No	No	No	No	No	No	No
32	Gorakhpur	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	No
33	Hamirpur	No	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	No
34	Hardoi	No	No	No	No	No	No	No	No	No	No	No	No
35	Hathras	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
36	Jalaun	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No
37	Jaunpur	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
38	Jhansi	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No
39	Jyotiba Phule Nagar	Yes	Yes	Yes	No	No	No	No	No	No	No	No	NO

40	Kannauj	Yes	Yes	Yes	No	No	No	No	No	No	No	No	NO
41	Kanpur(dehat)	Yes	Yes	Yes	No	No	No	No	No	No	No	No	NO
42	Kanpur(nagar)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	YES
43	Kaushambi	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	NO
44	Kheri	No	No	No	No	No	No	No	No	No	No	No	No
45	Kushinagar	No	No	No	Yes	No	No	No	No	No	No	No	No
46	Lalitpur	No	No	No	No	No	No	No	No	No	No	No	No
47	Lucknow	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No
48	Maharajganj	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
49	Mahoba	No	No	No	Yes	No	No	No	No	No	No	No	No
50	Mainpuri	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
51	Mathura	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
52	Mau	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No	No	No	No
53	Meerut	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
54	Mirzapur	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
55	Moradabad	No	No	No	No	No	No	No	No	No	No	No	No
56	Muzaffarnagar	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
57	Pilibhit	Yes	Yes	Yes	Yes	No	Yes	No	No	No	No	No	No
58	Pratapgarh	No	No	No	No	No	No	No	No	No	No	No	No
59	Raebareli	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
60	Rampur	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
61	Sant kabir nagar	No	No	No	No	No	No	No	No	No	No	No	No
62	Shaharanpur	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63	Shahjahanpur	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
64	Siddharth Nagar	No	No	No	No	No	No	No	No	No	No	No	No
65	Sitapur	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No
66	Sonbhadra	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
67	Srawasti	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
68	Sultanpur	No	No	No	No	No	No	No	No	No	No	No	No
69	Unnao	No	No	No	Yes	Yes	Yes	Yes	No	No	No	No	No
70	Varanasi	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

10. COORDINATION WITH PARTNERS (ICDS, PPP, OTHER AGENCIES)

ICDS:

- Coordination meeting at State, District and Block level,
- Common "Mother and Child Protection" cards are being used in field

NPSP/WHO support

- Technical support in training of computer assistants in data entry of the revised monitoring system
- Establishing a system of recording and reporting system in the state

- WHO/NPSP will continue to provide Technical Assistance in Routine Immunization areas at State Level and monitoring support in all Districts

UNICEF support:

- Updation of Routine immunization micro plans and digitalization of data in the June 2009 appointed 15 districts[6] as well as in the districts[7] where UNICEF had been working primarily.
- Technical support of RI Supportive supervision (SS).
- Gaps assessment of cold-chain

USAID/Maternal and Child Health Integrated Program (MCHIP)

- Technical support in planning, implementation and monitoring of UIP.
- Developing need based tools and job aids addressing various program components
- Supportive supervision in priority districts (3 Districts – Varanasi, Gonda and Banda) with participation of Government officials and partners

[6] Kheri, Bairaich, Shrivasti, Sitapur, Balgrampur, Philibhit, Chitrakoort, Farukabad, Agra, Kaushambi, Lalitpur, Kushinagar, Maharajganj, Sonabhadra and Siddhartnagar.

[7] Saharanpur, Meerut, Varanasi, Moradabad, Bareilly, Lucknow, Kanpur, Faizabad, Azamghar, Gonda, Basti, Ghorakpur, Mirzapur, Banda, Allahabad, Badohi and Jaunpur

IMMUNIZATION STRENGTHENING PROGRAMME - 2011-12

Sl	Activities	Standard Norms (as per GOI)	Approved in 2009-10 (in Lacs)	Approved in 2010-11 (in Lacs)	Exp. In 10-11 (Upto Mar -11) (in Lacs)	Projected Budget for the year 2011-12)	Remarks (after discussion from GOI Officers)
1	**Mobility support for supervision :**						
1.1	Mobility support for supervision @ Rs 50000 per District /year	Rs 50,000 per District for district level officers (this includes POL and maintenance) per year	35.50	35.50	36.29	36.00	Funds as per GOI norms
1.2	Mobility support at State level@ Rs 2.00 Lacs for State level officers	By state level officers @ Rs.100,000 /year	2.00	2.00	0.67	2.00	Uttar Pradesh being a large state with 72 districts, amount of Rs. 1,00,000/- is inadequate to ensure mobility of State officials on regular basis. Therefore Rs. 2,00,000/- have been requested herein.
	Subtotal		**37.50**	**37.50**	**36.96**	**38.00**	
2	**Cold chain maintenance**						
	Cold chain maintenance	Rs 500 per PHC/CHC (3500) and Rs 10000/-per District per year	11.21	24.60	21.10	48.00	Rs. 48.00 Lacs has been requested as per discussion with GOI Officials
	Subtotal		**11.21**	**24.60**	**21.10**	**48.00**	
3	**Focus on Slum and underserved areas in Urban areas**						
	Focus on Slum and underserved areas in Urban areas	Rs 350/session for maximum 4 sessions / month in a slum of 10000 population	168.00	148.34	117.64	148.34	State has planned 66460 in Urban Slum areas of Cities out of that 42384 sessions /year have planned by Hired Vaccinators

	Subtotal		**168.00**	**148.34**	**117.64**	**148.34**	
4	**Mobilization of children through ASHA/Mobilizers**						
	Mobilization of children through ASHA/RI link Mobilizers	Rs 150/- Sessions in Rural and Urban Slum Areas	3027.02	2531.08	2433.77	2858.58	Intensive Micro planning has been done by every District to cover Hard to reach areas and vacant sub centre and 1905731 sessions/year in Rural and Urban slum areas
	Subtotal		**3027.02**	**2531.08**	**2433.77**	**2858.58**	
5	**Alternative Vaccine Delivery**						
5.1	Geographically hard to reach areas Sessions site > 30 Kms from vaccine delivery points river crossing)	@Rs 100per session	1009.00	843.69	843.69	402.48	1677 SCs are Hard to Reach Areas . So out of total 1905731 sessions ,160992 sessions have been planned in Hard to Reach Areas and to cover these areas Rs 250/session are being proposed for AVD (1 vehicle @Rs 1000 will cover 4 sessions)
5.2	For RI session in other areas	Rs.50 per session.				872.36	as Standard Norms, total 1744739 sessions/year
	Subtotal		**1009.00**	**843.69**	**843.69**	**1274.84**	
6	**Support for Computer Assistant for RI reporting**						
6.1	At State level (1 Computer assistants)	Rs 12000-15000per person per month	71.04	78.14	1.25	1.80	Rs 15000/month per person for 1 computer assistants has been planned as per discussion with GOI officials
6.2	At District level (74 Computer assistants)	Rs 8000-10000 per person per month			68.88	86.40	Rs 10000/month per computer assistants has been requested as per State decision
	Subtotal		**71.04**	**78.14**	**70.13**	**88.20**	
7	**Printing**						

7.1	Printing and dissemination of immunization cards, tally sheets, monitoring forms, etc.	Rs 5.00 per beneficiary	330.00	330.16	327.68	660.00	Additional demand for printing has been requested as 7 fold MCP cards in booklet form@ Rs 7.10/- have been printed in 10-11 and are in use so Rs. 10/beneficiary X 6603280 pregnant women beneficiaries .
	Subtotal		**330.00**	**330.16**	**327.68**	**660.00**	
8	**Review meetings**						
8.1	Support for Quarterly State level Review Meetings of district officers	Rs 1250 / participant for 3 participants /District	10.65	10.65	5.19	10.80	CMO, DIO and District cold chain officer / Vaccine store Keeper /Refrigerator mechanics)
8.2	Quarterly Review & feedback meeting for exclusive for RI at district level	Rs 100/- per participant for meeting expenses (lunch, organizational expenses)	9.88	9.88	9.61	9.88	one Block MO.s, ICDS CDPO and other stakeholders
8.3	Quarterly review meeting exclusive for RI at Block level	Rs 50/-pp as honorarium for ASHAs (travel) and Rs 25 per person	217.50	217.50	148.02	0.00	Regular monthly meetings for ASHAs are being conducted at Block level so these meetings can be incorporated with monthly meetings of ASHAs and Budget for meeting is under Mission Flexipool
	Subtotal		**238.03**	**238.03**	**162.82**	**20.68**	
9	**Training**						
9.1	District level orientation training for 2 days of ANM, Multi Purpose Health Worker (Male), LHV, Health Assistant (Male / Female), Nurse Mid	Rs. 49000/batch, 20Participants/Batch (as per revised State norms)	46.18	258.43	80.78	87.22	Total training load is 26335 and total 22808 will be trained till 10-11 so remaining training load for 11-12 will be 178 Batches

	Wives, BEEs						
9.2	Three day training of Medical Officers on RI using revised MO training module	Rs. 90000/batch X 20 Participants/Batch (as per revised State norms)	75.00	233.45	32.85	144.90	Total Training load is 7446 and 3223 Medical Officers will be trained in 10-11 so Trainings of3223 Medical Officers (3 days) will be organized this year in 161 batches
9.3	One day refresher training of District RI Computer Assistants on RIMS/HMIS and Immunization formats under NRHM	Rs 75000/Batch for 3 batches (as per revised State norms)	1.10	2.25	1.21	2.25	Total 73 Computer assistants will be trained in 11-12
9.4	One day cold chain handlers training for block level cold chain handlers by state and district cold chain officers for a batch of 25-30 per batch,	Rs 30000/Batch (as per revised State norms	40.00	40.00	8.54	30.00	Total 100 Batches will be trained in 11-12
9.5	One day Training of block level data handlers by DIO and District Cold chain Officer to train about the reporting formats of Immunization and NRHM	Rs 300/- Participants	2.47	2.47	1.09	3.00	Total 1000 Data Handlers will be trained in 11-12
	Sub Total		**164.75**	**536.60**	**124.47**	**267.37**	
10	**Micro planning**						
10.1	To develop sub-centre and PHC micro plans using bottom up planning with participation of ANM, ASHA, AWW	Rs 100/- per sub centre (meeting at block level, logistic)	20.52	20.62	16.10	20.52	Block level meeting : Rs. 100/meeting/sub centre X 20521/sub centres
10.2	For consolidation of micro plan at PHC/CHC level	Rs 1000/- block & at district level @ Rs	9.65	9.65	7.29	9.67	For 823 Blocks and 72 Districts

		2000/- per district					
	Subtotal		**30.17**	**30.27**	**23.39**	**30.19**	
11	**POL for Generator and Vaccine delivery**						
11.1	POL for vaccine delivery from State to District and from district to PHC/CHCs	Rs. 100,000/ district/year	71.00	71.00	47.85	72.00	Rs. 1,00,000/district/year X 72 districts
11.2	POL for generators and Operational expenses at divisional vaccine storage points	Rs. 25000/ vaccine store points	4.25	4.75	2.46	19.00	Rs 100000/divisional vaccine store/ year X 18 divisional stores and 1 at State for POL for generator to maintain cold chain at State and 18 Divisions
	Subtotal		**75.25**	**75.75**	**50.31**	**91.00**	
12	**Consumables for computer**						
	Consumables for computer including provision for internet access for RIMS	Rs 400/ - month/ district	3.41	3.41	3.31	3.46	Rs 400/-month per District
	Subtotal		**3.41**	**3.41**	**3.31**	**3.46**	
13	**Injection Safety**						
13.1	Red/Black Plastic bags etc	Rs 2/bags/session	80.72	80.30	72.65	81.91	Rs. 2/bag X 2 bags/session X Total sessions 2047688/year (outreach and health facilities)
13.2	Bleach/Hypochlorite solution	Rs 500 per PHC/CHC per year	5.00	5.00	4.02	5.00	500/vaccine storage point/year X 1000 vaccine storage points
13.3	Twin bucket	Rs 400 per PHC/CHC per year	4.00	4.00	3.22	4.00	400/vaccine storage point/year X 1000 vaccine storage points
14	Funds for preparing disposal pit for disposal of sharp immunization waste	Rs. 3500/pit X 500 vaccine storage points	12.50	17.50	12.38	17.50	Rs 3500/- pit as per year 2010-11 after discussion with GOI Officials
	Subtotal		**102.22**	**106.80**	**92.27**	**108.41**	
	Subtotal Part C		**5267.60**	**4984.37**	**4307.54**	**5637.07**	

	State Specific requirement						
15.	Purchase of small polythene zipper bags	Rs 0.50/-per Zipper bag	11.32	10.04	9.36	0.00	
16	Funds for annual maintenance contract of WIC/WIF	Rs. 40,000/unit/year X 21 units of WIC and WIF	8.40	8.40	8.31	8.40	
17	Electricity bill for WIC/WIF at State and Division level		0.00	0.00	0.00	30.00	Rs 3.00 lacs at State and Rs1.5 Lacs at Division level
18	for AEFI cases investigation		0.00	0.00	0.00	2.00	Rs 2000/ case for total 100 cases
19	Mobile sessions (Mobility support to cover Vacant subcentre by team approach) This activity was approved in Mission Flexipool in 10-11	(1 vehicle@ Rs 1000/vehicle for 4 sessions/ month in each subcentre)	0.00	0.00	0.00	400.00	There are approx. 2546 Vacant SC, Approx. 244416 session/year will be organized in vacant SCs and sessions will be covered on other than normal Immunization day by team and sector approach.
20	J.E. Campaign		**349.26**		**325.72**	**440.40**	
	Grand Total for Part C		**5287.32**	**5002.81**	**4650.93**	**6077.47**	

11. INFRASTRUCTURE AND MANPOWER REQUIREMENT

Status of Cold chain Equipments - In the state, wide network of cold stores have been created. At present 4 regional, 18 divisional and districts and block level cold chain storage points are currently functional.

Existing support to the State

a. The requirement of cold chain equipment (for replacement as well as expansion) was projected in past PIP 2009-10. Therefore, this equipment is urgently required for replacement, similarly the number beneficiaries of routine immunization are increased due to increasing the population and new vaccine (J.E & HIP-B) has been included in routine immunization.
b. The demand of ILR/DF has been projected as additional requirement of Cold Chain equipment.
c. The demand of vaccine carriers and cold boxes are regularly is being sent to GOI. During the polio campaign approx. 125000 vaccine carriers are used and 118000 vaccine carriers were demanded but only 35000 vaccine carriers have been supplied in last month only. The demand of remaining 83000 vaccine carriers has been projected in PIP 2011-12

Equipments - The requirement for this year is provided in the table below and is expected that procurement would be done by Govt.of India

Requirement of Cold Chain Equipment PIP 2011-12 (including the demand of 2010-11)

Sl	Name of Equipment	Requirement for Replacement against CFC to Non CFC	Additional Requirement for expansion	Total Requirement	Equipments supplied (in pipeline)	Total requirement
1	Walk in Cooler	11	8	19	10	9
2	Walk in Freezer	2	3	5	2	3
3	Deep Freezer (Large)	350	1530 (for pulse polio)	1875	1100	773
4	Ice Lined Refrigerator (ILR Large)	500	120	620	100	520
5	Ice Lined Refrigerator (ILR Small)	2000	562	2562	700	1862
6	Deep Freezer (Small)	2000	545	2545	820	1725
7	Genset 5 KVA for District, PHC/CHC with KNOP	896	100	996	0	996
8	1 KVA Voltage Stabilizer (For Float Assembly)	2000	500	2500	150	2350
9	Tool Kit	35	54	89	0	89
10	Cold Box (large + ice	6000	500	6500	800	5700

	pack)					
12	Vaccine Carrier(4 ice pack)		–	118000	35000	83000
14	Hub Cutter for each ANM		25000	25000	0	25000
13	Electronic Data Logger (For ILR and DF and transportation of vaccine)			6000	0	6000
14	Freezer Indicator			3500	0	3500
15	Vaccine van insulated for all (71) Distt., Eighteen Division & State H.Q.	87	3	90	0	90
16	Refrigerator Van			5	0	5

Vaccines and logistics - The vaccines and logistics are being supplied by GOI as per demand and store in different cold chain stores at different level. Cold chain management system has been established. The stock and requirement of vaccines and logistics is reflected in the following table.

Sl	Item	Stock(functional as on 31st Dec 10)	Annual Requirement		
1	**Vaccines(including 25% wastage and 25% buffer**		**2009-10**	**2010-11**	**2011-12**
a)	TT	9478941		28462009	29313200
b)	BCG	3286327		17237640	25346220
c)	OPV	2557127		29364664	30042040 (4 Doses) 37662940 (5 doses)
d)	DPT	5735456		35639048	36452640
e)	Measles	1053896		7449039	7620900
f)	HepB	157370			
g)	JE (Routine)	273172			
2	**Syringes including wastage of 10% and 25% buffer**				
a)	0.1 ml	826398 (a Depot level)			
b)	0.5ml	14876526			
c)	Reconstitution syringe	72278			
3	**Hubcutters**	**-**			

Equipments, Vaccines and AD syringes are supposed to be supplied by GOI, few interventions have been planned at Sate level to strengthen Cold Chain system

- Strengthening of RI and cold chain under Programme Management Head
- POL for generators at District Cold Chain Points under Mission Flexipool
- In most of the places the separate connection of electricity has been taken for WIC locations & there no provision for the payment of electric bill to electricity board, Resultant the users are facing the problem for running the cold chain equipment at their division. Therefore, some amount for the payment of electricity charges has been added in Part C .

Human Resources:

For RI Strengthening, Cold chain maintenance plays the most important role as the quality of vaccine is concern. Human resource at different level, equipments and power back up are the important components for cold chain strengthening. Provision of Human resource was made in 10-11 as per **GOI guideline** and same was approved, all human resource has been selected and they are in position.

- State has a regular State cold chain Officer, UP is a large State for proper functioning there is a need assistant cold chain officer for support of State Cold chain Officer.
- Accounts manager is needed at state for regular flow of funds and SOE
- There is need of semiskilled person (cold chain handlers) to be available for 24 hours for electricity backup, contingency plan and loading & unloading of vaccine and logistic. These Cold chain handlers have been selected at State, Division and District level .
- Apart from Govt. persons additional Technicians (Refrigerator Mechanics) have been posted on contractual basis in vacant positions to repair cold chain equipments to reduce sickness rate.
- Apart from Govt Vaccine store keepers, 9 additional Vaccine Store keepers have been hired at Division level in vacant position for proper maintenance of cold chain, emergency plan and smooth flow of vaccine and logistic.
- 18 Computer assistants have been hired at Division cold chain store for proper computerization of Vaccine and logistic supply and smooth flow of vaccine.
- 5 Driver for Vaccine Van have been hired

Human resource	Approved in PIP	In position	Proposed 20 11-12
State level			
Computer assistant at state level	2	2	1
Assistant Cold Chain Officer	1	1	1
Manager Accountant	1	0(selection in progress)	1 (Not approved)
Cold Chain Handlers	5	5	5
Regional/ Divisional			
Programmers cum computer assistants(data Assistant)	18	18	18 (Not approved)
Cold-chain handlers	18	18	18
Technician	9	9	9
Vaccine Store Keeper	9	9	9
Drivers for van	5	5	5
District level			
Computer operator	71	71	71
Cold Chain Handlers	71	71	72
Technician	12	12	12

As per suggestions from RI - Programme Division, GOI, budgetary proposal for Rs. 207.72 Lacs was made in RCH Flexipool under "Hunman Resource Development (other than above) section, out of which GOI approved Rs. 174.96 Lacs (ROP- FMR Code- A.8.1.9).

12. IEC/BCC ACTIVITIES FOR STRENGTHENING OF IMMUNIZATION PROGRAMME

A high visibility and an intensive BCC campaign is being proposed for promotion of parental responsibility for ensuring complete immunization of the children. The campaign will use mass media channels like Radio, Television and Print for dissemination of the messages. It will be supported by IPC by ASHAs, AWWs during the VHND and the RI sessions at the village level and counselling of parents of new born about the importance of complete immunization at the facility level. **"Mother and Child Protection Card"** BCC immunization card has been developed

Activities proposed under Child Health related campaigns		
IPC : HHs and community level	**Mid Media / Local media**	**Mass Media**
Household Level • Identification & tracking of beneficiaries for RI through household visit by ASHA per session **Village Level** • VHND - Counselling of pregnant/ mothers of new borns by ANM on importance of complete immunization during ANC / PNC visit **Community Level** • Monthly group meetings for demand generation for RI activities ASHA & ANM as per monthly themes • Pradhan Sammelan • Saas Bahu Sammelan **Facility Level** • Counselling of pregnant women/ mothers of new borns on RI during ANC, delivery and PNC visits by ANM, FWCs, MO/IC	• VHND and RI Flex banners • BSPM Posters	• TV and Radio spots on RI and Bal Swasth Poshan Mah (BSPM) • Media advocacy efforts through interviews and talk shows, Doctors interviews and content on popular TV & Radio programs like Kalyani, Hello Sehat • Print Media: Massage in News Papers eg.(Jagran Pahal)

Budgetary provision in IEC/BCC under Routine Immunization Programme

Sl.	Activity	Unit cost	Frequency	Total /Remarks
1.	**Interpersonal Communication (IPC)**			
	Mobilization of RI beneficiaries through ASHA @ Rs 150/- per session		-	Inbuilt in RI programme budget
	Social Mobilization by Urban RI link worker in 11 selected cities @ 150/-Sessions		_	
2.	**Outdoor Media**			
	25000 RI Flex Banner for Vaccinator 4"x2.5 @ 15.50 psf	155.00	1	38.75
3	**Mass Media**			
	Campaign 1 complete immunization			
	Television/Radio			175.00
	Print			125.00
	Development of film, spots and campaign materials			15.00
	Total RI			**353.75**

Accordingly, Rs. 353.75 Lacs is approved by GOI for the above purpose under IEC/BCC head in NRHM Flexipool (ROP- FMR Code- B.10.2.5-V)

BUDGET SUMMARY - ROUTINE IMMUNIZATION

FMR Code	Activity	Physical Targets	Unit Cost	Frequency	Amount Approved (Rs. In Lacs)
C.1	**RI Strengthening Project (Review meetings, Mobility Support, Outreach Services, etc.)**				
C.1.a	Mobility support for supervision for district level officers (this includes POL and maintenance)	72	50,000.00	1	36.00
C.1.b	Mobility support at State level@ Rs 2.00 Lacs for State level officers	1	200,000.00	1	2.00
C.1.c	Printing and dissemination of immunization cards, tally sheets, monitoring forms, etc.	6600000	10.00	1	660.00
C.1.d	Support for Quarterly State level Review Meetings of district officers Rs 1250 / participant for 3 participants /District	216	1,250.00	4	10.80
C.1.e	Quarterly Review & feedback meeting for exclusive for RI at district level Rs 100/- per participant for meeting expenses (lunch, organizational expenses)	2469	100.00	4	9.88
C.1.f	Quarterly review meeting exclusive for RI at Block levelRs 50/-pp as honorarium for ASHAs (travel) and Rs 25 per person	-	-	-	-
C.1.g	Focus on Slum and underserved areas in Urban areas /Alternative Vaccinator for slums	42384	350.00	1	148.34
C.1.h	Mobilization of children through ASHA/RI link mobilizers (Rs. 150/session)	158810	150.00	12	2,858.58
C.1.i	Alternative Vaccine delivery in hard to reach areas (Geographically hard to reach areas Sessions site > 30 Kms from vaccine delivery points river crossing)	13416	250.00	12	402.48
C.1.j	Alternative Vaccine delivery in other areas	145394	50.00	12	872.36
C.1.k	To devlop sub-center and PHC microplans using bottom up planning with participation of ANM, ASHA, AWW	20521	100.00	1	20.52

C.1.l	For consolidation of microplan at PHC/CHC level	823 Blocks and 72 Districts	1000 /block and Rs 2000 /District	1	9.67
C.1.m	POL for vaccine delivery from State to District and from district to PHC/CHCs	72	100,000.00	1	72.00
C.1.n	Consumables for computer including provision for internet access for RIMS	72	400.00	12	3.46
C.1.o	Red/Black Plastic bags etc	2047688	2.00	2	81.91
C.1.p	Bleach/Hypochlorite solution/Twin bucket	1000	900.00	1	9.00
C.1.q	**Safety Pits (disposal pit for disposal of sharp immunization waste)**	500	3,500.00	1	17.50
C.1.r	**State Specific requirement**				
	Funds for annual maintenance contract of WIC/WIF	21	40,000.00	1	8.40
	Electricity bill for WIC/WIF at State and Division level level	20	150,000.00	1	30.00
	for AEFI cases investigation	100	2,000.00	1	2.00
	Mobile sessions (Mobility support to cover Vacant subcentre by team approach)	0	-		400.00
	POL for generators and Operational expenses at divisional vaccine storage points	19	100,000.00	1	19.00
	C-1 Sub Total				**5,673.90**
C.2	**Salary of contractual staffs**				
C.2.a	At State level (Computer assistants)	1	15,000.00	12	1.80
C.2.b	At District level (72 Computer assistants)	72	10,000.00	12	86.40
	C-2 Sub Total				**88.20**
C.3.	**Training Under Immunization**				
C.3.a	District level orientation training for 2 days of ANM, Multi Purpose Health Worker (Male), LHV, Health Assistant (Male / Female), Nurse Mid Wives, BEEs	178	49,000.00	1	87.22
C.3.b	Three day training of Medical Officers on RI using revised MO training module	161	90,000.00	1	144.90
C.3.c	One day refresher training of District RI Computer Assistants on RIMS/HMIS and Immunization formats under NRHM	3	75,000.00	1	2.25
C.3.d	One day cold chain handelers training for block level cold chain handlers by state and district cold chain officers	100	30,000.00	1	30.00

C.3.e	One day Training of block level data handlers by DIO to train about the reporting formats of Immunization and NRHM	1000	300.00	1	3.00
	C-3 Sub Total				**267.37**
C.4	**Cold chain maintenance**				
	Cold chain maintenance (Rs 600 per ILR Deep Fridger)	6800	600.00	1	40.80
	Rs 10000/-District	72	10,000.00	1	7.20
	C-4 Sub Total				**48.00**
C.5	ASHA Incentives				-
	Total				**6,077.47**
C.6	PPI Operation Cost				3,028.52
	Sub Total				**3,028.52**
	Grand Total for Part C				**9,105.99**

A total of Rs. 9105.99 Lacs is sanctioned by GOI for Routine Immunization Programme.

Summary of approved budget of the activities to strengthen Routine Immunization Programme (which are not permissible under Part C)

FMR Code	Description	Target	Unit Cost (in Rs.)	Frequency	Budget Proposed (In Lacs)	Amount Approved (In Lacs)
A.8.1.9	**Human Resource**					
	State level					
	Assistant Cold Chain Officer	1	33000	12	3.96	3.96
	Manager Accounts	1	30000	12	3.60	-
	Cold Chain Handlers	5	9000	12	5.40	5.40
	Regional/ Divisional					
	Programmers cum computer assistants	18	13500	12	29.16	-
	Cold-chain handlers	18	9000	12	19.44	19.44
	Technician	9	15000	12	16.20	16.20
	Vaccine Store Keeper	9	20000	12	21.60	21.60
	Drivers for van	5	15000	12	9.00	9.00
	District level					
	Cold Chain Handlers	72	9000	12	77.76	77.76
	Technician	12	15000	12	21.60	21.60
	Subtotal				**207.72**	**174.96**
B.23.e	POL for generator at District H.Q.Cold chain	72	25000	12	216.00	216.00
	Subtotal				**216.00**	**216.00**
	Total Budget				**423.72**	**390.96**

For this purpose, a budget of Rs. 423.72 Lacs was proposed, out of which GOI approved Rs. 174.96 Lacs in RCH Flexipool under "Human Resources Development (other than above)"- (ROP- FMR Code – A.8.1.9) and Rs. 216.00 Lacs in NRHM Flexi-pool under "Other Expenditure" (ROP- FMR Code – B.23.e).

D. Disease Control Programmes

D. DISEASE CONTROL PROGRAMME

D1. NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME

BACKGROUND

In the state of Uttar Pradesh; Vector borne diseases are a major public health problem. Malaria is prevalent in all 72 districts and a matter of concern in interstate border districts. Filaria continues to be endemic in 50 districts with a micro filarial rate of 1.5% and above, although there has been a steady decline in the cases in the last five years. Kala-azar is endemic in 4 districts of eastern UP, ie Kushi Nagar, Deoria, Ballia and Varanasi. In around 27 districts Japanese encephalitis is widespread and hyper endemic in 4 Districts viz Gorakhpur, Kushinagar, Deoria, Maharajganj.

Rapid urbanization has contributed to the transmission of the Dengue in the state. Dengue is endemic in 54 districts and hyper endemic in 5 Districts viz Lucknow, Ghaziabad, Kanpur Nagar, Agra, G.B.Nager. Chikungunya, also caused by the Aedis mosquito is endemic in two districts viz Kanpur Nagar, Lucknow.

COMPONENTS OF THE PROGRAM

- Malaria Control Programme
- Filaria Control Programme
- Kala-azar
- Japanese Encephalitis
- Dengue & Chikungunya

National Goal

GOI in its National Health Policy (2002) had pledged commitment to reduce mortality on account of malaria by 50% by 2010 and efficient morbidity control and elimination of lymphatic filariasis by 2015.

GOALS OF NVBDCP

- Reduction in morbidity and mortality of all vector borne diseases.
- Prevention and Control of vector borne diseases by giving area wise specific priorities.
- Universal access to public health services and promotion of healthy life styles with the help of Integrated Vector Management.

NRHM OBJECTIVES

- Malaria: Annual Parasite Incidence of 1.3 and morbidity & mortality reduction rate 50% up to 2010, additional 10% by 2012

- Filaria: Microfilaria Rate below by 1% in each endemic district. MDA Coverage more than 85% of population.
- Kala-azar: Cases less than 1 per 10,000 populations at sub district level.
- J.E.: Reduction in mortality rate by 50% taking the base of 2006.
- Dengue: Reduction in mortality rate by 50% taking the base of 2006.
- Chikungunya: Effective Control over Chikungunya morbidity.

Epidemiological Situation: Vector Borne Disease in Uttar Pradesh

Year	Malaria			Filaria		J.E.		Dengue		Kala-Azar		Chikungunya
	Positive	P.f.	Death	Diseased	M.f.	Cases	Death	Cases	Death	Cases	Death	Suspected Cases
2007	83019	2132	0	5791	637	2675	577	130	2	69	1	4
2008	93383	2310	0	5134	477	2730	486	51	2	26	0	
2009	55463	660	0	2815	452	3060	572	161	2	17	1	
2010	67468	1389	0	2064	326	3872	555	960	8	14	0	5

P.f. = Plasmodium falciparum (species causing cerebral malaria)
M.f. = Micro filariae (stage of filarial parasite detected in blood examination)

Endemic Districts of Uttar Pradesh

Disease	Number of Endemic Districts	Names of Districts
Malaria	72 (27 priority districts named)	Aligarh, Hathras, Mainpuri, Etah, Badaun, Chandauli, , Mirzapur, Sonbhadra, St. Ravidas Nagar, Allahabad, Kaushambi, Fatehpur, Ramabai Nagar, Farrukhabad, Etawah, Kannauj, Chitrakoot, Jhansi, Banda, Hamirpur, Mahoba, Bulandshahar , Muzaffar Nagar, Ghaziabad, GB Nagar, Auraya and Lalitpur,
Dengue	54 (5 hyper endemic districts named)	Lucknow, Ghaziabad, Kanpur Nagar, Agra, G.B.Nager
Chikungunya	2	Kanpur Nagar, Lucknow
AES/JE	27 (4 hyper endemic districts named)	Gorakhpur, Kushinagar, Deoria, Maharajganj.
Filaria	50	Gorakhpur, Maharajganj, Deoria, Kushinagar, Basti, St. Kabir Nagar Azamgarh, Mau, Ballia, Varanasi, Chandauli, Jaunpur, Sonbhadra, St. Ravidas Nagar, Faizabad, Ambedkar Nagar, Sultanpur, Barabanki, Bahraich, Shravasti, Gonda, Balrampur, Allahabad, Kaushambi, Pratapgarh, Fatehpur, Banda, Chitrakoot, Mahoba, Jalaun, Hamirpur, Kanpur Nagar, Ramabai nager, Etawah, Auraiya, Farrukhabad, Kannauj, Bareilly, Pilibhit, Shahjahanpur, Rampur, Lucknow, Rae Bareli, Unnao, Hardoi, Lakhimpur Kheri, Sitapur
Kala Azar	4 Endemic	Kushi Nagar, Deoria, Ballia, Varanasi

General Strategy for Prevention and Control of Vector Borne diseases

- Integrated vector control (IRS, fish, chemical and bio- larvicide, source reduction): Two rounds of IRS are being sprayed in high risk districts along with DDT focal spray/Pyrethrum in non-high risk districts with falciparum cases. Fogging with Malathion Technical is being done at dusk and dawn in dengue and JE/AES positive areas
- Early diagnosis and complete treatment: This is strengthened through the involvement of AYUSH doctors, private practitioners; transport of blood slides from the community and employment of rapid diagnostic kits.
- Behaviour Change Communication: BCC is employed to overcome environmental barriers, increase acceptance of vector control measures; and promote treatment seeking behaviour
- Vaccination against J.E. for children aged 1 to 15 years.
- IEC
- Waste management for dengue and Chikungunya.
- Annual Mass Drug Administration for Lymphatic Filariasis Elimination

Based on the disease load, endemicity and reported outbreaks, state has estimated the following requirement for effective implementation of interventions:

1. MALARIA

Situational Analysis of Malaria - Malaria is present throughout the state of Uttar Pradesh. The state reported 59,114 cases till November 2010 which is an increase by 12% from previous year. The issue of concern is the steep increase in the proportion of falciparum cases, which rose by 65% in comparison to the previous year. However no deaths were reported due to malaria in this period. Twenty districts with 28% of UP's population contribute to 75% of the detected cases. These are the interstate border districts and are endemic to malaria.

District –wise status of manpower (sanctioned & vacant)

Regular Posts	Sanctioned	In Position	Vacant
District Malaria Officer	71	55	16
Assistant Malaria Officer	117	58	59
Medical Officer	5351	4056	1295
Senior Malaria Inspector/ Malaria Inspector	186	152	34
Multi Purpose Health Supervisor	3789	2730	1059
Multi Purpose Health Assistant or Multi Purpose Worker	6467	702	5765
Laboratory Technician	1046	880	166
Any other			

Sl.	District	DMO		AMO		MO		MI/SMI		MPHS		MPW		LT	
		S	I/P	S	I/P	S	I/P	S	I/P	S	I/P	S	I/P	S	I/P
1	Agra	1	1	2	1	44	40	4	3	112	98	168	12	22	20
2	Aligarh	1	1	2	0	35	35	4	1	89	49	131	11	15	14
3	Kashiram Nagar	1	1	1	1	38	19	7	0	32	10	55	13	10	4
4	Hathras	1	1	1	0	45	26	2	0	49	34	70	2	34	22
5	Mathura	1	0	2	0	129	86	4	2	66	60	107	9	19	19
6	Mainpuri	1	1	2	0	48	33	1	1	32	12	89	16	12	12
7	Etah	1	0	1	1	14	12	3	3	54	43	86	11	12	12
8	Firozabad	1	0	1	0	40	28	1	1	51	44	80	8	12	11
9	Bareilly	1	1	2	2	176	100	2	2	94	40	181	7	20	20
10	Pilibhit	1	1	2	0	93	71	2	1	58	41	112	2	18	16
11	Shahjahanpur	1	1	2	1	121	110	5	3	92	78	108	11	17	16
12	Badaun	1	0	2	1	143	141	2	1	121	113	186	17	27	20
13	Moradabad	1	1	2	0	221	114	4	2	96	65	170	8	26	17
14	J.P.Nagar	1	1	1	1	34	32	2	0	46	44	72	24	12	7
15	Rampur	1	1	2	0	0	0	3	2	0	0	103	2	1	1
16	Bijnore	1	0	2	0	67	30	3	2	92	63	177	8	23	13
17	Lucknow	1	1	3	5	178	172	3	4	84	72	149	41	27	28
18	Unnao	1	1	2	2	154	136	3	4	108	108	165	8	27	26
19	Rae-Bareli	1	1	2	2	154	151	2	3	115	59	165	3	32	32
20	Sitapur	1	1	2	0	188	138	2	1	129	71	198	8	32	33
21	Hardoi	1	1	2	0	136	107	3	2	128	126	196	4	70	49
22	Kheri	1	1	2	1	152	115	5	4	115	72	205	41	24	22
23	Faizabad	1	1	2	2	198	138	2	2	77	50	102	8	22	19
24	Ambedkar Nagar	1	1	1	1	74	34	2	2	82	43	90	10	13	12
25	Sultanpur	1	1	2	1	70	70	3	3	38	11	193	10	23	21
26	Barabanki	1	1	2	2	166	122	2	3	98	93	140	7	33	33
27	Gonda	1	1	2	1	97	73	2	2	112	80	186	30	25	25
28	Balrampur	1	1	1	0	71	60	2	1	82	42	84	11	17	17

29	Bahraich	1	1	2	1	88	70	2	0	103	72	175	25	15	15
30	Shravasti	1	1	1	0	62	28	2	1	35	26	58	20	7	7
31	Basti	1	1	2	2	92	80	2	3	42	28	62	14	13	12
32	St.Kabir Nagar	1	0	1	0	52	38	2	2	16	12	63	5	14	12
33	Siddharth Nagar	1	0	1	0	84	76	1	2	68	42	54	4	8	7
34	Gorakhpur	1	1	2	1	114	98	5	5	104	70	116	12	22	20
35	Maharajgunj	1	1	1	0	104	88	5	1	80	45	82	8	16	16
36	Deoria	1	1	2	2	78	70	5	5	56	35	64	5	15	14
37	Kushi Nagar	1	1	1	0	70	52	5	4	68	61	58	8	14	14
38	Azamgarh	1	0	2	2	92	70	1	2	69	52	74	7	10	10
39	Mau	1	1	1	1	95	93	2	1	35	35	88	7	17	17
40	Ballia	1	1	2	1	65	32	1	2	61	50	66	5	14	14
41	Varanasi	1	1	2	2	38	36	2	4	48	42	112	36	8	8
42	Chandauli	1	0	1	1	137	83	2	2	36	36	84	12	19	19
43	Jaunpur	1	0	2	0	134	116	1	2	175	88	168	15	28	28
44	Ghazipur	1	1	2	1	104	88	1	2	112	108	170	16	23	19
45	Mirzapur	1	0	2	2	140	116	3	4	83	71	132	17	24	21
46	Sonbhadra	1	1	1	2	189	170	5	3	52	2	168	0	11	11
47	St.R.D. Nagar	1	0	1	0	60	57	1	0	49	48	219	32	8	8
48	Allahabad	1	1	2	2	230	178	5	5	140	80	194	38	33	33
49	Kaushambi	1	1	1	0	74	64	2	2	52	28	108	16	22	20
50	Fatehpur	1	1	2	2	72	60	1	0	48	42	110	26	15	15
51	Pratapgarh	1	1	2	1	115	115	1	1	115	78	120	33	40	35
52	Kanpur Nagar	1	1	2	2	88	88	0	0	76	76	108	13	24	24
53	Ramabai Nagar	1	1	1	1	102	92	2	2	46	36	58	3	17	16
54	Farrukhabad	1	1	2	1	104	30	3	2	38	32	77	3	28	18
55	Kannauj	1	1	1	0	144	103	2	2	45	32	56	2	12	10
56	Etawah	1	1	2	1	75	70	3	4	61	50	60	6	12	11
57	Auraiya	1	0	1	1	66	42	2	1	50	14	54	10	11	8
58	Jhansi	1	1	2	1	110	72	4	2	62	55	125	51	10	8

59	Jalaun	1	1	2	1	63	63	2	2	61	57	92	5	20	15
60	Lalitpur	1	1	2	2	53	40	2	3	24	23	72	18	6	4
61	Chitrakoot	1	1	1	0	62	62	2	0	38	28	57	0	8	7
62	Banda	1	1	2	0	131	103	3	1	59	51	106	5	14	11
63	Hamirpur	1	1	2	2	58	50	4	2	41	35	90	8	12	8
64	Mahoba	1	1	1	0	60	58	2	1	36	35	67	3	6	6
65	Meerut	1	1	2	0	55	29	5	4	89	66	142	23	19	14
66	Bagpat	1	0	1	0	103	98	2	1	40	9	40	1	11	9
67	Ghaziabad	1	0	2	2	157	119	3	3	60	49	101	2	14	7
68	G.B. Nagar	1	0	1	1	75	69	2	1	24	8	32	1	10	8
69	Bulandshahar	1	1	2	0	75	66	4	2	104	95	154	4	25	17
70	Saharanpur	1	1	2	1	175	96	5	3	93	32	148	7	19	8
71	Muzaffar Nagar	1	1	2	1	141	78	5	3	126	112	215	8	18	11
Total		**71**	**55**	**119**	**65**	**5351**	**4056**	**194**	**147**	**5072**	**2730**	**6467**	**876**	**1046**	**880**

S – Sanctioned : I/P – In position: DMO – District Malaria Officer
AMO – Assistant Malaria Officer : MO – Medical Officer
MI – Senior Malaria Inspector/ Malaria Inspector
MPHS – Multi Purpose Health Supervisor
MPW – Multi Purpose Health Assistant or Multi Purpose Worker
LT – Laboratory Technician

Contractual Posts

Position	Number	Remarks (Financed by)
Laboratory Technicians	Not required	-
Consultants (District/State)	Not required	-
Malaria Technical Supervisors	Not required	Malaria Inspector is responsible.
Project Monitoring Unit staff district and state	Not required	

Epidemiological Data for 2010

Sl.	District	Persons Examined		Positive	P.f.	No. Of Deaths	ABER	API	PF %	SPR	SFR
		BSE	RDT								
1	Agra	107590	NA	164	2	0	2.6	0.0	1.2	0.2	0.001
2	Aligarh	59227	NA	1362	54	0	1.7	0.4	4.0	2.3	0.091
3	Kashiram Nagar	56738	NA	914	0	0	4.2	0.7	0.0	1.6	0
4	Hathras	34292	NA	713	91	0	2.2	0.5	12.8	2.1	0.26
5	Mathura	29258	NA	273	11	0	1.4	0.1	4.0	0.9	0.03
6	Mainpuri	34144	NA	1272	6	0	2.0	0.7	0.5	3.7	0.017
7	Etah	42533	NA	1124	10	0	2.5	0.7	0.9	2.6	0.023
8	Firozabad	36408	NA	285	6	0	1.8	0.1	2.1	0.8	0.016
9	Bareilly	106788	NA	1558	22	0	2.5	0.0	1.4	1.5	0.020
10	Pilibhit	21345	NA	11	0	0	1.1	0.0	0.0	0.1	0
11	Shahjahanpur	34808	NA	28	0	0	1.4	0.0	0.0	0.1	0
12	Badaun	80403	NA	2119	0	0	2.6	0.7	0.0	2.6	0
13	Moradabad	138337	NA	215	1	0	4.8	0.1	0.5	0.2	0.0007
14	J.P.Nagar	80276	NA	486	0	0	6.3	0.4	0.0	0.6	0
15	Rampur	56572	NA	612	6	0	2.9	0.3	1.0	1.1	0.010
16	Bijnore	145540	NA	1161	27	0	4.0	0.3	2.3	0.8	0.018
17	Lucknow	75194	NA	28	2	0	2.1	0.0	7.1	0.0	0.002
18	Unnao	40526	NA	26	2	0	1.3	0.0	7.7	0.1	0.004
19	Rae-Bareli	53278	NA	92	2	0	1.5	0.0	2.2	0.2	0.003
20	Sitapur	36837	NA	5	0	0	1.0	0.0	0.0	0.0	0
21	Hardoi	51440	NA	156	1	0	1.5	0.0	0.6	0.3	0.0019
22	Kheri	81992	NA	420	3	0	2.2	0.1	0.7	0.5	0.0036
23	Faizabad	26188	NA	31	2	0	1.1	0.0	6.5	0.1	0.0076
24	Ambedkar Nagar	16034	NA	14	0	0	0.7	0.0	0.0	0.1	0
25	Sultanpur	35205	NA	154	0	0	0.9	0.0	0.0	0.4	0
26	Barabanki	32261	NA	0	0	0	1.0	0.0	0.0	0.0	0
27	Gonda	33317	NA	24	8	0	1.0	0.0	33.3	0.1	0.024
28	Balrampur	25589	NA	13	2	0	1.4	0.0	15.4	0.1	0.007
29	Bahraich	84766	NA	53	11	0	3.2	0.0	20.8	0.1	0.012

30	Shravasti	38356	NA	67	0	0	2.7	0.0	0.0	0.2	0
31	Basti	25864	NA	111	16	0	0.7	0.0	14.4	0.4	0.061
32	St.Kabir Nagar	32241	NA	32	0	0	2.0	0.0	0.0	0.1	0
33	Siddharth Nagar	36727	NA	343	0	0	1.7	0.2	0.0	0.9	0
34	Gorakhpur	44090	NA	5	0	0	1.0	0.0	0.0	0.0	0
35	Maharajgunj	24684	NA	23	1	0	1.0	0.0	4.3	0.1	0.004
36	Deoria	27158	NA	30	0	0	0.9	0.0	0.0	0.1	0
37	Kushi Nagar	38502	NA	138	0	0	2.5	0.1	0.0	0.4	0
38	Azamgarh	31290	NA	12	0	0	0.7	0.0	0.0	0.0	0
39	Mau	26023	NA	13	0	0	1.2	0.0	0.0	0.0	0
40	Ballia	19166	NA	3	0	0	0.5	0.0	0.0	0.0	0
41	Varanasi	38449	NA	177	3	0	2.0	0.1	1.7	0.5	0.007
42	Chandauli	23971	NA	388	2	0	1.3	0.2	0.5	1.6	0.008
43	Jaunpur	47587	NA	260	1	0	1.2	0.1	0.4	0.5	0.002
44	Ghazipur	21220	NA	8	0	0	0.7	0.0	0.0	0.0	0
45	Mirzapur	131650	NA	6355	5	0	6.0	2.9	0.1	4.8	0.003
46	Sonbhadra	91211	NA	12088	57	0	4.9	6.4	0.6	13.2	0.062
47	St.R.D.Nagar	30519	NA	1560	0	0	1.5	0.8	0.0	5.1	0
48	Allahabad	102284	NA	8157	19	0	3.8	3.0	0.2	8.0	0.018
49	Kaushambi	31556	NA	285	1	0	2.1	0.2	0.4	0.9	0.003
50	Fatehpur	47521	NA	943	1	0	2.0	0.4	0.1	2.0	0.002
51	Pratapgarh	97314	NA	191	2	0	3.2	0.1	1.0	0.2	0.002
52	Kanpur Nagar	51388	NA	861	2	0	1.1	0.2	0.2	1.7	0.003
53	Ramabai nager	94736	NA	1890	76	0	5.4	1.1	4.0	2.0	0.080
54	Farrukhabad	36204	NA	1239	33	0	2.1	0.7	2.7	3.4	0.091
55	Kannauj	44394	NA	669	2	0	2.9	0.4	0.3	1.5	0.004
56	Etawah	39712	NA	1421	107	0	2.5	0.9	7.5	3.6	0.26
57	Auraiya	32332	NA	221	0	0	2.2	0.1	0.0	0.7	0
58	Jhansi	59322	NA	974	5	0	3.2	0.5	0.5	1.6	0.008
59	Jalaun	32276	NA	409	1	0	2.0	0.2	0.2	1.3	0.003
60	Lalitpur	49205	NA	886	4	0	4.2	0.7	0.5	1.8	0.008
61	Chitrakoot	18317	NA	683	8	0	2.4	0.9	1.2	3.7	0.043
62	Banda	54143	NA	883	5	0	3.4	0.6	0.6	1.6	0.009
63	Hamirpur	67579	NA	1147	8	0	6.0	1.0	0.7	1.7	0.011
64	Mahoba	35365	NA	949	4	0	4.0	1.1	0.4	2.7	0.011
65	Meerut	95356	NA	224	27	0	3.9	0.1	12.1	0.2	0.028
66	Bagpat	25778	NA	252	0	0	2.1	0.2	0.0	1.0	0
67	Ghaziabad	55010	NA	699	1	0	1.7	0.2	0.1	1.3	0.001
68	G.B.Nagar	35596	NA	682	7	0	3.5	0.7	1.0	1.9	0.019
69	Bulandshahar	170163	NA	1432	90	0	6.0	0.5	6.3	0.8	0.052
70	Saharanpur	193660	NA	1896	194	0	5.9	0.6	10.2	1.0	0.100
71	Muzaffar Nagar	185936	NA	5569	428	0	4.7	1.4	7.7	3.0	0.23
TOTAL		**4040741**	**NA**	**67468**	**1389**		**2.0**	**1.7**		**0.3**	**0.034**

Specific Constraints for implementation of the Program

Sl.	Problems	Reasons
1	Poor surveillance	Lack of manpower Malaria is not a priority issue for available manpower (ANM,MPW,FHW)
2	Inadequate ABER	lack of infrastructure (man, money and material), technicians are not very competent
3	Of and on appearance of the disease in non endemic area	Seasonal variations

High Risk Areas for Indoor Residual Spray in 2011 with DDT								
Sl	**Name of the Districts**	**Population for Malaria**	**DDT Req. (MT)**	**Rounds**	**No. of Labour**	**No. of Days**	**Labour Rate (Rs. Per man Per day)**	**Total Labour Charges (in Rs.)**
1	Aligarh	517000	77.55	2	155	150	100	2326500
2	Kashiram Nagar	178322	26.5	2	53	150	100	802449
3	Hathras	467000	70.5	2	140	150	100	2101500
4	Mainpuri	382000	57.3	2	115	150	100	1719000
5	Etah	100000	15	2	30	150	100	450000
6	Etawah	40000	6	2	12	150	100	180000
7	Bareilly	127000	19.5	2	38	150	100	571500
8	Badaun	143000	21.25	2	43	150	100	643500
9	Moradabad	238000	35.4	2	71	150	100	1071000
10	Rampur	50000	7.5	2	15	150	100	225000
11	Bijnore	350000	52.5	2	105	150	100	1575000
12	Kheri	650000	97.5	2	195	150	100	2925000
13	Sitapur	400000	60	2	120	150	100	1800000
14	Lucknow	100000	15	2	30	150	100	450000
15	Gonda	200000	30	2	60	150	100	900000
16	Bahraich	490000	73.5	2	147	150	100	2205000
17	Basti	50000	7.5	2	15	150	100	225000
18	Chandauli	120000	18	2	36	150	100	540000
19	Mirzapur	234000	35	2	70	150	100	1053000
20	Sonbhadra	380000	57	2	114	150	100	1710000
21	St.R.D.Nagar	357000	54	2	107	150	100	1606500
22	Allahabad	630000	94.5	2	189	150	100	2835000
23	Fatehpur	100000	15	2	30	150	100	450000
24	Pratapgarh	40000	6	2	12	150	100	180000
25	Kanpur Nagar	70000	10.5	2	21	150	100	315000
26	Ramabai	250000	37.5	2	75	150	100	1125000

	nager							
27	Kannauj	160000	24	2	48	150	100	720000
28	Jhansi	100000	15	2	30	150	100	450000
29	Jalaun	120000	18	2	36	150	100	540000
30	G.B.Nagar	125000	19	2	38	150	100	562500
31	Gaziabad	105000	15	2	32	150	100	472500
32	Lalitpur	136000	21	2	41	150	100	612000
33	Chitrakoot	150000	22.5	2	45	150	100	675000
34	Banda	110000	16.5	2	33	150	100	495000
35	Hamirpur	175000	25	2	53	150	100	787500
36	Mahoba	200000	30	2	60	150	100	900000
37	Bulandshahar	105000	15	2	32	150	100	472500
38	Saharanpur	315000	45	2	95	150	100	1417500
39	Muzaffar Nagar	650000	97.5	2	195	150	100	2925000
40	Bagpat	200000	30	2	60	150	100	900000
41	Mathura	175000	26.5	2	53	150	100	787500
	TOTAL	9489322	1420	82	2849	6150	4100	42701949
Malathion 25%								
1	Sonbhadra	250000	230 MT	3	22385	180	100	2238500
Synthetic Pyrithroid 5 %								
1	Sonbhadra	757000	22.5 MT	2	25692	150	100	2569200
2	Mirzapur	972000	28.5 MT	2	32543	150	100	3254300
Grand Total		11468322	1701 MT	89	83469	6630	4400	50763949

Areas for Focal spray			
Sl.	**District**	**No. of Labours**	**Amount Rs.**
1	Agra	6	50000
2	Unnao	6	50000
3	Raebareli	6	50000
4	Hardoi	6	50000
5	Balrampur	6	50000
6	Maharajganj	6	50000
7	Varanasi	6	50000
8	Jaunpur	6	50000
9	Firozabad	6	50000
10	Farrukhabad	6	50000
11	Meerut	6	50000
	Total	**66**	**550000**

Strategy & Innovations proposed

- Early case detection and prompt treatment (EDPT) - EDPT is the main strategy of malaria control. Radical treatment is necessary for all the cases of malaria to prevent the transmission. Chloroquine is the main anti malarial drug for

uncomplicated malaria. Drug distribution centres (DDC) and fever treatment depots (FTD) have been established in the rural areas for providing easy access to anti-malarial drugs to the community.

- Vehicle for 16 districts – High Risk districts for Malaria, Kala Azar and JE/AES need vehicles on hired basis for proper monitoring and surveillance, these districts are Gorakhpur, Maharajganj, Deoria, Kushinagar, Basti, St Kabir nagar, Siddarthnagar, Balia, Varanasi, Mirzapur, Sonbhadra, St Ravidas Nagar, Ghaziabad, Rama Bai Nagar, Muzzafarnagar, Chitrakoot. Vehicles should be provided on hired basis Rs 20,000/- per month for 12 months.

Active Surveillance- convergence with IDSP

- All doctors in govt. and private sector would be trained in EDPT and be supplied with necessary diagnostic tools and anti malarials drugs for treatment of uncomplicated malaria cases.
- Fortnightly monitoring by MPW, monthly monitoring by MTS/MPHS and quarterly review will be conducted at block level, district and state level to monitor the progress of the EDPT.

Microscopy Centres-(MC)

- More MCs need to be established and made functional at sector PHC level. Existing staff-e.g. lab technicians shall be trained and given performance based incentives. Mechanism for cross checking the examined blood slides of sector MSs will be established with the support of sentinel surveillance sites.
- Transportation of blood slides (BS) to microscopy centre-Quick transport of BS to MCs and feedback to village level providers to ensure treatment within 24 hours.
- Vector Control: Anti larval and anti adult measures and control of mosquitoes breeding by vector management. Main strategy for control of vector borne diseases is vector management
- Control conditions that promote mosquito breeding
- One week day- Saturday to be made dry day
- The Larvicide- Temephos is being used to prevent breeding in open drains, currently being implemented in 42 district of U.P.
- Two rounds of DDT – IRS in high risk districts as per guide lines of GOI
- DDT Focal Spray or Pyrethrum in other than high risk districts but having P.f. case
- Fogging by Malathion Technical at dusk and dawn- in dengue and JE/AES positive areas
- Public awareness- before spraying and fogging operations and about precaution to make it successful.

- Health Supervisors, MPWs, LTs would be given honorarium for making and examining more than 100 slides in a day.
- Involvement of qualified persons (Community volunteers) would be done for making slides and incentive of Rs 5/- per slide would be given to them.

Commodity requirement for Malaria & Other Vector Borne Disease

Item	Technical Requirement	Stock available	Net requirement
• Chloroquine Tablets	40000000	1131000	38869000
• Primaquine 2.5mg	1500000	107000	1393000
• Primaquine 7.5mg	2000000	Nil	2000000
• Inj. Quinine	1000	0	1000
• Tab. Quinine	2000	Nil	2000
• Artesunate Sulphadoxine Pyremethamine Tabs	20000	0	20000
• Tab DEC	300000000	50000000	250000000
• Albendazole Tab.	120000000	2100000	117900000
• DDT	1410 MT	350 MT	1060MT
• Malathion Technical	20 MT	0	20 MT
• Temephos- for non polluted water	10000 Litres	0 Litres	10000 Litres
• BTI (for polluted +non polluted water)	5000		5000
• Pyrethrum	10000 Litres	0 Litres	10000 Litres
• Malathion 25%	230 MT	0	230 MT
• LLIN Bed nets made of high density polyetheline fibre.	600000		600000 (for BPL families of Sonbhadra Mirzapur and Allahabad with high API)
• Rapid Diagnostic Kits-Malaria	1000000	0	1000000 (for districts with high P.f. positive viz. Muzaffar Nagar, Sultanpur, Bulandshahar, Etawah, Sonbhadra, Ramabai Nagar, Hathras, Aligarh)
• Synthetic pyrithroid 5%	51 MT	0	51 MT
• Blood Slides	10000000	2000000	8000000
• Lencets	10000000	2000000	8000000
• Reagents, JSB strain-1 & 2	7000 Bottles	500	6500
• Microscope	1200	200	1000
• Oil emersion lenses	1200	200	1000
• Spray pumps (stirrup)	3050	1000	2050
• Napsac pumps	2050	1000	1050
• Spare part kits for pumps	72 of each	0	72
• Fogging machine		150	
• RK – 39 kit for Kala-Azar		400	
• Elisa Dengue kits NS 1 from NIV Pune		85	
• Elisa Dengue kits IgM from NIV Pune		200	

2. DENGUE AND CHIKUNGUNYA

Situational Analysis of Dengue - Month-wise analysis of the Dengue cases reported during the last three years (2008-20010) has revealed that transmission of the disease takes places throughout the year, in the Year 2008, 51 cases & 2 deaths and in 2009, 161 cases & 02 deaths were reported. In 2010, 2165 suspected cases (702 diagnosed cases by ELISA kit and 8 deaths) are reported.

The outcomes of the disease abate and emerge in a cyclical manner, as explained by its epidemiology. Proximity to the National Capital Region makes the districts vulnerable. With growing urbanization, the diseases propagated by the Aedis mosquito are expected to surge.

Due to increased endemicity of Dengue, as per guidelines of GOI, no of SSHs is enhanced from 10 to 22, vide letter no NVBDCP Directorate, GHS, Min. of Health and Welfare, 22 Shamnath Marg, Delhi letter no 14-3/2009/NVBDCP/Sentinel Hospital, GOI dated 25 Feb 2011. The name of SSHs in UP by Directorate of as follows-

1. Regional Lab, Swasthya Bhawan, Lucknow
2. District Hospital, Ghaziabad
3. LLRM Medical College, Meerut
4. MLB Medical College, Jhansi
5. MLN Medical College, Allahabad
6. Institute of Medical sciences, BHU,Varanasi
7. SN Medical College Agra
8. GSBM Medical College, Kanpur
9. KGMU , Lucknow
10. Authority Hospital Noida
11. District Hospital, Siddarthnagar
12. District Hospital, Kheri
13. District Hospital, Basti
14. District Hospital, Saharanpur
15. BRD Medical College Gorakhpur
16. District Hospital, Bahraich
17. District Hospital, Kushinagar
18. District Hospital, Gonda
19. District Hospital, Balrampur
20. District Hospital. Sultanpur
21. District Hospital, Deoria
22. District Hospital, Raibareli

These SSHs are linked to SGPGI, Lucknow, an apex referral laboratory for back up support. All the SSHs should be instructed to carry out proactive surveillance by

processing weekly 5-10 samples of fever cases suspected to be Dengue/Chikungunya during non transmission period and report timely. This will enable the programme to know focus of transmission and to initiate preventive measures in incipient stage before spreading to further areas. Besides, samples should be sent to the linked ARL for serotyping of the dengue virus (DENV) to know the prevalence of serotypes in the area.

DISEASE SITUATION-2010 (DENGUE & CHIKUNGUNYA)

Situation analysis for Chikungunya - During 2006 the state has reported only 4 cases of Chikungunya, out of which 3 were reported from Jhansi districts and 1 was from Kanpur district. Similarly, in 2007 also 4 imported cases (Native of Kerala state) were reported by SGPGI, Lucknow. In 2010, 2 cases in Lucknow and 3 cases in Kanpur Nagar were reported.

- **Priority Districts -** National Capital Region: district Ghaziabad and Gautam Buddha Nagar, Agra, Lucknow and Kanpur nager.

- **Criterion of prioritization -** High case detection rate

Strategy and innovations proposed (Dengue/Chikungunya)

- Early diagnosis and prompt case management
- Vector control through source reduction, personal protection and behaviour change communication campaign for community participation and social mobilization.
- Inter-sectoral convergence for mosquito breeding, source reduction and personal protection measures besides early reporting of cases.
- Surveillance of disease and vector through sentinel sites in tertiary health care institutions.
- Emergency response plan
- Entomological studies
- Strengthening of Blood Banks

Capacity Building

- Training of Medical Officers in diagnosis and management of Dengue by Physician
- Training of Medical Officers in performing Tourniquet Test by Physician
- Training of L.Ts in doing platelet count

IEC/ social mobilization

- Educating public for seeking treatment from hospitals if patient has fever, body ache, rashes, bleeding or shock.
- Educating public to observe one day a week, Saturday as Dry Day.
- Information, Education and Communication before spraying and fogging operations and about precautions to make it successful.

Sensitization of Village Health & Sanitation Committees

- Sanitation and keeping control on mosquitoes breeding by covering the drains, cleaning the drains, putting kerosene oil or burnt Mobil oil in open drains, to keep water flowing in the drain by de-silting and correcting the gradient, filling the pits.
- To arrange health education camps, discussions and fairs. To display health education material at proper places.
- To remove piggeries or to keep these covered by wire screen and get cleaned and disinfected.

Strengthening of sentinel Surveillance Labs-

- Immediate testing and reporting positive cases to concerned CMO.

Sl.	Name of SSH Identified	No. of SSH Functional	Kits received from NIV, Pune utilized		Sample received/ tested		Found Positive	
			Dengue	Chikun.	Dengue	Chikun.	Dengue	Chikun.
1	Reg. Lab., Swasthya Bhawan	Reg. Lab., Swasthya Bhawan	2		174		36	
2	District Hospital, Ghaziabad	District Hospital, Ghaziabad	2		69		24	
3	LLRM Medical College, Meerut	LLRM Medical College, Meerut	2		120		26	
4	MLB Medical College, Jhansi	MLB Medical College, Jhansi	0		0		0	
5	MLN Med. Coll., Allahabad	MLN Med. Coll., Allahabad	2		228		45	
6	IMS BHU, Varanasi	IMS BHU, Varanasi	0		0		0	
7	S.N. Med. Coll., Agra	S.N. Med. Coll., Agra	1		54		27	
8	GSVM Med. Coll., Kanpur	GSVM Med. Coll., Kanpur	3		262		84	
9	CSMMU, Lucknow	CSMMU, Lucknow	3		205		106	
10	D.H,G.B.Nagar	D.H,G.B.Nagar	1		65		20	
Total			**16**		**1177**		**368**	

Requirement for commodity as per Technical norms

Articles	Balance	Requirement
Pyrethrum	0	10000 Ltrs
Larvaecides	0	10000Ltrs
Malathion tech.	0	20 MT
Fogging Machine		150
In UP 14 UMS and 28 FCU Total 42 Urban control units are working on the above requirements for these units.		

Supply of Kits

Institutions wise requirement of test kits are needed for Dengue and Chikungunya, ELISA based NS1 Antigen detection kits and IgM capture ELISA is as Following :-

Sentinel Labs/ Institute	NS 1	IgM
Apex Referral Lab, SGPGI, Lucknow	10	20
Reg. Lab., Swasthya Bhawan	5	10
District Hospital, Ghaziabad	2	5
LLRM Medical College, Meerut	1	3
MLB Medical College, Jhansi	1	2
MLN Med. Coll., Allahabad	1	3
IMS BHU, Varanasi	1	2
S.N. Med. Coll., Agra	2	5
GSVM Med. Coll., Kanpur	2	5
KGMU , Lucknow	4	20
Authority Hospital Noida	1	3
District Hospital, Siddarthnagar	1	2
District Hospital, Kheri	1	2
District Hospital, Basti	1	2
District Hospital, Saharanpur	1	2
District Hospital, Gorakhpur	1	2
District Hospital, Bahraich	1	2
District Hospital, Kushinagar	1	2
District Hospital, Gonda	1	2
District Hospital, Balrampur	1	2
District Hospital, Sultanpur	1	2
District Hospital, Deoria	1	2
District Hospital, Raibarelly	1	2
Total	**42**	**102**

3. LYMPHATIC FILARIASIS

The national goal is to eliminate lymphatic filariasis by 2015. To achieve elimination, the micro-filaria rate in all the endemic districts should be less than 1% to interrupt the transmission.

Situational Analysis - Filarial is endemic in 50 districts with present Mf rate being 1.50%. The great challenge is to bring down Mf rate less than 1%.

Year	Cases	Mf Positive
2005	7613	619
2006	5738	725
2007	5791	637
2008	5134	477
2009	2815	452
2010	2064	326

The state has 28 Filaria Control units and 31 Filaria Clinics. These institutions are implementing the National Filaria Control Programme in the specified area of urban localities. The activities of National Filaria Control Program are-

- Anti larval operations
- Detections and treatment and
- Delimitation survey in non endemic districts

After the World Health Assembly resolution 1997, the lymphatic filariasis has been targeted for elimination. Initially the pilot project was started in 2 selected districts namely Varanasi and Gorakhpur of U.P., which is now being scaled up in all 50 endemic districts.

Status of LF endemic districts for 2010(against MDA Round 2010)

Sl.	Name of District	Population at risk	Coverage of Eligible Population	mf rate	No. of Line listed Total lymphodema cases	No. of Line listed Total Hydrocoel cases	No. of Hydro coel oper ation
1	Allahabad	4972424	4216670	0.08	338	497	16
2	Ambedkar Nagar	2105963	1749500	0.16	2156	1015	25
3	Auraiya	1122417	1062776	0.12	932	841	8
4	Azamgarh	3660865	2810603	0.97	1542	121	68
5	Bareilly	3614466	2906830	0.3	215	20	10
6	Ballia	2749201	2401668	0.08	1038	1626	776
7	Balrampur	1636999	1358709	0.07	516	171	98
8	Banda	1576433	1351046	0.1	706	779	20
9	Barabanki	2637412	2305054	0.24	4356	3364	65
10	Basti	196880	1461030	1.05	25	2113	78
11	Bahraich	2471988	2317489	0.11	1553	686	115
12	Chandauli	1551315	1241052	0.08	976	566	95
13	Chitrakoot	851898	732520	0.13	394	678	20
14	Deoria	2568736	2096088	0.27	1890	360	37
15	Etawah	1275183	1193831	0.1	66	120	21
16	Faizabad	2272940	1969874	0.75	3614	2019	50
17	Farrukhabad	1584394	1225979	0.7	943	624	11
18	Fatehpur	2427571	2054163	0.1	1620	1500	6
19	Ghazipur	3074651	2604387	0.1	175	249	10
20	Gonda	2833093	2408129	0.08	1570	576	30
21	Gorakhpur	3900250	3299610	0.49	4365	1780	80
22	Hamirpur	954284	837220	0.1	1015	1493	57
23	Hardoi	3164442	2728882	0.07	3705	1078	80
24	Jalaun	1438736	1234435	0.2	85	19	6
25	Jaunpur	3791705	2820509	1.36	1359	698	93
26	Kannauj	1305147	1126343	0.2	521	132	23
27	Ramabai Nagar	15577229	1289398	0.03	4140	177	94
28	Kanpur	3937265	3899674	0.8	6914	1084	30

	Nagar						
29	Kaushambi	1289961	1122953	0.3	589	489	28
30	Kheri	3281436	2864849	0.46	2443	390	61
31	Kushinagar	3015559	1779179	0.18	1533	361	25
32	Lucknow	4127882	3323691	0.12	1784	583	133
33	Maharajganj	2427479	1951774	0.39	2569	258	38
34	Mahoba	790200	705723	0.22	767	163	27
35	Mau	1740837	933456	0.1	2250	1076	24
36	Mirzapur	2380648	1743703	1.16	1593	455	219
37	Pilibhit	1603352	960000	0.15	593	1154	30
38	Pratapgarh	2525543	1995178	0.05	1103	386	25
39	Raibareli	2813984	2420027	0.17	4135	1011	200
40	Rampur	1829731	1332735	0.07	1	0	0
41	Sant Kabir nagar	1526974	1319762	0.07	866	262	125
42	Sant Ravidas nagar (Bhadohi)	1260083	976117	0.15	336	169	27
43	Shahjahanpur	2366202	1945762	0.2	1660	330	20
44	Shravasti	920957	838070	0.36	155	95	40
45	Siddharth Nagar	1939945	1834411	0.58	438	363	12
46	Sitapur	3465522	2952624	0.31	4117	840	225
47	Sonbhadra	1712735	1407553	1.23	720	189	10
48	Sultanpur	3586501	3116000	0.28	1875	649	69
49	Unnao	2669659	2135728	0.2	7188	646	155
50	Varanasi	3422500	3038692	0.4	1570	576	44
Total		**129951577**	**97401456**		**85014**	**34831**	**3559**

Analysis of above report:-

- Reporting mf Rate more than 1% Districts – Basti, Jaunpur, Mirzapur and Sonbhadra.
- Less Hydrocoel operation conducted district – Auraiya, Bareilly, Banda, Farrukhabad, Fatehpur, Ghazipur, Rampur, Shahjahanpur, Siddharth nagar and Sonbhadra.

Strategy and Innovations proposed

The state implements strategies as prescribed by GOI guidelines. These are:

Improving access and quality of services:

- Identification of volunteers/ Drug distributors closer to the communities
- Rapid Response Teams
- Preparation at village and sub-centre level by involving NRHM institutions like- Village Health and Sanitation Committee and Rogi Kalyan Samittees.
- Proposal for increasing number of filaria clinics and units

Vector control:

- One or two rounds of residual insecticide spray with DDT (1gm/sq.mt) in areas which are known to be endemic for filariasis.
- Anti-larval measures with Temephos in prescribed dosage (56-112g/ha) in water storage tanks every week and application of mineral larvicide oils (MLO) on water surfaces.
- Biological control through larvivorous fishes.
- Environmental engineering through source reduction and water management

Anti-parasitic measures:

- Through diagnosis and treatment of microfilaria carriers and cases.
- Mass treatment

Behavior Change Communication/IEC to generate community awareness and health seeking behavior:

- Media sensitization at district and block level
- IEC activities at local level

Capacity building:

- To promote home based management of lymphodema cases,
- Hydrocelectomy at CHCs and hospitals
- Drug distributor and other staff involved in preparing slides

Reviews:

- Meeting at State H.Q. - Of district programme officers, annually.
- Meeting at district level- Under chairmanship of DM with other departments

Training:

- Drug distributor and
- Other staff involved in preparing slides

Tentative Time Schedule for Preparatory activities-

Sl.	Activity	Time schedule
1.	Conducting training for trainers of district level officers	April 2011
2.	Conducting State Task force meeting	May 2011
3.	Mapping and Preparation of micro plan at District level	May 2011
4.	Conducting first District Coordination committee meeting	April 2011
5.	Organizing Dist. Level Training for Medical/Health officials	May 2011
6.	Conducting 2nd District Coordination committee meeting & IEC Activities	May 2011
7.	Base line Data collection, Conducting training of paramedical staffs, conducting training of Drug providers, Carry out inter personnel	May 2011

	communication & up date enumeration	
8.	Conducting Sub centre level Leader meeting, Distribute Drug to The Villages, Conducting workshop for Medical Practitioners	October 2011
9.	MDA Day (Tentative)	11th Nov 2011
10.	Carry out Mop-up	12th & 13th Nov 2011

Requirement for commodity from GOI

The total requirement for the 50 filaria endemic districts is given below :

Sl.	Name of the Distt.	Population at Risk	DEC Requirement 100 mg Tabs (in Lacs)	Albendazole 400 mg Tabs (in Lacs)
1	Allahabad	5037065	126	50.5
2	Ambedkar nagar	2133340	53	21.35
3	Auraiya	1137008	28.5	11.4
4	Azamgarh	3708456	92.5	37
5	Bareilly	3661454	91.5	36.5
6	Ballia	2784940	70	28
7	Balrampur	1658279	41.5	16.5
8	Banda	1596926	40	16
9	Barabanki	2690110	67.5	27
10	Basti	1994395	50	20
11	Bahraich	2504123	62.5	25
12	Chandauli	1571482	39.5	15.8
13	Chitrakoot	862972	21.5	8.6
14	Deoria	2602129	65	26
15	Etawah	1291768	32.5	13
16	Faizabad	1302488	32.5	13
17	Farrukhabad	1599901	40	16
18	Fatehpur	2500012	62.5	25
19	Ghazipur	3114521	77.5	31
20	Gonda	2869830	71.5	28.5
21	Gorakhpur	3950713	100	39.5
22	Hamirpur	966689	24.5	10
23	Hardoi	3201139	80	32
24	Jalaun	1477704	37	14.8
25	Jaunpur	3840975	96	38.5
26	Kannauj	1316966	32.5	13
27	Ramabai nager	1577463	40	15
28	Kanpur nagar	3988406	100	40
29	Kaushambi	1457600	36.5	14.5
30	Kheri	3322658	82.5	33
31	Kushinagar	3054752	76.2	30.5
32	Lucknow	4180662	105	42
33	Maharajganj	2459035	61.5	24.5
34	Mahoba	800470	20	8
35	Mau	1763457	44	17.5
36	Mirzapur	2411548	60	24
37	Pilibhit	1624195	40.5	16
38	Pratapgarh	2558332	64	25.5

39	Raibareli	2837872	71	28
40	Rampur	1849783	46	18.5
41	Sant Kabir nagar	1546524	39	15.5
42	Sant Ravidas nagar (Bhadohi)	1269880	31.5	12.7
43	Shahjahanpur	2396962	60	24
44	Shravasti	932929	23.5	9.5
45	Siddharthnaar	1965119	49	19.5
46	Sitapur	3510051	87.5	35
47	Sonbhadra	1735000	43.5	17.5
48	Sultanpur	3647125	91.5	36.5
49	Unnao	2704364	67.5	27
50	Varanasi	3466992	87	34.5
Total		**118436564**	**2962.7**	**1182.65**

Proposed Budget for MDA - IEC activities for 2011-12.

Sl.	Name of the Distt.	Amount (in Lacs)	Sl.	Name of the Distt.	Amount (in Lacs)
1	Allahabad	5.00	28	Kanpur nagar	5.00
2	Ambedkar nagar	2.00	29	Kaushambi	1.50
3	Auraiya	2.00	30	Kheri	3.50
4	Azamgarh	3.50	31	Kushinagar	2.50
5	Bareilly	3.00	32	Lucknow	5.00
6	Ballia	2.50	33	Maharajganj	2.50
7	Balrampur	2.00	34	Mahoba	1.50
8	Banda	2.00	35	Mau	2.00
9	Barabanki	2.00	36	Mirzapur	2.00
10	Basti	2.50	37	Pilibhit	2.00
11	Bahraich	2.20	38	Pratapgarh	3.00
12	Chandauli	1.50	39	Raibareli	3.50
13	Chitrakoot	1.50	40	Rampur	2.00
14	Deoria	2.50	41	Sant Kabir nagar	2.00
15	Etawah	2.00	42	Sant Ravidas nagar (Bhadohi)	1.50
16	Faizabad	2.00	43	Shahjahanpur	3.10
17	Farrukhabad	2.00	44	Shravasti	1.50
18	Fatehpur	2.50	45	Siddharthnagar	2.00
19	Ghazipur	2.50	46	Sitapur	3.50
20	Gonda	2.50	47	Sonbhadra	1.70
21	Gorakhpur	4.00	48	Sultanpur	2.50
22	Hamirpur	1.50	49	Unnao	2.50
23	Hardoi	3.00	50	Varanasi	3.00
24	Jalaun	2.00		**Total**	**125.00**
25	Jaunpur	2.50	51	State HQs	12.50
26	Kannauj	2.00		**Grand Total**	**137.50**
27	Ramabai nager	3.00			

4. KALA-AZAR

Kala-azar is targeted for elimination by 2010 (global goal is by 2015) which means that the number of Kala-Azar cases should be brought to less than 1 per 10,000 populations.

Year	Cases	Deaths
2005	68	2
2006	83	0
2007	69	1
2008	26	0
2009	17	1
2010	14	0

Situational Analysis of Disease - Kala-azar is endemic in 4 districts of Eastern U.P. bordering Bihar State, ie, Kushi Nagar, Deoria, Ballia, Varanasi. The principles of elimination are anti adult measures and complete treatment of the patients.

Sl.	Districts	Total PHCs	KA Affected		
			PHCs	Villages	Names of PHCs
1	Deoria	15	1	1	Bankata
2	Kushinagar	14	3	3	Kasya, Khawan, Nagwa Nagina
3	Ballia	17	1	2	Dubhad
4	Varanasi	8	3	4	Kashividdyapeeth, Chiraigaon, Harhua
Total		**54**	**08**	**10**	

In 2010 the cases of Kala- azar found are mentioned in the table below –

Sl.	Name of District	Name of PHCs	Name of SC	Name of Villages	No. of cases	Death
1	Deoria	Banakata	Gautama	Basudeva	1	0
2	Kushi nager	1-Kasya	Kasya	Gausamia mafitola musahar Basti	4	0
		2- Khawan	Khawan	Khadda	1	0
		3- Nagma-nagina	Nagma-nagina	Raipur khurd	1	0
3	Ballia	Dubahar	1-Nagwa	Nagwa	2	0
			2-Bandhuchak	Bandhuchak	1	0
4	Varanasi	1-Kashi vidypeeth	1-Lohata	Dhannipur	1	0
		2-Kashi vidypeeth	2- Kashi vidypeeth	Bhatti	1	0
		2- Harahua	Tewar	Narai pur	1	0
		3- Charai gaone	Hiramanpur	Tilmapur	1	0
Total					**14**	**0**

Monitoring of Diagnosis and treatment compliance of Kala-azar patients 2010

Sl.	Name of District	Cases	Deaths	Cases treated	Cases fully treated (treatment compliance)	% Treatment compliance
1	Deoria	1	0	1	1	100%
2	Kushi nager	6	0	6	6	100%

3	Ballia	3	0	3	3	100%
4	Varanasi	4	0	4	4	100%
Total		14	0	14	14	100%

Specific Constraints for implementation of Programme

- The disease has long incubation period and not detectable in early stages.
- The economical, simple to perform and reliable kits (RK-39) not available.
- The disease mainly affects people living in lower socioeconomic status, who live in kachcha houses which is a favourable breading site for vector.

Strategy and innovations proposed

- Early detection and treatment
- RK-39 kits for early case detection
- Complete treatment of cases in PHCs/CHCs
- Active surveillance- convergence with IDSP

IEC/BCC

- Kala-azar fortnight is being observed in hyper-endemic district.
- The poor people to be educated that their wages will be compensated in case they are admitted and get injections out door.
- Public awareness before spraying operations and about precaution to make it successful.

Capacity building

- Health workers and Supervisors are being trained to make solution of insecticides, use of pump, change nozzle and carry out minor repair.

Intensive Monitoring is being carried out to eliminate the disease from a handful of villages in the state.

Vector control

- DDT-IRS spray previous year's performance Report as per GOI norm

Sl.	Name of Distt.	Target population	Coverage population 1st round	Coverage population 11th round	DDT Consumed
1	Deoria	80360	53965	60160	8 MT
2	Kushi Nager	300000	228000	226000	30MT
3	Ballia	180000	124000	123000	15MT
4	Varanasi	116062	116062	117372	10 MT
Total		196422	170027	177532	18 MT

Proposed spray for 2011

Sl.	Name of Distt.	Target population	DDT Required for 1st round (In March 2011)	DDT Required for 2nd round (In may 2011)	Wages for Spray
1	Deoria	150000	9 MT	9 MT	360000
2	Kushi Nagar	266000	16 MT	16 MT	640000
3	Ballia	150000	9 MT	9 MT	360000
4	Varanasi	300000	18 MT	18 MT	720000
	Total	**866000**	**52 MT**	**52 MT**	**2080000**

Capacity building:

- Training of Health Workers and Supervisors in case detection, making solution of insecticides and in use of pump and in changing nozzle and in doing minor repair. The MOs should also be well conversant.

Requirement for commodity as per technical norms

Net Requirement considering Balance for 2011

Sl.	Item	Technical requirement	Available	Net Requirement
1	RK-39	1350	400	**950**
2	Inj. SSG	450 vials	450 vials	**nil**
3	DDT	104MT	104MT	**Nil**
4	Tab.Miltefosine	19,600	nil	**19,600**
5	Amphotericin B	1000	nil	1000

5. JAPANESE ENCEPHALITIS/A.E.S.

In the year 2005 the disease was prevalent in 34 districts of Uttar Pradesh, where as in the year 2010 only 20 districts are affected mainly in the Eastern region of U.P, i.e. Gorakhpur, Basti, Azamgarh, Devipatan divisions. In the western region districts of Saharanpur division are affected. Approximately 90% of cases are reported from rural and peri-urban areas of these districts. The present death rate due to the disease is 20% as is evident from the following table-

Situation Analysis of the disease

Year	Cases	Deaths
2004	1030	228
2005	5581	1593
2006	2075	476
2007	2675	577
2008	2730	483
2009	3061	555
2010 (upto 31st Dec.)	3548	498

After vaccination of children of 1-15 years age group, the JE cases declined considerably but the number of AES cases has started increasing from 2009.

Strategy and Innovations proposed

Disease Surveillance

- We require upgrading CHCs in the district. At present no admissions are reported in the CHCs/PHCs and the mild & moderately sick patients also are referred to BRD Medical College for treatment. In order to take the patient load off from BRD Medical College and to restore confidence in the public it is mandatory that moderately sick patients of AES get admitted in CHCs. In each CHC atleast 5-10 beds need to be dedicated for treatment of AES/JE patients. Therefore, provision of trained manpower (Clinicians, staff nurses and ward boys) is an important exercise, which is required to be carried out besides provision of adequate drugs and other medicines.

- District hospitals also need to be strengthened for surveillance. JE ward already identified is required to be expanded and upgraded. There is a need to set up a state of art ICU, in district hospital. Drugs and other medicines are required to be procured by the state. The district hospitals will be equipped with the ventilators, which will be made fully functional by training the Medical officers.

Diagnosis

- Early Diagnosis and prompt treatment will be ensured by strengthening the diagnosis facilities in 14 district labs of highly sensitive districts & HQ lab., each of which is equipped with one ELISA reader, deep freezers, and supplementary material. However Pathologists & Technicians need to be trained, which can be assigned to NIV Gorakhpur unit. At the same time strengthening of all the sensitive labs is to be done.

Entomological Surveillance of JE

- Vector Surveillance is an important component of AES/JE programme strategy. Through there is no direct relationship of vector density with impending outbreak of JE, it is needless to mention that vector densities are required to be reduced significantly for avoiding outbreak situations.
- There are only 14 urban Malaria units, 29 Filarial control units and 71 DMO units in the state with insufficient manpower. The manpower from other district can be shifted for work in the districts where the disease is prevalent during pre-monsoon & monsoon season. Thus DMO units are to be strengthened and workers have to be trained for collecting insects-Larval & adult mosquitoes on weekly basis from most affects villages & areas. Adult mosquitoes'' collectors would be sent to NCDC on monthly basis for detection of JE virus antigen.

Vector Control for JE

- Fortnightly fogging of malathion by fogging machine in the villages reporting J.E cases for last 2-3 years during transmission period.
- Focal spray/fogging of malathion around 50 houses of a JE case to kill infective mosquitoes & prevents further transmission.
- The vector is exophagic and exophilic in nature. The high density built up of population and houses/human dwellings causing inward movement of vector species may increase the risk of disease transmission during rainy period, hence indoor residual spray(IRS) with Malathion 25% wdp or Pyrethrum extract will be done in the rural population assuming 50 houses coverage in each case. The spray will be done in two rounds in 20 JE sensitive districts of 45 days each i.e. first round starting from June 15th to July 31st, 2011 and second round from August 1st to September 15TH.

Training

- **Training of HEO/ANM/AWW/Ward boy/ASHAs-** Health education officer posted at CHC will be trained for dissemination of information to the community as AES/JE prevention & Control. ASHAs/ AWW/ANM should be educated for symptoms of the disease, personal protection measures, proper sanitation, hygiene and early referrals of the patients to PHCs/CHCs. Ward boy will be trained for first- aid life saving measures.

- **Training of traditional Healers -** Parents of sick children initially seek treatment from local traditional healers, resulting in late referrals and aggravating the disease, thus poor prognosis. These traditional healers/FTD/DDC/holders would be trained so that, they can guide sick patients for early treatment at PHC/CHC/District Hospitals.

IEC/BCC

- IEC will be done in AES/JE affected districts to change the behaviour of the public for ensuring treatment at nearby Government hospital/treatment centers without delay, isolation of pigs away from human habitation or wire gauging/screening of piggeries and protection from mosquito bites. Steps are also required to be taken towards prevention & control of water borne diseases like Entero virus, which also cause AES. The message to be given to the community will be regarding proper sanitation, washing hands with soap after defecation and before meals, clipping of nails, use of water from India Mark-II handpump only and not from shallow tube wells/hand pumps etc.

Supervision and monitoring

- As directed by GOI last year, State has designated a separate Programme officer for AES/JE in the State. State cell comprises of Director, AES/JE and Joint Director, AES/JE. Core committee for supervision and monitoring will be constituted this year which comprises of–

Chairman- DG Medical & Health Services

Member 1- Director, AES
Member 2- Director, Medical Care
Member 3- Joint Director, AES/State Programme Officer JE
Member 4- Dr. Milind Gore Scientist Incharge, field station, NIV, Pune.

Specific Constraints for implementation of Programme

- Disease affected districts mainly practice paddy cultivation as means of livelihood due to which exophylic and exophagic vector mosquito species of the disease JE get widespread breeding sites, so vector control operations are very difficult. Larvivorous fish hatcheries & rearing is not properly managed by the local people.
- The pigs act as amplifying host but they are also means of livelihood of poor communities. Hon'ble High Court has instructed to remove piggeries from human habitation, but the concerned department so far could not comply the orders of the Hon'ble Court. Moreover, veterinary based sero-surveillance of reservoir as well as amplifying host is lacking.
- The Ardied birds, which are reservoir of JE virus, are also prevalent in the area.
- Transmission cycle is of complex nature.
- The treatment facilities available at district hospitals, CHCs & PHCs are not fully utilized by the public due to lack of confidence & faith, arisen by the severity of the disease.
- Inadequate human resource at different levels.
- Delayed reporting of the seizures at treatment centres i.e. hospitals, CHCs & PHCs.
- Shortage of vehicles required for mobility of staff for undertaking intervention measures, surveillance, monitoring, supervision etc.
- Training / Reorientation training of the medical officer and the staff of CHC / PHC.

APPROVED BUDGET SUMMARY FOR NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME

FMR Code	Activity	Unit Cost where ever applicable	Physical target/ Deliverables	Amount Proposed (Rs. in Lacs)	Amount Approved (Rs. in Lacs)	Remarks
F.1	**DBS (Domestic Budgetary Support)**					
F.1.1	**Malaria**					
F.1.1.a	MPW					
F.1.1.b	ASHA Honorarium	-	-	150.00	150.00	Incentive for Community volunteers like ASHAs will be supported by Govt. of India for 27 districts.
F.1.1.c	Operational Cost	-	-	0.00	0.00	
F.1.1.d	Monitoring , Evaluation & Supervision & Epidemic Preparedness including mobility	-	-	142.00	142.00	This component also includes printing of reporting format, reporting and other expenditure related to preparation of report and communication of report for all districts as well as for state HQ. Mobility support for monitoring is 50% (Rs. 71 lacs only)
F.1.1.e	IEC/BCC	-	-	142.00	142.00	This component also includes printing of reporting format, reporting and other expenditure related to preparation of report and communication of report for all districts as well as for state HQ. Mobility support for monitoring is 50% (Rs. 71 lacs only)
F.1.1.f	PPP / NGO activities	-	-	0.00	0.00	
F.1.1.g	Training / Capacity Building	-	-	10.00	10.00	All community volunteers are to be trained in diagnosis and treatment. The funds available under integrated Training of state/NRHM may also be utilized for some of the Training.
F.1.2	**Dengue & Chikungunya**					
F.1.2.a	Strengthening surveillance (As per GOI approval)					
F.1.2.b	Apex Referral Labs recurrent	-	-	1.00	1.00	Approved
F.1.2.c	Sentinel surveillance Hospital recurrent	-	-	5.00	11.00	For 22 identified Sentinel surveillance Hospitals

F.1.2.d	Test kits (Nos.) to be supplied by GoI (kindly indicate numbers of ELISA based NS1 kit and Mac ELISA Kits required separately)					
F.1.2.e	Monitoring/Supervision and Rapid Response	-	-	15.00	10.00	Approved
F.1.2.f	Epidemic Preparedness	-	-	20.00	15.00	2. MAC ELISA test kit are to be used for the cases reporting after 5th day of onset of fever and these kits will be supplied by NVBDCP.
F.1.2.g	IEC/BCC/Social Mobilization	-	-	0.00	9.00	Rs. 40 Lac. Reflected under Malaria is for integrated IEC for VBDs i.e. Malaria and Dengue further requirement may be met form NRHM additionalities funds.
F.1.2.h	Training/Workshop			10.00	5.00	Approved
F.1.3	**Acute Encephalitis Syndrome (AES)/ Japanese Encephalitis (JE)**					
F.1.3.a	Strengthening of Sentinel Sites which will include diagnostics and management. Supply of kits by GoI	-	-	40.00	40.00	Approved
F.1.3.b	IEC/BCC specific to J.E. in endemic areas	-	-	10.00	10.00	JE/AES being important health problem in the state, funds from integrated IEC of state/NRHM may also be utilized
F.1.3.c	Training specific for J.E. prevention and management	-	-	10.00	10.00	Approved
F.1.3.d	Monitoring and supervision	-	-	10.00	10.00	The funds allocated for this component under Malaria may also be utilized for JE
F.1.3.e	Procurement of insecticides (Technical Malathion)	-	-	10.00	10.00	Technically malathion is to be used only in outbreak situation not as a routine control measures.
F.1.4	**Lymphatic Filariasis**					
F.1.4.a	State Task Force, State Technical Advisory Committee meeting, printing of forms/registers, mobility support, district coordination meeting, sensitization of media etc., morbidity management, monitoring & supervision and mobility support for Rapid Response Team	-	-	51.00	51.00	These are important activities and need to be carried out.

F.1.4.b	Microfilaria survey	-	-	23.50	23.50	This is mandatory activity
F.1.4.c	Post MDA assessment by medical colleges (Govt. & private)/ ICMR institutions.	-	-	5.00	5.00	State has to identify medical colleges and research institutions for independent assessment as per guidelines and release this fund to the institutions as districts allocated (Rs. 10000 per districts).
F.1.4.d.	Training/sensitization of district level officers on ELF and drug distributors including peripheral health workers	-	-	155.50	155.50	Training includes Medical Officers (Public & Private), Technicians, Paramedical at districts level & Drug Distributors for MDA & Morbidity Management.
F.1.4.e.	Specific IEC/BCC at state, district, PHC, sub-centre and village level including VHSC/GKS for community mobilization efforts to realize the desired drug compliance of 85% during MDA	-	-	110.00	110.00	Approved
F.1.4.f	Honorarium to drug distributors including ASHA and supervisors involved in MDA	-	-	255.00	255.00	Approved
F.1.5	**Kala-azar**					
F.1.5.a	Case Search	-	-	1.00	1.00	Approved
F.1.5.b	Spray Pump	-	-	0.00	0.00	
F.1.5.c	Operational cost for spray including spray wages	-	-	2.00	2.00	
F.1.5.d	Mobility/POL	-	-	0.50	0.50	
F.1.5.e	Monitoring & Evaluation	-	-	0.50	0.50	
F.1.5.f	Training for spraying	-	-	0.50	0.50	
F.1.5.g	BCC/IEC	-	-	0.50	0.50	
F.2	**Externally aided component (EAC)**					
F2.1	**World Bank Project**			NA		
F.2.1.a	World Bank support for Malaria (Andhra Pradesh, Chattisgarh, Jharkhand, Madhya Pradesh, Orissa, Gujarat, Karnataka & Maharashtra)			NA		
F.2.1.b.	Human Resource					
F.2.1.c	Training /Capacity building					
F.2.2.d	Mobility support for Monitoring Supervision & Evaluation & review meetings, Reporting format (for printing formats)					
F.3	**GFATM Project**			NA		

F.3.a	Human Resource					
F.3.b	Training Cost					
F.3.c	Plannint & Administration					
F.3.d	Monitoring & Administration					
F.3.e	I.E.C / B.C.C					
F.3.f	Operational expenses for treatment of bed nets					
F.4	**Any Other item (Please Specify)**					
F.5	**Operational Costs (Mobility,Review Meeting,communication,formats & reports)**					
F.6	**Cash grant for decentralized commodities**					
F.6.a	Chloroquine phosphate tablets			3.79	1540.00	Approved
F.6.b	Primaquine tablets 2.5 mg			6.30		
F.6.c	Primaquine tablets 7.5 mg			0.12		
F.6.d	Quinine sulphate tablets			0.02		
F.6.e	Quinine Injections			0.10		
F.6.f	DEC 100 mg tablets			770.00		
F.6.g	Albendazole 400 mg tablets			952.00		Approved
F.6.h	Dengue NS1 antigen kit			8.50		
F.6.i	Temephos, Bti (for polluted & non polluted water)			18.56		
F.6.j	Pyrethrum extract 2%			2.61		
F.6.k.	Any Other (Pl. specify)					
F.6.k.a	Support to BRD Medical College to HR			63.25	63.25	Approved
F.6.k.b	Khushinagar special project to control JE			47.78	47.78	Approved
	Total			**3053.03**	**2831.03**	

D.2. REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME

Objectives

- To achieve and maintain a cure rate of at least 85% among newly detected infectious (new sputum smear positive) cases, and
- To achieve and maintain detection of at least 70% of such cases in the population

Section-A – General Information about the State		
1	State Population (in Lac- population for next year)	2008
2	Number of districts in the State	72
3	Urban population	422
4	Tribal population	1.27
5	Any other known groups of special population for specific interventions (e.g. nomadic, migrant, industrial workers, urban slums, etc.)	80.60

- No. of districts without DTC: 1 (New Distt.)
- No. of districts that submitted annual action plans, which have been consolidated in this state plan: 71

Organization of services in the state

Sl.	District	Total pop.	Number of TUs of each type		No. of DMCs of each type in the district		
			Govt	NGO	Public Sector*	Private Sector^	NGO
1	Agra	43.66	8		37	0	3
2	Aligarh	36.15	7		32	1	0
3	Allahabad	59.74	11		35	0	6
4	Ambedkar_nagar	24.49	5		21	0	0
5	Auraiya	14.26	3		14	0	0
6	Azamgarh	47.77	9		45	1	1
7	Baghpat	14.08	3		11	3	1
8	Bahraich	32.39	6		26	0	2
9	Ballia	33.28	6		30	0	0
10	Balrampur	20.37	4		21	0	1
11	Banda	18.14	4		18	0	0
12	Barabanki	36.97	6		29	0	0
13	Bareilly	43.51	8		43	3	1
14	Basti	25.01	5		24	0	0
15	Bijnor	37.85	7		27	0	1
16	Budaun	37.11	7		35	4	0
17	Bulandshahar	35.34	7		32	0	0
18	Chandauli	19.83	4		19	0	0
19	Chitrakoot	9.68	3		9	0	0
20	Deoria	33.01	6		31	0	0
21	Etah	18.76	4		17	0	1
22	Etawah	16.20	4		16	0	0
23	Faizabad	20.60	5		21	0	0
24	Farrukhabad	19.07	4		13	0	0
25	Fatehpur	27.88	5		19	0	1
26	Firozabad	24.73	5		21	0	0

27	Gautam Budh Nagar	14.40	3		9	1	2
28	Ghaziabad	39.77	8		31	7	5
29	Ghazipur	36.87	6		29	0	0
30	Gonda	33.44	6		29	0	1
31	Gorakhpur	45.76	9		34	0	3
32	Hamirpur	12.60	2		11	0	0
33	Hardoi	41.08	8		37	0	0
34	Hathras	16.12	3		13	0	1
35	Jalaun	17.60	3		16	0	0
36	Jaunpur	47.29	10		42	0	4
37	Jhansi	21.12	4		17	0	2
38	Jyotiba Phule Nagar	18.13	3		13	0	2
39	Kannauj	16.75	3		16	0	0
40	Kanpur Dehat	19.15	4		19	0	0
41	Kanpur Nagar	50.02	9		34	0	4
42	Kanshiram Nagar	14.95	3		9	0	0
43	Kaushambi	15.66	3		16	0	3
44	Kheri	38.69	7		32	0	0
45	Kushinagar	34.96	7		33	0	0
46	Lalitpur	11.82	3		10	0	0
47	Lucknow	44.51	9		35	0	10
48	Maharajganj	26.20	5		24	0	1
49	Mahoba	8.57	3		14	0	0
50	Mainpuri	19.26	4		18	0	0
51	Mathura	25.02	5		24	0	7
52	Mau	22.36	4		19	0	1
53	Meerut	36.29	7		30	0	7
54	Mirzapur	25.57	6		22	1	0
55	Moradabad	45.33	9		30	1	5
56	Muzaffarnagar	42.82	8		34	0	1
57	Pilibhit	19.87	4		20	0	0
58	Pratapgarh	32.97	6		25	0	2
59	Rae_Bareli	34.73	7		24	1	0
60	Rampur	23.24	5		20	0	2
61	Saharanpur	34.44	7		26	0	3
62	Sant Kabir Nagar	17.22	3		16	0	0
63	Sant Ravidas Nagar	16.35	3		16	0	3
64	Shahjahanpur	30.82	6		29	0	0
65	Shravasti	10.65	2		10	0	0
66	Siddharthnagar	24.65	4		22	0	0
67	Sitapur	43.72	7	1	36	0	1
68	Sonbhadra	17.69	6		22	0	3
69	Sultanpur	38.58	7		35	0	1
70	Unnao	32.65	6		26	0	0
71	Varanasi	38.06	7		31	0	14
	Total	2007.64	390	1	1704	23	106

*Public Sector includes Medical Colleges, Govt. health department, other Govt. department and PSUs i.e. as defined in PMR report

^ Similarly, Private Sector includes Private Medical College, Private Practitioners, Private Clinics/Nursing Homes and Corporate sector

RNTCP performance indicators:
(Performance for the last 4 quarters i.e. Oct _2009 to September 2010)

Sl.	Name of the District (also indicate if it is notified hilly or tribal district	Total number of patients put on treatment*	Annualised total case detection rate (per Lac pop.)	No of new smear positive cases put on treatment *	Annualised New smear positive case detection rate (per Lac pop)	Cure rate for cases detected in the last 4 corresponding quarters	Plan for the next year		Proportion of TB patients tested for HIV	No. of MDR TB suspects identified and subjects to C/DST of sputum	No. of MDR TB cases diagnosed & put on treatment
							Annualized NSP case detection rate	Cure rate			
1	Agra	8308	193.6	2913	67.9	86%	90%	90%		NA	**NA**
2	Aligarh	6139	172.8	2442	68.7	87%	90%	90%			
3	Allahabad	8366	142.5	3300	56.2	82%	90%	90%			
4	Ambedkar Nagar	2026	84.2	1231	51.2	86%	90%	90%			
5	Auraiya	2170	154.9	1059	75.6	84%	90%	90%			
6	Azamgarh	4729	100.8	1903	40.5	82%	90%	90%			
7	Baghpat	1832	132.4	865	62.5	86%	90%	90%			
8	Bahraich	5378	169.0	2192	68.9	87%	90%	90%			
9	Ballia	3335	102.0	1702	52.1	83%	90%	90%			
10	Balrampur	2475	123.7	1106	55.3	85%	90%	90%			
11	Banda	2105	118.1	797	44.7	87%	90%	90%			
12	Barabanki	5648	155.5	2586	71.2	89%	90%	90%			
13	Bareilly	6620	154.8	2764	64.7	85%	90%	90%			
14	Basti	3521	143.3	1297	52.8	85%	90%	90%			
15	Bijnor	4139	111.3	2377	63.9	85%	90%	90%			
16	Budaun	5870	161.0	2849	78.1	88%	90%	90%			
17	Bulandshahar	7331	211.1	2627	75.6	89%	90%	90%			
18	Chandauli	1945	99.8	978	50.2	83%	90%	90%			
19	Chitrakoot	1457	153.2	524	55.1	85%	90%	90%			
20	Deoria	2387	73.6	1157	35.7	81%	90%	90%			

21	Etah	3208	174.1	1367	74.2	88%	90%	90%			
22	Etawah	2813	176.7	1189	74.7	86%	90%	90%			
23	Faizabad	3132	154.8	1414	69.9	86%	90%	90%			
24	Farrukhabad	2590	138.2	1188	63.4	86%	90%	90%			
25	Fatehpur	3410	124.5	1548	56.5	70%	90%	90%			
26	Firozabad	3905	160.7	1348	55.5	84%	90%	90%			
27	Gautam Budh Nagar	3649	257.8	1159	81.9	88%	90%	90%			
28	Ghaziabad	10755	275.2	3876	99.2	92%	90%	90%			
29	Ghazipur	3133	86.5	1715	47.3	79%	90%	90%			
30	Gonda	4967	151.2	1702	51.8	87%	90%	90%			
31	Gorakhpur	3776	84.0	2266	50.4	89%	90%	90%			
32	Hamirpur	1617	130.6	624	50.4	88%	90%	90%			
33	Hardoi	7570	187.6	3294	81.6	86%	90%	90%			
34	Hathras	1900	119.9	966	61.0	86%	90%	90%			
35	Jalaun	2408	139.2	986	57.0	85%	90%	90%			
36	Jaunpur	6875	148.0	2497	53.7	86%	90%	90%			
37	Jhansi	2372	114.3	1036	49.9	86%	90%	90%			
38	Jyotiba Phule Nagar	2197	123.4	1257	70.6	87%	90%	90%			
39	Kannauj	2102	127.7	1068	64.9	88%	90%	90%			
40	Kanpur Dehat	2177	115.7	1180	62.7	90%	90%	90%			
41	Kanpur Nagar	7154	145.5	2627	53.4	80%	90%	90%			
42	Kanshi Ram Nagar	1996	135.8	989	67.3	NA	90%	90%			
43	Kaushambi	2975	193.4	1345	87.4	95%	90%	90%			
44	Kheri	4982	131.0	2119	55.7	82%	90%	90%			
45	Kushinagar	2955	86.0	1574	45.8	90%	90%	90%			
46	Lalitpur	1410	121.4	797	68.6	82%	90%	90%			
47	Lucknow	7777	177.8	3022	69.1	81%	90%	90%			
48	Maharajganj	2217	86.1	1222	47.5	89%	90%	90%			
49	Mahoba	952	113.1	508	60.3	87%	90%	90%			
50	Mainpuri	2065	109.1	818	43.2	88%	90%	90%			

51	Mathura	3268	132.9	1577	64.1	86%	90%	90%			
52	Mau	1978	90.0	881	40.1	89%	90%	90%			
53	Meerut	6727	188.6	2926	82.1	90%	90%	90%			
54	Mirzapur	3579	142.5	1649	65.6	90%	90%	90%			
55	Moradabad	5496	123.4	3106	69.7	84%	90%	90%			
56	Muzaffarnagar	6204	147.4	2834	67.4	85%	90%	90%			
57	Pilibhit	2851	146.0	1276	65.3	84%	90%	90%			
58	Pratapgarh	3981	122.9	1707	52.7	86%	90%	90%			
59	Rae Bareli	5454	159.8	2049	60.0	80%	90%	90%			
60	Rampur	3879	169.8	1610	70.5	87%	90%	90%			
61	Saharanpur	5125	151.5	2339	69.1	87%	90%	90%			
62	Sant Kabir Nagar	2021	119.4	895	52.9	83%	90%	90%			
63	Sant Ravidas Nagar	3175	197.7	1199	74.6	91%	90%	90%			
64	Shahjahanpur	3694	122.0	1981	65.4	84%	90%	90%			
65	Shravasti	995	95.1	620	59.3	85%	90%	90%			
66	Siddharthnagar	2441	100.8	1114	46.0	90%	90%	90%			
67	Sitapur	6049	140.8	2133	49.6	83%	90%	90%			
68	Sonbhadra	1837	105.7	1099	63.2	85%	90%	90%			
69	Sultanpur	4207	111.0	2131	56.2	85%	90%	90%			
70	Unnao	5237	163.2	2002	62.4	88%	90%	90%			
71	Varanasi	5945	159.0	2319	62.0	85%	90%	90%			
	Total	**278963**	**139.9**	**120817**	**61.2 (64.5%)**	**86%**	**90%**	**90%**			

* Patients put on treatment under DOTS regimens only are included.

Section B – List Priority areas at the State level for achieving the objectives planned:

Sl.	Priority areas	Activity planned under each priority area
1	To sustain & further improvement in case detection activities "Universal Access to TB care"	1 a) Further improvement in referral of TB suspects from PHIs to DMCs by strengthening of health system, Encourage referral of TB suspects through ASHA
		1 b) Awareness about free diagnostic & treatment services by effective ACSM activities
		Thrust on involving more NGO & PPs in revised schemes under the programme
		1 c)Further improving quality of microscopy services by monitoring under EQA by both IRLs (Lucknow & Agra)
		1 d) Further strengthening & monitoring of other sectors: Medical College, ESI, Railway, Corporate, CGHS etc.
		1 e) Support to IMA-GFATM-RNTCP-PPM partnership project under IMA
		1 f)Support to Global Round partners "G R- 9" Akshya Project, financially supported by Global funds
		1 g) Implementation of TB-HIV collaborative activities in all districts & monitoring referral of chest symptomatic from ICTC & vice versa.
		1 h) Opening new TU s/DMCs to meet population norms
2	MDR & DOTS plus	Programmatic Management of Drug Resistant TB(PMDT) scale up plan has been developed for the state. DOTS Plus services will be implemented in phased manner, to cover entire state by 2012.
3	Strengthening of IRLs & Lab network	3 b)Further strengthening of IRL at Lucknow & STDC Agra for culture & DST & DOTS plus. Microbiologist appointment in IRL/STDC Agra
		Increase in the visits by IRL teams & all components of EQA to be monitored by IRL
		Accreditation of IRL Lucknow & Agra
		Identification & accreditation of more Labs to develop state capacity for C & DST for MDR suspects
4	Implementation of TB-HIV intensified package under TB-HIV co ordination programme	Activities as recommended under National TB-HIV framework for intensified package as per action plan jointly developed with UP SACS
		Filling key posts, such as State TB-HIV coordinator & Distt. DOTS Plus-TBHIV supervisors(Distt.level)
5	Case holding activities	2 a) Further strengthening of DOT network by involvement of ASHA, AWW and general health staff.
		2 b) Retrieval of defaulting patients by general health staff & ASHA ; Monitoring default through

		MO- PHIs.
		2 c) Minimizing initial default by strengthening inter district/inter state referral feedback mechanism through Nodal referral centres, developed in DTCs of Medical College districts
		2 d)Thrust on involvement of NGOs in DOTS adherence schemes under the programme.
		2 e) Emphasis on patient provider & community meetings
6	Supervision & Monitoring	3 a) Divisional review by State officials/Additional Directors
		3 b) To continue "Intensified monitoring strategy" of the districts by state level teams
		3 c) Internal Evaluations of 2-3 districts in each quarter
		3 d) Regular monitoring of the programme through NRHM at all levels
		3 e) Ensuring movement of DTOs & MO TCs as per guidelines
		3 f) Intensifying supervision at all levels
7	Trainings	4 a) Filling up the posts of DTOs/Dy. DTOs, MOTCs, Training of untrained DTOs, TOTs & MO TCs at National & state level
		4 b) Refresher trainings of MOs & other staff
		4 c)Ongoing training activities in Medical colleges
		4 d) Training of MOs from other sectors
		4 e) Training of >50% of MPW & MPHS, Paramedical staff
8	ACSM activities	8 a) School awareness programme
		8 b) Involving more NGOs in revised ACSM schemes.
		8 c) General awareness in the community about the facilities available for free diagnosis & treatment under DOTS. Emphasis on community meetings and continuous Patients Providers Interaction Meetings
		8 d) More community Meetings in urban slums/densely populated/SC dominated areas
		8 f) Sensitization of PPs
		8 g) Awareness about free diagnostic & treatment services in Masjids, Gurudwara, & other religeous places regularly

Priority Districts for Supervision and Monitoring by State during the next year

District	Total number of patients put on treatment	Annualized total case detection rate (per Lac population)	No of new smear positive cases put on treatment	Annualized New smear positive case detection rate (per Lac p op)	Cure rate for cases detected in the last 4 corresponding quarters	Reason for inclusion in priority list
Deoria	2387	73.6	1157	35.7	81%	Lower case detection & cure rates
Mau **	1978	90.0	881	40.1	89%	Lower cases detection
Azamgarh	4729	100.8	1903	40.5	82%	Lower case detection & cure rates
Mainpuri	2065	109.1	818	43.2	88%	Lower cases detection
Banda **	2105	118.1	797	44.7	87%	Lower cases detection
Kushinagar	2955	86.0	1574	45.8	90%	Lower cases detection
Siddharthnagar **	2441	100.8	1114	46.0	90%	Lower cases detection
Ghazipur	3133	86.5	1715	47.3	79%	Lower case detection & cure rates
Maharajganj **	2217	86.1	1222	47.5	89%	Lower cases detection
Sitapur **	**6049**	**140.8**	**2133**	**49.6**	**83%**	Lower case detection & cure rates

Section C – Consolidated Plan for Performance and Expenditure under each head, including estimates submitted by all districts, and the requirements at the State Level

1. Civil Works (FMR Code – I.1)

Financial Norms:

a) Initial Establishment/Refurbishment costs One Time Costs • DMC- Up to Rs 30,000 per DMC • TU – Up to Rs 35,000 per TU • DTC – Up to Rs 1.5 Lacs per DTC. New DTC (where no DTC exists) up to Rs 4 Lacs per DTC which includes the above provision of Rs 1.5 Lacs per DTC • STO Office up to Rs 50,000 • State Drug Store – up to Rs 4 Lacs • IRL – up to Rs 10 Lacs for Laboratory and Monitoring unit • DOTS Plus Site-up to Rs. 10 Lacs

b) Maintenance of Civil works: • DMC: Rs. 1000 per year • TU: Rs 1300 per year • DTC: Rs 4500 per DTC per year • State TB Office, IRL/STDC, SDS, DOTS Plus Site: Rs 75000 per year. The maintenance amount for DMCs and TUs may be pooled at district level

and repairs are undertaken where necessary. In addition, one time provision of Rs 1.5 Lacs per SDS and Rs 30,000 per District Drug Store to improve storage capacity for 2nd line drugs for DOTS Plus.

Activity	No. required as per the norms in the state	No. already upgraded/ present in the state	No. planned to be upgraded during next financial year	Pl provide justification if an increase is planned in excess of norms	Estimated Expenditure on the activity (Rs.)	Quarter in which the planned activity expected to be completed
	(a)	(b)	(c)	(d)	(e)	(f)
STC/STDC/ IRL/DOTS Plus sites	7	7	0	Maintenance, As per norms	375000	
SDS	4	4	2	For DOTS Plus for 2nd line drugs at two DP sites, SDS Bareilly & SDS Varanasi, As per revised norms	300000	
DOTS Plus site	21	2	7	As per State DOTS Plus Action Plan (Revised norms@Rs10Lac /DOTS Plus siteX7)	7000000	
Distt. Drug stores at DOTS Plus sites	71	3	21	For 2nd line drugs at 21 districts, As per revised norms	630000	
DTCs	71	65	6		2692500	
TUs	416	391	25	New TUs	1383300	
DMCs	2050	1833	136	New DMCs	5913000	Some DMCs sanctioned in previous FY are in process of upgradation
TOTAL					Rs. 18293800 (Rs. 182.94 Lacs)	

To conduct this activity, an amount of Rs. 182.94 Lacs was proposed, which is approved by GOI (ROP – FMR code- I.1)

2. **Laboratory Materials (FMR Code – I.2) :**

District Level: Rs. 1.5 Lac/million Populations. If the case detection is more, the consumption of laboratory consumables is higher & costing enhanced proportionately.

Activity	Amount permissible as per the norms in the state	Amount actually spent in the last 4 quarters	Procurement planned during the current financial year (in Rupees)	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ Remarks for (d)
	(a)	(b)	(c)	(d)	(e)
Purchase of Lab Materials by Districts	33126060	24,109,724.00	28680000	31936705	
Lab materials for EQA activity at STDC (eg. Lab consumables for trainings, preparation of Panel slides etc)	2916000			2250000.00	For C & DST in IRLs for DOTS Plus & EQA. (Financial norms at State Level: Rs. 0.15 Lac/million population at State level for procument of lab material for states performing culture and DST activities.) (*C & DST services planned to be started by Feb 2011 in the state, so less expenditure in previous FY)
Lab materials & consumables for Culture/DST activity at IRL and other Accredited Culture & DST labs in Govt. sector including Medical Colleges					
Total				**34186705 (Rs. 341.87 Lacs)**	

To conduct this activity, an amount of Rs. 341.87 Lacs was proposed, out of which GOI approved Rs. 331.30 Lacs, as per norms (ROP – FMR Code- I.2)

3. Honorarium (FMR Code – I.3 (a&b) :

- Honorarium permissible: (Estimated Rs 250 * 75% of total registered cases))
- Rs. 2500.00 per case for MDR cases under DOTS Plus

Activity	Amount permissible as per the norms in the state	Amount actually spent in the last 4 quarters	Expenditure (in Rs) planned for current financial year	Estimated Expenditure for 2011-12 (Rs.)	Justification/ Remarks for (d)
	(a)	(b)	(c)	(d)	(e)
Honorarium for DOT providers (both tribal and non tribal districts)	5621392	13,178,460.00	37370000	58242032	Honorarium calculated as per districts request *Low utilization as funds disbursed in July 2010 only
Honorarium for DOT providers of Cat IV patients	70X2500 + 150X1000		250000.00	325000	As per DOTS Plus action plan
Total				**58567032 (Rs. 585.67 Lacs)**	

For this purpose, an amount of Rs. 585.67 Lacs was proposed, out of which GOI approved Rs. 292.84 Lacs, as per norms (ROP – FMR Code- I.3 (a&b))

4. Advocacy, Communication and Social Mobilization (ACSM) for RNTCP – (FMR Code – I.4)

1. Information on previous year's Annual Action Plan

Budget proposed in last Annual Action Plan (2010-11): Rs. 16706025.00

a). Amount released by the state: Rs. 11694218……Released 70% of PIP 2010-11(excluding balances) on 31st July 2010. The expenditure will be reflected in SOE of 31.12.10

b). Amount Spent by the state & districts- Rs. 6,933,172.00 (01.10.09 to 30.09.10 - last 4 Qtrs)

Permissible budget as per norm: Rs. 16114200.00

2. Budget for next financial year for the district as per action plan detailed below:

Rs. 19296419.00 + Rs 1420000 (Comm. Facilitators) + Rs.5000000.00 (State level)= 25716419.00

Program Challenges to be tackled by ACSM during the Year 20010-11	WHY ACSM Objective	For WHOM Target Audience	WHAT ACSM Activities		When Time Frame				By WHOM	Monitoring and Evaluation		Budget
Based on existing TB indicators and analysis of communication challenges (Maximum 3 Challenges)	Desired behavior or action (make SMART: specific, measurable, achievable, realistic & time bound objectives)		Activities	Media/ Material Required	Q1	Q2	Q3	Q4	Key implementer and RNTCP officer responsible for supervision	Outputs; Evidence that the activities have been done	Outcomes: Evidence that it has been effective	Total expenditure for the activity during the financial year
Advocacy Activities												
			1.One to one meeting district authorities		37	34	35	33				**No cost involved**
			2.Sensitization meeting		176	174	199	170				**872000**
			3.Briefing Meetings		136	125	123	115				**427600**
			4.Program information	-poster in local language	25199	16331	19592	16380				**874820**
			5.Factsheets/ pamphlets	-Factsheets	143076	91582	71577	108376				**599300**
			6.World TB Day	-success stories	55	2	2	30037				**1155309**
Communication Activities												
			Participate in the biannual health mela	Booklet/Flip Book, Posters, Stickers, Banners, Pamphlet, Patient information booklet	7797	10894	6046	35				**627500**
			Wall painting on TB	Cost of wall painting	1165	1791	914	2098				**1996600**
			Audio Visual aid material for increasing public	Hoardings	103	176	97	63				**2509000**
				Tin plates	1341	1206	861	2327				**1122300**

			awareness in TB	Banners	456	297	244	421				**457425**
				Mike publicity	195	516	213	273				**654000**
Social Mobilization activities												
			Community Meeting	Meeting material	1157	986	990	967				**1542200**
			Celebration of World TB day	Budgeted above								
			Exhibitions /Mela's / Popular Events in District.	Cost of Hiring of place and display material & cost interactive games, prizes etc	158	157	154	140				**499900**
			Drawing & Quiz Competitions		141	108	119	112				**273450**
			TB Sessions during NSS caps in school and college, Drawing & Quiz Competitions	Drawing material etc	926	899	902	884				**789300**
			OTHERS (HAAT, ETC)		1127	1100	1109	1106				**240600**
			Any other /Need Based Activities									
Advocacy Activities												
			1.Interaction Meetings		37	21	20	21				
			2.One to One Interaction Meetings		93	86	93	77				**324200**
			Briefing Meetings		108	39	40	39				**141500**
			Posters in local Language		4720	11165	4165	4665				**113150**
			Pamphlets		51500	21000	40000	9500				**186500**
			World TB Day		7	0	0	20				**153000**
Communication Activities												
			Patient information booklet, Flip Book		5965	3909	4161	2610				**372000**
			Wall Painting		389	487	319	378				**484200**
			Hoardings		39	20	17	17				**476500**
			Tin Plates		1205	308	208	205				**158400**
			Banners		126	133	273	149				**190300**
			Mike Publicity									

Social Mobilization												
			Community Meeetings		186	180	194	191				**318340**
			Exhibitions/Mela/Local events		30	28	24	21				**124300**
			Drawing and quiz competitions		22	12	13	18				**48500**
			Patient Provider Meetings		745	345	347	345				**265500**
			Bazaar Haat publicity		1054	1058	1052	1057				**100850**
Advocacy activities												
			One to one meetings with District Authorities	19	15	16	16					
			Sensitization Meetings	21	16	21	18					**121200**
			Briefing Meetings	25	16	15	16					**47500**
			Posters in local Language	6006	606	605	605					**70000**
			Pamphlets	9457	705	456	760					**28050**
			World TB Day	6	1	1	2					**57000**
Communication Activities			Patient information booklet, Flip Book	2335	2037	2357	2056					**111250**
			Wall Painting	106	62	93	63					**75200**
			Hoardings	17	1	7	3					**32500**
			Tin Plates	507	10	160	11					**43100**
			Banners	18	7	12	9					**15300**
			Mike Publicity	19	25	24	20					**62600**
Social Mobilization Activities			Community Meetings	49	44	42	44					**128450**
			Exhibitions/Mela/Local events	6	0	1	1					**3700**
			Drawing and quiz competitions	12	1	2	1					**6500**
			Patient Provider Meetings	413	13	13	13					**17800**
			Bazaar Haat publicity	5	5	31	32					**170525**
TOTAL BUDGET												**19296419**
State level Budget for ACSM												**5000000**
Comm. Facilitators (1 for 5 districts)												**1420000**
Grand Total												**25716419 (Rs. 257.16 Lacs)**

For this purpose, an amount of Rs. 257.16 Lacs was proposed, out of which GOI approved Rs.102.87 Lacs, as per norms (ROP – FMR Code- I.4)

5. Equipment Maintenance (FMR Code- I.5):

Computers/Photocopier /Fax – Rs 30,000/per year per district and per State • Binocular Microscope -Rs. 1500 per microscope per Year for AMC • Culture and DST equipment - 15% of cost of C&S equipment per Year The maintenance funds will be pooled at state or district level and arrangements made for responsive maintenance of equipment for least down time.

Item	No. actually present in the state	Amount actually spent in the last 4 quarters	Amount Proposed for Maintenance during current financial yr.	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ Remarks for (d)
	(a)	(b)	(c)	(d)	(e)
Computer (maintenance includes AMC, software and hardware upgrades, Printer Cartridges and Internet expenses)	65	5,038,981.00	7486000.00	2739700	
Computer/photocopiers at state level/SDS/STDC (maintenance includes AMC, software and hardware upgrades, Printer Cartridges and Internet expenses)	8			240000	
Binocular Microscopes (RNTCP)	1950			5850000	since CMC of BM's is planned
STDC/ IRL Equipment	2			560000	Two for STDC/IRL Agra & IRL Lucknow (Cold rooms & Incubators) including generator running & maintenance cost
Any Other (pl. specify)					
TOTAL				**9389700 (Rs. 93.90 Lacs)**	

For this purpose, an amount of Rs. 93.90 Lacs was proposed, out of which GOI approved Rs. 54.35 Lacs, as per norms (ROP – FMR Code- I.5)

6. Training (FMR Code- I.6):

- Training to be planned as Initial Training, Retraining and Update training. District level: The year-wise costs for training and review meetings at district level are Rs. 55,000 per million populations. State Level: The year-wise costs for training at state level are Rs. 15,000 per million populations. During training programmes the norms for lunch, refreshment and TA/DA costs would be as per approved norms under NRHM/State Health Society.

Activity	No. in the state	No. already trained in RNTCP	No. planned to be trained in RNTCP during each quarter of next FY (c)				Expenditure (in Rs) planned for current financial year	Estimated Expenditure for the next financial year (Rs.)	Justification / remarks
	(a)	(b)	Q1	Q2	Q3	Q4	(d)	(e)	(f)
Training of DTOs (at National level)	71	31	20	10	10	10	18000000	800000	
Training of MO-TCs									Included in State level trainings budget
Training of MOs (Govt + Non-Govt)	7311	4050	599	678	786	361	(Total planned)	4192260	
Training of LTs of DMCs- Govt + Non Govt	1708	1322	114	130	142	83		942995	
Training of MPWs	14479	8547	531	627	744	658		1141290	
Training of MPHS	8347	2927	510	540	476	577		997685	
Training of pharmacists, nursing staff, BEO etc	44338	17187	2717	2866	3405	2847		3763120	
Training of Community Volunteers	6996	949	359	324	302	323		992570	
Training of Pvt Practitioners	10500	0	400	306	390	500		237500	
Other trainings #	3867	1688	584	524	563	372		2446650	
Re- training of MOs	1056	642	299	239	319	251		1193690	
Re- Training of LTs of DMCs	5158	2952	860	844	794	411		793150	

Re- Training of MPWs	1561	977	228	155	155	125		301365	
	510	287	117	139	138	47		213535	
Re- Training of MPHS, pharmacists, nursing staff, BEO	260	6	74	54	132	50		150420	
Re- Training of CVs	9204	4724	1160	1145	1095	1047		833350	
Re-training of Pvt Practitioners	740	86	120	45	60	25		242600	
TB/HIV Training of MO-TCs and MOs	740	86	120	45	60	25			Budget for TB HIV Trainings will be borne by UP SACS as per NACO/CTD instructions
TB/HIV Training of STLS, LTs , MPWs, MPHS, Nursing Staff, Community Volunteers etc	1507	250	206	229	287	289			
TB/HIV Training of STS	6692	3200	416	404	334	211			
Training of MOs and Para medicals in DOTS Plus for management of MDR TB	21 Districts/8 DOTS Plus sites							2500000	
Provision for Update Training at Various Levels #								481620	Update Misc. trainings at district level
Any other training activity- Medical College training plan through STF	23 Med. Colleges							1400000	Govt. MC @ 75000/- per Med. Col; Pvt College @50000/- per MC
Any other training activity- State level Trainings of MOTC/MO/STS/STLS; budget for TA/DA for trainings paid through DHS in districts								1994000	
State level trainings for MOTC/STS /STLS/Drug management trainings								3103888	

/DOTS Plus Etc									
Review Meetings at State Level								400000	Enhanced from norms due to >190 Million population,
Total							**29121688 (Rs. 291.22 Lacs)**		

For this purpose, an amount of Rs. 291.22 Lacs was proposed, out of which GOI approved Rs. 116.59 Lacs, as per norms (ROP – FMR Code- I.6)

7. Vehicle Maintenance (FMR Code – I.7):

Type of Vehicle	Number permissible as per the norms in the state	Number actually present	Amount spent on POL and Maintenance in the previous 4 quarters	Expenditure (in Rs) planned for current financial year	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ remarks
	(a)	(b)	(c)	(d)	(e)	**(f)**
Four Wheelers	0	0	8,837,488	9380000		
Four Wheelers (State level STO/ STDC)	2	2			400000	**Tata Sumo & Jeep at STDC Agra**
Two Wheelers	423	391			1032000	
TOTAL					**10720000 (Rs.107.20 Lacs)**	

For this purpose, an amount of Rs. 107.20 Lacs was proposed, out of which GOI approved Rs. 99.70 Lacs, as per norms (ROP – FMR Code- I.7)

8. Vehicle Hiring* (FMR Code – I.8):

Hiring of Four Wheeler	Number permissible as per the norms in the state	Number actually requiring hired vehicles	Amount spent in the prev. 4 qtrs	Expenditure (in Rs) planned for current financial year	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ remarks
	(a)	(b)	(c)	(d)	(e)	**(f)**
For STC/ STDC/IRL	5	5	18,318,088	19146500	1125000.00	2Two State MO`s, 1 TB-HIV co-ordinator, 2 IRL
For DTO	71	71			38674680.00	
For MO-TC	423	391				
TOTAL					**39799680 (Rs. 398.00 Lacs)**	

* Vehicle Hiring permissible only where RNTCP vehicles have not been provided

For this activity, an amount of Rs. 398.00 Lacs was proposed, out of which GOI approved Rs. 220.09 Lacs, as per norms (ROP – FMR Code- I.8)

9. NGO/ PP Support (FMR Code – I9):

NGO/ PP Support: (New schemes w.e.f. 01-10-2008) Norms for various schemes are as provided in the revised NGO/PP Guidelines issued by RNTCP.

Activity	No. of currently involved in RNTCP	Additional enrolment planned for this year	Amount spent in the previous 4 quarters	Expenditure (in Rs) planned for current financial year	Estimated Expenditure for 2011-12 for which plan is being submitted (Rs.)	Justification/ remarks
	(a)	(b)	(c)	(d)	(e)	**(f)**
ACSM Scheme: TB advocacy, communication, and social mobilization	70	71	18,153,682	21460000	16305000	
SC Scheme: Sputum Collection Centre/s	50	124			9860000	

Transport Scheme: Sputum Pick-Up and Transport Service	31	104			3458000	
DMC Scheme: Designated Microscopy Cum Treatment Centre (A & B)	108	58			23415000	
LT Scheme: Strengthening RNTCP diagnostic services	1	22			1240200	
Culture and DST Scheme: Providing Quality Assured Culture and Drug Susceptibility Testing Services	0	6			700000	
Adherence scheme: Promoting treatment adherence (NGO & PP)	106	216			11892500	
Slum Scheme: Improving TB control in Urban Slums	14	31			3440000	
Tuberculosis Unit Model	2	0			1912400	
TB-HIV Scheme: Delivering TB-HIV interventions to high HIV Risk groups (HRGs)	3	14			1964000	
Total					**74187100 (741.87 Lacs)**	

For this purpose, an amount of Rs. 741.87 Lacs was proposed, out of which GOI approved Rs. 259.65Lacs, as per norms (ROP – FMR Code- I.9)

10. Miscellaneous (FMR Code – I.10):

State level: Population of >30 million – Rs 7 Lacs

District level: • Rs. 1.5 Lac/million population /year in RNTCP districts. TA/DA would be as per approved norms under NRHM. Only costs not covered by State/Districts budgets will be provided under project funds.

Activity* e.g. TA/DA, Stationary, etc	Amount permissible as per the norms in the state	Amount spent in the previous 4 quarters	Expenditure (in Rs) planned for current financial year	Estimated Expenditure for the next financial year (Rs.)	Justification/ remarks
	(a)	(b)	(c)	(d)	**(e)**
For IRL Lucknow	3,00,000.00	26,278,096.00	23351326.00	500000.00	Including running cost of generators for IRL
For STDC Agra	3,00,000.00			500000.00	Including running cost of generators for IRL
SDS				1700000	For Drug Transportation
Preparatory Activities For DOTS Plus				1000000.00	----Sputum Transportation , Printing of Forms, Registers for DOTS Plus, Packing materials for samples & drug boxes etc.
State Level	7,00,000.00			1500000.00	Large state with 71 districts
District Level	29681700			27229155	
TOTAL				**32429155.00 (Rs. 324.29 Lacs)**	

* Please mention the main activities proposed to be met out through this head

To conduct this activity, an amount of Rs. 324.29 Lacs was proposed, which is approved by GOI (ROP – FMR code- I.10)

11. Contractual Services (FMR Code – I.11):

Contractual Staff (State Level): The costs of each category of contractual staff is as under: • Asst.Program Officer/ Epidemiologist – Rs 40,000 p.m. • Medical officer - Rs 30,000 p.m. • TB-HIV Coordinators – Rs 35,000 p.m. • Urban TB Coordinators – Rs. 20,000 p.m. • DOTS Plus Site Sr. Medical Officer – Rs. 30,000 p.m • DOTS Plus Site Statistical Assistant – Rs. 15,000 p.m • Microbiologist (IRL)– Rs 40,000 p.m* • Sr. LT (IRL)-Rs.15,000 p.m • IEC Officer – Rs. 18,000 p.m • Accounts Officer/ State Accountant – Rs.18,000 p.m •

Secretarial Assistant – Rs.8500 p.m • Pharmacist/Storekeeper– Rs 12,000 p.m. • Store Assistant (SDS)– Rs. 8000 p.m • DEO (State TB Cell)– Rs.10,000 p.m • DEO (IRL) – Rs.10,000 p.m • Driver Rs.7000 p.m

Contractual Staff (District Level) The cost for each category for each contractual staff is as under: • Medical Officer (District) Rs. 28,000 p.m • Sr. DOT Plus & TB-HIV Supervisor–Rs.15000 p.m. • STS /STLS (each)- Rs. 12,000 p.m • LT - Rs. 8500 p.m • TBHV -Rs. 8000 p.m In addition a fixed TA of Rs 750 p.m is also payable, against appropriate travel documentation • DEO -Rs. 8500 p.m • Accountant (Part Time) -Rs. 3000 p.m • Driver -Rs. 7000 p.m A fixed allowance of Rs 1000 per month will be given to contractual STS/STLS/LT at TU/DMCs in notified tribal areas as per the tribal action plan. DA (daily allowance for travel) is only to be released against appropriate travel documentation. Where eligible such DA may be paid under State Government rules from the miscellaneous head. All new recruits will commence at above basic rate of remuneration. All contracts will be for one year. Contracts will be renewed by the society based on satisfactory performance. In the renewed contract the remuneration would be enhanced by up to 5% each year. Enhancement will be calculated over the basic rate and not the remuneration in the previous year.

Category of Staff	No. permissible as per the norms in the state	No. actually present in the state	No. planned to be additionally hired during this year	Amount spent in the previous 4 quarters	Expenditure (in Rs) planned for current fin. year	Estimated Expenditure for the next financial year (Rs.)	Justification/ remarks
	(a)	(b)	(c)		(d)	(e)	
APO	1	0	1	203,674,937.00	235722000.00	480000	
TB HIV coordinator	1	0	1			420000	
Urban TB coordinators	6	0	6			1440000	
DPS Sr. MO	10	0	10			3600000	
MO STC	2	0	2			720000	
DPS A	10	0	10			1800000	
Micro IRL (For two IRLs in the state)	2	1	1			960000	
Sr LT IRL	2	0	2			360000	
IEC Officer	1	0	1			216000	

State Accountant	2	0	2			432000	
Secretarial Asst	1	0	1			102000	
Pharmacist	4	0	4			576000	
Store Assist SDS	4	0	4			384000	
DEO STC	1	1	0			126000	
DEO IRL	2	0	2			240000	
Driver STC	1	0	1			84000	
MO DTC	11	1	10			3696000	
DEO Distt	71	65	6			7966200	
PT Accountant	71	46	9			2556000	
LT distt.	852	687	65			84374400	
STLS	415	340	45			65894400	
STS	415	363	29			65894400	
TBHV	308	149	63			24295200	
Sr. DOTS plus-TB HIV supervisor	71	0	71			12780000	
Drivers	7	7	0			588000	
Any other Contractual staff							
TOTAL						**279984600.00 (Rs. 2799.85 Lacs)**	

For this purpose, an amount of Rs. 2799.85 Lacs was proposed, out of which GOI approved Rs. 2699.85 Lacs (ROP – FMR Code-I.11)

12. Printing (FMR Code – I.12):

Rs.1.50 Lac/million population, including printing undertaken at State and District levels.

Activity	Amount permissible as per the norms in the state	Amount spent in the previous 4 quarters	Expenditure (in Rs) planned for current financial year	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ remarks
	(a)	(b)	(c)	(d)	**(e)**
Printing-State level:*	30114600	-	17970000	6000000	**Printing of revised modules & formats (Pending)**
Printing- Distt. Level:*		6958408		27543841	
Total				**33543841 (Rs. 335.44 Lacs)**	

For this purpose, an amount of Rs. 335.44 Lacs was proposed, out of which GOI approved Rs. 117.40Lacs, as per norms (ROP – FMR Code- I.12)

13. Research and Studies (excluding OR in Medical Colleges): FMR Code – I.13

Research proposals up to Rs 5 Lacs may be approved by the ZTF (for medical colleges) or OR committee of the STCS. Proposal above Rs 5 Lacs will be forwarded to CTD. CTD may approve proposals upto Rs 15 Lacs and proposals above Rs 15 Lacs will be forwarded to the Central OR Committee.

Any Operational Research projects planned (Yes/No) _____Yes, DRS Study by JALMA Institute, Agra_____

Estimated Total Budget _____Nil_____

Budget not proposed for this activity.

14. Medical Colleges (FMR Code – I.14):

The Medical colleges can be provided with the contractual staff (MO, LT and TB HV) as per requirement. . Rates of contract are same as for similar staff at district level. Provision has been made for need based training of resident doctors of all departments in RNTCP. It is expected that 50 residents/year/medical college would require this training. A thesis grant of Rs 20,000 for research on RNTCP priority areas will be approved by STF at one thesis per medical college per year. Provision is also available for support to Conferences, symposiums, panel discussions and workshops organized at National and state levels and at level of Medical college.

<table>
<tr><th>Activity</th><th>Amount permissible as per norms</th><th>Estimated Expenditure for the next financial year(Rs.)</th><th>Justification/ remarks</th></tr>
<tr><td></td><td>(a)</td><td>(b)</td><td>(c)</td></tr>
<tr><td>Contractual Staff:
MO-Medical College (Total approved in state __12_)
STLS in Medical Colleges (Total no in state __2_)
LT for Medical College (Total no in state ___11)
TBHV for Medical College (Total no in state_12__)</td><td></td><td><table>
<tr><td>MO</td><td>12</td><td>4032000</td></tr>
<tr><td>STLS</td><td>2</td><td>316800</td></tr>
<tr><td>LT</td><td>13</td><td>1458600</td></tr>
<tr><td>TBHV</td><td>13</td><td>1489800</td></tr>
<tr><td>1 DEO for ZTF</td><td>1</td><td>120000</td></tr>
<tr><td>Total</td><td></td><td>7417200</td></tr>
</table></td><td></td></tr>
<tr><td>Research and Studies:
Thesis of PG Students
Operations Research*
OR workshop & state level conference</td><td>10 X 20000.00

500000.00 X 3 & 18 Lac X 1
50000.00X2</td><td>200000.00

3300000.00

100000.00</td><td>1 per Med. Col. X 20 Med. Colleges</td></tr>
<tr><td>Travel Expenses for attending STF/ZTF/NTF meetings</td><td>20000.00 per meeting
10000.00 X 12 for touring of ZTF/STF chairperson</td><td>200000.00</td><td></td></tr>
<tr><td>IEC: Meetings and CME planned</td><td>35000.00 per STF meeting</td><td>140000.00</td><td></td></tr>
</table>

Equipment Maintenance at Nodal Centres	30000.00	30000.00	
Misc. expenses for ZTF & STF (For stationary, inernet & telephone etc)	5000.00X12	60000.00	
Total		**11447200.00 (Rs. 114.47 Lacs)**	

For this purpose, an amount of Rs. 114.47 Lacs was proposed, out of which GOI approved Rs. 112.91 Lacs, as per norms (ROP – FMR Code- I.14)

15. Procurement of Vehicles (FMR Code I. 15):

Equipment	No. actually present in the state	No. planned for procurement this year (only if permissible as per norms)	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ remarks
	(a)	(b)	(c)	**(d)**
4-wheeler **			0	
2-wheeler	**391**	**137**	**6850000**	**For new TUs & Old two wheelers to be replaced**

** Only if authorized in writing by the Central TB Division

For this purpose, an amount of Rs. 68.50 Lacs was proposed, which is approved by GOI (ROP – FMR Code- I.15)

16. Procurement of Equipment (FMR Code – I.16):

Equipments	No. actually present in the state	No. planned for this year (only as per norms)	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ remarks
	(a)	(b)	(c)	**(d)**
Office Equipment (Computer, modem, scanner, printer, UPS etc.)	65	25	1500000	For replacement of old computers
Office Equipment for SDS, IRL & eight DOTS Plus sites (Computer, modem, scanner, printer, UPS etc.)		12	720000	4 for state, STDC, SDS & ZTF, eight for 8 DOTS Plus sites
Total			**2220000**	

For this purpose, an amount of Rs. 22.20 Lacs was proposed, out of which GOI approved Rs. 21.60 Lacs, as per norms (ROP – FMR Code- I.16)

Section D: Summary of proposed budget for the state

(Rs. in Lacs)

Category of Expenditure	Budget Proposed for the state (Year 2011-12)	Budget Approved (Year 2011-12)
1. Civil works	182.94	182.94
2. Laboratory materials	341.87	331.30
3. Honorarium	585.67	292.84
4. IEC/ Publicity	257.16	102.87
5. Equipment maintenance	93.90	54.35
6. Training	291.22	116.49
7. Vehicle maintenance	107.20	99.70
8. Vehicle hiring	398.00	220.09
9. NGO/PP support	741.87	259.65
10. Miscellaneous	324.29	324.29
11. Contractual services	2,799.85	2699.85
12. Printing	335.44	117.40
13. Research and studies	-	-
14. Medical Colleges	114.47	112.91
15. Procurement –vehicles	68.50	68.50
16. Procurement – equipment	22.20	21.60
TOTAL	**6,664.57**	**5,004.78**

Additionality Funds from NRHM (FMR Code - B.22.4)

1. Additional Instruments for Intermediate Reference Lab (IRL) Lucknow for LPA of MDR suspects under DOTS Plus: Rs. 20 Lac for additional 100 KVA generator for LPA
2. Rooms for Hostel facility at Thakurganj TB hospital, Lucknow, being developed as State training centre for TB: Rs. 35 Lacs
3. Repair of Drain, furnishing of hostel rooms, minor repair in IRL at STDC Agra: Rs. 6.60 Lacs
4. CUG mobile connection for Programme officers & supervisory staff: Rs. 15 Lacs
5. Intensified monitoring activities and MIS to be developed for 13 identified low performing districts in the state. (Funds requested Rs. 20 Lacs)
6. Silico-Tuberculosis Project: Rs. 20.00 Lacs

For the above purpose, a total amount Rs. 116.60 lacs was proposed under NRHM Addionality head, out of which GOI approved Rs. 61.60 for the following activities under NRHM Flexipool (ROP – FMR Code – B.22.4)

- *Additional Instruments for Intermediate Reference Lab (IRL) Lucknow for LPA of MDR suspects under DOTS Plus: Rs. 20 Lac for additional 100 KVA generator for LPA*
- *Rooms for Hostel facility at Thakurganj TB hospital, Lucknow, being developed as State training centre for TB: Rs. 35 Lacs*
- *Repair of Drain, furnishing of hostel rooms, minor repair in IRL at STDC Agra: Rs. 6.60 Lacs.*

D.3. NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

A. Background - India was first country to launch the National Programme for Control of Blindness in 1976. The goal of the programme was to reduce the prevalence of blindness. Out of the total estimated 45 million blind people (3/60) in the world, 7 million are in India and 1.85 million in Uttar Pradesh. This is due to the large population base and increased life expectancy. Every year 0.3% of the population, which means about 5.5 lac blind persons, are added to the total blind population. Out of 5.5 lacs total blind 3.5 lacs become blind every year due to cataract.

As the number of cataract patient is reducing because of clearance of backlog, blindness due to degenerative diseases like diabetes and glaucoma and injuries related corneal opacities are increasing. The programme has to tackle emerging challenges.

B. Goal - Prevalence rate of blindness in Uttar Pradesh is 1.0% (Survey-2004). Goal of the programme is to reduce prevalence rate of blindness to –

- 0.5% by the end of 2012 and
- 0.3% by the end of year 2020

D. Activities to achieve goal:

I. Main Activities

a. Cataract Surgery.
b. School Eye Screening.
c. Eye banking for keratoplasty to treat Corneal Blindness.

II. Innovations taken up last year:

a. Management of diseases other than Cataract (Diabetic Retinopathy, Glaucoma management, Laser Techniques, Corneal Transplantation, Vitreoretinal Surgery and treatment of Childhood blindness)

E. Situational Analysis

I. Infrastructure-

Sl.	Items	No.
1	Eye Surgeon in District	All
2	Blocks with inadequate eye care services	Nil
3	Block PHC/CHC equipments(NPCB GOI norms)	735
4	Upgraded block PHC/CHC equipments(i.e	Operative equipments at 187

	refraction Services available) (NPCB GOI norms)	CHC (IOL Centres) and refractive services at 735 PHC/CHC.
5	Vision Centres	230 established in Govt. sector. at PHCs/CHCs
6	District Hospital- facilities for eye surgery available	72
7	No. of District Hospitals with dedicated Eye O.T.	47
8	Sub District Hospitals	15
9	No of Sub District Hospitals where Cataract Surgeries undertaken	15
10	Medical Colleges	19(10 Govt.+ 9 Pvt.)
11	Central Ophthalmic Mobile Unit	9
12	District Ophthalmic Mobile Unit	60
11	Eye Bank	18
12	Eye Donation Centres	1
13	PMOA(Para medical ophthalmic assistant) Training Schools	3 at Govt. Medical colleges and 86 in Pvt Sector.
14	PMOA Posted	936
15	Eye Surgeon	350 (in Govt. Sector)
16	Blind schools	4 (At Gorakhpur, Saharanpur, Lucknow and Banda)
17	NGO Associated with NPCB	22 recognized at state level and 106 at district level.
18	Number of Eye Surgeons Trained under NPCB (2010-11)	27
19	Number of PMOA's given re-orientation training (2010-11)	69 at Satguru Netra chikitsalaya-chitrakoot

II. Programme-

The component wise status of programme :-

Sl.	Intervention	Targets	Achievement till Dec-10	Expected achievement by Mar-11	Remarks
1	**Cataract Operation**	714000	348116 (343240-IOL)	7,83,000 lacs	• Delayed procedural exercise for purchase of IOL. • The targets will be achieved till March as most of the cases are operated in winters.
2	**School eye Screening**	33,00,000	13,92,423	33,00,000	• Expecting better results than targeted as the activity has been linked up with School health scheme(Ashirvad)

3	**Free Spectacles for Poor Children**	70000	13,341	70000	• Against separate requirement proposed in PIP 10-11 of Rs. 400 lacs for providing the Spectacles to 2 lacs children, the approved and released budget by GOI was merged with Cat Oprt. which affected the implementation of the programme .
4	**Corneal Collection**	700	297	700	• Due to lack of public awareness • Separate budget proposed for IEC of this activity last year was not approved by GOI.
5	**Vision Centre**	50	50	-	
6	**Eye donation Centre**	**5**	**0**	**5**	• After full functioning of eye banks it will take off gradually. • Lack of response from the field.

III. Financial-

Budget Approved in year 2010-11 PIP(in lacs)	Opening balance for the year 2010-11 (in lacs)	Total amount released till Dec-10 (in lacs)	Total availability of fund during the year was (in lacs)	Total expenditure till Dec-10 (in lacs)	Unspent amount (in lacs)
3500.00	**604.64**	**2022.23**	**2626.87**	**2077.75**	**549.12**

F. Target For 2010-11:

Sl.	Activity	Target for 2010-11
1	Cataract Operations	7.70 lacs with 98% IOL operations (50% by Govt+NGO sector)
2	School Eye Screening	50 lacs Children of aged 8-14 years & free Distribution of 0.70 lacs spectacles to poor children
3	Corneal Blindness	Target of 500 eye pair collection and 500 Corneal transplantation
4	Diseases other than Cataract Surgeries (Diabetic Retinopathy, Glaucoma, Childhood Blindness,	Treatment of 15,000 patients

	Vitreoretinal Surgery, Laser Technique, Low vision aid etc.)
	Total

G. Activity Wise Situation of the Programme

1. Cataract Surgery

As the survey conducted in 2004 by Govt. of India 62% of blindness is due to cataract. Estimated 3.5 cataract cases are added every year. So to reduce cataract blindness our targets and achievements for last 3 years are mentioned below

TREND

Sl.	Year	Target (in lacs)	Cataract surgical rate achieved per Lac population	Achievements	% achievement against total annual target	% achievement of IOL operations against total cataract operations
1	2007-08	5.50	317	5.97 lacs	108.64%	**93.66%**
2	2008-09	7.14	371	6.81 lacs	95.51%	**96.59%**
3	2009-10	7.14	400	7.31	102.50%	**98.38%**
4	**2010-11**	**7.14**	**400**	**7.83 aimed**	**110.10% (expected)**	**98.00% (expected)**

Strategies to Achieve the Targets of 2011-12

1. Primary Screening by ASHA, MPW to identify cases with visual impediments.
2. Case selection by eye surgeon at screening camps, base & Distt Hospital.
3. Free transportation of all cataract blind to base hospital for IOL Surgery.
4. Follow up of operated cases, carrying out refraction and providing best corrected glasses.
5. Training of eye surgeons in IOL, SICS and Phaco.
6. Promotion of those NGOs, which are good in technical skills.
7. Extended I.E.C. Programme by Electronic media, Print media and Local Agencies, AIR & National Channels to approach rural and remote area supported by local IEC.

Budget Requirement-

- Targets for cataract operation in the year 2011-12 is 7.70 lacs, out of which 50% will be operated in hospitals owned by govt. / NGO sector (3.85 lacs) and 50% will be operated in private sector hospitals (3.85 lacs). As GOI provides Rs.750/- for an operation in govt /NGO owned hospital, thus the total budget Rs. 2887.50 lacs(750 X 385000 Cat.Oprations)was proposed.

- This year 10 operating centres (New District & CHCs) will be provided a new microscope. The cost of a microscope is 6.00 lacs each. Therefore for purchase of 10 microscopes, budget of Rs. 60.00 lacs is proposed.
- 10 Good performing District Hospitals will be provided Phecoemulsification Machines. The cost of a Phacomachine is 15.00 lacs each. Therefore for purchase of 10 Phacomachine, budget of 150.00 lacs is proposed.
- For the year 2011-12, budgetary requirement of Rs. 155.00 Lacs for 50 applination tonometers and 50 flash autoclaves are also proposed.
- Further, repair and maintenance of Ophthalmic Equipments at 88 centres (District Hospitals-72, Sub-district hospitals-16) @ Rs. 1.00 lacs/district is also proposed.

Sl.	Activity	Unit cost (in Rs)	Target	Amount Proposed (Rs. in Lacs)	Amount Approved (Rs. in Lacs)	FMR Code
1	Cataract Surgery by govt. and NGO sector	750	3.85 lacs	**2887.50**	**2390.00**	**H.1.1**
2	Phacoemulsification Machines	1500000	10	**150.00**	**197.50**	**H.1.12**
3	Operating Microscope	600000	10	**60.00**		
4	Applination Tonometer	60000	50	**30.00**		
5	Flash Autoclaves for 50 operating centers in State	250000	50	**125.00**		
6	Repair and maintenance of Ophthalmic Equipments at 88 centres	100000	88	**88.00**	**50.00**	**H. 1.13**
	Total			**3340.50**	**2637.50**	

For the above purpose, out of Rs. 3340.50 Lacs, an amount of Rs. 2637.50 Lacs is sanctioned by GOI.

2. School Eye Screening

It is estimated that 5-7% of School going children aged 8-14 yrs have problems with their eye sight effecting their participation and learning at school. This can be corrected by a pair of spectacles.

All school having children in the age group of 8 -14 years are expected to under take eye screening activities. It is proposed that this activity will be under taken by ASHA/ MPW (Male) and primary school teachers trained for the purpose and Optometrists under school health programme under NRHM. These workers will be trained for under taking screening process and making referral for refraction to block PHCs. District Health Society will supply the refractive glass to needy students.

Target for 2010-11

a. Screening of 50 lacs Children of aged 8-14 years
b. Free Distribution of 0.70 lacs spectacles to poor children @ Rs 200 each in year 2 011-12.

Strategies to Achieve the Targets of 2011-12:

- Training of ASHA, MPWs and school teachers at primary level.
- Suspected refractive error children referred to PHC/CHC/NGO Hospitals/ trained Optometrist for proper refraction and will provide free spectacles to poor children.
- Involvement of NGO's in Screening of Children having low Vision for non school going children..
- Development of 100 vision centre at PHC/CHC level in 72 districts and in NGO/PVT sector with equipment, furniture and fixture in the year 2011-12 so that in next 3 years all block health facility will have a vision centre in phased manner. The concept of vision centre arises from fact that one time provision of equipments and supportive material hardly ever gets replaced resulting into non functional facility.
- It is proposed the training will be completed by June and screening progamme by Sep. 2011. School wise report will be generated by ASHA depicting name of school, no of children screened, No of children with defective vision referred to PHC.
- Through local IEC all schools will have wall painting/writing in relation to eye screening programme.
- The training of ASHA for eye screening is already included in regular ASHA training programme by NRHM.

Budget Requirement for year 2011-12

- For replacement of obsolete and nonfunctional equipments / material at vision centre state requires Rs. 50,000 each for 50 vision centers thus a total of Rs 25.00 lacs.
- For providing free spectacles to 0.70 lacs students with rate of Rs 200 each, total amount required is Rs 140.00 lacs.

Total amount required is Rs 16500 lacs for this activity.

Sl.	Activity	Unit cost (in Rs)	Target	Amount Proposed (Rs. in Lacs)	Amount Approved (Rs. in Lacs)	FMR Code
1	Replacing obsolete and non functional equipments / material for vision centres	50,000	50	**25.00**	**25.00**	**H.2.4**
2	Providing free spectacles	200	0.70lacs	**140.00**	**140.00**	**H.1.3**
Total				**165.00**	**165.00**	

For the above purpose, total amount of Rs.165.00 Lacs is sanctioned by GOI.

3. Corneal Blindness

The prevalence of corneal blindness is about 1% of total blindness. There are about 18000 people in need of corneal transplant. The lack of corneal donation and functional institutions are major bottlenecks to address corneal blindness.

Target for 2011-12

- Target of 1000 eye collection and 1000 Corneal Transplantation in the year 2011-12 is targeted
- Collection of Donated eye & providing Keratoplasty Services in all Medical Colleges and registered Eye Banks.

Strategies to Achieve the Targets of 2011-12

- Primary eye care medicines will be available at PHC/CHC level.
- 18 Eye Banks are already registered till 2010-2011 and 10 eye banks will be registered in 2011-2012.

Budget Requirements for year 2011-12

- Among all 18 registered eye banks 5 eye banks have received the grant of Rs.10-15 lacs and rest 13 will require non recurring grant. But in the year 2011-12 we can provide assistance to only 2 eye banks, Rs.15 lacs /per bank (Revised rates). Therefore budget of Rs.30.00 lacs is proposed for this activity.
- 5 eye Donation centres will be provided, Rs. 1 lacs each for eye collection and preservation (non recurring grant). Thus Rs.5 lacs will be required for this purpose and Rs.1.00 lacs will be required for recurring GIA to Eye Donation Centre.
- 500 eye pair collection and banking will required Rs.7.50 lacs (Rs. 1500 each pair)

Sl.	Activity	Unit cost (in Rs)	Target	Amount Proposed (Rs. in Lacs)	Amount Approved (Rs. in Lacs)	FMR Code
1	Assistance to eye banks	1500000	2	30.00	30.00	**H.2.1**
2	Eye collection and preservation at eye donation centre	100000	5	5.00	5.00	**H.2.2**
3	Recurring GIA to Eye Donation Centre.			1.00	1.00	**H.1.8**
4	Eye pair collection and banking	1500	500	7.50	7.50	**H.1.9 & H.1.10**
	Total			**43.50**	**43.50**	

For the above purpose, total amount of Rs.43.50 Lacs is sanctioned by GOI.

4. Diseases other than Cataract Surgeries (Diabetic Retinopathy, Glaucoma, Childhood Blindness, Vitreoretinal Surgery, Laser Technique, Low vision aid etc.)

About 16% of total blindness is due to diabetes, glaucoma and other above mentioned disease. Currently there is no mechanism to address this category of blind persons which is gradually increasing. It is proposed to setup screening clinic in every district hospital and treatment centre at every divisional hospital and medical colleges.

Strategies to achieve targets:

- All known diabetics to be examined by eye surgeon /ophthalmic asstt.
- Tonometry, fundoscopy and indirect ophthalmoscope will be done at weekly clinic at all district hospitals.
- Medical Management of diabetic retinopathy and surgical management of glaucoma at divisional level hospital.
- For surgical intervention patients referred to Tertiary centres (medical colleges and NGO hospitals) for diabetic retinopathy, Glaucoma and other eye diseases.
- For operation of equipments, optometrist should train at medical colleges by state govt.
- Eye surgeons to be trained in diabetic retinopathy and Glaucoma by central government.

Financial requirement

- For the treatment of diseases other than cataract state require Rs 150 lacs for 15000 patients@ Rs 1000/- each.

Sl.	Activity	Unit cost (in Rs)	Target	Amount Proposed (Rs. in Lacs)	Amount Approved (Rs. in Lacs)	FMR Code
1	Other than Cataract, corneal blindness & refractive errors	1000	15,000	**150.00**	**150.00**	**H.1.2**
	Total			**150.00**	**150.00**	

For the above purpose, total amount of Rs.150.00 Lacs is sanctioned by GOI.

4. Infrastructure

I. Strengthening of State Cell of Blindness Control Programme

GOI has recommended staff and financial norms for strengthening State Cell of NPCB at Directorate. With the integration of the State Health Society NRHM, the strengthening component will be integrated with the State Programme Cell. The fund requirement for 2011-121 is as under:

Sl.		Staff on Contract Basis	Monthly Rate	Annual Requirement (In Rs.)
A.	1	Budget & Finance Officer	15000	**180000.00**
	2	Administrative Assistant/Statistical Assistant	7000	**84000.00**
	3	Data Entry Operator	7000	**84000.00**
	4	Peon	5000	**60000.00**
	Sub-Total			**4,08,000.00**
B.	1	TA/DA to Staff	8000	**96000.00**
	2	POL and Vehicle maintenance	15000	**180000.00**
	3	Stationery & Consumables	8000	**96000.00**
	4	Hiring Of Vehicles	8000	**96000.00**
	5	Contingency and Other expenses	10000	**344000.00**
	6	Monthly Review Meeting	15000	**180000.00**
	Sub-Total			**9,92,000.00**
Total				**14,00,000.00**

For the above purpose, total amount of Rs.14.00 Lacs is sanctioned by GOI . (ROP – FMR Code – H.1.5)

Management of District Health Society (NPCB)

To implement, monitor and supervise the programme activities in districts, it is proposed that office expences @ of Rs. 2.00 Lacs/distirct to be provided to district health societies (NPCB) in 72 districts (for POL & main.of Veh. Stationary, Postage, Hon. to DPM and Class 3). Thus a total amount of Rs. 144.00 Lacs is required for this activity. ***GOI approved Rs. 100.00 Lacs for this purpose (ROP – FMR Code – H.1.5)***

5. TRAININGS

Target for year 2011-12

- Training of PMOA (Paramedical Ophthalmic assisstant/Optometrist) to be conducted by State in Refraction & instrumentation at 4 training centers namely– Satguru eye Hospital Chitrakoot, M.P/U.P. (Govt. of India Recognized Centre).
- Training of Staff Nurses in Ophthalmic O.T. and Ward Management at – Satguru eye Hospital Chitrakoot, M.P/U.P.(Govt. of India Recognized Centre)

Budget Requirement

Sl.	No. of Trainees	Name of Training	Duration	Amount Proposed (Rs. in Lacs)	Amount Approved (Rs. in Lacs)	FMR Code
1	200 PMOA's	Refraction & Instrument Management	5 Days	10.00	**10.00**	**H.3 (Only for PMOA)**
2	150 Staff Nurses (2 from each district)	O.T. & Ward Management	4 Weeks	13.00		
3	50 eye Surgeons of U.P. 50 surg. X @ Rs. 70000/	Specialized training for upgrading of the skill of eye surgeons	2 Months	35.00 lacs	-	Directly from head

	Trainee	at specified centres of the country		quarter
	Total	**58.00**	**10.00**	

For the above purpose, out of Rs. 58.00 Lacs, an amount of Rs. 10.00 Lacs is sanctioned by GOI.

In the year 2011-12 following new Centers will be added for eye care services.

Sl.	Level	Infrastructure to developed in 2011-12	Amount Proposed (Rs. in Lacs)	Amount Approved (Rs. in Lacs)	FMR Code
1	Up gradation of 2 NGO Hospitals	2 NGO will be provided non-recurring grant of Rs. 30.00 lacs for the strengthening /up-gradation of Hospital.	**60.00**	**30.00**	**H.2.4**

For the above purpose, out of Rs. 60.00 Lacs, an amount of Rs. 30.00 Lacs is sanctioned by GOI.

6. IEC/BCC Activities – NPCP

To conduct IEC activities (Eye donation fortnight, World Sight Day, World Glucoma Day) at district and state level, ***an amount of Rs. 82.00 Lacs (1 lacs for 72 districts and 10.00 Lacs for State) was proposed, out of which Rs. 50.00 Lacs is sanctioned by GOI (ROP- FMR Code – H.1.11)***

APPROVED BUDGET SUMMARY NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

(Rs. in Lacs)

Description		Physical Target	Amount Proposed	Amount Approved
Recurring Grant-in aid(*)	For free Cataract operations @ Rs 750/- per case and other Approved schemes as per financial norms(*)	385000 cat. Oprt.	**2887.50**	**2390.00**
	10 Pheco Machines 10 District Hospitals and other big hospitals @ 15.00 lacs each. (15lacs X 10=150lacs)	10	**150.00**	**197.50**
	10 Operating Microscopes (Newly Created District Hospitals and CHCs @ 6.00 lacs each. (6 lacs X 10=60lacs)	10	**60.00**	
	50 applination tonometer for division district hospitals (50 X 60000/each=30.00 lacs)	50	**30.00**	
	Flash Autoclaves for 50 operating centers in State @ -2.50lacs.(2.50 X 50= 125 lacs)	50	**125.00**	

	Repair and maintenance of Ophthalmic Equipments at District Hospitals-72, Sub-district hospitals-16. (@ 1.00 lacs/district X 88)	72 DH and 16 sub district hospitals	**88.00**	**50.00**
	GIA for Diseases other than cataract (Diabetic Retinopathy, Glaucoma, etc.) @ Rs 1000.00/ operation	15000	**150.00**	**150.00**
	Special Training for upgradation of the eye surgeons of state at specialized centres (50X@ Rs. 70000.00)	50 trainees	**35.00**	**0.00**
	Training- PMOA & Staff Nurse.		**23.00**	**10.00**
	IEC(World Sight Day (1 lacs X 72= 72 lacs) & State Composite IEC of Rs. 10.00 lac	-	**82.00**	**50.00**
	Office Expences of State NPCB under NRHM, Other activities & contingency.	-	**14.00**	**14.00**
	Office expences of Dist Health Societies(NPCB) 72 districts (POL & main.of Veh. Stationary, Postage, Hon to DPM and Class 3) Rs 2.00lac each districts.		**144.00**	**100.00**
	Recurring GIA to Eye Banks(1000 eye DonationX Rs 1500.00 per pair eye collection)	500	**7.50**	**7.50**
	Recurring GIA to EDC (@1000 X 1 EDC)	100	**1.00**	**1.00**
	Grant-in-aid for School Eye Screening(0.70 lacs spec. @ 200/- each=200.00lacs	70,000	**140.00**	**140.00**
Nonrecurring Grant-in-aid	For Vision Centres @ Rs.50000/-	50	**25.00**	**25.00**
	For Eye Bank @ Rs.15 Lacs	2	**30.00**	**30.00**
	For Eye Donation Centre @ Rs.1 Lacs	5	**5.00**	**5.00**
	For NGOs @ Rs.30 Lacs	2	**60.00**	**30.00**
Total Grant-in-aid			**4057.00**	**3200.00**

**** Recurring Grant-in-Aid for Free Cataract Operations and various other schemes which include: Other Eye Diseases @ Rs 1000/-, School Eye Screening Programme @ Rs 200/- per pair of spectacles, Private Practitioners @ as per NGO norms , Management of State Health Society and District Health Society @ Rs 14 Lacs/ 7 Lacs, Recurring GIA to Eye Donation Centres @ Rs 1000/- pair of Eye Ball collection and Eye Banks @ Rs 1500/- per pair of Eye Ball collection Rs 1500, Training, IEC, Procurement of Ophthalmic Equipment, Maintenance of Ophthalmic Equipments, Remuneration, Other Activities & Contingency.***

D.4. NATIONAL LEPROSY ERADICATION PROGRAMME

Introduction

During 11th Five Year Plan the national objective of NLEP is to achieve elimination level i.e. < 01 patient per 10,000 population at state, district and block levels and sustain the level of elimination achieved.

Objectives for the year 2011-12

1. Further reduce the burden of leprosy
2. Sustain quality services to leprosy affected persons
3. Enhance Disability Prevention and Medical Rehabilitation
4. Reduce the social stigma associated with leprosy

Situational Analysis

Functional Integration of leprosy services has been accomplished in the state. Elimination has been achieved in 48 districts by the end of December 2010. District Bahraich has PR >2. Late detection of cases is a major weakness of the state, likely reason being poor awareness. 446 cases of grade-2 disability detected in this year. Management of Reaction cases is unsatisfactory due to inadequate skills and irregular availability of Prednisolone. Complacency among program managers & staff has set in after achieving elimination at state level.

Performance under NLEP

Indicators	2006-07	2007-08	2008-09	2009-10	2010-11 (Dec '10)
No. of new cases detected (ANCDR)	32413 (17.0)	31028 (15.9)	27577 (13.8)	27473 (13.4)	20243 (14.9)
No. of cases on record at year end (PR)	18104 (0.95)	18254 (0.94)	16206 (0.81)	16484 (0.81)	18147 (0.89)
No. of Grade II disability among new cases (%)	374 (1.15)	471 (1.52)	555 (2.01)	(2.16)	(2.2)
Treatment Completion Rate	89.73	91.32	91.26	92.81	To be compiled in April 11
Re-constructive Surgery conducted	816	610	476	405	66

Prevalence Rate of Leprosy in districts

Prevalence Rate	Period wise detail of Districts		
	2007-2008	2008-2009	2009-2010
< 1	39	52	51
1 – 2	31	19	20
2 – 5	0	0	1
> 5	0	0	0

Prevalence Rate of Leprosy in Blocks

Prevalence Rate	March 2006	March 2007	March 2008	March 2009	March 2010
< 1	310	427	438	506	**555**
>1- 2	415	354	354	268	**222**
>2- 5	**87**	**32**	**32**	**31**	**29**

Activities planned

1. Encourage involvement of ASHAs in referral of suspects and follow up of patients for treatment completion
2. Promote Early Case Detection and Efficient & Prompt management of cases with neuritis & reaction.
3. Capacity Building & Training of GHS Staff for providing quality services.

Infrastructure & manpower available

- State Leprosy Cell has 4 Contractual Staff.
- District level District Nucleus team members include:
- 12 Regular District Leprosy Officers of whom 6 are trained
- 59 In-charge District Leprosy Officers of whom 21 are trained.
- HE 58, NMS 517, NMA 1920 and PTT 44.

Training plan

2 days refresher training of 2820 MOs and 2850 Health workers at District level and 360 District Nucleus team members at State level is planned. 5 days' training of 25 Lab. Technicians at The Leprosy Mission shall also be completed.

IPC/ IEC plan

- IEC campaign has been planned in 453 blocks with active search in 50 blocks in 48 high endemic districts.

- Two Rallies have been planned on 2nd October 2011 and 30th January 2012. 'Sensitization' of village representative like ASHAs, Gram Pradhans, AWW is being proposed. Rural & outdoor media and Health melas are also being planned.

DPMR plan

Procurement of MCR foot wears, aids & appliances will be undertaken at the District level as per need assessment of disabled leprosy affected persons in the district.

Names of recognized institutes conducting RCS

- JALMA Institute, Agra- (JALAMA has not undertaken any surgeries in last 2 years on account of the renovation of their Operation theatre.)
- TLM Hospital, Naini , Allahabad
- TLM Hospital, Motinagar, Faizabad
- PMR Dept. CSMU Medical College, Lucknow

Expected Number of patients to be undergoing RCS in 2011-12: 700

Urban Leprosy Control

52 Urban localities have been covered under the Urban Leprosy Control program.

Leprosy Colonies

- Number of leprosy colonies: 72.
- Number of persons living in colonies: 3731
- Number of persons with grade II disability: 1019
- Services to be provided during the year: Free health checkup, medicines, dressing materials, MCR footwear, etc.

Procurement plan

Procurement is to be undertaken on basis of number of leprosy patients and inmates in leprosy colonies in districts.

NGO services

10 Local NGOs provide leprosy services under SET scheme. Two International NGOs and The Leprosy Mission (TLM) and Netherlands Leprosy Foundation provide technical support to NLEP in U.P. NLR has five Leprosy Program Advisors and TLM has two technical resource centers in the state. Activities supported by ILEP (NLR and TLM) include

- Half Day sensitization of ASHAs in select districts
- Half Day sensitization of ANMs in select districts
- Decentralized Planning & Management Workshop
- 5 Day Training of newly recruited DLOs and Deputy DLOs
- Stake holders Advocacy Meeting for stigma reduction

- Orientation of final year students of Medical colleges.
- Sensitization Workshop for CMOs(FW), CMS (Male Hospitals), Orthopedic and Ophthalmic surgeons, Dermatologists and DPMU officers.
- Two Regional Review Meetings of DLOs
- POD & Self care camps at village level
- Support education of Leprosy affected persons and their family

Incentive for ASHA

Number of ASHA have been trained & involved in NLEP in 2010-11. Number of new PB & MB cases are likely to be detected during 2011-12 by these ASHA based on the trend of new case detection.

NLEP monitoring and Review plan

State level

4 State level review meetings and district supervision by state level officers has been planned. District level- District and Block level meetings are to be organized besides routine field supervision.

NLEP Manpower

State & District level

All contractual staff at state and district level shall be retained in 2011-12

BUDGET SUMMARY NATIONAL LEPROSY ERADICATION PROGAMME 2011-12

NLEP Component	Responsibility	Details	Rates	Activity-wise budget in Rs.	Total in Rs. State/ District	Budget for component
A. Objective : Programme Management ensured **Activities** : Continuation of staff on contract						
1. CONTRACTUAL SERVICES	State Health Society	SLO Office	Budget & Finance Officer cum Administrative Officer 1- Mr.A.K.Awasthi @ Rs 19000 per month	228000		
			Data Entry Operator 1 - Mr.Sanjay Sharma @Rs 15000 per month	180000		
			Contractual Driver 1 Mr.Mohammed Azim Khan@ Rs 10000 per month	120000		
			Contractual Peon 1 Mr.Ram Prakash	84000		

			@ Rs 7000 per month			
			TA/DA for Driver @ Rs 1000 per month	12000		
			Total Contractual Services for State HQ		624000	
	District Health Society	DLO Office	Contractual Driver @ Rs 10000 per month for 41 drivers	4920000		
			Total Contractual-District HQ		4920000	5544000
B. Objective : Improved Early Case Detection and improved Treatment Completion **Activities** : Sensitisation of ASHAs for leprosy case referral and payment of incentive for cases detection and timely treatment completion.						
2.ASHA SERVICES	District Health Society		Total Asha Sensitization / Incentive- District HQ		1612000	1612000
C. Objective: Improved Information Management System for Leprosy and effective programme management **Activities** : Proviide Programme Managers communication facilities and stationery for management Simplified Information System						
3. OFFICE EXPENSES & CONSUMABLES	State Health Society	SLO Office	Telephone/Fax /Internet	125000		
			Office Operation & Maintenance	60000		
			Consumables Stationery	80000		
			Mobile Phone for SLO @ Rs 2000 per month	24000		
			Total Office Maintenance-State HQ		289000	
	District Health Society	DLO Office of 72 Districts	Telephone /Fax/Internet @ Rs. 15,000 per year	1080000		
			Office Operation & Maintenance @ Rs. 18,000 per year	1296000		
			Consum-ables Stationary @ Rs. 24,000 per year	1728000		
			Maintenance of Office Equipment & Furniture	1080000		
			Total Office Maintenance-District HQ		5184000	5473000
D. Objective: Doctors and Paramedical staff of general health care system & District Nucleus staff performance improved. (Upgradation of technical skills for management of leprosy) **Activities** : Training and orientation of health staff in Leprosy by State and District Trainers						
4. CAPACITY BUILDING , TRAINING	State Health Society	2 Day Technical Training	No. of District Nucleus memebers (5 participants			

			from each district) - 360			
			2 Day Refresher Training of District Nucleus Staff Total 360 @ Rs 23350 per batch of 30 participants	280200		
		5 Day Training of LTs	No. of Lab Technicians	25		
			5 Day Training @ Rs 4000 for 25 Lab Technicians at The Leprosy Mission Hospital & Home, Naini, Allahabad.	100000		
			Total for Capacity Building / Training - State HQ		380200	
	District Health Society	2 Days Tech. Training	No. of Medical Officers- 2820 (94 batches)	0		
			Amount @ Rs. 23,350/= in a batch of 30 MOs	2194900		
		2 Days Tech. Training	No. of Health Workers -2850 (95 batches)	0		
			Training of 2850 HW @ Rs. 20,350/= for a batch of 30 HW s	1933250		
			Total Capacity Building , Training- District HQ		4128150	4508350
E. Objective : Improved awareness about Leprosy and decreased discrimination of patient & family. **Activities:** Public sensitization and education to encourage early case detection, inform community about services available for treatment of disease and its complications and reduce stigma and discrimination against leprosy affected and their families. IEC Campaign in 453 high endemic blocks and active case detection in 50 blocks						
5. BEHAVIOURAL CHANGE COMMUNICATION/ IEC			Anti-Leprosy Month	45000		
			Display Board 300 will be displayed in PHC/CHCs @Rs2800	840000		
			Leprosy Messages on Radio/ Newspapers/ Magazines etc.	899000		
			Posters on Early Signs of leprosy & Self Care -2,00,000 @ Rs5	1000000		
			Diagnostic cards **100,000 for ASHAs, School / Colleges teachers etc. @Rs 5.50**	550000		

			Self care Booklets 1000000 for Patients @ Rs8 per booklet	800000		
			Total for BCC , IEC- State HQ		4134000	
	District Health Society		Anti Leprosy Month	693000		
			Quiz, Folk show, IPC Workshop, Meeting of Opinon Leaders, Health Melas etc.	1296000		
			Wall Paintings, Rallies, hoardings etc.	1323000		
			Mass Media	1224000		
			Total for BCC , IEC- District HQ HQ		4536000	8670000
F. Objective : Improved monitoring of field activities of NLEP by District Nucleus **Activities:**Provide mobility facility to District Nucleus for making field visits to health facilities and homes of leprosy patients						
6.POL, VEHICLE OPERATION, HIRING	State Health Society		Vehicle Operation & Hiring for 2 Vehicles @ Rs. 85,000 per year	170000		
			Total for POL, Vehicle operation, hiring - State HQ		170000	
	District Health Society		Vehicle Operation & Hiring for 1 Vehicle @ Rs. 75,000/= per annum	5400000		
			Total for POL, vehicle operation , hiring - District HQ		5400000	5570000
G.Objective: Disability Prevention & Medical Rehabilitation Services improved **Activities:** Provide RCS facility to disabled leprosy affected presons, payment of loss of wages to BPL cases undergoing RCS.Provide Protective Footwear, self care kits, splints, crutches and aids and appliances to patients. Provide funds for welfare of leprosy affected inmates of Leprosy colonies.						
7.DPMR	District Health Society		Organizing POD cum Screening Camp for Grade 1 & 2 Disability patients	335000		
			Misc. expenses for organising POD cum Screening Camps	335000		
			Items for Disabled persons eg. Self Care Kits, MCR Footwear, Supportive medicines or any other support to disabled LAP	721000		
			Support to Disabled persons	434000		

			of Leprosy Colonies eg. Self Care Kits, MCR Footwear, Supportive medicines, Health Check up camps etc.			
		DHS Lucknow	Assistance for Reconstructrive Surgery at Medical College, Lucknow - for 75 RCS @ Rs 5000 per surgery	375000		
		DHS Lucknow	Loss of wages for RCS Patients @ Rs 5000 and Attendents of RCS Patients @ Rs 3000- for 75 Leprsoy RCS Patients	600000		
		DHS Allahabad	Loss of wages for RCS Patients @ Rs 5000 and Attendents of RCS Patients @ Rs 3000- for 225 Leprsoy RCS Patients	1800000		
		DHS Faizabad	Loss of wages for RCS Patients @ Rs 5000 and Attendents of RCS Patients @ Rs 3000- for 50 Leprsoy RCS Patients	400000		
			TOTAL for DPMR		5000000	5000000
H. Objective: Improved Case Management **Activities :** Print Reporting and recording formats. Procurement of Supportive drugs, splints, crutches and patient welfare items.						
8. MATERIALS & SUPPLIES,	State Health Society		Materials & Supplies- State HQ		0	
	District Health Society		Supportive Medicines	1101500		
			Splints , Crutches, Items for Deformity Patients	726100		
			Patient Welfare	769900		
			Printing of Forms, Formats & Registers or IEC material	602500		
			Total Procurement- District HQ		3200000	3200000
I. Objective: Improved Leprosy services in Urban Areas **Activities :** Strengthen Leprosy case management and follow up in Health Facilities of Urban areas and also increase involvement and improve leprosy services in Private, Non governmental, Municipal, Industrial etc. health institutions.52 Urban areas covered (1 Mega City, 1 Metro City, 9 Medium Cities & 41 Townships)						
9. URBAN			Urban Leprosy	0	0	

LEPROSY CONTROL			Control- State HQ			
	District Health Society		Supportive Medicine	634000		
			Monitoring & Supervision	408000		
			MDT Delivery services & Follow-up	841400		
			Total Urban Leprosy Control-District HQ		1883400	1883400
J. Objective :Improved community participation in rehabilitation of leprosy affected **Activities:** Local NGOs to sensitize communities and support rehabilitation of leprosy affected persons						
10. NGO SET Scheme	State Health Society	SLO Office	a) Gramya Vikas Sansthan,Lucknow (Mohammadi Tahsil, Kheri)	396000		
			b) Jawahar Lal Nehru Sewa Sansthan, Deoria (Bhatni &Bhulouni Block)	620000		
			c) Mahila Avam Bal Vikas Samiti, Naini Lar, Deoria (Kopa & Ghosi Block, Mau)	450000		
			d)Maksad, Chandan Couki, Paliyakalan, Kheri (Palia Tehsil, Kheri)	400000		
			e) Nehru Youya Chetana Kendra, Deoria (Deoria & Baharaj Bajar Block Deoria)	502000		
			f) Poorvanchal Sewa Sansthan, Deoria (Dasai Deoria, Kasiya Block Deoria)	700000		
			g) Sanjay Gandhi Sewa Sansthan, Deoria (Rudrapur, Gouri Bazar, Deoria)	700000		
			i) Swargiya Lal Bhadur Shastri Sewa Kusht Sewa Ashram, Azamgarh (Tarwa Firozpur Block)	432000		
			j) Tripurari Sewa Avam Shiksha Sansthan, Goura Deoria (Brahmpur, Sardar Nagar Bolck, Gorakhpur)	450000		
			k) Trinity Association for Social Service, St.	450000		

			Kabir Nagar (Brijmanganj & Noutanwa Block, Mahrajganj)			
			Total Grant-in Aid to NGIOs by State HQ		5100000	5100000
K .Objective : Supervision system improved **Activities :** Organize state level review meetings and Review meetings at District & Block levels						
11. a) SUPERVISION, MONITORING & REVIEW	State Health Society	SLO Office	4 Quarterly Review Meetings of DLOs at State HQ @ Rs 45,000	180000		
	District Health Society	DLO Office	Supervision Monitoring & Review Meetings (at District and Block level)	864000		
			Total Supervision, Monitoring & Review		1044000	1044000
11b) Travel Expenses for special programs	State Health Society		Cash Assistance for Travel Expenses at State Level	600000		
	District Health Society		Cash Assistance for Travel Expenses at District Level	501000		
			Total Cash Assistance for State & District		1101000	1101000
12. Specific Plan for High Endemic Districts			IEC Campaign in 453 high endemic blocks and active search in 50 blocks in 48 High Endemic Distrcts (MLEC)	17142417	17142417	17142417
13 Others	District Health Society		Maintenance of Vertical Unit, TA/DA/Training	4860000		4860000
GRAND TOTAL			**FOR STATE + DISTRICT**			**70708167**

APPROVED BUDGET SUMMARY FOR NLEP

	Particulars	Level	Amount Proposed (in Rs.)	Amount Proposed (Rs. In Lacs)	Amount Approved (Rs. In Lacs)		FMR Code
1	**Contractual Services**	State	684,000	**56.04**	6.24	**55.44**	**G.1**
		District	4,920,000		49.20		
2	**Services through Asha**			**16.12**		**16.12**	**G.2**
	Asha sensitization , Asha incentive	State	-		-		
		District	1,612,000		16.12		
3	**Office Expenses & Consumables**	State	289,000	**54.73**	2.89	**54.73**	**G.3**
		District	5,184,000		51.84		
4	**Capacity building, Training**			**45.08**		**45.08**	**G.4**
	2 Day Refresher Training of MOs	State	280200		2.80		
		District	2,194,900		21.95		
	2 Day Refresher Training of HWs	District	1,933,250		19.33		
	5 Day Training of newly appointed Lab Technicians	State	100,000		1.00		
5	**Behavioural change communication (IEC)**						**G.5**
	Mass Media, Outdoor Media, Rural Media & Advocacy	State	23,292,417	**258.12**	41.34	**86.70**	
		District	2,520,000		45.36		
	Specific situating activity – 48 districts				171.42	**171.42**	**G.12**
6	**POL, Vehicle Operation & Hiring**	State	170,000	**55.70**	1.70	**55.70**	**G.6**
		District	5,400,000		54.00		
7	**DPMR**						**G.7**
	MCR Footwear, Aids & Appliances, Welfare allowances to BPL for, Support Govt. Institutions for RCS	State	4,500,000	**60.00**	0.00	**50.00**	
		District	1,500,000		50.00		
8	**Materials & Supplies**			**32.00**		**32.00**	**G.8**
	Supportive Drugs, Lab Reagents, Equipments & printing Forms	District	3,200,000		32.00		
9	**Urban Leprosy Control**					**18.83**	**G.9**
	52 Urban Areas	District	1,883,400	**18.83**	18.83		
10	**NGO SET Schemes**	State	5,100,000	**51.00**	51.00	**51.00**	**G.10**
11	**Supervision, Monitoring & Review**					**10.44**	**G.11.a**
	Review Meetings & Travel expenses	State	180,000	**10.44**	1.80		
		District	864,000		8.64		
12	**Cash Assistance**	State	140,000	**50.00**	6.00	**59.61**	**G.11.b**
		District	4,860,000		5.01		
	Others (maintenance of vertical units, training & TA/DA)				48.60		**G.13**
	Total Budget for State HQ		34,735,617				
	Total Budget for District HQ		36,071,550				
	TOTAL			**719.08**	**707 .07**		

D.5. NATIONAL IODINE DEFICIENCY DISORDER CONTROL PROGRAMME

Iodine is a Micronutrient. Daily intake of iodine is between 50 microgram to 150 microgram. Daily requirement of Iodine is not fulfilled by food consumption; hence universal iodization of all edible salt is required. Human beings consume 5gm to 10gm salt daily which meets the requirement of Iodine. Following disorders are associated with iodine deficiency:

- Goiter, Retarded mental & physical development
- Cretinism in children
- Repeated abortion & Still birth
- Poor school performance etc.

Magnitude of the problem in Uttar Pradesh State

National Goiter Control Programme was launched in 1966. (Only in Uttarakhand districts). Govt. of U.P. under P.F.A. Act has banned entry of un-iodized salt from 2nd Oct.1987. In 1992, programme was renamed as National Iodine Deficiency Disorder Control Programme.
Out of 72 districts 54 districts are surveyed in a phased manner and 24 districts are endemic. NIDDCP focuses on the following:

- Survey and Resurvey every 5 years to know prevalence rate.
- Supply of only Iodized salt for human consumption (salt having 15ppm Iodine at consumer level)
- Creating demand for Iodized salt especially in rural area.
- IEC & Health education

Goals & Objectives of state NIDDCP

- To bring down total Goiter rate (TGR) less than 10%
- To ensure 90% household consume Iodized salt by 2012 (15ppm Iodine at consumer level). Presently 77% of the households are consuming Iodized salt; only 36% households use adequately iodized salt.
- Supply of Iodized salt through Public Distribution System

Surveys conducted in last 3 years of 13 Districts show some very encouraging results:

- Goiter rate is coming down below 10% in children aged 6-12 years.
- The availability & consumption of Iodized salt by the community is on increase.
- However more efforts in IEC activity are to be undertaken

Achievements

Salt Supply		
Year	Allotment (Tonnes)	Supply (Tonnes)
2008 -09	777528	677934
2009 - 10	777528	624207
2010-11	777528	227013 (Aug, 10)

Note: - For 2010-11 reports up to Aug. 2010 is available as send by Salt Commissioner, GOI.

Salt Monitoring - District Level				
Year	Total Sample	>15 PPM	<15 PPM	<15 PPM %
2008 -09	33248	20919	12329	37.81%
2009 - 10	12006	8452	3554	29.60%
2010-11	72037	45453	26584	36.91%

State Public Analysis (PFA ACT)				
Year	Total Sample	>15 PPM	<15 PPM	<15 PPM %
2008	843	832	11	1.31%
2009	601	593	8	1.33%
2010	39	33	6	15.38%

Salt Monitoring - IDD Lab			
Year	Total Sample	>15 PPM	<15 PPM
2008 -09	64	64	0
2009 - 10	45	45	0
2010-11	147	97	50

U.S.I. Cell has been constructed by UNICEF in four Medical Colleges namely Gorakhpur, Meerut, Agra & Allahabad where salt samples are analyzed both by Testing Kit & Titration method.

The U.S.I. Cell collects salt samples from all the unloading districts of the state for analysis & sends the report to IDD Cell. U.S.I. Cell also sends salt samples at IDD Lab for analysis by Titration method.

Training - All the Addl. CMOs (Immunization) who are also the nodal officer of the programme at districts were trained in 2007-08.

IEC Activities of 2010-11 - Awareness workshop with UNICEF organized by Kalyani, Doordarshan & talk on IDD on AIR.

Involvement of PRI in the programme - On 21 Oct, 2010 IDD Day was celebrated in all the districts of U.P.

Major Bottlenecks in implementation

- Budget is not released on time.
- There is no provision of budget for the Distt.
- There is a need of completion of IDD surveys & resurveys in the Distt.
- Posts under IDD Cell & IDD Lab have to be filled.
- Intensive Training of Medical & Paramedical personnel are necessary.
- Awareness workshops at various levels could not be held due to unavailability of funds.

Proposed Activities for Year 2011-2012

1- **Establishment of IDD Control Cell -** Post of Technical Officer, S.A., L.D.C., L.T. & L.A. are to be filled on contractual basis as advised by Advisor Nutrition, GOI during 2008-09. Presently staff of SHI is working in this programme.

For this purpose, an amount of Rs. 6.50 Lacs was proposed for the salary & allowances of the staff for the year 2011-12. GOI approved Rs. 10.00 Lacs for filling up the sanctioned posts for implementation and monitoring of the programme (ROP -FMR Code – D.1)

2- Establishment of IDD Monitoring Lab - For the maintenance & purchase of lab equipments for the state lab, an amount of Rs.4.00 lacs is proposed for the year 2011-12.

GOI approved Rs.5.00 Lacs for monitoring of district level iodine content of salt and urinary iodine excretion as per policy guidelines and filling of sanctioned posts of lab technicians and lab assitantants. (ROP -FMR Code – D.2)

3- **IDD Survey -** In the year 2011-12, 05 districts are to be surveyed @ Rs. 50000 / district. These surveys will be conducted by Medical Colleges of U.P. Budget of Rs. 2.50 Lacs is proposed for this activity.

GOI approved Rs. 2.00 Lacs for this activity (ROP -FMR Code – D.4).

4- **IEC/BCC -** IEC activities are the main stay of the programme to create awareness among general public. For this, IEC material will be printed and distributed /displayed at CHC's, PHC'c, Anganwadi Kendra and Block level. IEC activities through AIR, Doordarshan, and Print Media etc. will also be undertaken. An amount of Rs. 12.50 lacs is proposed for this activity.

On 21st Oct., IDD Day will be celebrated in Lucknow (State level) for which a lump sum amount of Rs.50,000/-is proposed.

Iodine in salt will be tested at the consumer level through FTK. This is a very good tool for awareness creation & monitoring. For Asha & ANM these kits will be provided by GOI.

Detailed IEC Plan is follows:

- IEC material is to be made in the form of Tin plates, Hoardings, Printed publicity materials such as Folders, Stickers, and Pamphlets, etc. This material will have all the information regarding the programme & importance of usage of Iodized salt to prevent Iodine Deficiency Disorders.
- Multi sectoral approach will be adopted for IEC activities.
- Grass root level workers such as ANMs, Anganwadi & representative of PRI will promote usage of Iodized salt at village level. They will also ensure availability of Iodized salt in the remotest villages of the state.
- They will also promote usage of Iodized salt in all the village level meetings.
- MO I/ Cs are instructed to promote usage of Iodized salt in every block level meeting.
- Gram Pradhans will be provided with all the IEC material & will make sure that only Iodized salt is sold in their village.
- PRI personnel & grass root level workers will be trained about the programme by State Institute of Rural Development. SIRD has submitted a project regarding training of PRI to UNICEF. Training will start soon.
- Various workshops are proposed at district, CHC, PHC level.

To conduct these activities, an amount of Rs. 13.00 Lacs was proposed, out of which GOI approved Rs. 7.00 Lacs (ROP -FMR Code- D.3)

5- Procurement -

- Field Testing Kit for salt testing is required in the programme for monitoring of salt. GOI has supplied 7, 10,000 kits for Asha's. (10,000 kits/distt.) CMO's have received these kits.
- 25,000 more kits (one kit will be provided to each ANM) are to be procured.

Approved Budget Summary for National Iodine deficiency disorder control program

Sl.	Activity	Unit Cost	Physical Targets	Amount Proposed (2011-12)	Amount Approved (2011-12)
1	Operational Cost				
1.1	Mobility Support				
1.2	Lab Consumables				
	Maintenance of Labs				

1.3	Review Meetings				
1.4	Field Visits				
1.5	Formats and Reports				
2	Human Resources				
2.1	IDD Control Cell-	6,50,000.00		6,50,000.00	1000000.00
2.2	Technical Officer				
2.3	Statistical Assistant				
2.4	LDC Typist				
3	IDD Monitoring Lab-	400000.00		400000.00	500000.00
3.1	Lab Technician				
3.2	Lab. Assistant				
3.3	Others				
4	Procurements				
4.1	Procurement - Equipments				
4.2	Procurement -Drugs & Supplies				
7	Innovations /PPP/NGOs				
8	IEC-BCC Activities				
	IDD Day H.Q.(Lucknow)	50,000.00		50,000.00	
	Printed publicity material (folders, stickers, pamphlets etc.			12,50,000.00	700000.00
9	Financial Aids to Medical Institutions				
10	Survey in districts	50,000.00	5	2,50,000.00	200000.00
	Total			**26,00,000.00**	**2400000.00**

Monitoring and Evaluation

1- Block level: Data of salt testing will be compiled and discussed by MO-I/C in monthly meetings.
2- District: Review will be done every six months by Additional CMOs and feedback given to traders, F.I.s & DSOs.
3- State: FIs and DSOs provide their feedback to IDD cell and SHI, Lucknow at State level in coordination with Medical colleges and ICDS.

Expected Outcome

- Able to control prevalence rate below 10% by 2012.
- More & more use of Iodized salt by the society.
- 90% of the households will use Iodized salt by 2012.
- Effective salt monitoring at various levels.
- Effective implementation of distribution & sale of Iodized salt under PFA.
- Awareness generation among people & demand creation for Iodized salt.
- Multi-sectoral involvement in the programme.

D.6. INTEGRATED DISEASE SURVEILLANCE PROJECT

Background - IDSP was started in 2004 with support from World Bank, to improve and Integrate Disease Surveillance in pursuance of recommendations by high powered committees like Public Health System Committee, Technical advisory committee and committee of secretaries on Environmental Sanitation. In 2007 with Avian Influenza outbreak, human and animal components were added along with additional budget.

Following assumptions were made at the time of launch of project about infrastructure at state and district level

1. Units have adequate skills, resources and authority to respond.
2. Communities and private sector have adequate incentive to participate.
3. Good quality of lab information is available in timely manner and integrated into surveillance system.

But these were not found to be fully correct, so the objectives could not be achieved as well as fund utilization was low. In Jan 2009 after detailed analysis of the situation, World Bank agreed to restructure the project and extend it for 2 years focusing on what can be achieved by the end of two years.

Keeping this in mind PDOs (Project Development Objectives) were revised and a proposal for restructuring and extension of IDSP up to 2012 has been prepared.

B. Original Project Development Objectives

- To improve the information available to the Govt Health Services and Pvt. Health care providers on a set of high priority diseases and risk factors, so as to improve the responses towards them.
- To establish a decentralized state based system of surveillance for diseases to ensure timely and effective health response towards health challenges at all level.
- To put greater emphasis on building the links between the collection and analysis of information and ground intervention by public or private sectors.

The project was to assist the Govt. to

1. Survey a limited number of health conditions and risk factors.
2. Strengthen the linkages, data quality & analysis.
3. Improve lab support.
4. Train stakeholders in disease surveillance and action.
5. Coordinate and decentralize surveillance activities

6. Integrate Disease Surveillance at state and district level and involve communities specially Pvt. Sectors.

C. Proposed Changes

Modified Project Development Objectives (PDOs) for 2010-2012: To improve and integrate disease surveillance compliant with the IHR 2005 requirement by:-

1. Supporting a nation-wide effort for surveillance preparedness for immediate reporting of outbreaks, regular surveillance and weekly reporting with emphasis on provisional diagnosis by medically trained staff from public and private sectors to generate early warning signals for appropriate and timely public health actions.
2. Demonstrating establishment and operation of decentralized surveillance systems, meeting performance standards (timeliness, improved quality of outbreak investigation including various sample collection for confirming the diagnosis by laboratory net work, strengthening analysis and use of surveillance data &response).

D. Detailed Project Description

Various Components are:-

Component 1: Nationwide improvement in surveillance preparedness.
Component 2: Timeliness and improved quality of outbreak investigation and response in all states.
Component 3: Strengthening quality data analysis and assessing analytic quality of outbreak investigation.
Component 4: Supporting human health related activities under India's avian influenza pandemic control programme.

Component 1: Nationwide improvement in surveillance preparedness

- Enhancing the quality and frequency of use of communication network. Improvement in quality and content of video conferencing.
- Frequency of outbreak investigation, availability and use of lab confirmation would be done by CSU.
- Analytical capacity of districts will be improved by training epidemiologists and data managers on use of portal.
- To improve the quality and timeliness of reporting modified form P and L have been up loaded in portal.

Component 2: Timeliness and improved quality of outbreak investigation and response in all states

- CSU would monitor the data collected and intervene if there are problems with timeliness of reporting or lab confirmation.
- Important source of outbreak information the 1075 call centre will be publicized to health professionals.

- The media scanning service would be important in areas where surveillance infrastructure is still under development.
- CSU would ensure collaboration between epidemiologists, microbiologists /state lab coordinators at national and state levels.
- Outbreaks reported by IDSP would be assessed for competency by tools developed for this purpose.
- Medical colleges would be involved in disease surveillance and response.

Component 3: Strengthening quality data analysis and assessing analytic quality of outbreak investigation

- Epidemiologists would use suitable assessment tools created to review a sample of outbreak.
- CSU epidemiologist would undertake analyses of IDSP data to better understand data contained in the system.
- Effective communication of key findings and issues to IDSP sub units, state and national policy leaders and public would be done and for this support from other disciplines like communication etc would be taken.
- Interesting and well conducted outbreak investigation would be displayed as model in IDSP write-ups, in presentations and videoconferencing.

Component 4: Supporting human health related activities under India's avian influenza pandemic control programme

- This component aided the reference labs for prompt confirmation of human A1 cases and H1N1 cases and also re established seasonal influenza surveillance system for India building on network established by DHR, the dept of health research.
- In the proposed A1 lab network NCDC Delhi would take care of some critical issues such as (a) strict compliance with the definition of influenza like illness. (b) Training of epidemiologist and lab personnels to ensure quality in sample collection, transport and testing. (c) Use of standardized testing strategy developed in consultation with national institute of virology (NIV) Pune and WHO.

E. ACTIVITIES AGREED UNDER DIFFERENT COMPONENTS

1. Surveillance Preparedness

- Training of Epidemiologist, Microbiologist and Entomologist by NHSRC. It would be done regionally by drawing the faculty from the resource group, facilitated by NCDC.
- Training of District Surveillance team in specially phase III states.
- Additional training for reporting and analysis for health supervisors, block health team, pharmacists etc.
- Ensuring fully functional IT systems in place :-
  a. Mechanism to enhance data integration and flow from telephone, Email, and Fax will be developed.
  b. Decentralization of recruitment of DM and DEOs to SSU and DSU.
  c. Revision of renumeration to bring these at par with other national projects.

d. SSU and DSU will be authorized to have broadband connectivity through BSNL and also to disburse their broad band bills.
e. Training schedule and module for training of DM and DEOs has been prepared.
f. Bandwidth capacity of EDUSAT has been upgraded from 512 Kbps to 1 Mbps.
g. The issues of toll free number are being analyzed, investigated and solved.
h. To promote the use of toll free services, the number will be publicized amongst the private and public sectors by advertisement, bulletins etc.
i. The SMS Syndromic reporting model is being assessed to be incorporated in other priority states.
j. CSU will develop guidelines and provide training for developing Media Scanning and verification system using already existing infrastructure at SSU/DSU

- For priority district labs:-
  a. Rigorous monitoring will be done for procurement of equipment by the states.
  b. Development of specimen collection centre within the district.
  c. To prepare and distribute SOP manuals for the district priority labs (biowaste management guidelines and internal quality controls.)
  d. Regular monitoring of functioning of district priority labs.
  e. Implementation of guidelines for procurement of quality kits
  f. To organize EQAS (External Quality Assessment Scheme) when district priority lab becomes functional for 3months
- For Entomological Surveillance:-
  a. Training of Entomologist.
  b. Entomologist in consultation with NVBDCP Programme officer and DMO will do mapping, monitoring of entomological density and bionomics and sensitivity to insecticides.
  c. They will also do entomological investigations during vector borne disease out break
  d. This year vaccine preventable diseases –diphtheria, pertusis and measles are going to be covered in IDSP Survillance. H1N1 has already been included in the programme.

2. Outbreak Investigation and Response

- 25% of outbreaks detected by system within 1 week of first case diagnosis.
- 60% outbreak/rumors reported by other systems/ media verified within 48 hrs.
- 25% of outbreaks for which adequate specimen reached labs.
- Full documentation of 25% of reported out breaks should be available on IDSP Portal.

3. Analysis and Use of Data

- 50% of districts undertaking weekly surveillance analysis of data including graphs for trends and maps for incidence.
- 60% of districts providing monthly feedback to sub unit, policy makers and general public by using 1 page bulletin or news letter.

Outcome Indicators for Each Component

Components	Indicators for each component
Surveillance preparedness	• 60% of district have full time epidemiologists • 60% of districts have fully functional IT • System with online data entry and analysis. • 60%of districts have systems for SOS reporting like Toll free number, Media Scanning etc. • 25% of districts have referral labs &priority labs undertaking routine lab surveillance. • 25% of districts have referral labs meeting the EQAS standards.
Outbreak investigation & Response	• 25% of outbreaks detected within 1 week of • Detection of first case. • 60% of outbreaks /rumors reported by other • Systems verified within 48 hrs. • 25% of outbreaks for which adequate specimens reached in labs. • 25% of reported outbreaks for which first and final investigation reports are available with CSU IDSP.
Analysis & use of data	• 60% of districts undertaking weekly surveillance analysis data including graphs for trends over time and maps for incidence by area. • 60% districts providing monthly feedback to sub units, policy makers and general public.

The State presented its PIP for year 2008-2009 initiating this programme in 5 districts- Kanpur, Agra, Varanasi, Allahabad and Lucknow. In PIP of 2009-2010 the programme was extended to all districts of UP and State Head quarter.

F. Achievements in 2010-11

1 Data cell and training cell are present in all the districts.
2 Data Managers appointed in all the districts are doing collection, collation, compilation & dissemination of data.
3 Epidemiologists are posted in 46 districts and are actively working whenever there is any outbreak or warning signal of epidemic.
4 Microbiologist is working in the regional lab established in Health Directorate, Swasthya Bhawan, Lucknow.
5 Data Entry Operators are working in 32 districts.
6 IDSP has played a remarkable role in prevention and treatment of Swine Flu.
7 IDSP plays an important role in monitoring, testing and evaluating in case of an outbreak.
8 IDSP collects information from all the districts on S, P and L formats which is then complied and sent weekly to NCDC, New Delhi.
9 Monthly compiled report of communicable and non-communicable diseases from all the districts is regularly sent to NCDC, New Delhi.
10 All Epidemiologists have undergone TOT (Training of Trainers).
11 Microbiologist posted at regional lab, Head Quarter Lucknow has been given Induction Training at BJ Medical College Pune.

12 Data Manager posted State Surveillance Unit has undergone TOT Training, at NCDC New Delhi for online portal Entry.
13 Online data reporting is being done from all districts.
14 Swine flu vaccination completed in all the districts in two phases.

G. Targets for 2011 -12

1. This Year Vaccine preventable disease - Measles, Pertussis, Diphtheria and other diseases like Influenza A H1N1 and Malaria and other communicable diseases are going to be covered in IDSP Surveillance.
2. All Medical Colleges of the State are going to be involved actively in data collection and disease surveillance.
3. Private sector Hospitals and Nursing Homes are to be involved in disease surveillance.
4. Appointment of remaining vacant posts of Data Entry Operators in the district.
5. Appointment of remaining posts of Epidemiologist / Microbiologist / Entomologist / consultant finance / consultant training and Data Managers in Uttar Pradesh.
6. Ensure training of Data Managers and Data Entry operators of all 71 Districts for portal Entry, Uttar Pradesh.
7. Strengthening of State Priority Labs of IDSP (Regional Lab Swasthya Bhawan, Lucknow and district Lab Ghazi bad).
8. To improve the Surveillance of Epidemic Prone Diseases of U.P. especially AES / JE and Dengue.
9. To improve the existing I.T. networking system.
10. To ensure the online Data Entry from all districts of U.P.
11. To start video conferencing between SSU and DSUs.

H. Intervention plan

Administrative Structure at State Level

State surveillance unit - SSU has been set up under Director General of Medical and Health Services, U.P. with the following Members.

- State Surveillance Officer - Joint Director level-IV (from existing staff of State Govt.)
- Consultant, Technical & Training - On contractual basis
- Consultant, Finance - On contractual basis
- Data Manager - On contractual basis by GOI
- Data entry operator (1) - On contractual basis

Responsibilities of SSU

- The collection and analysis of all data received from the districts and transmitting the same to the central surveillance unit.
- Coordinating the activities of the rapid response teams and dispatching them to the field whenever the need arises.

- Monitoring and reviewing the activities of the district surveillance units including checks on validity of data, responsiveness of the system and functioning of the laboratories.
- Coordinating the activities of the state public health laboratories and the medical college laboratories.
- Sending regular feedback to the district units on the trend analysis of data received from them.
- Coordinating all training activities under the project.
- Coordinating meetings of the state surveillance committee.

State Surveillance Committee

A State Surveillance Committee has been set up under the chairmanship of the Secretary, Medical & Health Department to oversee all the surveillance activities in the state and will be administratively responsible for implementation of the programme.

The members of the committee will consist of the following:

Chairperson **:** Secretary, Medical & Health, Govt. of U.P.
Co-Chairperson **:** Director General, Medical & Health
Member Secretary **:** State Surveillance Officer

Administrative Structure at District Level

District Surveillance Unit (DSU) - Constitution of the DSU is as follows:

- District Surveillance Officer (1)- Nominated by the Chief Medical Officer
- Consultant Public Health (1)- Medical Graduates on contractual basis
- Data entry operator (1)- On contractual basis
- Outbreak Response

District Surveillance Committee

Constitution of the committee as follows:

Chairperson : District Magistrate
Co-Chairperson : Chief Medical Officer.
Member Secretary: District Surveillance Officer
Members:

1. Programme Officers (TB, Malaria, Polio, AIDS, Blindness Control, Leprosy Eradication)
2. Representative of Sentinel Private Practitioners
3. Superintendent of Police
4. Representative of Jal Nigam
5. Representative of NGOs
6. Chairman, Distt. Panchayat
7. In-Charge District Public Health Lab.

The District Surveillance Committee meets once a month regularly and as often as needed during an epidemic. A routine report of this meeting is forwarded to the State Surveillance office to give a feedback on the progress and problems in various districts. Reports of these meeting are forwarded to the National Surveillance cell once in three months.

District Outbreak Investigation Team (DOIT) in each district looks after the various aspects of an outbreak composition of the team is as follows -

1. Nodal Officer(Epidemiologist)
2. Clinician(Physician or Paediatrician)
3. Microbiologist
4. District Administrative nominee (not below the rank of Tehsildar)
5. One member of surveillance consultant of DSO
6. Health Assistant

Rapid Response Team- At the state level there are 3 state level Rapid Response Teams to investigate at the time of out break of epidemic. Members of the team is as follows -

1. State Surveillance Officer/ Nominee
2. Microbiologist.
3. Nodal Officer In charge of disease control programme in the state
4. Consultant Epidemiologist
5. Representative of Medical College

I. Strengthening of data quality, analysis and linkages to action

Main activities

- Online entry, management and analysis of surveillance data through use of computer and internet
- Reporting surveillance data using standard software including GIS, with flexibility with new system
- E-mail services between state head quarter, district, blocks, laboratories and GOI.
- Linkages with institution and personnel involved in public health.
- Using feedback from health worker/community to take action
- Rapid dissemination of health alerts to public health staff and civil societies
- Quality Assurance surveys of laboratory information.

J. Improve laboratory support system

Correct diagnosis of the communicable and non-communicable disease is crucial to dispel rumours and undertake scientific interventions. Laboratory services need to be strengthened.

For Uttar Pradesh following units need to be strengthened

- Regional laboratory at State HQ (SSU)
- District lab at Ghaziabad

K. Training of stakeholders in disease surveillance and action

To improve knowledge, understanding of program objective & guidelines, role of other support personnel and units, skills, application and commitment is essential for effective implementation of the program. To this end intensive capacity building/ training are to be undertaken under the program. The details of the training program are as under:

- The training components include epidemiology, laboratory, data management, quality assurance
- It will be three tier training process.
- Training material will be provided by GoI.
- For training two levels of trainers have been identified. Level-2 trainers (State and district) who have been trained by Level-1 trainer (National level).
- State/district level trainings are being undertaken by the GoI at national institute.

L. Integrate disease surveillance at all levels and involve communities and other stakeholders.

The success of any programme depends upon the participation of stakeholders, maintaining of regular linkage, coordination, hand-holding, sharing of information and feedback. The various stakeholders under the programme are as under:

- Under IDSP the stakeholders at periphery would be medical officer PHC, sentinel private practitioners, participating laboratories
- At district peripheral level member of district surveillance unit, district public health lab, private hospitals, programme officer of different disease control programme, medical colleges
- At state level all members of SSU, state disease control programme officer, state laboratories, medical colleges in the state.
- Coordination between all the stakeholders will be insured by the SSU through IT networking.

M. Information, Education and Communication (IEC)

People's knowledge and participation is crucial for the success of the programme. Different sections of the service providers and community groups should be given specific role and tool to facilitate their contribution in the programme and understand role of other group of workers and community to facilitate smooth action at the ground level. The information which needs to be disseminated at village level is as under:-

- Disease causative agents and preventative action.
- Proper sanitation and hygiene in and around the villages.
- Use of water from India Mark II hand pumps only.
- Washing hands with soap after defecation and before taking meals.
- Clipping of nails on regular basis.
- Avoiding washing clothes and bathing in village pounds.
- Avoid eating stale and contaminated food.
- Use of mosquito nets and mosquito repellents in house hold.

N. Contribution of SSU and DSUs in other programmes

Besides regular on-line entry of Form S, Form P and Form L, the District Surveillance Unit will submit following reports regularly to State for State level compilation and onward submission:

1. Weekly Outbreak Report through e-mail

2. Weekly Epidemic Prone Diseases through Courier
3. Monthly Statement of Institutional cases and Deaths due to Communicable Diseases. CBHI pro-forma
4. Monthly Statement of Institutional cases and Deaths due to Non-Communicable Diseases. CBHI pro-forma.

APPROVED BUDGET SUMMARY OF INTEGRATED DISEASE SURVEILLANCE PROGRAMME (IDSP)

FMR Code	Activity	Unit Cost (where-ever applicable)	Amount Proposed (Rs. in Lacs)	Amount Approved (Rs. in Lacs)
E	**IDSP**			
E.1	**Operational Cost**			
1.1	Mobility Support	Rs 15,000/- per district per month	170.06	131.40
1.2	Lab Consumables	Rs. 2 lacs per district priority lab	2.00	2.00
1.3	Review Meetings			
1.4	Field Visits			
1.5	Formats and Reports			
E.2	**Human Resources#**			
2.1	Remuneration of Epidemiologists	35,000	306.60	241.50
2.2	Remuneration of Microbiologists	Rs 25,000-40,000/- pm for medical microbiologists & Rs 15,000-25,000pm for non medical microbiologist	12.60	8.40
2.3	Remuneration of Entomologists	Rs 15,000-25,000/- pm	3.00	1.5
E.3	Consultant-Finance	14,000	2.28	0.84
3.1	Consultant-Training	28,000	3.96	1.68
3.2	Data Managers	Rs 14,000/-pm for state DM & Rs 13500 /-pm for district DM	157.92	107.79
3.3	Data Entry Operators	8,500	99.60	65.79
3.4	Others			
E.4	**Procurements**			
4.1	Procurement -Equipments			
4.2	Procurement -Drugs & Supplies			
E.5	**Innovations /PPP/NGOs**		38.60	0
E.6	**IEC-BCC Activities**			
E.7	**Financial Aids to Medical Institutions**			
E.8	**Training**		3.46	2.66
TOTAL			**800.08**	**563.56**

State has to recruit the vacant contractual positions under IDSP; Remuneration has been calculated accordingly as per IDSP norms.

D.7. NATIONAL TOBACCO CONTROL PROGRAMME

A. Background

Uttar Pradesh was one of the states to be covered in the pilot phase of the NTCP launched in 2007-08. The State implemented tobacco control measures in the districts of Lucknow and Kanpur, wherein District Tobacco Control Cells were established and activities pertaining to enforcement and prevention were implemented. Currently the tobacco control program is being implemented in 35 districts of the state.

As per the objectives of the NTCP, the state has

- Built the capacity of the 35 districts to effectively implement the Anti Tobacco Initiatives;
- Trained 450 health and social workers;
- Carried out 45 IEC and mass awareness campaigns including School Health Programme;
- Set up a regulatory mechanism to monitor/ implement the Anti Tobacco Laws

As per the recommendation of the Expenditure Finance Committee (EFC) on NTCP held in March the activities of NTCP at state and district level are to be integrated with the existing activities / programs of NRHM which include school health program; IEC/BCC; training of doctors, health and social workers; health melas; and health activities carried out by NGOs. Therefore the state will incorporate anti-tobacco awareness, campaigns and training of health professionals within the overall framework of the state's NRHM plan for the year 2011-2012.

B. Proposed interventions at the state level

The UP State Tobacco Control Cell has been formed in the State. The Nodal Officer at the State level and State Programme Manager NRHM are responsible for the overall coordination, monitoring and evaluation of the Programme at the State and District level.

Proposed Budget for the State Tobacco Control Programme 2011-12

Sl.	Component	Rate	Amount (in Rs.)
I	Salaries		
	1.Programme Assistant-1	10,000X12	120,000
	2.Computer Operator-1	6,000X12	72,000
II	Training	50,000	50,000
III	IEC	150,000	150,000
IV	Contingency	50,000	50,000
TOTAL			**442,000**

C. Proposed Interventions at the District Level

- This Year, the State plans to scale up the District Tobacco control Program to all 72 districts. All the activities of the District Tobacco Control Programme shall be carried under the supervision and guidance of the District Programme Manager, NRHM.
- Appropriate IEC material and campaign designs will be adapted to meet the needs of the local communities IEC and mass media campaign be carried out in the implementing districts @ 10 in each district.
- Awareness regarding ill effects of tobacco consumption will be an integral part of the state's school health program. In each district, 50 schools will be reached this year. In addition, 250 teachers will be trained in each district to disseminate tobacco control message among the school children and the surrounding communities.
- 35 dedicated Tobacco Cessation Centres will be established in the Internal Medicine Departments of 35 district hospitals. The centres will be managed by the psychologist who will be supported by the medical officer belonging to the department.

Proposed Budget for the District Tobacco Control Programme 2011-12

Sl.	Component	Rate	Amount (in Rs.)
1	Salaries		
	Psychologist @ Rs.10,000 x 1 person	10,000X12	120,000
	Social Worker @ Rs.8,000 x 1 person	8,000X12	96,000
	Data Entry Operator @ Rs.6000/- x 1 person	6,000X12	72,000
2-	IEC	100,000	100,000
3-	Training	100,000	100,000
4-	School Programme	200,000	200,000
5-	Monitoring the tobacco control laws & reporting	50,000	50,000
6-	Contingency	50,000	50,000
7-	One time grant-Equipment 1 computer with printer/accessories and consumables for 1 year	60,000	60,000
TOTAL			**848,000.00**
Total For 72 Districts – Rs. 848000*72			**61056000.00**

D. Budget summary

Sl.	Component	Total
1	State Tobacco Control Programme	442,000.00
2	District Tobacco Control Programme	61,056,000.00
	TOTAL BUDGET	**61,498,000.00**

Budget Summary –NTCP

Sl.	Activity	Unit Cost in Rs.	Physical Target	Amount (in lacs)
1	**Operational cost**			
1.1	**Contingency**			0.00
1.1.1	State Level lumpsum	50000	1	0.50
1.1.2	District Level lumpsum	50000	72	36.00
	Sub Total			**36.50**
2	**Manpower for 12 months**			
2.1	State Level			
2.1.1	Program Assistant-1	120000	1	1.20
2.1.2	Computer Operator-1	72000	1	0.72
	Sub Total			**1.92**
2.2	District Level for 12 months			
2.2.1	Psychologist-1	120000	72	86.40
2.2.2.	Social Worker-1	96000	72	69.12
2.2.3	Computer Operator-1	72000	72	51.84
	Sub Total			**207.36**
3	**Training**			
3.1	State Level lumpsum	50000	1	0.50
3.2	District Level lumpsum	100000	72	72.00
	Sub Total			**72.50**
4	**Procurement**			
4.1	**One time grant-Equipment 1 computer with printer/accessories and consumables for 1 year**	60000	72	**43.20**
	Sub Total			**43.20**
5	**ASHA Incentive**			
6	**Referral Services**			
7	**Innovations/PPP/NGO**			
8	**IEC/BCC**			
8.1	State Level			
8.1.1	Mass Media	150000	1	1.50
8.1.2	School Intervention & IPC			0.00
	Sub Total			**1.50**
8.2	District Level			
8.2.1	Mass Media	100000	72	72.00
8.2.2	School Intervention & IPC	200000	72	144.00
	Sub Total			**216.00**
9	**Financial aid to institutions**			
10	**Monitoring for Tobacco Control Laws & reporting (lumpsum)**	50000	72	**36.00**
	Grand Total			**614.98**

Note- No comments about budgetary approval is mentioned in ROP about the programme.

D.8. NATIONAL MENTAL HEALTH PROGRAMME

Introduction - It is estimated that 6-7 % of general and 20-22% of geriatric (60 years and above) population suffers from mental disorders. Together these disorders account for 12% of the global burden of disease (GBD) and an analysis of trends indicates that this will increase to 15% by 2020 (World Health Report, 2001). Most of them (>90%) remain un-treated. Poor awareness about symptoms of mental illness, myths & stigma related to it, lack of knowledge on the treatment availability & potential benefits of seeking treatment are important causes for the high treatment gap.

To address the huge burden of mental disorders, National Mental Health Programme (NMHP) was started in 1982 with the following objectives:

- To ensure availability and accessibility of minimum mental health care for all in the near foreseeable future, particularly to the most vulnerable sections of the population.
- To encourage mental health knowledge and skills in general health care and social development.
- To promote community participation in mental health service development and to stimulate self-help in the community.
- To increase awareness about mental illness through change of attitude and public education.

Status of NMHP in Uttar Pradesh - In Uttar Pradesh District Mental health programme was launched on pilot basis in Kanpur district in Nov. 1998. The dept of psychiatry CSSMU (KGMC) U.P. was designated as nodal centre by govt. of India on 14 April 1998.

Currently the programme is being implemented in 4 districts (Kanpur, Faizabad, Raibareli and Sitapur) in Uttar Pradesh. To look after the mental health of the elderly people the State has started Geriatric Mental Health Unit in CSSMU and it is proposed to start the same in other Medical Colleges too in a phased manner.

District Mental Health Programme - As envisaged in National Health Policy 2002 and following globally accepted trend of community care of mentally ill, it is proposed to extend DMHP to 200 more under served districts. Under the scheme, support will be provided to districts to implement DMHP to provide basic mental health services at the community level. Scheme consists of support for staff, medicines, IEC activities, training, and contingency for running DMHP. Scheme is being revised to include Life Skills Education and Counselling in schools, Counselling services in colleges, Work Place stress management, District Counselling center and Crisis Helpline with an enhanced outlay. Existing DMHP will continue on existing pattern till approval of revised DMHP scheme.

1. **Manpower Development -** There is an acute shortage of qualified mental health professionals in the State. The total number of psychiatrist in the State is 231 and they are providing services in 29 districts. Due to shortage of manpower in mental health, the implementation of DMHP suffered adversely in previous plan periods. The following schemes for manpower development are available:

a. Centres of Excellence in Mental Health (Scheme A):

- GOI had sanctioned a centre of excellence in UP in Department of psychiatry CSSMU at a cost of 30 corers. The construction of building has commenced.
- All the medical colleges of UP have been given grant of Rs. 50 lacs for their up gradation in terms of building and equipments.
- BRD Medical College, Gorakhpur will be upgraded this year for which the proposal from BRD medical college is awaited.
- It is proposed that, all the psychiatric units in medical colleges which are attached to department of medicine currently should be delinked and developed into independent Psychiatry department as per MCI norms, so that manpower training can be augmented.

b. Scheme for Manpower Development in Mental Health (Scheme B):

- UP State Mental health Authority has got approval for starting diploma courses in clinical psychology, psychiatric social work and psychiatric nursing through state medical faculty involving private and public sector psychiatric hospitals and psychiatric nursing homes.

- To effectively implement district mental health Programme, State mental health authority in its first annual meeting held in August 2008 proposed creating specialist posts of mental health specialists known as district mental health specialists at divisional level, on the pattern of other Medical/Surgical specialities created in districts. This was accepted in principle and it is in the process of implementation.

2. **NGO/PPP scheme**

- NGOs are involved in running de-addiction centres, old age homes, substance abuse, and mental health awareness programme through Ministry of Social Justice and Empowerment, GOI. There is no convergence to dept of health/ mental health programme.

A. Programme Execution & Expansion

1. **District Mental Health Programme:** Presently DMHP is being implemented in 4 Districts of the State e.g. Kanpur, from first phase, Sitapur, Raibarreili and Faziabad in IInd phase. According to the norms of the Government of India 3 installments has been granted to District Kanpur and 2 installments has been

granted to Sitapur, Raibareli and Faizabad. The budgetary requirement for the year 2011-12 is given below:

Sl.	Districts under NMHP	Utilization of fund (in %) * 31-03-2010 till	Demand for year 2011-12
1-	Kanpur	52.76 %	1864836
2-	Faizbad	53.70 %	2245140
3-	Raibarelly	84 %	**2228844**
4-	Sitapur	9.5 %	**1571460**

Details of Pay of Contractual Psychiatrist and other staff:

Pay of the contractual employees has been calculated as per guideline of GOI on the basis of the recommendation of the 6th Pay-Commission and is given in the table below:

Sl.	Post	Pay-scale	Revised Basic pay band	Grade Pay	Basic Pay	D.A.	HRA	CCA	Total	Annual Cost
1	Psychiatrist	15600-39100	20420-00	6600	27020	7300	1260	200	35780x12	429360
2	Clinical Psychologist	9300-34800	13,210	4600	17810	4810	920	120	23660x12	283920
3	Psychiatric Social Workers	9300-34800	11210	4200	15410	4160	670	120	20360x12	244320
4	Psychiatric Nurse	9300-34800	10,140	4200	14340	3872	670	120	19002x12	228024
5	Record Keeper Clerk	5200-20200	5960	1900	7860	2123	1160	240	11383x12	136596
6	Nursing orderly	4440-7440	5060	1300	6360	1702	300	50	8412x12	100944

Details of District Requirement:

		Faizabad	Raibareili	Sitapur	Kanpur
1	Psychiatrist	429360	429360	-	-
2	Clinical Psychologist	283920	283920	283920	283920
3	Psychiatric Social Workers	244320	-	-	244320
4	Psychiatric Nurse	-	228024	-	-
5	Record Keeper Clerk	136596	136596	136596	136596
6	Nursing orderly	100944	100944	100944	-
	Total Pay of Staff	**1195140**	**1178844**	**521460**	**664836**
1	POL				50000
2	Medicine, stationary and contingency	650000	650000	650000	750000
3	IEC	200000	200000	200000	200000
4	Training	200000	200000	200000	200000
	Grand Total	**2245140**	**2228844**	**1571460**	**1864836**

2. Trainings:

Training of Physicians working in District Hospitals of Uttar Pradesh in Psychiatry - A meeting was held under the direction of Health Secretary of Uttar Pradesh on 12.3.10 where in it was proposed that, 2 Physicians working in the District Hospitals of Uttar Pradesh will be trained in Psychiatry, so that Psychiatry patients will be detected at early stage and get treated accordingly as defined in District Mental Health Program, so as to prevent social human right abuse, social stigma and discrimination. So, early detection and treatment is being made available nearer in the community. Accordingly, two Week training programme on psychiatry for Physicians working in District Hospitals in Uttar Pradesh has been planned for all the 72 districts. The training will be of 2 weeks duration and 144 participants will be trained in 6 batches. District level trainings have also been proposed.

Budget requirement for supervision and monitoring State Mental Health Cell

To supervise & monitor the District Mental Health Programme, a State Mental Health Cell is in the process of being established, so that periodical feedback can be given to the team working in districts and timely reporting to higher officers. The additional requirement for the State cell for year 2011-12 is as under:-

Sl.	Head	Unit cost (in Rs.)	Required Fund (in Rs.)
1	Hire Vehicle	22000 per month	2,64,000
2	Computer		40,000
3	Computer Operator	10000 per month	1,20.000
4	Attendant	5500 per month	66,000
5	Telephone & Internet		50,000
6	Office Contingency		50,000
	TOTAL		**5,90,000**

Total Budget requirement of Mental Health Programme for the Year 2011-12

Sl.	Activity	Unit Cost in Rs.	Physical Target	Total Amount (in Lacs)
1	**Operational Cost**			
1.1	Vehicle hiring state level for 12 months	264000	1	**2.64**
1.2	POL(District Kanpur) Lump-sum	50000	1	0.50
1.3	Office contingency state level	50000	1	0.50
	Sub Total			**3.64**
2	**Human Resource for 12 months**			
2.1	**State level**			
2.1.1	Computer operator	120000	1	1.20

2.1.2	Attendant	66000	1	0.66
2.2	**District level for 12 months**			
2.2.1	Psychiatrist for two districts	429,360	2	8.59
2.2.2	Clinical Psychologist	283920	4	11.36
2.2.3	Psychiatric Social Workers	244320	2	4.89
2.2.4	Psychiatric Nurse	228024	1	2.28
2.2.5	Record Keeper Clerk	136596	4	5.46
2.2.6	Nursing orderly	100944	3	3.03
	Sub Total			**37.46**
3	**Training**			
3.1	**Training at state level**			
3.1.1	Honoraria for 144 trainees for 13 days	2600	144	3.74
3.1.2	Travelling allowance for 144 participants	2000	144	2.88
3.1.3	Honoraria for trainers (400 per lectures for 6 batches) for 48 lectures	19200	6	1.15
3.1.4	Food for 13 days	2600	144	3.74
3.1.5	Training contingency for 144 participants	200	144	0.29
3.1.6	Office contingency	10000	6	0.60
3.1.7	Training Aids / back ground material / manual	250	144	0.36
3.1.8	Accommodation at SHIFW Lucknow for 13 days	650	144	0.94
3.1.9	Honorarium to driver for 6 batches for 12 days	600	6	0.04
3.1.10	POL for 6 batches for 12 days	3000	6	0.18
3.2	**Training at district level**			
3.2.1	Training at district level Lump-sum	200000	4	8.00
	Sub Total			**21.92**
4	**Procurement**			
4.1	**Procurement of Drugs**			
4.1.1	Medicine, stationary and contingency for three district (Faizabad, Raibareli, Sitapur)	650000	3	19.50
4.1.2	Medicine, stationary and contingency for district Kanpur	750000	1	7.50
4.2	**Procurement of Equipments**			
4.2.1	Computer for state level cell	40000	1	0.40
4.2.2	Telephone & Internet state level Lump-sum	50000	1	0.50
	Sub Total			**27.90**
5	**ASHA Incentive**			
6	**Referral Services**			
7	**Innovation PPP**			
8	**IEC -** in 4 districts Lump-sum	200000	4	8.00
	Sub Total			**8.00**
Grand Total				**98.92**

Note- No comments about budgetary approval is mentioned in ROP about the programme.

D.9. NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF DEAFNESS

Introduction - National Programme for Prevention and Control of Deafness is newly introduced Programme which has been launched to prevent hearing impairment found in children in the form of Pilot Project at present.

The burden of deafness is proportionately high in India with respect to world scenario. As per estimated prevalence is 291 per lac population who have severe profound hearing loss. 26.4 million Children in India are suffering from hearing loss which adversely affects their educational performance during their studies. Over 50 % causes of hearing impairment are preventable and 80 % of all deafness is avoidable by medical or surgical method.

In the 2007-08 two district Barabanki and Gorakhpur and in 2008-09 districts Varanasi, Banda and Lucknow have been brought under coverage of the programme facilities. The propgramme was launched to prevent the avoidable hearing loss and to medically rehabilitation and action is in progress to sensitize the ENT Surgeon, other Medical and Para Medical Personnel's as well as Health Workers.

Situational analysis - During the year 2007-08 an amount Rs. 43.40 lacs and in 2008-09 an amount of Rs. 64.39 have been sanctioned by Government of India towards capacity building for examination and treatment of hearing impairment and ailments at district hospital, Community Health Centres and Primary health by supply of equipments, hearing aid equipment, Sound proof room at district hospital as well as capacity and capability building of Medical, Para Medical Health Workers of Primary Health Care system.

During the year 2010-11 three new districts namely Agra, Saharanpur and Moradabad have been taken under the programme facility.

Objectives of the Programme

1. To prevent the avoidable hearing loss on account of disease or injury.
2. Early identification, diagnosis and treatment of ear problems responsible for hearing loss and deafness.
3. To medically rehabilitate persons of all groups, suffering with deafness.
4. To strengthen the existing inter-sectoral linkage for continuity of the rehabilitation programme for persons with deafness.
5. To develop institutional capacity for ear care services by providing support for equipments and material and training personnel.

Long term objective: To prevent and control major causes of hearing impairment and deafness, so as to reduce the total disease burden by 25 % of the existing by the end of eleventh five year plan.

District in the project

- Year 2007-2008- Gorakhpur & Barabanki
- Year 2008-2009- Banda , Varansi and Lucknow.
- Year 2010-2011- Agra ,Saharanpur and Moradadabad (included)

Sl.	District	Status	Mid year Population In Lacs	Name of Hospital	ENT Surgeon	Audiologist/ Audiologist Assistant
1	Barabanki	Existing Pilot Project District	32.06	District Hospital Barabanki	3	NIL
2	Gorakhpur	Existing Pilot Project District	45.39	District Hospital Gorakhpur	2	NIL
3	Banda	Existing Pilot Project District	17.99	District Hospital Banda	1	NIL
4	Varanasi	Existing Pilot Project District	37.75	District Hospital Varanasi	1	NIL
5	Lucknow	Existing Pilot Project District	44.15	District Hospital Lucknow	2	NIL
6	Agra	New Proposed District	44.31	District Hospital Agra	2	NIL
7	Saharanpur	New Proposed District	34.16	District Hospital Shrawasti	1	NIL
8	Moradabad	New Proposed District	44.97	District Hospital Moradabad	1	NIL

Number of CHC/PHC / Navin PHC of 3 proposed District under Mental health Program

Sl.	District	CHC	PHC	NPHC	Total
1	Agra	8	15	46	69
2	Saharanpur	10	11	44	65
3	Moradabad	8	12	43	63

Strategy

- Capacity building of District Hospital, Community Health Centre and Primary Health Centre.
- Identification of potential District hospital/ large hospital to provide preventive/screening / curative service on daily basis.

To provide above services, there is need for:

- Strengthening of district hospital in terms of equipment / instrument
- Sound proof room for audiometry
- Posting of manpower in adequate number (one ENT specialist and one Audiologist at least at District level)
- Skill development for service provider and paramedics
- IEC for dissemination of information about availability of services / site/importance etc.

- Sensitization of service providers and paramedics PHN, MPW, CDPO, AS, ASHA, teachers about of NPPCD through workshops/ training.
- Awareness generation in community through NGO, VHSC etc. through sensitization workshop with supported IEC support
- Involvement of schools and ICDS for screening of children up to 14 years

Summary of programme

- The existing health infrastructure would be utilized for the project.
- The district will be the nodal point for the actual implementation of the programme. The government and private doctors as well as Audiologists will be involved. The district Hospital would be strengthened with the provision of equipment to enable diagnostic as well as therapeutic and rehabilitation exercise to be carried out.
- The Primary Health Centre and Community Health Centres will be involved. The doctors here will be given training as well as the basic diagnostic equipment, to enable them to diagnose, treat and refer the patients with hearing and ear diseases.
- The MPWs and the grass root functionaries will be sensitized to the programme and to their specific roles in the programme.
- The School Health system will play a very important role in the programme. The School teachers of the Primary section would be required to conduct a survey based on a questionnaire for primary children. Those found to be positive; will undergo an ear check up by the school health doctor who would have received training in this aspect. The health doctors will be able to identify, treat and refer the children with ear and hearing problems.
- IEC activities would be an important and essential part of the programme.
- Training will be done in the first phase followed by screening and diagnosis in the second phase. Third phase will see the conduct of surgical camps and the provision of rehabilitative services as well as hearing aid provision.
- The state Medical College would be the Centre of Excellence which will support the programme in the state with provision of expertise for training as will as patient care and referral.
- The pilot project was taken up in two district of the state in year 2007-08 - Barabanki, 2- Gorakhpur.
- In 1st phase ENT Surgeon of respective district were given training at Lucknow Chatrapati Sahu Ji Mahraj University by expert of ENT department and Govt. of India.
- Senior ENT surgeon of Barabanki & Gorakhpur is District Nodal Officer.

- ENT Surgeon of Barabanki and Gorakhpur extending awareness campaign training to doctors, health worker, Asha, and Teachers of their respective district NGO.
- Paediatrician and obstetrician of the district hospital and CHC, PHC were given one day training by ENT Prof. from CSMMU & ENT Surgeon of District and state Nodal Officers.
- Process of purchasing of ENT equipment and audio-metry and basic construction of sound Proof Treatment Room is in progress.
- Procurement of equipment for Barabanki and Gorakhpur CHCs PHCs is also in process.
- Screening camp (one per month) at district hospital CHC/PHC for early detection and control of deafness would be conducted by district nodal officer and local ENT surgeon. Facilitator would be NGO.
- For Audiometry and other proposed services of audiologist / audiologist assistant would be taken on a contractual basis.
- In year 2011-2012 to develop institutional capacity for ear services same programme will be extended in other district where ENT surgeon is available.
- Monitoring and auditing of the programme would be done periodically and review will also be done.

Budget requirement for year 2011-12

- **Expenses for Establishment of Office and Staff required for State Nodal Office at Medical & Health Directorate**

For Expected Outcome : Efficient functioning of State Nodal Officer -2011-2012					
Sl.	**State Nodal Officer Staff**	**Present status**	**No.**	**Cost per month/ lump sum**	**NRHM (NPPCD) State Health Society 1 Year Cost**
1	Administrative Officer-1	NIL	1	15000	180000
2	Data Entry Operator-1	NIL	1	12000	144000
4	Driver-1	NIL	1	7000	84000
5	Peon-1	NIL	1	5500	66000
6	TA/DA for SNO	NIL	1	5000	60000
7	Vehicle Sturdy, reliable long route convenience Tavera etc	NIL	1	575000	575000
8	POL	NIL		6000	72000
9	Office Furniture	NIL		100000	100000
10	Contingency Office	NIL		5000	60000
11	Office Phone+Internet	NIL		5000	60000
12	Desktop Computer UPS+4 in1 printer HP- Pentium - 4	NIL	1	50000	50000
13	20 CPM A3 Size Photocopier	NIL	1	175000	175000
14	Lap top Computer HP Intel Dual core	NIL	1	60000	60000
15	Mobile Phone to SNO on rental charge	NIL	1	2000	24000
16	Miscellaneous	NIL	1		50000

17	Publicity work for 3 district wall printings(8'X3') Hoarding (15'X8')	NIL	3	25000	75000
	Total				**1835000/-**

- **Expenses for the District Hospital Capacity Building /etc. (As per standard of GOI)**

Sl.	Items	Rate each	Req No.	Total Amount
1.	Construction of Sound proof room in District Hospital	Rs. 1,65,000	3	Rs. 4,95,000
2.	Audio equipments	Rs. 5,00,000	3	Rs. 15,00,000
3.	PHC Kits	Rs. 7,000	197	Rs. 13,79,000
4.	IEC Activities	Rs. 2,00,000	3	Rs. 6,00,000
5.	Screening camps at PHC level	Rs.10,000	197	Rs. 19,70,000
	Total			**Rs. 59,44,000**

- **Expenses for the 3 New District Hospital Staff (As per standard of GOI)**

Sl.	Name of Post	Remuneration/per month	Required No.	Total Amount per annum
1.	Audiometric Assistant	Rs. 7,500	3 X 12	Rs.2,70,000
2.	Instructor	Rs. 7,500	3 X 12	Rs. 2,70,,000
	Total Amount			**Rs. 5,40,000**

- **Expenses for Establishment of office of District Nodal office at 3 New District level**

Sl.	Name of Post	Rate per Annum	Req No.	Total Amount per annum
1.	Honorarium	Rs. 60,000	3	Rs.1,80,000
2.	Office operation and maintenance of records	Rs. 60,000	3	Rs.1,80,000
3.	Telephone, Fax, Internet, and Postal charges etc.	Rs. 30,000	3	Rs. 90,000
4.	Vehicle operation and hiring of vehicle	Rs. 70,000	3	Rs. 2,10,000
5.	Maintenance of equipments and furniture etc.	Rs. 30,000	3	Rs. 90,000
	Total			**Rs. 7,50,000**

- **Training expenses of 3 Newly inducted districts at Medical College and district level**

Sl.	Name of Post	Rate per Annum	Req No.	Total Amount per annum
1	Training of ENT Surgeon, Pediatrician, Gynecologist etc. at Medical College	48,450	3	**Rs. 1,45,350**
2	Training of Medical, Para Medical & Health Workers at District Hospital	24,000	197	**Rs. 47,28,000**
	Total			**Rs. 48,73,350**

- **Expenses for the District Hospital Capacity Building /etc continuous phase for 5 district**

Sl.	Details	Rate/PHC	Req. No.	Total Amount
1-	Screening Camps at PHC level to detect Hearing impairment persons	Rs. 10,000	330	**33,00,000**
2-	Hearing Aids BTE type	Rs. 7,000	330	**23,10,000**
3-	IEC	Rs. 10,000	330	**33,00,000**
	Total			**89,10,000**

- **Expenses for the District Hospital Staff (As per GOI) continues phase for 5 District**

Sl.	Name of Post	Remuneration/per month	Required No.	Total Amount per annum
1	Audiometric Assistant	Rs. 7,500	5 X 12	**Rs. 4,50,000**
2	Instructor	Rs. 7,500	5 X 12	**Rs. 4,50,000**
	Total Amount			**Rs. 9,00,000**

- **Expenses for Establishment of office of District Nodal office at 5 District level**

Sl.	Name of Post	Rate per Annum	Required No.	Total Amount per annum
1-	Honorarium	Rs. 60,000	5	Rs. 3,00,000
2-	Office operation and maintenance of records	Rs. 60,000	5	Rs. 3,00,000
3-	Telephone, Fax, Internet, and Postal charges etc.	Rs. 30,000	5	Rs. 1,50,000
4-	Vehicle operation and hiring of vehicle	Rs. 70,000	5	Rs. 3,50,000
5.	Maintenance of equipments and furniture etc.	Rs. 30,000	5	Rs. 1,50,000
	Total			**Rs. 12,50,000**

- **Summary of expenses required for NPPCD Programme (Year 2011-12)**

Sl.	Activity	Total Cost
A	Expenses for Establishment of Office and Staff required for State Nodal Officer at Medical & Health Directorate	18,35,000
B	Expenses for the District Hospital and supply of equipment of 3 newly introduced districts. (As per standard of GOI)	59,44,000
C	Expenses for the District Hospital Staff for 3 newly introduce distt. (As per standard of GOI)	5,40,000
D	Expenses towards establishment of District Nodal Office for 3 newly introduced districts.	7,50,000
E	Expenses towards training of Core trainer and Medical, Para Medical, Health Workers training of 3 newly introduced districts. (As per GOI)	48,73,350
F	Expenses for Capacity building at district under continuing phase of	89,10,000

	5 districts.	
G	Expenses for District Hospital Staff of continuing phase for 5 districts	9,00,000
H	Expenses towards District Nodal Office of 5 continuing phase District	12,50,000
	Grand Total	**2,50,02,350**

Sl.	Activity	Unit cost	Physical Targets	Amount (in lacs)
1	**Operational Cost**			
1.1	**Mobility Support**			
a	**At State**			
	TA/DA for SNO for 12 month	60000	1	0.6
	POL for 12 month	72000	1	0.72
b	**At District**			
	Vehicle operation and hiring of vehicle	70,000	8	5.6
1.2	**Lab Consumables**			
1.3	**Review Meetings**			
1.4	**Field Visits**			
1.5	**Formats and Reports**			
	Office operation and maintenance of records at district nodal office	60,000	8	4.8
1.6	**Contingency Office**	**5000**	**12**	**0.6**
1.7	**Phone & Internets**			
a	**At State**			
	Office Phone+Internet	**5000**	12	0.6
	Mobile Phone to SNO on rental charge	2000	12	0.24
b	**At District nodal Office**			
	Telephone, Fax, Internet, and Postal charges etc.	30,000	8	2.4
1.8	**Maintenance of equipments and furniture etc. at district nodal office**	**30,000**	**8**	**2.4**
1.9	**Miscellaneous Annual cost**	**50000**	**1**	**0.5**
1.10	Screening Camps at PHC level to detect Hearing impairment persons for continuous phase of 5 districts	10,000	330	33
1.11	Screening camps at PHC level in 3 new districts	10,000	197	19.7
	Sub Total			**71.16**
2	**Human Resource**			
a	**At State**			
2.1	Administrative Officer-1	15000	**12**	1.8
2.2	Data Entry Operator-1	12000	**12**	1.44
2.3	Driver-1	7000	**12**	0.84
2.4	Peon-1	5500	**12**	0.66
b	**At District**			
2.5	Audiometric Assistant-8 (for 12 months)	90,000	8	7.2
2.6	Instructor-8 (for 12 months)	90,000	8	7.2
2.7	Honorarium for 8 district nodal offices	60,000	8	4.8

	Sub Total			**23.94**
3	**Trainings**			
3.1	Training of ENT Surgeon, Paediatrician, Gynaecologist etc. at Medical College	48,450	3	1.4535
3.2	Training of Medical, Para Medical & Health Workers at District Hospital	24,000	197	47.28
	Sub Total			48.73
4	**Procurement**			
4.1	**Equipments**			
4.1.1	Audio equipments at district	500000	3	15
	At State level			
4.1.2	Office Furniture (Annual cost)	100000	1	1
4.1.3	Desktop Computer UPS+4 in1 printer HP-Pentium - 4 (Annual cost)	50000	1	0.5
4.1.4	20 CPM A3 Size Photocopier (Annual cost)	175000	1	1.75
4.1.5	Lap top Computer HP Intel Dual core (Annual cost)	60000	1	0.6
4.1.6	Vehicle Sturdy ,reliable long route convenience Tavera etc (Annual cost)	575000	1	5.75
4.1.7	Hearing Aids BTE type	7,000	330	23.1
	Sub Total			**47.7**
4.2	**Drugs & Supplies**			
4.2.1	PHC Kits	7,000	197	13.79
	Sub Total			**13.79**
5	**ASHA Incentive**			**0**
	Sub Total			**0**
6	**Refferal Services**			
	Sub Total			**0**
7	**Innovations/ PPP**			
	Sub Total			**0**
8	**IEC/BCC**			
8.1	IEC Activities for 3 new district hospitals	200,000	3	6
8.2	Publicity work for 3 district wall printings(8'X3') and Hoarding (15'X8')	25000	3	0.75
8.3	IEC for continuous phase of 5 district hospitals	10,000	330	33
	Sub Total			**39.75**
9	**Financial AID to medical institutions**			
	Sub Total			**0**
10	**Civil Work**			
10.1	Construction of Sound proof room in District Hospital	165000	3	4.95
	Sub Total			**4.95**
	Grand Total			**250.02**

Note- No comments about budgetary approval is mentioned in ROP about the programme.

BUDGET SUMMARY – NATIONAL DISEASE CONTROL PROGRAMMES

Sl.	National Programmes		Proposed Budget for 2011- 12 (in lacs)	Approved Budget for 2011-12 (in lacs)
1	National Vector Borne Disease Control Programme National	Malaria	178.00	
		Filaria	911.94	
		Dengue/Chikanguniya	87.30	
		JE/AES	757.75	
		Kala -azar	37.00	
	TOTAL		**1971.99**	**2831.03#**
2	Revised National Tuberculosis Control Programme	Proposed budget under programme	6664.57	5004.78
		Under Additionality fund NRHM	116.60	61.60
		Total	**6781.17**	**5066.38***
3	National Programme For Control Of Blindness		**4057.00**	**3200.00**
4	National Leprosy Eradication Programme	Proposed budget under PIP 2011-12	708.07	
		Under Additionality fund NRHM	19.52	**707.08**
		Total	**727.59**	
5	National Iodine Deficiency Disorder Control Programme		**26.00**	**24.00**
6	Integrated Disease Surveillance Project		**800.08**	**563.56**
7	National Tobacco Control Programme		**614.98**	**-**
8	Mental Health Programme		**98.92**	**-**
9	National Programme For Prevention And Control Of Deafness		**250.02**	**-**
	TOTAL		**15327.75**	**12392.05***

**** This amount includes Rs. 61.60 Lacs for RNTCP Programme under NRHM addionalities head (ROP FMR Code- B.22.4)***

Budgetary allocation for NVBDCP of Rs. 110.53 Lacs (ROP- FMR Code- B.22.3.a & b) is allocated twice in ROP (i.e. with in the programme budget and NRHM Flexipool budget.

E. Inter-Sectoral Convergence

E. INTER SECTORAL CONVERGENCE

1. INTERSECTORAL SYNERGY AND COORDINATION WITH OTHER ORGANIZATIONS

All health and human development must ultimately constitute an integral component of the overall socio-economic developmental processes in the country making effective coordination between the health and its more intimately related sectors of paramount importance. Inter-sectoral coordination is essential at all the levels-from centre, state, district, block and village to the school and the facility level and securing inter-sectoral coordination of the various efforts in the fields of Health and Family Planning, Medical Education and Research, Education, Woman and Child Development, Social Welfare, Panchayati Raj and Rural Development is critical and can contribute to cost effectiveness and sustainability of NRHM programs

Uttar Pradesh also has several national level NGOs and development partners working in the state and offering technical assistance to the state health department. Development partners have an important role in the context of scale up, monitoring and capacity building. Coordinated efforts will lead to a more efficient and effective uses of resources and attempts have been made to ensure convergence and synergistic program implementation.

Convergence with the Department of Education:

- **School Health Program:** The ongoing School Health Program (SHP) is proposed to be expanded to 57400 schools in 20111-12. Under the SHP, there is convergence and coordination with the Department of Basic Education department to offer the annual medical health check up incorporating medical examination, eye test, height & weight and provision of biweekly IFA and biannual de-worming tablets. This is followed by screening of children after six months of medical check-up by trained teachers.
- **Saloni Swasth Kishori Yojna:** The scheme is currently being implemented in 10 selected schools per block and covering approximately 1200000 girls in age group 11- 19 years in approximately 8200 schools across the state. In addition to the biannual medical examination, weekly IFA and biannual de-worming and monthly in school counselling sessions Saloni Sabhas are planned in conjunction with the Department of Education.

  Under the SSKY program, two teachers from each Saloni school have undergone training for program implementation in 2009-10. In the meanwhile, a detailed Teachers guide for conducting the monthly in school counselling sessions *Saloni Sabhas* has been developed with technical assistance from Johns Hopkins Bloomberg School of Public Health/ Centre for Communication Programs through the ITAP project. A second round of training of the school teachers through a cascade model is being planned for 2011-12 will be trained by NRHM on basic Health and Nutrition issues so as to build their capacity to conduct monthly Saloni Sabhas.

Convergence with the Department of Women & Child Development:

Coordination with Department of Women and Child is integral to the implementation of the VHNDs. There is a greater need to ensure closer coordination between the ASHA & the AWW to ensure appropriate service delivery at the village level. At times, the ASHA & the AWW share an adversarial relationship which affects the serviced delivery.

- **Organizing VHND at Anganwadi Centres -** To strengthen the sense of community involvement Village Health and Nutrition Day (VHND) are organized monthly at each AWW centre. The beneficiaries (pregnant women, children, PNC cases, family planning cases, LBW babies, etc.) are identified and motivated by the ASHA to attend the VHND and she is supported by the AWW who hosts the activity at the AWW centre and also provides her nutrition services.
- **Bal Swasth Poshan Mah -** This is a joint strategy for biannual Vitamin A supplementation, provision of routine immunization services, promotion of exclusive breast feeding and complementary feeding, use of iodized salts, identification of malnourished children and their referral which AWWs assists the ANM / ASHA in listing beneficiaries and mobilizing the communities. The services are provided by the ANM while the counselling is by the AWW with the help of the ASHA worker.
- **Pulse Polio -** The ANM, AWW & ASHA carry out the Polio drive in conjuction.

Convergence with the Department of Panchayati Raj & Rural Development:

Village Health and Sanitation Committees (VHSC) have been formed comprising members from the community and some of the prominent persons like PRI members, school teacher, ANM, Anganwadi worker, ASHA , NGOs etc.

VHSCs are being strengthened and monitored by development partners and the departmental staff to build their capacities in formulating their village health plans.

Government Orders have been issued for ensuring convergence and coordination with the PRI, Rural Development Department and Education Department for smooth functioning of the VHSCs. Currently capacity building of the VHSC members on their roles and responsibilities under NRHM is being undertaken through SIHFW.

Convergence with NGOs, CBOs and other Development Partners:

A number of international agencies and reputed NGOs are working in the State. Their active role is envisaged in implementation of NRHM. Brief details of working of the agencies are provided below:

UPSACS: Convergence of STI services with NRHM

Provision of STI services in coordination with UPSACS is being proposed through the public and private sector through the designated RTI/STI clinics at the district level and the sub-district level by convergence with NRHM.

Strategies to achieve the convergence would include integration of STD services with NRHM to provide services to rural population and strengthening existing STD clinics at District and sub district level hospitals.

Adolescent Friendly Health Services (AFHS) clinics are being proposed in premises of ICTC and PPTCT centres and the same counsellors will be trained on Adolescent Reproductive and Sexual Health issues. ICTC and PPTCT centres will be further strengthened with equipments and other supplies.

State Innovations in Family Planning Services Agency (SIFPSA):

SIFPSA has been supporting the NRHM by providing technical assistance and by trying out new PPP models / innovations. Some of the examples of collaboration with SIFPSA are as follows:

- **Public Private Partnership (PPP) innovations -** ***Voucher Scheme:*** SIFPSA piloted Voucher Scheme in Kanpur and Agra under which cashless services were provided to BPL families in selected blocks / wards for MCH / RCH and STIs. The scheme is being expanded to the KAVAL towns i.e. Allahabad, Varanasi, Lucknow, Agra in addition to Kanpur through SIFPSA funds in 2011-12.

  The voucher scheme also involves accreditation and monitoring of private providers thus increasing the capacity of the private sector to deliver quality maternal and child health services.

  Social Franchising Project - The social franchising project is being implemented through Hindustan Latex Family Planning Promotion Trust (HLFPPT) under the Merrygold Hospital Network (MGHN) to ensure quality MCH / RCH / STI services at fixed affordable prices to urban poor. Normal delivery services are available for Rs 1999/- while Caesarean delivery along with medicines and hospital stay is available for Rs 6999/-. The franchisees undergo a process of accreditation, training and quality assurance thus increasing the capacity of the private providers.

  ASHA Newsletter - Quarterly newsletter for education and information needs of the ASHA has been developed for dissemination to the 136,000 ASHAs. 8 issues have been already been produced and printed through NRHM.

- **Clinical Family Planning Trainings -** SIFPSA has been identified as the nodal agency for specific clinical and other trainings such as Laparoscopic ligation training, abdominal tubectomy, IUCD, NSV and skilled birth attendant training for medical doctors.

To decentralize the training at divisional levels, 10 divisional level district women hospitals have been strengthened as Divisional Clinical Training Centres (DCTCs) which have been renovated and equipped with modern teaching aids.

In addition to the NSV Centre of excellence at the department of Urology at CSMMU, 3 satellites cum training centres are being established at Agra, Kanpur and Meerut to ensure availability of static NSV services and promotional activities in selected districts.

USAID, Bill & Melinda Gates Foundation, Packard foundation, UN agencies and other development partners

- **USAID Funded projects:** USAID funded projects in the state are offering technical assistance and implementing operational research projects in the areas of Maternal and Reproductive and Child Health. ITAP (Futures Group & Johns Hopkins Bloomberg School of Public Health/ Centre for Communication Programs) offers technical assistance to SIFPSA and NRHM for BCC and PPP / NGO projects; VISTAAR for ; JHPEIGO (clinical training for post partum IUDs); FHI for revitalization of IUDs; Institute of Reproductive Health (IRH) for promotion of fertility based awareness methods, RESPOND Project for promotion of NSV.

- **Bill Melinda Gates Foundation (BMGF) funded projects:** Sure Start Project (PATH) for community based initiatives, HMIS, ASHA tools and VHND monitoring; Urban Health Initiative (UHI).

- **UNICEF and other UN Agencies:** UNICEF is providing technical support in activities related with Child Health that includes support in organising biannual BSPM, Routine Immunization, Pulse Polio program, cold chain support and IEC activities.

Other agencies such as GFATM, European Commission, WHO, Population Stabilization Fund (Jansankhya Sthirta Kosh) are also working within the state.

However a greater convergence and coordination with the development partners is required within the state to ensure synergy and concerted efforts across the projects. A forum for bringing together the partners and the government is being proposed to channelize the technical assistance to areas of specific assistance for NRHM.

Chapter - 5

Financial Management

CHAPTER-5: FINANCIAL MANAGEMENT

Budgeting for various Activities

The budgeting for the various programmes/activities under NRHM has been proposed in accordance with Financial Monitoring Report (FMR) Format.

It is affirmed that the Program Management cost has been kept within the ceiling of 6% and the proposals for construction works are within the ceiling of 33% for Uttar Pradesh.

Financial Management Staff

All Financial Management personnel at state level are in position. There are 71 posts of District Accounts Manager of which 49 are filled. At block level, there are 820 posts of Data Manager cum Accountant, of which 678 are filled. The selection process for filling vacancies is currently on and the posts are expected to be filled within a month.

The remuneration of the PMU staff and others has been revised; an increase in remuneration of 10% is proposed conditional on completion of one year of service and satisfactory performance.

FINANCIAL MANAGEMENT TRAINING

It is proposed to organize financial management training for SPMU/ Directorate/ District Health Officials concerned with the NRHM management; and District Accounts Managers of the DPMU. The training will be outsourced to Centre for Development of financial Administration, run by the U.P. Govt. The details of the training are given in the table below:

Sl.	During of Training	Participants	No. of Participants	Unit Cost	Total Cost (in Lacs)
1	3 days	SPMU/ Directorate/ District Health Officials concerned with the NRHM management	150 (2 per districts * 72 districts) and others	3600.00	5.40
2	1 Week	District Accounts Managers and others	80 (1 per district * 72 districts) and others	6000.00	4.80`
		Total			**10.20**

The total amount budgeted under this is being booked under the "head Programme Management Training (A.9.8.2)".

Statutory Audit

The Statutory Audit Report and UCs for 2009-10 have been submitted. Necessary action would be taken as and when feedback is received.

Concurrent Audit

Concurrent Audit has been implemented at the State and all Districts and all quarterly summary reports received so far have been sent to MoHFW. A few districts have not submitted their quarterly summary reports and they have been asked to expedite the same.

The state has appointed the Concurrent Auditor for 2011-12 in the month of October 2010.

Implementation of Tally

Tally has been procured and the necessary training has been completed. The process of making Tally operational at State and district level is currently on.

Mode of Fund Transfer

Funds are being released electronically to all districts and most of the blocks.

Uploading of FMRs on HMIS Portal

While most districts are uploading FMRs on the HMIS portal, in any quarter between 15-30 districts are not doing such uploading. In most cases the delays are attributable to vacant positions of District Accounts Manager. As already mentioned, the vacancies are expected to be filled shortly. Also, the districts are being repeatedly reminded to upload the data on the HMIS portal.

Financial reporting under NRHM

Consolidated FMR for all programmes under NRHM including NDCPs up to 31.12.10 has been submitted. Necessary action would be taken if any deficiencies are pointed out.

MIS

The monthly and quarterly statement of fund position up to 31.12.2010 has been submitted.

Statutory Audit

As already mentioned under Item no. 3 above, the state's Statutory Audit Report and UCs for 2009-10 have been submitted.

RCH-I Unspent Balance

There is no record of any unspent balance of RCH-I. However, in case any instance of such unspent balance comes to the notice of the state, the state shall take immediate steps to refund such unspent balances.

Key Areas for Priority during 2011-12

Wherever feasible and appropriate, the state has designed interventions directed at disadvantaged population groups identified by the state in the high focus districts / backward areas. Clear action plans for such interventions have been incorporated in this PIP.

Committed and Uncommitted Unspent balances

There are committed unspent balances in respect of the following main activities like civil works, MMUs and Emergency Transport Services. In respect of civil works, the unspent amounts are expected to be completely spent by the first quarter of the next financial year. Actions for operationalising MMUs and Emergency Transport Services are currently at an advanced stage and the unspent amounts are expected to be spent in the near future.

APPROVED BUDGET SUMMARY

(Rs. In Crores)

Sl.	Scheme/Programme	Approved Amount
1	RCH Flexible Pool	1073.74
2	NRHM Mission Flexible Pool	645.45
3	Immunization & PPI Operational Cost	91.06
4	NIDDCP	0.24
5	IDSP	5.64
6	NVBDCP	28.31
7	NLEP	7.07
8	NPCB	32.00
9	RNTCP	50.04
10	Direction & Admin. (Treasury route)	529.07
	TOTAL	**2462.62**