

CHAPTER 4.1

REPRODUCTIVE AND CHILD HEALTH

CHAPTER 4.1 - REPRODUCTIVE AND CHILD HEALTH

4.1.1 MATERNAL HEALTH

Goal – To reduce MMR from 333 (CES 2009-10 – RRC-NE) to 200 by 2011-12

Objective – To increase 3 ANCs to 85% by 2011-12

(ANC - 42.8% -DLHS – 3 / 21.3% - full ANC - CES, UNICEF 2009)

Strategy 1: Early Registration of Pregnancy –

- a) Early detection & registration of pregnancy in Sub – Center (4592 nos.) with special emphasis in 14 High Focus District.
- b) Access to CAC – Comprehensive Abortion Care Services by detecting pregnancy through “Nichay Kit” (GoI) available for ASHA and ANMs and subsequent advice for Safe Abortion Services at Govt. approved centers.
- c) The “MAMONI” under Assam Vikash Yojana – A scheme under Govt. of Assam implemented to improve early registration and to improve quality ANCs for 3 or more. A booklet – MAMONI, a pictorial easily understandable on DOs and DONTs during pregnancy in vernacular is handed over to the PWs on registration (1st ANC) and Rs. 1000.00 is provided in two installments @ Rs. 500.00 in the 2nd and 3rd ANC for nutritional support during pregnancy. The nutritional scheme under IGMSY has just been launched in 2 districts of the state and not in all the 27 districts. The State will ensure that there is no duplication of the scheme.

State	Population Census 2001	Population 2010-11	Projected Population of 2011-12	Expected Live Birth
Assam	26638407	32227187	32742822	782553

Strategy 2 : Quality Antenatal Care for all pregnant women–

- a) ANMs in Sub-Centres will examine Weight, BP, fundal Height, Urine for Sugar and Albumin by using Uristix for each PW in every visit. All the logistics are made available through sub-centre untied fund. Further assessment done for procurement in all sub-centers. WHO Hb Color Scale are being procured through UNICEF for all 4592 sub-centres in 27 districts out of fund for 2010-11.
- b) MCP Card (introduced by GoI, 2010), JSY Card will to be filled up by ANMs in Sub-Centers.
- c) Micro Birth Planning and complication readiness for each PW will be carried out by subcenter ANM with active support from ASHA.

- d) Orientation training for Sub-Centre ANMs in the all districts (except Goalpara and Nalbari) is planned for quality care for pregnant women. Goalpara and Nalbari Districts have already been piloted through UNICEF during 2010-11. The 4-day orientation training module is developed with faculty from Gauhati Medical College, NRHM, SIHFW, Assam and UNICEF, Assam. Facilitator Guides has also been developed. The training components are well knitted putting theoretical lectures demonstration, role play, video film on various topics and hands on clinical works. (The Detail training load and budget under Training Plan).

The SBA training load of the State is very high and more than 10,000 ANM will take couple of years to complete the training. Moreover during the last 4 years around 800 (8%) ANMs could be trained. The indicators for maternal & child health components are far from satisfactory. A study was conducted by RRC-NE for skill assessment of ANM/GNM/LHV of Assam during 2009-10 and recommended for training need. Some of the skills like MCH care, plotting of partograph, biomedical waste management, record keeping & reporting need strengthening through training.

As per MDR review of 173 maternal deaths of the state, revealed that anaemia is associated with 39% of maternal deaths and hypertensive disorders with 23% of maternal deaths. The use of Tab. Misoprostol and Inj. Magnesium Sulphate will be expedited through 4 day orientation training.

- e) Bed Net (LLIN) provision for all pregnant women in high endemic districts may be bundled with Mamoni scheme during registration with active collaboration with NVBDCP. During April 2010 to November 2010, 35 Maternal Deaths reported from Karbi Anglong Districts and analysis of 15 maternal deaths revealed that 6 deaths (40%) are associated with PF Malaria. The Bed Nets provisions already available in NVBDCP and need to coordinate and streamlining the distribution modality for pregnant women and usages will be ensured through counseling with field functionaries.

Strategy 3: Reduction of Anemia (mild to moderate) during pregnancy to reduce MMR

As per NFHS – 3 report of 2006-06, 72% women were reported to be anaemic in the age group 15-49 years. The analysis of 173 maternal deaths has revealed that 39.3% are associated with anemia. A study has been undertaken on a pilot in a Block PHC (Mukalmua, Nalbari- a High Focus Dist). ASHA have been involved for direct supervision of IFA tablets consumption by PW from 2nd trimester for 100 tablets and base line Hb estimation by using Hb color scale every month for a period of 3 months.

Following activities will be taken up in the year 2011-12 to increase the IFA consumption:

- a) **Increase of compliance rate of consumption of IFA Tablets among pregnant women-** IEC/ BCC activities will be focused up to increase the consumption of IFA tablets through ANMs and ASHAs. In the Block level the BEE/ HE/ LHV will be responsible for creating awareness and importance of IFA Tab. consumption by PW amongst the ASHAs. The ANMs at the sub-center level will orient the ASHAs in small groups for creating awareness and importance of IFA Tab. consumption by PW. The Dist. Media Expert will

plan the IEC/BCC activities in the District with special emphasis to tea gardens and char areas.

- b) ASHA will be involved for direct supervision of IFA tablets consumption by PW from 2nd trimester for 100 tablets and base line Hb estimation by using Hb color scale every month for a period of 3 months in all the districts of the state. An amount of Rs. 100.00 will be paid to ASHA against each PWs who have completed 4 ANC's including registration and consumption of 100 IFA Tablets. Hemoglobin estimation will be ensured at the beginning of the 2nd trimester and after completion of the IFA tablets and will be recorded in the MCP card. The Mechanism of payment of incentive to ASHA will be ensured by linking with Sub Center ANMs / MO of the PHCs. The signature and seal of the ANM and Medical Officer in the MCP Card will be recorded for making payment through Block Account Manager / Assistant Block Account Manager.
- c) JSY Card, Part I, has been modified to incorporate the payment of MAMONI Scheme (a Govt. of Assam scheme) and the 2nd part is incorporated with the MAMATA Scheme (a Govt. of Assam scheme). The MCP Card is having for all the provisions for record of services to the pregnant women and infant but without space for JSY payment. The JSY card is necessary for record of JSY payment which can be treated as a voucher and is an important tool for financial control.

Budget for ASHA @ Rs. 100.00 per pregnant women for ensuring complete ANC

Sl.No.	District	Live Birth	Expected completed ANC (80%)	ASHA payment @ Rs. 100 per PW (Rs. In lakhs)
1	Barpeta	46377	37101	37.10
2	Baska	21620	17296	17.30
3	Bongaigaon	22717	18174	18.17
4	Cachar	41959	33567	33.57
5	Chirang	10954	8763	8.76
6	Darrang	22111	17688	17.69
7	Dhemaji	15145	12116	12.12
8	Dhubri	42791	34233	34.23
9	Dibrugarh	31594	25275	25.28
10	Dima Hasao	4864	3891	3.89
11	Goalpara	22857	18286	18.29
12	Golaghat	26260	21008	21.01
13	Hailakandi	16141	12913	12.91
14	Jorhat	27923	22339	22.34
15	Kamrup (R)	45563	36451	36.45
16	Kamrup (M)	26959	21567	21.57
17	Karbianglong	23854	19083	19.08
18	Karimganj	29621	23697	23.70
19	Kokrajhar	24557	19646	19.65
20	Lakhimpur	28902	23122	23.12
21	Morigaon	19448	15558	15.56

Sl.No.	District	Live Birth	Expected	ASHA payment @ Rs.
22	Nagaon	63330	50664	50.66
23	Nalbari	35483	28386	28.39
24	Sibasagar	32383	25907	25.91
25	Sonitpur	48058	38446	38.45
26	Tinsukia	30090	24072	24.07
27	Udalguri	20993	16794	16.79
	ASSAM	782553	626043	626.04

Strategy 4: Reduction in anemia (moderate to severe) in pregnant women by using parenteral Iron (Inj. Iron Sucrose)

- a) Evidence based studies have proved that parenteral iron with iron sucrose has advantage over IFA tablet in moderate anaemic PW. Routine Hb Estimation by using Hb color scale at sub-centre by ANMs has been in use in Dibrugarh Dist in 6 BPHCs for 1-year for management of anaemia during pregnancy. The analysis of first 6 months data reveals that the prevalence rate of anemia of pregnant women is 67% out of which moderate anemia is 24.9% & severe anemia is 7.24%. It is expected to raise the percentage of Hb by 4g/dl over a span of 2 weeks.
- b) A pilot project on iron sucrose injection 100 mg per 5ml, 2 ampoules for each beneficiary has been worked out to be implemented in 2 districts – Kamrup and Dibrugarh. The Faculties of the O&G department of the 2 Medical Colleges of Guwahati and Dibrugarh will be a part of the project . Kamrup district have been selected as the population is more and wide spread over char areas, Dibrugarh district has been selected because of the tea garden population where the anemia is more.
- c) Case selection criteria: Moderate and severe anemia with Hb <9gm/dl detected in 2nd trimester and early 3rd trimester, not responding to IFA oral tablet. This group of women will be selected for parenteral iron sucrose injection as per fixed protocol. Expected pregnant women with moderate to severe anemia in the state (in the identified districts) is expected to be 6943
- d) One day orientation on use of parenteral iron sucrose injection at Guwahati with the resource person from Medical College where at least 1 Gynecologist from all the 11 selected Hospitals and 2 Medical Colleges will participate from each institute to develop Guideline, protocol and reporting formats for implementation of the program.

Logistics required (per PW) :

2 ampoules each containing 100 mg/5 ml

Ancillary items: 0.9% saline solution 100ml, 5 ml syringe, I V drip set.

Budget:

Districts	Projected population of 2011-12	Expected PW for 2011-12	Expected moderately and severely Anaemic PWs for 2011-12 (30%)	Expected moderately and severely Anaemic PWs requiring Inj. Sucrose for 2011-12 (30%)
Dibrugarh	1321935	31594	9478	2843
Kamrup (R)	1906415	45563	13668	4100
Total	3228350	77157	25462	6943

Items	Unit Cost (Rs)	Cost for 2 doses (in Rs.)
100 mg ampoule of iron sucrose injection	264.00	528.00
100 ml Normal Saline	13.00	26.00
5 ml syringe	10.00	20.00
I V drip set	10.00	20.00
Total cost for 1 PW		594.00
Total cost for 6943 PW		41,24,142.00
1-Day orientation Program at State level		60,000.00
Total Budget		Rs. 41,84,142.00

Total amount – Rs. 60,000 for orientation budgeted under Maternal Health

Total amount – Rs. 41.24 lakhs (budgeted under procurement)

Objective 2: Increase the Institution delivery to 65% by 2011-12

(35.3% - DLHS-3/ 58.5% - CES-RRC-NE, 2009-10/ 64% - CES, UNICEF 2009 ID)

Strategy 1 : Strengthening the Institutional Delivery in Sub-centres and PHCs

- a) 274 Sub-Centers (MCH Centres) in Govt. Building have been identified to conduct deliveries, of which in 2010-11, a total of 182 nos. of sub-centres have been made

functional where 182 Rural Health Practitioner (RHP) – Diploma in Medicine for Rural Health Care (DMRHC) passed out from Jorhat Medical Institute have been posted to conduct deliveries. Out of the 182 SC (MCH centres), 146 are in the high focus districts. The total no. of patients examined in the 3rd quarter of 2010-11 is 1,97,097 and 153 deliveries have been conducted. In the year 2011-12, the state will operationalize 92 SC (MCH centres) with posting of RHPs. In the year 2011-12, the 182 MCH centres operationalized in 2010-11 will taken up for renovation (*Budgeted under NRHM*)

- b) The state has started training of Trained Birth Attendants in the SC areas under char and riverine areas of high focus district and will be continued in 2011-12.
- c) PHCs functioning round the clock (24x7 Institutions) have been increased to 415 by newly constructed labour rooms out of 468 and manpower deployment. This will be increased to 503 by 2011-12 (civil works going on will be completed by 2011)
- d) Birth Waiting Room at least one for each District in a 24x7 PHCs have been taken up to provide admission for pregnant women prior to delivery from the inaccessible terrain areas so that at the onset of labour pain PW can be transferred to the designated nearby 24x7 PHC.

Strategy 2 : Referral Transport:

- a) “108- Mritunjoy” Ambulance Service free of cost will continue to transport PW in labour for institutional delivery.
- b) The EMTs of the “108- Mritunjoy” Ambulance Service have been trained to handle the women in pregnancy related problems while in the ambulance in transit for better care.
- c) The RKS money given to all the Hospitals are also used for referral from home to hospitals where “108” services cannot reach.
- d) Boat Referral Transport free of cost provision has been available to PW residing in River Islands (Char) in 19 Districts from residence to nearest 24x7 institutions to improve the Institutional Delivery. Provisions are also made to cover the travel cost as per distance after arrival at the river shore to the 24x7 HI.

Strategy 3 : Social mobilization for institutional delivery (JSY):

- a) JSY benefit for the pregnant women delivered in institution and ASHA is continued to be available for support to the PW. The payment structure will be in line to Gol guidelines, which is as follows:

Location	Rural Amount (in Rs.)	Urban Amount (in Rs.)
Institutional Delivery	1400	1000
Home Delivery	500	500
ASHA (only for ID)	600	200

Strategy 4 : Strengthening the comprehensive Obstetric care – Operationalization of FRUs

- a) At present 22 District Hospital and 39 FRUs (SDCH / CHC) are functioning to provide CEmOC services. All 39 Blood Storage Centres of FRUs have MOs and Lab. Technicians trained as per GoI Norms and have license for Blood Storage Center
- b) The MOs and Lab. Tech. of the 13 CHCs to be upgraded to FRUs during 2011-12 have been trained from 09-02-2011 to 11-02-2011. Two out of the 13 CHCs have already obtained Blood Storage License (Dergaon CHC and Sarupather CHC , Golaghat). The equipments like 50 Blood Bags Capacity Vibration Free Fridge and other necessary equipments are being procured for the Blood Storage Center.
- c) 13 more FRUs (CHC/BPHC) planned in 2011-12 will be made functional during 2011-12. These are as follows:

1	Kalgachia CHC	2	Kalain CHC
3	Kharupeta CHC	4	Gogamukh CHC
5	Hatsingimari SDCH	6	Rangjuli CHC
7	Lakhipur BPHC	8	Sarupathar CHC
9	Dergaon CHC	10	Khetri CHC
11	Mirza CHC	12	Dhekiajuli CHC
13	Digboi State Hospital		

- d) **Minor civil works for FRUs** Repair/ Renovation of Labour Room, Operation theatre, Blood Storage Center will be required in 10 existing FRUs which have been functioning since 2002-03 for which Rs. 50.00 Lakh has been budgeted. In the following FRUs minor civil works will be taken up

SI	Name of FRU	SI	Name of FRU
1	Pathshala FRU	6	Jakahalabandha FRU
2	Abhayapuri FRU	7	Hojai FRU
3	Sipazahar FRU	8	Dhing FRU
4	Bokhakat FRU	9	Lumding FRU
5	Teok FRU	10	Doomdooma FRU

Total budget – Rs. 5 lakhs for each FRU , totaling Rs. 50 lakhs

- e) **CEmOC training for MBBS doctors** - Two Medical colleges- GMCH, Guwahati & AMCH, Dibrugarh are the nodal centres for conducting EmOC training for MBBS doctors. GMCH, Guwahati with 8 batch size capacity 4 for the state of Assam and 4 for the other states of North East. AMCH, Dibrugarh is meant for the MOs from the state of Assam only. The first batch 6 MOs are undergoing training from 16th November 2010.

Number of total EmOC trained MOs till January 2011	Present training batch	Target for 2010-11	Target achieved for 2010-11	Target for 2011-12
14	10 (GMCH – 4, AMCH – 6)	16	17	24 (2 Batches of 4 MOs in GMCH, 2 Batches of 8 MOs in AMCH)

Details of training under Training Plan

- f) **LSAS training** - The Life Saving Anaesthetic Skill training for MBBS Doctors introduced in the state in 2007-08 as per GoI Guidelines in 3 Medical Colleges. At present Gauhati Medical College, Guwahati and Assam Medical College, Dibrugarh is conducting LSAS training only. At present 5 Dist. Hospitals for District Level Training are functioning (SMK CH, Nalbari/ BP CH, Nagaon/ Sivsagar CH/ North Lakhimpur/ LGB CH, Tinsukia).

Number of total LSAS trained MOs till January 2011	Number of total Certified LSAS trained MOs till January 2011	Present training batch	Target for 2010-11	Target achieved for 2010-11	Target for 2011-12
30	25	6	20	10	16

Details of training under Training Plan

- g) **Performance based incentives for LSAS and EmOC trained doctors** - An amount of Rs. 5000.00 per month is given as an incentive for LSAS and EmOC trained doctors performing at least two surgical procedures in a month to improve the performance of Comprehensive Emergency Obstetric Care Services in FRUs. At present 30 LSAS trained MOs and 18 EmOC trained MOs are available. The MOs to be trained in 2011-12 is 16 in LSDAS and 24 CEmOC. The trained MOs will be incentivized for their service based on performance. The budget is calculated for 48 trained MOs (LSAS and CEmOC) and new 20 MOs (50% of the MOs planned for training who will complete training in first 6 months)

Budget Rs. 40.80 Lakh has been earmarked. (details in RCH budget 3e)

Objective 3: Increase the post natal care from 33% (DLHS-3) to 50% by 2011-12

Strategy 1: Ensure post partum care at Village level by ASHA & SC

- a) The ASHA/AWW/ANM will pay 3 post partum visits within 48 hours of delivery, 14 days and next within 42 days in respective sub-centres areas.

- b) The mothers will be motivated on essential newborn care, early and exclusive breast-feeding and adopting family planning practices by ASHA. The activities will also be carried out in the Village Health days.
- c) IEC Materials will be developed on PPC for ASHA/AWW/ANM which will base on importance of PPC. **(Detail in IEC/BCC)**

Strategy 2: Ensure post partum care at PHC and higher health institution

- a) The state in the year 2009-10, have stressed upon hospital stay after delivery to reduce mortality and morbidity and is providing baby kit (having blanket, clothes, mosquito net and toiletries for baby) under “*Mamta*” scheme to mothers staying for 48 hrs. The cost of the kit with commodities is Rs.300/-. This will be continued in 2011- 12.

SI	Expected ID in Govt. Hospital	Unit (Rs.)	Total Cost (Rs. in lakh)
1	457994	Rs. 300.00	Rs. 1373.98

Total budget is – Rs. 1373.98 lakhs

Strategy 3: Safe post natal care to prevent puerperal infections by providing sanitary napkins for pregnant women to use in immediate post partum period:

During 2010-11, the scheme was introduced in Morigaon District for the pregnant women undergoing institutional delivery. The projected no. of PW in Morigaon District in 2011-12 is 19448 and ID expected as 11377 (approx 65%).

The budget for Morigaon Dist. Rs. 5,6,107.00 (budgeted under procurement)

Objective 4 – To increase awareness and to take intervention in the community on Maternal Death based on Maternal Death Review:

- a) Maternal Death Review (MDR) is one of the strategies to improve quality Obstetric Care and also identify other factors at the community level to initiate action to reduce Maternal Mortality and Morbidity.

Indicator	Assam		India
	RGI	CES, RRC-NE, 2009	
MMR (Maternal Mortality Ratio per 1 lakh live birth)	480 (Source 2004-06, RGI)	333 (Source: CES, RRC-NE, 2009)	254 (Source 2004-06, RGI)

- b) Maternal Death Review has been introduced by GoI during February 2010 and accordingly as per Guidelines implemented in the State. Maternal Deaths started

reporting from 16th April 2010 both from the Community and Facility (MCs/DHs/FRUs). The GoI has modified the Guidelines for Maternal Death Review and minor modifications were made in the Formats for investigation also. The National Level 2-day workshop held in December 2010 was attended by the State Nodal Officer. So far 307 Maternal Deaths are reported between 16/04/2010 to 28/01/2011. Analysis of 173 cases revealed the major causes are Haemorrhage – 23.7% , Hypertensive Disorders – 23.7% and 39.9% Maternal Deaths are associated with Anaemia.

- c) As per revised MDR Guidelines December 2010 training load has been worked out and planned during March – April 2011 with the funds available in the current financial year (2010-11).

Budget for MDR activity for 2011-12	
Activity	Budget
State Level Review Meeting	Rs. 4.00 Lakhs
District Level Review Meeting once in a month under the Chairmanship of Jt. DHS (CDMO). Dist. Nodal Officer, MDR need to supervise at community and facility level. Deputy Commissioner/ Principal Secretary of Autonomous Council Districts will also review once in a month.	Rs. 75.72 lakhs
Regular holding of FBMDR committee meeting, Register maintenance for maternal death cases at the facility level, formats for MDR, photocopy for bed tickets, photocopying of investigated MDR formats, sending to Dist. Nodal Officer, State Nodal Officer	
Regular holding of CBMDR committee meeting at PHC level, Register maintenance for maternal death cases at the block level & Dist. level, formats for MDR, photocopy for bed tickets, photocopying of investigated MDR formats, sending to Dist. Nodal Officer, State Nodal Officer. Re-orientation if needed of the new Doctors/ ANMs etc.	

(Detail budget in RCH budget 3e)

MDR analysis using software:

An initiative on development software has been taken up in the State. During 2011-12, the software will be implemented in all the districts analysis.

Budget for training of the personnel using this software in the 27 districts of Assam

1 day workshop on MDR Software						
Estimate for 1 batch						
No of Participants						20
Sl	Particulars	Rate	Qty	Unit	Days	Amount
TA/ DA to participants: (On actual)						
1	TA of Participants (On actual basis as per rule)	Rs.800.00	20	Nos	2	Rs.32,000.00
2	DA of Participants (As per rule)	Rs.600.00	20	nos	2	Rs.24,000.00
Sub Total						Rs.56,000.00
Fooding & Lodging:						
3	Working Lunch, Tea & Snakes and Drinking Water, etc	Rs.200.00	30	Nos	1	Rs.6,000.00
Sub Total						Rs.6,000.00
Training Related Expenses:						
4	Incidental expenditure, photocopying, training material, etc	Rs.300.00	20	Nos	1	Rs.6,000.00
Sub Total						Rs.6,000.00
Total budget						Rs.68,000.00
Add 15% Institutional Expenditure						Rs.10,200.00
Estimate for 1 batch						Rs.78,200.00
No of batches						6
Total Budget Estimate						Rs.4,69,200.00

Status of Facility Operationalisation *

S. No.	Facility	Total No. Planned 2005-12 (cumulative)	Total No operationalized from till Jan'2011 (cumulative)	Target for 2010-11	Achievement in 2010-11 (till January 2011)	Target for 2011-12
1	FRUs (Including District hospital)	52 FRUs & 27 DHs	39 FRUs + 23 DHs	11 FRUs	1 FRU + 1DH	13 FRUs & DHs
2	24x7 PHCs	503	415	100	72	87

Status of MCH Centres Operationalisation *

S. No.	Facility	Total identified	Total No operationalized till January 2011 (cumulative)	Target for 2011-12
1.	MCH Centre Level III	52 FRUs & 27 DHs	39 FRUs + 23 DHs	17 (13 FRUs + 4 DH)
2.	MCH Centre Level II	2 SDCH + 80 CHC + 503 PHC + new 60 CHC	2 SDCH + 80 CHC + 415 PHC	87 PHC + 60 new CHC
3.	MCH Centre Level I	323 PHC + 150 new PHC + 182 SC	441 PHC, 182 SC	70 PHC and 92 SC

* Must fulfill GoI minimum criteria, including availability of Blood Storage centres (for FRUs)

Performance based incentives

Name of the Scheme / Activity	Type of worker	Type of work being incentivised	Level of Facility (CHCs/ PHCs/ Sub-Centres)	Amount of Incentive	Performance Expected	No of workers given incentive	Quantifiable Output
Incentive to EmOC and LSAS trained MOs	Trained Medical Officer	EmoC services – C-section	CHCs upgraded to FRUs	Rs. 5000/ PM	Minimum 2 surgical procedures in a month	43	To increase EmOC services

Status of Anesthesia Training

Total No of MBBS Doctors to be trained in LSAS till 2012 (cumulative)	Total No of MBBS Doctors trained in LSAS till 2010 (till Dec. 2010 cumulative)	No of trained MOs posted at FRU till December 2010 (cumulative)	Target for 2010-11	Nos. trained in 2010-11 (till December 2010)	Target for 2011-12
46	30	Out of 22 certified 14 are working in FRUs/DHs	20	10	16

Status of EmOC Training

Total No of MBBS Doctors to be trained in EMOC till 2012 (cumulative)	Total No of MBBS Doctors trained in EMOC till 2010 (till Dec. 2010 cumulative)	No of trained MOs posted at FRU till December 2010 (cumulative)	Target for 2010-11	Nos. trained in 2010-11 (till December 2010)	Target for 2011-12
38	14 + 4	17	16	17	24 (2 Batches of 4 MOs in GMCH, 2 Batches of 8 MOs in AMCH)

Status of SBA Training

No. of Institutions (including District Hospitals) conducting SBA training	No. Of district hospitals/training institutes practicing SBA Protocols particularly Partograph	No of Master Trainers trained	No. of SNs/ ANMs/ LHVs to be trained till 2012 (cumulative)	Total No of SNs/ANMs/LHVs trained till 2010 (till Dec. 2010 cumulative)	Target for 2010-11	Total No of SNs/ANMs/LHVs trained in 2010-11 (till Dec. 2010)	Target for 2011-12
22 DH + 14 FRUs	22 DH, 39 FRUs	383		2478	1104	715	1632

Status of MTP Training

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 10-11)	No. of doctors trained in 2010-11 (till December 2010)	No. of 24x7 PHCs providing at least 1 st Trimester, Safe Abortion Services	No. of DH/FRUs Providing Comprehensive Safe Abortion services
22 DH, 108 CHC, 149 BPHC			276	250	50	402	22 DH, 39 FRUs, CHCs, PHCs (24x7)

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 in 2010-11 (Till December, 2010)
Rs. 607.88 lakhs	194.72 lakhs	Rs. 10150.08 lakhs	Rs. 6013.93 lakhs

4.1.2 CHILD HEALTH

A 3: CHILD HEALTH PROGRAMME PIP 2011-12

STATE

1. IMR (SRS 2011)	61 / 1000 LB	46 / 1000 LB (CES-09, RRC-NE)
2. Goal: Overall NRHM 2012	< 30 / 1000 LB	
3. Goal: Annual 2011-12	< 40 / 1000 LB	

2. SITUATION ANALYSIS:

2.1 Mortality Indicators	NFHS-2	NFHS-3	SRS 2009	SRS 2011	Trend Analysis
Neo Natal Mortality Rate	N/A	45.5	N/A	N/A	
Infant Mortality Rate	70	66	64	61	
Under 5 Mortality	89.5	N/A	N/A	N/A	

PROCESS INDICATORS

2.2 ANAEMIA	NFHS-2	NFHS-3	Coverage Evaluation Survey (CES) 2009	Trend Analysis
% of children (under 5 years) of age with anaemia	63.2	76.7	N/A	

2.3 INFANT & YOUNG CHILD FEEDING	NFHS-2	NFHS-3	DLHS-2	DLHS-3	Coverage Evaluation Survey (CES) 2009	Trend Analysis
Children under 3 years breastfed within 1 hour of birth	44.7	50.6	50.6	65.7	46.1	
Children aged 0-6 months exclusively breastfed	N/A	63.1	N/A	61.8	50.7	
Children age 6-24 months received solid/semisolid foods and are still breastfed	N/A	59.6	N/A	66.7	66.5	

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	37.1	13.3	42.8	34	53	
Children with Diarrhoea in the last 2 weeks who were given treatment at facilities	48.2	30.6	65.1	57.6	65.3	
Children with ARI or fever in the last 2 weeks who were given treatment at facilities	N/A	35.4	61.3	63.4	79.2	

TRAINING UNDER CHILD HEALTH

Progress till date- no. of trainings conducted/health persons trained/districts covered	Planned for 2010-11	Held/Trained (till Nov/Dec 2010)
✘ IMNCI - No. of trainings - No. of persons trained - No. of districts implementing	418 10032	5998 (Dec'10) 6
✘ Pre-Service IMNCI - No. of trainings - No. of persons trained - No. of districts implementing		Not yet implemented
✘ F-IMNCI - No. of trainings - No. of persons trained - No. of districts implementing	16 960 5	115
✘ Navjaat Sishu Suraksha Karyakram (NSSK) - No. of trainings - No. of persons trained - No. of districts implementing	43 2258 27	1074
✘ Any other		

KEY CHILD HEALTH PERFORMANCE INDICATORS

Progress on CH interventions	Planned for 2010-11	Held/Trained (till Nov/Dec 2010)
<p>✘ I&YCF</p> <ul style="list-style-type: none"> - No. of newborn breastfed within 1 hour - No. of children 6 months and above exclusive breastfed <p>✘ Management of Acute Respiratory Infection</p> <ul style="list-style-type: none"> - No. of children below 5 years with ARI screened/detected - No. of children below 5 years with ARI treated at facilities <p>✘ Management of Diarrhoea</p> <ul style="list-style-type: none"> - No. of children below 5 years with Diarrhoea in the last 2 weeks who received ORS and Zinc - No. of children below 5 years with Diarrhoea in the last 2 weeks who were given treatment at facilities <p>✘ Iron Folic Acid Supplementation</p> <ul style="list-style-type: none"> - No. of children below 5 years provided IFA syrup/tablet <p>✘ Vitamin A supplementation</p> <ul style="list-style-type: none"> - No. of children below 5 years provided Vitamin A syrup <p>✘ Management of malnutrition/severe acute malnutrition</p> <ul style="list-style-type: none"> - No. of children with SAM detected - No. of children referred to NRC/facilities for management 	<p>4060006 (Vit-A)</p> <p>3887260 (Albd)</p>	<p>253058</p> <p>60525/67355 (Treated/reported)</p> <p>835512 976192</p> <p>Not yet implemented (NRC started in 3 Hospitals from Feb'11)</p>
<p>Key programme indicators</p> <ul style="list-style-type: none"> ◆ Home visits for newborn by IMNCI trained person ◆ No. of newborn children visited on 1st day/3rd day/7th day ◆ No. of low birth babies visited on 14th, 21st, 28th day ◆ No. of sick children screened/detected and managed at home ◆ No. of sick newborn and children treated at facilities for Sepsis, Asphyxia, Severe dehydration, Pneumonia etc. ◆ No. of NSSK trained person conducting deliveries at facilities 		<p>31826 20509</p> <p>203 20588</p> <p>532/2543(treated/admitted)</p> <p>N/A</p>

Establishment of newborn and child care facilities at Maternal and Child Health (MCH) Centers		
Level III – MCH Center	<input checked="" type="checkbox"/> Special Care Newborn Unit (SCNU) at district hospitals <input checked="" type="checkbox"/> Newborn and Child Stabilization Units at FRUs <input checked="" type="checkbox"/> Newborn Care Corner at 24 X 7 PHCs <input checked="" type="checkbox"/> Nutritional Rehabilitation Centers	
Level II – MCH Center		
Level I – MCH Center		

Any other activities under Child Health which have been reflected in PIP			
<ul style="list-style-type: none"> ◆ IEC/BCC ◆ Provision for IEC material planned ◆ Newborn Care ◆ Early initiation of breastfeeding ◆ Protection from infection ◆ Protection from Hypothermia ◆ Recognition of danger signs ◆ BCC ◆ Other activities 			
Supplies & stock position	Received quantity	Utilization	Balance in stock
ORS	1232425	395525	836900
Zinc	21007000	20801200	205800
Antibiotics (Cotrimoxazole)			
Vitamin A	25000	25000	0
Iron & Folic Acid	8100000	7923100	176900
Albendazole tablet	7160000	6291169	868831

Planning for the year 2011-12	1 st Qtr target	2 nd Qtr target	3 rd Qtr target	4 th Qtr target	Total target
IMNCI					
* No. of districts planned for IMNCI implementation					
* No. of IMNCI training planned					
* No. of persons planned to be trained	2376	2376	2376	2376	9504
F-IMNCI					
* No. of districts facilities planned for implementing F-IMNCI		320	320	320	960
* No. of persons(MO/SN) planned to be trained					
NSSK					
* No. of districts facilities planned for implementing NSSK					
* No. of persons (MO/SN) planned to		2377	2378	2378	7133

be trained in NSSK Pre-service IMNCI * No. of Medical Colleges/Nursing Colleges planned for implementing Pre-Service IMNCI					
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Planning for the year 2011-12		1 st Qtr target	2 nd Qtr target	3 rd Qtr target	4 th Qtr target	Total target
No. of Medical/Nursing students planned to be trained						
Establishment of Newborn and Child Care facilities at Maternal and Child Health (MCH) Centers						
Level III MCH Center	Special Care Newborn Unit (SCNU)					13 (8 functional)
Level II MCH Center	Newborn and Child Stabilization Units at FRUs					402
Level I MCH center	Newborn care Corner at 24 X & PHCs Nutritional Rehabilitation Center					Already functional in 323 PHCs

Community based initiatives - Organization of VHNDs	221437/NA (08-09)	240690/292046 (09-10)	176764/295359 (10-Nov'10)
School Health Schemes - No. of children screened for illness. - No. of children provided IFA tablet - No. of children provided Albendazole tablet.			
Budget - Budget allotted (2010-11) - Budget utilized (Dec 2010)	Rs. 6.20 lakhs Rs. 6.20 lakhs		
16. Budget proposed for Child Health for the year 2011-12	Rs. 1910.66 lakhs (includes School Health, excluding training and procurement)		

Goal: To reduce infant mortality rate from 61 (SRS-11) / 46 (CES, RRC, 2009) to less than 40 by 2011-12; to reduce NMR from 34(SRS-08) to 20 by 2011-12; to reduce U5M rate from 88(SRS 2008) to 60 by 2011-12.

Objective: To improve new born care by 2011-12.

Strategy 1: Training and Implementation of “Navjat Sishu Suraksha Karyakram” (NSSK)

Activities:

- a) In the year 2010-11, Master training has been completed in 22 districts. Sensitization and planning workshop for district planners have been completed. The state have received 200 training kits including Manikins for training through UNICEF. During the year 2010-11, a total of 875 against 1281 planned manpower have completed training including 100 TOTs. NSSK has been implemented in all institutions where training has been completed. Till date 404 Medical Officers and 474 GNMs have been trained.
- b) During the year 2010-11, of total 499 institutions were provided with one set of neonatal Resuscitation Kit. All remaining DH/SDH/FRU/CHC/24X7 PHC would be provided with necessary kits for operationalization of NSSK during 2011-12. During 2011-12, new 1000 neonatal Resuscitation Kit would be procured and distributed to all institutions conducting deliveries and also to all the trained ANMs along with 2500 Simple Resuscitation Kits will be procured for trained ANMs and trained TBAs in River-rine and Difficult areas.
- c) During the year 2011-12, NSSK training will be given to MO (remaining and newly recruited including Ayur.), Rural Health Practitioner, GNM(remaining and newly recruited), ANM (Details of Training under SIHFW).

Budget for neonatal Resuscitation Kit

SL. NO.	Particulars	Unit	Rate	Amount
1	Neonatal Resuscitation Kit	1000	Rs. 5000.00	Rs. 50 lakhs
2	Neonatal Resuscitation Kit (simple)	2500	Rs. 4000.00	Rs. 100 lakhs
Total				Rs. 150 lakhs

(Budgeted under procurement)

Strategy 2: Implementing Integrated Management of Neonatal & Childhood Illnesses

Activities:

- a) IMNCI have been implemented in 6 districts, and Basic Training for health and nutrition workers is going on in all the districts. Till end of December, 2010 IMNCI TOT has been done for MO-428, Para-Medical Staff-167, CDPO-68, and Others-69 Total 732.

- b) District level IMNCI for H&NW during 2010-11 ending December is 5530 and cumulative total sine 2006-07 12,473. Basic physician and supervisor cumulative sine 2006-07 is 112.
- c) IMNCI kit, reporting format has been provided to the districts where training has been completed. IMNCI drug Kit would be provided to all 8193 (till Nov-10) AWW who have completed training (budgeted under procurement).
- d) It is proposed to provide all 8193 AWW who have completed training be provided with IMNCI Service Kit (Salter's weighing scale, Digital Thermometer, ORS measuring cup, Assessment Booklet, Reporting Format, IMNCI Flexi Banner).
- e) Supervision, Monitoring and reporting will be ensured. UNICEF would support alternate monitoring mechanism for IMNCI in Dibrugarh and will also facilitate IMNCI assessment in 3 districts through premier national institute. 10 more Districts will be taken up by NRHM through MNGOs for Assessment of IMNCI. For this assessment MNGOs will be given compensation and mobility support.
- f) To scale up pre-service IMNCI, the state has taken up the matter with the Director of Medical Education, Govt. of Assam so that it can be incorporated in the Medical & Nursing Colleges of the state.

Budget for IMNCI kit

SL. NO.	Particulars	Unit	Unit cost	Total amount (Rs. In lakhs)
1	IMNCI Kit	10,000	Rs. 500	Rs. 50.00 lakhs

Budget for IMNCI Service kit

SL. NO.	Particulars	Unit	Unit cost	Total amount (Rs. In lakhs)
1	IMNCI Implementation kit	10,000	Rs. 3000	Rs. 300.00 lakhs

Budget under RCH procurement

Strategy 3. Training and Implementation of F-IMNCI

Activities:

- a) During the year 2010-11, National level TOT for 17 no of MO have been completed in Delhi. A total of 99 Medical Officers and GNMs have been trained till December 2010.
- b) UNICEF would initially support F-IMNCI TOTs for the ANM/GNM Training School Faculty and would also facilitate monitoring
- c) During 2011-12 training of Medical Officers and GNM will be taken up (Details under training plan).

Strategy 4: Operationalization of Special Care New Born unit**Activities:**

- a) SCNU: The state has already established 10 SCNUs till January 2011 and 8 have started functioning of which 4 are in high focus districts. Another 3 S SCNUs will be functional by March 2011. During the year 2011-12, remaining 8 nos. of S SCNUs will be made functional.
- b) During year 2010-11 and till date the state has completed training of 189 Doctors and Nurses. To operationalize the remaining 13 SCNUs s, during the year 2011-12, FBNC training for MOs and GNMs will be taken up. (Details under Training Plan)
- c) Observer ship Training: Doctors and Nurses working in SCNU have to develop practical skills to handle sick new-born cases admitted to the SCNU. Neo-Natal Foundation (NNF) has emphasized on Observer-ship Training of MO and Nurses of SCNU and have identified National Level Institutions for such training. SCNU of Assam Medical College, Dibrugarh is one of the identified training centers for Observer-ship Training. All Doctors and Nurses of the SCNU will be trained phase wise. In each batch one MO and three Nurses will be trained for a period of 12 days.(Details under Training Plan).
- d) Neonatology Training: To manage established SCNU and NSU trained pediatricians are necessary to take care of the sick new born. But there have been shortage of pediatricians in the state. To tackle this shortage, it is proposed to start a short course training (20 weeks) for MO's on Neonatology in the Medical Colleges of Assam (Details under Training Plan).
- e) To facilitate recording and reporting of SCNU data and to follow up discharged babies in the community it is essential that a computer with printer be provided in each SCNU.

Maintenance Expenditure for consumables, Disposables and equipments of SCNU

SN	Particulars	Amount (in Rs.)
1	Consumables and disposables	Rs. 5,00,000.00
2	Form, Formats, Chart, Records and Registers Soap, Detergent, Disinfectant	Rs. 60,000.00
Total for 1 SCNU		Rs. 5,60,000.00
Budget for 10 SCNUs		Rs. 56,00,000.00
Budget for 11 SCNUs for 6 months		Rs. 30,80,000.00
Total for 21 SNCU		Rs. 86.80 lakhs

Strategy 5: Operationalization of New born Stabilization unit

- a) The State has got approval for 402 Newborn stabilization unit in 2008-09 and 2009-10. The construction works and electrification has been completed in 89 Stabilization unit and equipments have been procured for 128 units. Till March 2011, a total of 100 Stabilization units will be made functional in the state along with training of manpower. By March 2012 the Stabilization units will be made functional in the state.

- b) The State has received approval for procurement of equipments for 402 New born stabilization units in 2008-09 (approved amount Rs. 619.37 lakhs) & 2009-10 (approved amount Rs. 349.50 lakhs), but has procured equipments for 128 units. The remaining fund has been diluted as unspent uncommitted amount under RCH in 2008-09 and 2009-10. To operationalize the remaining 274 Stabilization units by 2011-12, the state wants to procure the equipments which include 4 nos. of beds, servo stabilizers, oxygen concentrator, radiant warmer at an unit cost of Rs. 4.10 lakhs, total amount being Rs. 1123.40 lakhs (budgeted under RCH procurement)
- c) The training of Medical Officers and GNMs will be taken up in 2011-12. (Details under Training Plan)

Maintenance Expenditure for consumables, Disposables and equipments of NSU

SN	Item	Unit cost for 1 NSU	Rs. In lakhs
1	Equipment Maintenance and consumables per year for 100 NSU for 1 year	Rs. 50,000.00	Rs. 50.00 lakhs
2	Equipment Maintenance and consumables per year for 100 NSU for 6 months	Rs. 50,000.00	Rs. 25.00 lakhs
3	Equipment Maintenance and consumables per year for 57 NSU for 3 months	Rs. 50,000.00	Rs. 7.13 laks
Total			Rs. 82.13 lakhs

Objectives: Infant & Young Child Feeding - Promote early and exclusive breast-feeding till 6 months and importance of complementary feeding.

Strategy 1: All major Hospitals in the state including private sector would be targeted to be made baby friendly.(Target DH-15+PH-=20)

Strategy 2: To increase early Breast-feeding from 67.7%(DLHS 3) to 80% and exclusive breast feeding from 63%(NFHS-3) to 75% in 2011-12.

Activities:

- Orientation training of 20 hospital staff in baby friendly initiative.
- Assessment of these 20 selected hospitals for baby friendly certification.
- Orientation of AWW/ASHA in infant and young child feeding in 1000 ASHA and 1000 AWW in 8 high focus districts during 2011-12.
- VHND will be used as platform for motivating pregnant women and lactating mothers to promote exclusive breast-feeding.

S. No.	Training details	Unit Cost (in Rs.)	Total amount (Rs. In lakhs)
1.	One day State level TOT on BFHI	Rs. 1,50,000.00	1,50,000.00

S. No.	Training details	Unit Cost (in Rs.)	Total amount (Rs. In lakhs)
	One day orientation of Hospital staff on BFHI	Rs. 10,000.00 X 20 X2	4,00,000.00
2.	BFHI assessment (assessment-certification)	Rs. 7,000.00 X 20 X2	2,80,000.00
3.	One day orientation of 1000AWWs +1000 ASHAs on breast feeding management	Rs. 12,000.00 X 40	4,80,000.00
Total			13,10,000.00

Objective: To increase the percentage of 12 – 23 months of age fully immunized children from 48 %(DLHS-3) (70%, CES, RRC-NE) to 90% by 2011-12.

(Details of immunization given under UIP component)

Objective: To increase the usage of ORS and Zn tablets

Strategy 1: Making ORS and zinc tablets available in all the districts as well as in remote /rural/tribal areas and difficult to reach areas through depot holders and promote referral of diarrhea cases.

Strategy 2: To increase the percentage of children seeking treatment for diarrhea from 57.8%(DLHS-3) to 70% and percentage of treatment of diarrhea cases with ORS from 34.9%(DLHS3) to 60% in 2011-12.

Activities:

- a) A total of 11646 ANMs / AWWs have been trained under IMNCI. Training programme has been started in the districts and blocks where training has not yet been started.
- b) ASHA/AWW will continue to be depot holder for distributing ORS packets and Zn tablets. Along with, the ANMs will be provided ORS packets along with Zn tablet in SC Kit A (Supplied twice a year to SCs).
- c) For the year 2011-12, Zinc tablets will be procured to be given along with ORS packets for diarrhea management.
- d) Performance of the depot holders and replenishment of the stock shall be reviewed by the PHC MOs quarterly and arrangement for readily available stock of ORS to the depot holders shall be ensured from the BPHC.
- e) VHND is taken as a platform to bring awareness in the community about the signs, this will be done with the help of VHSC
- f) "108- Mritunjy" Ambulance Service free of cost will continue to transport sick children to hospitals
- g) The diarrhea cases requiring referral will also be transported to health institution where "108" services cannot reach. The money for referral transport will be taken from RKS fund.

SN	QUANTITY	UNIT COST	TOTAL AMOUNT (Rs. IN LAKHS)
1	50,00,000	Rs. 0.66	Rs. 33 lakhs

Objective: To increase awareness of ARI and raise the ARI treatment from 63.4 % to 75% by 2011-12.

Strategy 1: Training of ANMs / AWWs on ARI detection

Strategy 2: Promote referral services of ARI cases.

Activities:

- a) The ANMs/ AWW are being trained under IMNCI.
- b) "108- Mritunjoy" Ambulance Service free of cost will continue to transport sick children to hospitals
- c) The diarrhea cases requiring referral will also be transported to health institution where "108" services cannot reach. The money for referral transport will be taken from RKS fund.
- d) 'Cotrimoxazole' tablets required for treatment of ARI will be provided in IMNCI kit
- e) VHND is taken as a platform to bring awareness in the community about the ARI management; this will be done with the help of VHSC.

Objective: To reduce prevalence of anemia (6-35 months) from 76.70% to 40% by 2011-12.

Strategy: To prevent and treat anemia in children.

Activities:

- a) The pregnant women and mothers will be counseled by ASHA/AWW/ANM about importance of exclusive breast-feeding up to 6 months, importance of complementary feeding from 6 months onwards and preparation of iron rich food.
- b) Regular supply of IFA (s) tablets will be ensured to treat anemia. Each ASHA, AWW, & ANM will be provided with 600 IFA tablets, targeting 20 children per year @ 30 tablets per course. (Details in Procurement plan/NRHM)
- c) Children below/between 6 months to 60 months will be given 20 mg. elemental iron and 100 gm of folic acid in liquid formulation.
- d) Under School Health Programme, the children with anemia are detected and given treatment.

Objective: To reduce Vitamin A deficiency

Strategy: To prevent and treat Vitamin A deficiency in children by, Vitamin A administration and deworming drive among children.

Activities:

- a) During the year 2010-11, two rounds of Vitamin- A supplementation were carried out in the months of March'10 and September'10. Target children for Vit-A were 9 - 60 months and for De-worming 12 - 60 months. Out of 8,35,512 of the targeted children

4,06,006 children were administered Vit-A during campaign(20.58%) and also 9,76,192 children were de-wormed out of the targeted 38,87,260 children (25.11%).

- b) Vit A will be made available in all the institutions till the Sub Centre level and administration of Vitamin-A up to 5 years of age will be ensured.
- c) VHND held every month in the village will also be used as a platform for Vit. A administration.
- d) In 2011-12, bi-annual drive for Vit-A administration along with deworming will be held in September 2011 and March 2012.

Estimated children 0-5 yrs	41,89,535 (of the projected total population)
Estimated children 0 – 1 year	7,70,230 (of the projected total population)
Estimated children 1 – 5 year	20,94,767 (50% of the projected total population)

Requirement for deworming:

Sups. Vit-A requirement–25,000 sites X1 bottle X 2 round = 50,000 bottles.

Sups. Albendazole requirement – 2,00,000 bottles of 10 ml X 2 round = 40,00,000 bottles

S. No.	Head	Unit	Total amount (Rs. In lakhs)
1.	Cost expenditure for Vit-A	50,000 bottles @ Rs. 52 (100 ml Bottle)	Rs. 26.00 lakhs
2.	Cost expenditure for Albendazole susp.	40,00,000 bottles of 10 ml @ Rs. 4.21	Rs. 168.40 lakhs
3.			
Total			Rs. 194.40 lakhs

Total Budget - Rs. 194.40 lakhs (Budgeted under procurement).

During the year 2011-12, UNICEF will support and facilitate developing a strategy to reach hard to reach children with Vit-A supplementation and De-worming in terms of supply, procurement and distribution plans in support to flagship programs. UNICEF will also facilitate 3rd party concurrent monitoring of biannual VAS activity.

Objective: To reduce severe malnutrition

Strategy 1: To control severe malnutrition among the children aged 6 months to 60 months age group in 3 districts of the state.

Strategy 2: To bring down the percentage of severely malnourished children to less than 1%

Activities:

Functioning of NRCs in Assam

During the year 2010-11, 3 nos. of NRCs were established viz- Gossaigaon in Kokrajhar, Udalguri CH in Udalguri and Mangaldai in Darrang.

FUNCTIONING OF NRCs

- a) NRCs will provide medical and nutritional care of sever acute malnourished (SAM) children as indoor cases and Grade III and IV malnourished cases as outdoor counselling and nutritional supplementation through AWW. The children from age group of 7 months to 5 years will be taken up under NRC. The children admitted in NRC will be under the Supervision of Paediatrician / Medical Officers for treatment and monitoring.
- b) In addition to medical care special focus will be given on timely, adequate and appropriate feeding (protein rich food / high calorie) to the children and also efforts made to improve skill of their mothers on complete care and feeding of their children and follow up at household level. In each centre e a Dietician has been appointed who will be responsible for preparing the dietary plan for nutritional rehabilitation. Also care givers of malnourished children will be taught the preparation of low cost, nutritious diets from locally available foodstuffs.
- c) Screening of malnourished children: AWW of the target area will be trained to screen malnourished cases on the basis of the following three criteria-
 - Weight for age of the children.
 - MUAC.
 - Bilateral pitting oedema.
- d) The AWW will screen cases and those severely malnourished will be referred to NRC. The AWW will accompany the mother and the child to NRC. A sum of Rs. 100 will be paid as incentive to AWW for screening and escorting one malnourished case and who is diagnosed as SAM and admitted in to NRC. The child will be screened in NRC and will be admitted after proper test. The mother of the child admitted in NRC will be paid Rs. 200 as travel cost for forward and return journey and a compensation of daily wage @ 100 Rs daily. The average stay of the child in the NRC is expected to be around 14 days. During the stay those SAM children who are sick will be treated by the Paediatrician/MO and others by the dietician.

MEDICAL AND NUTRITONAL TEAM PERSONNEL FOR NRCs AND ROLES AND RESPONSIBILITIES OF THE NRCs TEAM

All personnel of NRC Medical and Nutritional Team will be

1. Paediatrician/MO-part time-1
2. Dietician – 1
3. Staff Nurse -2
4. Cook -1
5. Caretakers/Ward Boy – 3
6. Cleaner/Sweeper -1

- e) **Training of NRC staff:** to operationalize NRCs, Medical, Para-medical and AWW will be trained. Training will be conducted centrally for trainers at Guwahati. Training for medical and paramedical staff of NRC will be conducted separately in coordination with UNICEF and trained NRC faculty members from MP. The trained Medical and paramedical staff will conduct orientation training of the AWW for screening and referral of SAM cases.

Base-line survey: A base line sample survey to find out the prevalence of SAM will be conducted in the three identified districts.

Diet Charts For Severely Acute Malnourished (Sam) Children At NRCS

Procurements of raw materials for the nutritious feeding to children and mothers will have to be made by NRC in-charge as per Guidelines. Dietician will overall supervise the feeding being given and MO will supervise the availability of treatment in the NRC.

Infrastructure and equipments required at NRCS

1. Office furniture:
2. Bed for mother and child
3. Mattress, linen etc.
4. Kitchen equipments viz-Gas oven, cylinder, aqua-guard, exhaust chimney, refrigerator etc.
5. Kitchen and dining utensils.
6. Computer, TV.
7. IEC material
8. Indoor and outdoor play items.
9. Registers and reporting formats.
10. Weighing scale two types and digital Infanto-meter.

Construction and renovation of NRC

1. Construction of one ward with water and toilet facilities.
2. Play room for counselling, demonstration and indoor games for children.
3. Office room with toilet facility.
4. Kitchen with cooking and water supply and store.

Responsibility of Reporting and Management-

The District Programme Management unit will be responsible to setup systems for their own operations in respect of inventory management, service of admitted SAM children and mothers in the NRCs, Financial accounting, Record keeping & MIS in consultation with DHS.

The NRCs will coordinate closely with the Joint Director of Health Services of the respective district and will function under the overall supervision, guidance and operational control of the respective District Health Society The NRC will be closely working with the District Social Welfare officer and the Deputy Commissioner of the district concern.

In NRCs following things will also be done:

1. Initial Routine Investigations (Total and Differential W.B.C. Count Hb %, E.S.R.)
2. Immunization of children who have not been done so previously
3. Treatment of Diarrhoea, Pneumonia and other illness.
4. De-worming of admitted children and Vit A administration
5. Administration of Vitamin A at six month interval.
6. Emergency medicine on the advice of Paediatrician, if needed.
7. ORS (if dehydration)

BUDGET:**One NRC for 1000 Sq. Feet**

ITEM	UNIT	UNIT COST (in Rs.)	AMOUNT (Rs. In lakhs)
Recurring expenditure (Pay and allowance of staff)			
Cook 1 per NRC	3	Rs. 7000/monthX12X3	Rs.2,52,000.00
Care taker 3 per NRC	9	Rs. 8000/monthX12X9	Rs. 8,64,000.00
Cleaner 1 per NRC	3	Rs. 6000/MonthX12X3	Rs. 2,16,000.00
Office maintenance and Contingency	3	Rs. 5000X12X3	Rs. 1,80,000.00
Food for SAM and Mothers		Rs. 8,40,000.00	Rs. 8,40,000.00
Incentive to AWW @ 100/per SAM case admitted at an average of 2 cases /year(on actual)	800 AWW	Rs. 1,60,000.00	Rs. 1,60,000.00
Travel and Compensation money to mother	800	Rs. 12,80,000.00	Rs. 12,80,000.00
Total			Rs. 37,92,000.00
Non-Recurring expenditure			
NRC complex(building including water supply and sanitary fitting)	3	Rs. 900000 X 3	Rs. 27,00,000.00
Bed+ mattress+ locker	30	Rs.20,00 X 30	Rs. 60,000.00
Office furniture (table, chair, almirah)	3	Rs.20,000 X 3	Rs. 60,000.00
Kitchen equipments(gas oven, chimney, gas cylinder, utensils, cooking equipments)	3	Rs.20000 X 3	Rs. 60,000.00
Play items	3	Rs.10000 X 3	Rs. 30,000.00
Computer with printer and TV		Rs.35,000 X 3	Rs. 1,05,000.00
Total			Rs.30,15,000.00
Training/orientation of NRC staff and workers			
TOT at Guwahati for Medical and Para-Medical Staff		Rs. 2,00,000.00	Rs. 2,00,000.00

ITEM	UNIT	UNIT COST (in Rs.)	AMOUNT (Rs. In lakhs)
One Day Orientation at District for AWW	40	Rs. 60,000.00	Rs. 60,000.00
Total			Rs. 2,60,000.00
			Rs. 70,67,000.00

(The salary of Medical Officer, GNM and Dietician is budgeted under Human resource chapter)

Total cost for 3 NRCs – Rs. 70.67 lakhs

Expenditure to be incurred for setting up of a new NRC in the district of Chirang;

Recurring cost	Rs. 6,32,000.00
Non-recurring cost	Rs. 10,05,000.00
Total cost for 6 months in a NRC	Rs. 16.37 lakhs

Total Budget for existing 3 and 1 new NRC – Rs. 87.04 lakhs

SCHOOL HEALTH PROGRAMME IN ASSAM

School Health Programme in Assam comprises of two components:

- I. Yoga Programme in 500 High Schools covering all the 149 blocks of all the 27 districts.
- II. School Health Screening Programme, covering 15 lakhs students of 53870 Lower primary schools of Assam.

Yoga Programme:

1. Number of School to be covered = 500 (new schools)
2. Number of students covered = 2,50,000
3. The programme will be implemented by NGOs selected by NRHM, Assam

Activities under this programme:

Yoga classes will be imparted to the students of class v, vi, vii, viii and xi i.e. five days a week. On Saturdays interested students of class x, xi and xii can be motivated to attend the classes. Moreover, any yoga class which could not be held during the weekdays can be taken up on Saturday. Programme started w.e.f. 12th Sept 2009.

1. The course duration is of minimum 20 classes per child.
2. The ratio of teacher and student maintained is 1:40 approx.
3. Each class of duration 40 minutes.
4. The yoga programme will have the following activities:
 - i. A Sensitization meeting should be organized in which Principals of the identified schools must attend and sign the tripartite agreement in the district. The meeting should be chaired by the Deputy Commissioner and the district level officers of the concerned department has to be present in the meeting.
 - ii. Awareness meeting for the guardians of the student of the school has to be organized in the school campus in which local NGO's, opinion leaders and other senior citizens of the school may also be invited.
 - iii. District media expert should be made responsible for monitoring & reporting of the programme.
5. The yoga curriculum for the 20-classes should consist of:
 - i. Warm up sessions
 - ii. Asanas
 - iii. Pranayama
 - iv. Breathing technique
 - v. Rest and meditation
 - vi. Life style tips(healthy indigenous food health and hygiene)
6. The list of asanas to be taught are Tadasan, pabanmuktasan, trikunasan, bhojangan, padahastasang, bajrasan, marjarisan, suryanamaskar, pasyatapranayam(anulum-bilum), bhrmaripranayam, dog breathing, tiger breathing, singhasana

7. The N.G.O. should appoint a district co-ordinator for every district for monitoring and supervision. The district coordinator should report monthly to the Office of the Mission Director, NRHM with a copy marked to the jt. Director health services of the district.
8. The N.G.O. responsible for imparting classes cannot promote any religious leader, guruji in the school premises.

The performance of Yoga Programme is as follows:

Sl.NO	Name of the District	No. of School	Total Enrolment	Target	Achieved
1	Baksa	20	9710	2000	2634
2	Barpeta	20	8029	2000	2265
3	Bongaigaon	15	6589	1500	1843
4	Dhamaji	15	7248	1500	1431
5	Dhubri	20	15317	2000	2136
6	Dibrugarh	20	9267	2000	2000
7	Goalpara	19	12852	1900	2392
8	Golaghat	20	8555	2000	2360
9	Hailakandi	15	10120	1500	1500
10	Jorhat	20	13811	2000	2000
11	Kamrup (M)	15	7759	1500	1500
12	Kamrup(R)	25	11264	2500	2500
13	Karimganj	15	8445	1500	1500
14	Lakhimpur	20	13360	2000	2028
15	Morigaon	18	7972	1800	1999
16	Nalbari	20	14406	2000	2215
17	Sivsagar	20	7097	2000	2327
18	Sonitpur	20	16354	2000	2000
19	Udalguri	15	11561	1500	1800
20	Cachar	20	19906	2000	2000
21	Chirang	15	11304	1500	1486
22	Nagaon	25	18390	2500	2806
23	Karbi-Anglong	15	6545	1500	1533
24	N.C.Hills	15	9518	1500	1273
25	Kokrajhar	20	5395	2000	1413
26	Tinsukia	20	13907	2000	2000
27	Darrang	20	15071	2000	1117
Total		502	299752	50200	52058

The programme is implemented from the State level.

Budget for Yoga Programme for the year 2011-12:

Sl.NO	Item	Unit Cost for one month	Cost for Six months	For 500 Schools
1	1. Honorarium to Yoga Teacher	3500.00	21000.00	10500000.00
	2.Travelling Allowances	250.00	1500.00	750000.00
	3. Monitoring & Evaluation	150.00	900.00	450000.00
	4. Programme Coordination	280.00	1680.00	840000.00
	5. Miscellaneous	118.00	708.00	354000.00
Total				12894000.00
	6. Procurement of Chatrangi	@ Rs. 30 per students	500 Students per school × Rs. 30 = 15000	7500000.00
Total Budget				2,03,94,000.00

Total budget proposed for Yoga – Rs. 203.94 lakhs (District wise budget in RCH Budget 3e)

School Health Programme

School Health Screening Programme School Health screening in L.P. Schools of Eight districts namely Kamrup, Kamrup(M), Jorhat, Darrang, Dhemaji, Nagaon, Barpeta & Nalbari taken up in 2010-11.

School Health screening Programme:

1. Number of Districts covered = 8 Nos.
2. Number of L.P Schools covered = 9697.
3. Number of students covered =846180.

The Programme is being implemented w.e.f. 21st Oct 2009 by two NGOs selected by NRHM, Assam as pilot project in Kamrup, Kamrup(M) & Nalbari districts. In the financial year 2010-2011 five more districts is being taken up (Jorhat, Darrang, Barpeta, Dhemaji and Nagaon) and another NGO is selected to undertake the activities in all the eight districts.

Name of the District	No. of Schools	Enrollment No	Name of the NGOs
Kamrup(M)	426	159650	Prog. started w.e.f. 21 st Oct 2009
Kamrup	1746		
Jorhat	1614	87366	Prog. started w.e.f 1 st Oct 2010
Darrang	705	83994	
Nalbari	940	79950	Prog. started w.e.f. 21 st Oct 2009
Barpeta	1411	157305	Prog. started w.e.f 1 st Oct 2010
Dhemaji	847	77221	
Nagaon	2008	280644	Prog. started w.e.f 1 st Nov. 2010
Total	9697	846180	

Activities under this programme

Pre-requisite activities before the programme:

- a) Enumerate the number of students and teachers block wise / district wise
- b) Co-ordination with PHED, SSA and Panchayat for maintenance of Hygiene and sanitation in the school premises.
- c) Preparation of talking points on health and hygiene to be read during morning assembly
- d) Calendar of activities and route plan to be prepared and submitted
- e) Orientation of health check up team
- i) Co-ordination with SDM&HO /BPMU /Jt. Director/ DPMU / State
- j) Development of health check up card / register
- k) Training of Teachers / Integrated Education for Disabled (IED) of SSA

Activities during health check up:

- a) Primary Health Screening
- b) Mass de-worming
- c) Grouping of cases
Case I : Normal
Case II : Cases which can be corrected by the team at the spot. For this purpose a drug kit is necessary which can be availed for local PHC.
Case II I: Cases which require care referral to nearest Government Health instruction.
- d) Follow up or referral cases
- e) Computerized monitoring and evaluation on performance, area wise, age and sex specific, etc.

A convergence meeting with SSA state and district level officials and officials of NRHM in presence of Mission directors of both the programmes was successfully held on 5-10-2010 for success of the programme.

Summary of the findings of the 1st Screening of School Health Programme					
Districts		Kamrup	Nalbari	Jorhat	Darrang
Total Students covered		145786	79250	6970	39816
Total Referred		15277	6520	67 nos.	9.70%
Anaemia	(Mild)	11.30%	30.63%	10%	9.71%
	(Moderate)	7.45%	0.63%	9%	3.67%
	(Severe)	4.03%	0.00%	2%	1.69%
Skin Problem		5.86%	0.26%	2.50%	1.36%
Dental Problem		13.22%	2.62%	48 nos.	2.94%
Eye Problem		0.98%	1.69%	16 nos.	0.50%
Ear Problem	Discharge	0.51%	1.89%	78 nos.	0.47%
	Hearing Def.	0.14%	0.27%	7 nos.	38
BMI	Under Weight	28.38%	37%	11%	7.76%.
	Normal	68.84%	62%	85.80%	89.60%
	Over Weight	2.76%	1%	2.70%	2.64%
Heart Problem		0.05%	0.02%	5 nos.	16
Cleft lip		0.05%	0.02%	0	20

Summary of the findings of the 2nd Screening of School Health Programme			
Districts		Kamrup	Nalbari
Total Students Covered		145786	79250
Total Referred		5.82%	5.20%
Anaemia		19.60%	7.80%
Skin Problem		4.60%	0.40%
Dental Problem		11.26%	1.60%
Eye Problem		0.86%	1.36%
Ear	Discharge	0.40%	0.87%
	Hearing Def.	191 nos.	358 nos.
BMI	Under Weight	24.50%	21.60%
	Normal	73%	77.90%
	Over Weight	3776 nos.	377 nos.
Heart Problem		67 nos.	5 nos.
Cleft lip		55 nos.	17 nos.

New Activities:

- Providing First Aid Box to every school to be covered under this programme. (Procurement is in process)

Formation of Health Cabinet

- At every Gram Panchayat level a health cabinet will be formed as follows:
- Secretary – IE Volunteer.
- President – Cluster Resource person of SSA.
- Member – At least one teachers from every school.
- All Health captains and Vice Captains of schools.
- ANM.
- ICDS supervisors.

Activities of the Cabinet:

- Organize Health rally by school students once in a year.
- Monitoring meeting and activities of Health Club.
- Documentation of the minutes of the meeting with a copy marked to the implementing NGOs.
- Awarding the best Health Club.

Organizing Health Rally:

- Once in a Year health rally by the students will be held which will be organized by health cabinet. the objective of the rally will be to promote health, hygiene, hand washing, use of sanitary toilets, use of bed-nets, safe drinking water, balance diet, etc.

In the year, 2011-12, in addition to the existing 8 districts being covered under the School Health programme, 4 new districts will be taken – Morigaon, North Lakhimpur, Dhubri and Goalpara.

Budget for School Health Screening Programme

Sl.no	Particulars	Cost per Child
A	HEALTH CHECK UP CAMP	
A.1	Manpower (Operating Team) Physicians	8.66
	Paramedical including Nurse	2.43
	Attendant	1.73
A.2	Local conveyance / Transportation / Documentation / others (for to & fro movement of all prog. Staff and members of NGO, prescription, , Photo, recording keeping	2.80
A.3	Health card	2.00
A.4	IEC materials Development & Publication (1/4 size bicolour brochure for targeted beneficiaries)	3.80
A.5	Travelling Expenses (For to & fro movement of Medical staff including vehicle hire charge etc.)	13.56
A.6	Health camp consumables (First aid materials, anti septic solution, soap, napkins, drinking water arrangements, including refreshment etc.)	3.20
A.7	Contingency	0.5
A) Expenditure for one time Check up		38.68

Sl.no	Particulars	Cost per Child
B	PROGRAMME MANAGEMENT COST	
B.1	Man power	2.60
B.2	Administrative Expense (Office Rent, Stationery, one office Asst. Infrastructure & Computer, Monthly office expenditure etc.)	0.35
B) Expenditure for one year		2.95
C	HEALTH EQUIPMENTS (OPD service equipments for primary care like stethoscope, ENT Instrument , torches, Thermometer, BP Instrument, & Weighing Machine and Oro- Dental, Visual etc.)	0.60
D	Training of Teacher * IED of SSA (1 days training, TA, DA, Kit refreshment IEC resource persons, organizing expense, 50 teacher, 18 nos group)	4.00
Per students Health check up cost without medicine in first visit (A+B+C+D)		46.23

Sl.no	Particulars	Cost per Child
A	HEALTH CHECK UP CAMP	
A.1	Manpower (Operating Team) Physicians	8.66
	Paramedical including Nurse	2.43
	Attendant	1.73
A.2	Local conveyance / Transportation / Documentation / others (for to & fro movement of all prog. Staff and members of NGO, prescription, , Photo, recording keeping	2.80
A.4	IEC materials Development & Publication (1/4 size bicolor brochure for targeted beneficiaries)	3.80
A.5	Traveling Expenses (For to & fro movement of Medical staff including vehicle hire charge etc.)	13.56
A.6	Health camp consumables (First aid materials, anti septic solution, soap, napkins, drinking water arrangements, including refreshment etc.)	3.20
A.7	Contingency	0.5
A) Expenditure for one time Check up		36.68
B	PROGRAMME MANAGEMENT COST	
B.1	Man power	2.60
B.2	Administrative Expense (Office Rent, Stationery, one office Asst. Infrastructure & Computer, Monthly office expenditure etc.)	0.35
B) Expenditure for Six Month		2.95
Per students Health check up cost without medicine in 2nd visit (A+B)		39.63

Budget for Health Screening	
Total No. of L.P. Schools in Assam	53870
Total No. of L.P. Schools proposed to be covered	25000
Total No. of Students in Assam	39.07 Lakhs
Total No. of Students proposed to be covered	15 Lakhs
Expenditure per students 1 st Visit	Rs. 46.23
Expenditure per students 2 nd Visit	Rs. 39.63
Total expenditure per students two visit	Rs. 85.86
Total = Total No. of Student to be covered × Total expenditure per students	Rs.1287.90 Lakhs
Budget for Deworming	
Cost of Albendazole Tablets @ Rs. 1.10 per Tablet	Total Tablets required= Total NO. of Students to be covered × 2= 30 lakhs tablets.
Cost of Total Tablets	= 30 × Rs.1.10= Rs.33.00 lakhs
Budget for First Aid Box	
Cost of per FA Box per school Rs. 2000/-	Total no. of schools 4578 (new districts)
Cost of total FA Boxes	4578 × Rs.2000= Rs.91.56 lakhs
Budget for Health Cabinet	
Cost per GP in 3 months Rs. 500/-	Total cost in a year =500 ×4 =Rs.2000
Total Cost (total GP 1259 in 12 districts)	Total no. of GP × Rs. 2000 =Rs.25.18 lakhs
Grand Total	Rs. 1437.64 lakhs

Total budget proposed for School Health Programme – Rs. 1437.64 lakhs

(District wise budget in RCH Budget 3e)

4.1.3 FAMILY PLANNING

GOAL: To reduce TFR from 2.6 to 2.4 by 2011-12

Objective: To meet the unmet need of contraception from 26.1% (DLHS-3) to 15% and increase Contraceptive Prevalence Rate from 49.7% (DLHS 3) to 65% by 2010-11.

To meet the goal and objectives following activities will be taken up in 2011-12

- a) **Regular fixed Day service** – During 2010-11, FDS were held in 21 District Hospitals only. In 2011-12 FDS is proposed in another 39 FRUs. Enlisted acceptors of NSV and female sterilization will be referred from adjacent sub-center and PHC. Enlisting has already been started after counseling eligible couples who have not accepted any FP methods. The couples are identified during the process of updating eligible couple registered.
- b) Emphasis on Minilap tubectomy services will be given during 2011-12 though 20 nos. Of MBBS doctors trained in Minilap who are not conducting Minilap so, reorientation training in the district hospital for two weeks will be given.
- c) Plan for **Post Partum Family Planning - Services including Sterilisation (PPS)** - during 2010-11 (up to November) 2765 nos. of PPS has been performed only in the district hospitals. During 2011-12 PPS will be performed in 39 nos. of FRUs.
- d) Scaling up **NSV services** - During 2009-10, 91 nos. and during 2010-11, 29 nos. of MO were trained for NSV. During 2011-12 Medical Officers will be trained and FDS will be extended up to PHC level.
- e) A rational human resource development plan for minilap, NSV and IUD 380A has been chalked out to empower the facilities (DH, CHC, PHC) with at least one provider each for each of the services and Sub Centres with ANMs trained in IUD insertion.
- f) To confirm retention of Copper T 380A after insertion all ANMs are directed to examine the thread of IUD after 3 months on insertion. During 2011-12, a total of 30,000 acceptors will be examined. To bring the woman who were inserted Copper T after 3 months of insertion to the SC and a follow-up up to 1 year an incentive of Rs. 100/-will be given to ASHA.
- g) **Plan for community based family planning services** (including counselling, contraceptive distribution, referral services) utilizing ASHAs, ASHA Facilitator, AWW, ANM at VHNDs and VHSCs. Enlisting of beneficiaries for NSV / PPS / Minilap / LS / IUD are to be carried out after counselling and updating of eligible couple register.
- h) **Demand generation activities** in the form of display of posters, billboards and other audio and video materials in the various facilities be planned and budgeted

- i) A total of 73 nos. of sensitization meeting for Family Planning held during 2010-11. In 2011-12 a total of 120 nos. Of sensitization meeting for FP will be held.
- j) **Performance based reward** to one institution of the districts. Overall performance of family planning including temporary and permanent methods of family planning will be considered. Reward will be Rs. 1 Lakh per district. The best provider of the LS/PPS/Minilap/NSV/IUCD will be rewarded @20,000/-. Only the best performer of Assam will be considered.

	STRATEGY / ACTIVITY	Planned	Achieved	WORK PLAN	SCHEDULED / TRAINING LOAD	BUDGET (Rs. in lakhs)
		2010-11		2011-12		
1	FAMILY PLANNING MANAGEMENT					
1.1	Quarterly review meetings on Family Planning performance and initiatives at the state and district level (periodic)	108	54	108		It will be held during the District level review meeting, no separate fund required
1.2	Monitoring and supervisory visits to districts/ facilities	State, District and Block level monitoring team are conducting integrated monitoring for all RCH activities. No separate fund required.				
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	5000	3544 (upto Nov'10)		8000	Fund included under compensation head
2.2	Plan for facilities providing NSV services on fixed days at health facilities in districts	Nil	Nil		4200	Fund included under compensation head
2.3	Number of FEMALE Sterilization camps in districts.	314	500		596	Rs. 15000 x 596 = Rs. 89,40,000

	STRATEGY / ACTIVITY	Planned	Achieved	WORK PLAN	SCHEDULED / TRAINING LOAD	BUDGET (Rs. in lakhs)
		2010-11		2011-12		
2.4	Number of NSV camps in districts.	406	406		596	Rs. 15000 x 596 = Rs. 89,40,000
2.5	Compensation for sterilization (female)	101700	48602 (upto Dec'10)		110976	Rs. 1000 x 110976 = Rs. 11,09,76,000
2.6	Compensation for sterilization NSV (male)	25300	10668 (upto Dec'10)		32698	Rs.1500 x 32698= Rs. 4,90,47,000
2.7	Mobility support to surgeon's team					
2.8	Accreditation of private centers/NGOs for sterilization services					
2.9	Plan for post partum sterilization	27 DH	21 DH		60 DH & FRUs	
3	SPACING METHOD (Providing of IUD services by districts)					
3.1	Plan for providing IUD services at health facilities in districts	21 DH, 108 CHC, 149 BPHC, 1500 SC	21 DH, 108 CHC, 149 BPHC, 1000 SC	All Hospitals where trained provider is available		
3.2	No. of IUD camps in districts	No separate camps for IUCD planned. IUCD will be inserted during the sterilization camps				
3.3	Compensation for IUD	90000	337304 (upto Dec'10)		97532	Rs. 20 x 97532 = Rs. 19,50,640

	STRATEGY / ACTIVITY	Planned	Achieved	WORK PLAN	SCHEDULED / TRAINING LOAD	BUDGET (Rs. in lakhs)
		2010-11		2011-12		
3.4	Compensation to ASHA for ensuring retention of IUD by clients	Nil	Nil		30000	Rs. 100 x 30000 = Rs. 30,00,000
4	SOCIAL MARKETING OF CONTRACEPTIVES					
4.1	Setting up CBD Outlets					
5	FAMILY PLANNING TRAINING					
5.1	Laparoscopic Sterilization Training					
5.1.1	TOT on laparoscopic sterilization					
5.1.2	Laparoscopic sterilization training for service providers (gynecologists /surgeons)	150	30		75	Budget under training plan
5.2	Minilap Training for MOs/ MBBS					
5.2.1	TOT on Minilap					
5.2.2	Minilap training for service providers (medical officers)	240	2		108	Budget under training plan
5.3	Non-Scalpel Vasectomy (NSV) Training					
5.3.1	TOT on NSV					
5.3.2	NSV training for medical officers		29		105	Budget under

	STRATEGY / ACTIVITY	Planned	Achieved	WORK PLAN	SCHEDULED / TRAINING LOAD	BUDGET (Rs. in lakhs)
		2010-11		2011-12		
						training plan
5.4	IUD Insertion training					
5.4.1	TOT for IUD insertion		35		50	
5.4.2	Training of Medical officers in IUD insertion	1200	660		400	
5.4.3	Training of staff nurses in IUD insertion					
4.4.4	Training of ANMs / LHVs in IUD insertion	2400	955		1200	
5.5	No. of Contraceptive Update trainings for health providers in the districts					
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	Under IEC / BCC plan				
7	PROCUREMENT of DRUGS/MATERIALS					
7.1	NSV Kits					
7.2	Procurement of IUD insertion Kits	3000	1365	5000		Rs. 2645 x 5000 = Rs. 1,32,25,000
7.3	Procurement of Minilap Set	50	50	50		Rs. 13666 x 50 = Rs. 6,83,300

	STRATEGY / ACTIVITY	Planned	Achieved	WORK PLAN	SCHEDULED / TRAINING LOAD	BUDGET (Rs. in lakhs)
		2010-11		2011-12		
7.4	Procurement/ repair of laparoscopes	10	10	27		Rs. 299794 x 27 = Rs. 80,94,438
7.5	Procurement of MVA Kit	135	135	500		Rs. 4790 x 500 = Rs. 23,95,000
7.6	Procurement of drugs & supplies for FP – Silastic ring (tubal ring)	80000	30000	50000		Rs. 32.50 x 50000 = Rs. 16,25,000
8	Innovatory schemes for promoting FP at state or district level					
9.1	Best Institution for performance based reward District level	Nil	Nil	27		Rs. 100000 x 27 = Rs. 27,00,000
9.2	Best provider for LS / PPS / Minilap / NSV /IUCD	Nil	Nil	5		Rs. 20000 x 5 = Rs. 1,00,000
9.3	Printing of Sterlization compensation form 2 lakhs					2,00,000 x Rs. 1.60 = Rs. 3,20,000
9.4	Dissemination of manuals on male & female sterilization , quality assurance and Standard operating procedure – 2,500 copies each , total 7,500 copies					7500 x Rs. 80 = Rs. 600000

Detail district wise expected level achievement (target) including high focus district given in RCH annexure.

4.1.4 ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH (ARSH)

The age group of 10-19 years in our life is being identified as the special phase, called adolescence. It is a phase of life with its own special need. It is the phase of life when we are no longer children any more, nor have attended adulthood. This phase is characterized by acceleration of physical growth, psychological and behavioral changes, thus bringing about transformation from childhood to adulthood. It is not only the personal changes that occur in the individual during this phase, but also the expectations and perceptions of the society changes towards the individual.

Children in the age group of 10-19 years constitute more than 22% of the Indian population and there are 60 lakh adolescents in Assam, many of them are out of school, many of them marry at early age. Adolescents are generally believed to be healthy because death rates for this age group are lower than for children or for elderly people. There are many interrelated reasons why we need to pay attention to the health of adolescents: for this age group, for later life and for the next generation such as:

- Malnutrition in childhood and in adolescence can cause lifelong health problems, while failure to care for the health needs of young pregnant women can damage their own health and that of their babies. This is the age when sexual habits and decisions about risk and protection are formed. Some of the highest infection rates for sexually transmitted infections are in adolescents. Many diseases of late middle age, such as lung cancer, bronchitis, and heart
- Healthy and unhealthy practices adopted today may last a lifetime. Today's adolescents are tomorrow's parents, teachers, and community leaders. What they learn they will teach to their own children. Adolescence is a period of curiosity, when young people are receptive to information about themselves and their bodies, and when they begin to take an active part in decision making.

Current status of adolescents:

	Total	Male	Female
Total Population of Assam (Projected Population 2011)	32742822	16698839	15716555
Approx Population of Adolescent (22% of total Population)	72 Lakh	36 Lakh	34 Lakh

To explain the current health status of this population, data from DLHS II and DLHS III are interpreted. The two indicators chosen for the analysis are:

1. %age births to women in age group 15-19yrs, of total births
2. %age women marrying before attaining 18yrs

Assam at a Glance

Critical Indicator	India			Assam		
	Total	Urban	Rural	Total	Urban	Rural
Girls married below age of 18 years	21.5%	10.4%	26.6%	21.8%	8.2%	23.2%
Teenage Pregnancy (age 15-19 years)	5.8%	3.6%	6.6%	5.2%	3.7%	5.4%

Objective:

To improve the reproductive and sexual health status of adolescents

Strategy 1:

Strengthening existing designated 'adolescent clinics' to provide comprehensive health care to adolescents

Proposed activities for 2010-11:

- a) Capacity building and orientation of the service providers:
- b) In the year 2011-12 TOT for 120 Medical Officer (MO) by master trainers will be conducted in 4 batches. These MO will impart the training to 240 medical officers of the designated adolescent clinics. (Budget under training plan)
- c) As the ANMs are first contact point for adolescents, state has planned to train the ANMs of the adolescent clinics, who will counsel the adolescent at VHND and refer to the MO when needed. 600 ANMs will be trained in this year. This will be taken up by SIHFW. (Budget under training plan)

Strategy 2:

Providing counseling services at the designated adolescent clinics on fixed day fixed hour basis.

Activities:

- a) Training of counselors on ARSH: In partnership with ASACS, STI, & ICTC counselors are providing fixed day counseling session at 38 designated adolescent clinics. In the financial year 11-12, 12 new adolescent clinics will be made functional for counseling in partnership with ASACS Counselors.
- b) Incentives to counselors: each counselor will receive a consolidated incentive @ Rs. 600.00 per month, conducting at least 4 sessions in a month.
- c) Every district will nominate one medical officer as the Nodal Officer for adolescent health, who will monitor the adolescent programme in the district.
- d) She/he will be responsible along with a team for planning and implementation of activities specific to adolescent group in the district in coordination with district health staff and other departments if required.

AFHS Clinic Details:

S N	Name of District	Total PHC	PHC with AFHS clinic as on 01.04.10	AFHS clinic planned in 2010	Achievement till 31.12.2010	AFHS Clinic planned for 1011-12
1	Baska		Tamulpur BPHC	1	1	
2	Barpeta		B Road	2	2	Howly CHC
3	Barpeta		Pathsala			
4	Bongaigaon		Abhayapuri CHC	2	2	Bidyapur CHC
5	Bongaigaon		Bongaigano DCH			
6	Cachar		Kalain CHC	1	1	Jalalpur BPHC
7	Darrang		Mangaldai DCH	2	2	Deomorno CHC
8	Darrang		Sipajhar FRU			
9	Dhemaji		Gogamukh CHC	2	2	
10	Dhemaji		Jonai CHC			
12	Dibrugarh		Naharani PHC	1	1	Moron tiloi CHC
13	Goalpara		Goalpara DCH	1	1	
14	Golaghat		Bokakhat BPHC	2	2	
15	Golaghat		Sarupathar CHC			Dergaon CHC
16	Jorhat		JDS DCH	1	1	
17	Kamrup Rural		Bezera FRU	6	6	Sualkuchi FRU
18	Kamrup Rural		Chaygaon PHC			
19	Kamrup Rural		Hajo			
20	Kamrup Rural		Kamalpur			
21	Kamrup Rural		Mirza			
22	Kamrup Rural		Rani			
23	Karbi Anglong		Bokajan BPHC	2	2	Manja BPHC
24	Karbi Anglong		Diphu DCH			Howraghat BPHC
25	Kokrajhar		RNB, KO DCH	1	1	
26	Lakhimpur		Nawboicha BPHC	1	1	
27	Nagaon		B.P Civil Hospital	4	4	
28	Nagaon		Dhing CHC			
29	Nagaon		Hojai CHC			
30	Nagaon		Jhakalabanda CHC			
31	Nalbari		Mukulmua BPHC	1	1	
32	Sivsagar		Demow CHC	1	1	Patsaku BPHC
33	Sonitpur		Biswanath C BPHC	4	4	
34	Sonitpur		Gohpur BPHC			Dhekiajuli BPHC
35	Sonitpur		Kanaklata DCH			
36	Sonitpur		N Jamjuri BPHC			

S N	Name of District	Total PHC	PHC with AFHS clinic as on 01.04.10	AFHS clinic planned in 2010	Achievement till 31.12.2010	AFHS Clinic planned for 1011-12
37	Tinsukia		Margherita FRU	1	1	Doom Doma FRU
38	Udalguri		Udalguri PHC	1	1	
	Total			38	38	12

Performance details of 38 ARSH Clinics :

ARSH Counselling Report				
SN	Counselling Service sought for	Boy	Girl	Total
1	Pregnancy Related	0	57	57
2	Sexual Health	102	39	141
3	Family Planning	85	21	106
4	Others	204	139	343
	Total	391	256	647

Budget details for strategy 2

Budget for providing counselling services at 50 centres(12 new)				
SN	Activities	Unit	Unit Cost (in Rs.)	Total (in Rs.)
1	Refresher Training of counsellors	50	1000	50000
2	Incentive to counsellors @600 per month(1 day in week)	600	600	360000
4	Module Printing	100	150	15000
5	Counselling hand book	100	150	15000
6	Reporting Register	100	100	10000
	Total			4,50,000

Total amount – Rs. 4.50 lakhs

Strategy 3 :

Improving community participation in demand generation and improving the health seeking behavior through community outreach activities

- Concept of peer educators (SAATHI); in pilot mode (Sonapur block in Kamrup Metro districts)
- The concept has been implemented in 2010-11 as a pilot phase and will continue in 2011-12.
- Selection of the peer educators has been done with the help of NYKS. There is one boy and one girl per village as Peer Educator. Initially 100 villages have been taken up in pilot block, i.e. 100 villages and 200 Peer educators in total. Similarly there is field volunteers

to guide the peer educators and report the implementation to state unit. One Peer Volunteer per 10 peer educators has been selected and trained.

- d) Refresher training of volunteers and peer educators will be conducted in this year as well.

Detailed budget for Strategy 3:

Detailed Budget for strategy 3					
S N	Activity	Unit Cost (in Rs.)	No of unit	No of months	Total (in Rs.)
1	Honorarium to sathee Mitra	3000	10	12	3,60,000.00
2	Incentive to Sathee	200	200	12	4,80,000.00
3	Office contingency	3000	1	12	36,000.00
4	Mobility of DYC (District Youth Coordinator)	3000	1	12	36,000.00
5	Orientation training to Sathee	15000	5	1	75,000.00
6	Monthly review Meeting of Sathee	3000	1	12	36,000.00
7	Educational Activities(Easy, Debate, Quiz and other competition among Adolescent Groups) Quarterly	25000	5	4	5,00,000.00
8	Observation of world Aids Day & Others Day	50000	1	2	1,00,000.00
	Total Rs				16,23,000.00

Total amount – Rs. 16.23 lakhs

Strategy 4:

Sanitary Napkin for Adolescent girl (age group 10-19)

Sanitary Napkin for adolescent girl (10-19 years) will be implemented in year 2011-12 in 7 districts (Kamrup Metro, Nagaon, Barpeta, Dhubri, Goalpara, Morigaon and Sonitpur) in first phase. In first year 60 % of the adolescent population will be covered under this scheme.

Districts details are given below.

Sl. No	District	Number of Health Blocks	Population of the district (in lakhs)	Projected 10-19 female rural population (in lakhs)	Requirement in Pack (6 Napkin in each pack)	Actual Requirement (taking consideration 60% Adolescent girl will be covered in first year)
1	Kamrup Metro	5	12.44	253000	253000	151800
2	Nagaon	11	25.7	240000	240000	144000
3	Barpeta	7	16.26	170000	170000	102000
4	Dhubri	7	19.17	169000	169000	101400
5	Goalpara	5	8.87	85000	85000	51000
6	Morigaon	3	10	80000	80000	48000
7	Sonitpur	8	19.32	173000	173000	103800
	Total	46	111.76	1170000	1170000	702000

Activities to be taken:

- a) SHG will be selected in the mentioned 7 district.
- b) 3 members from each SHG will be sent for exposure visit to sanitary napkin production unit.
- c) TOT for district and Block trainers will be conducted by the Master Trainers available in state.
- d) Training of ASHA & ASHA Facilitator on sanitary napkin will be conducted at Block by Block trainers.
- e) District will purchase the napkin pack (6 napkins in each pack) from SHG as per requirement.
- f) Napkin will be stored at Block store House and MO of the respective BPHC will be in charge of the programme.
- g) ASHA collect the napkin once in a month as per monthly requirement and will sell it at the rate of Rs. 1 to the entire adolescent girl.
- h) ASHA will keep the money collected by selling the napkin with her and it will be considered as her incentive.

Budget details for sanitary Napkin:**(a) Training budget**

Sl. No	District	Budget for TOT for District & Block (in Rs.)	Training for ASHA & AF			Training cost of SHG (in Rs.)
			No. of ASHA and AF	Unit cost (in Rs.)	Total Cost	
1	Kamrup Metro	14950	230	470	108100	25000
2	Nagaon	27800	2120	470	996400	25000
3	Barpeta	19600	1643	470	772210	25000
4	Dhubri	19600	1902	470	893940	25000
5	Goalpara	16200	1067	470	501490	25000
6	Morigaon	11200	950	470	446500	25000
7	Sonitpur	21750	1910	470	897700	25000
Total		131100			4616340	175000

Printing of Training materials, handbooks, reporting format – Rs. 20,00,000

Total amount for training – Rs. 69.22 lakhs

(b) Procurement, storage and distribution budget

Sl. No	District	Sanitary napkin		
		Total Requirement	Unit Cost	Total Cost
1	Kamrup Metro	151800	20	3036000
2	Nagaon	144000	20	2880000
3	Barpeta	102000	20	2040000
4	Dhubri	101400	20	2028000
5	Goalpara	51000	20	1020000
6	Morigaon	48000	20	960000
7	Sonitpur	103800	20	2076000
Total				14040000

Total amount – Rs. 140.04 lakhs

Total budget for sanitary napkins – Rs. 209.26 lakhs

4.1.5 - URBAN RCH

Objective:

O1. To provide an integrated and sustainable system for primary health care service delivery, with special emphasis on RCH II services in the urban areas of the state.

Strategy 1: Increase access through service delivery points in urban areas

The State in 2011-12 will continue to focus on service delivery and awareness generation in urban population. To do this in 2010-11, 50 Urban Health Centres were proposed and out of which 48 nos have been made functional. For the year 2011-12 State proposes to carry forward the urban health centers in Guwahati and other town areas of the State with special focus on urban slums. The total no. of proposed UHC for 2011-12 is 48 existing and 3 new in Cachar, Nagaon and Dibrugarh.

Urban Health Centre

The primary objective of Urban Health Centres is to provide primary health care services to the urban population with a special focus on the urban slums of the districts. The services are as follows:

- a) OPD services, 4 hours in the morning and 2 hours in the evening.
- b) Reproductive and Child Health services such as Ante-Natal Care, Referral for complicated pregnancy, Promotion of institutional delivery, Post-natal check up and Immunization clinics.
- c) Family planning services such as counseling for spacing and permanent method, distribution of Condoms, Oral contraceptives, Emergency contraceptives, IUD insertion by ANMs.
- d) Treatment for RTI / STI
- e) Basic laboratory services such as routine tests for Blood, Urine and Stool.
- f) It will also provide services under different National Health Programmes and reporting of vital events and IDSP.
- g) It will conduct health camps in the areas under the UHC to generate awareness in the community.

Performance of UHC:

State Summary	2009-10 (From February 2009 to March 2010)	2010-11 (From April to December 2010)
No of Patient Treated	3,72,647	3,26,854
No of pregnant women received Antenatal Check up	5,200	3,370
No of pregnant women received Postnatal Check up	1,422	622

Budget:

Sl.	Budget Details	Unit Cost	Amount
A. Manpower			
A.1	Medical Officer (1)	Rs. 37,820 pm	Rs. 453840
A.2	Staff Nurse or ANM (1)	Rs. 17,980 pm	Rs. 215760
A.3	Pharmacist cum Store keeper (1)	Rs. 16,120 pm	Rs. 193440
A.4	Laboratory Technician (1)	Rs. 16,120 pm	Rs. 193440
A.5	Secretarial staff including account keeping (1)	Rs. 16,120 pm	Rs. 193440
A.6	Support Staff including sweepers (2)	Rs. 3,720 pm	Rs. 44,640
B. Operational Cost			
B.1	Rent for hired building	Rs. 9000 pm	Rs. 1,08,000
B.2	Organizing out-reach camp including mobility support	Rs. 1000 pm	Rs. 12,000
B.4	Office Maintenance e.g. Photocopy etc.	Rs. 2000 pm	Rs. 24,000
B.5	Contingency	Rs. 2000 pm	Rs. 24,000
Total Cost for 1 (One) UHC			Rs. 14,62,560
Total Cost for 51 Urban Health Center			Rs.7,45,90,560

Total - Rs. 745.90 Lakhs

Strategy 2: Link Workers in Urban areas**2.1: Involving Link Workers in Urban areas for improving Immunization coverage**

The population in urban areas of the State is about 41 Lakhs (as per Census 2001 33.89 Lakhs) and having high dropout in complete immunization coverage. As in urban area there are no ASHAs, and in 2010-11 it has been proposed to have Link Health Workers in Urban areas of the State, who will help to mobilizing the beneficiaries from remote pockets of urban areas for complete immunization. They will also track the drop out children for complete immunization. At present there are total 850 link workers are engaged in the State. Every link worker will carry a Drop out tracking book to find out the partial immunization child and help them for complete immunization. There will be a fixed incentive @Rs. 150 for each complete immunization. The scheme will be monitored by the District Community Mobilizer at the district level.

Performance of Urban Link Worker

Performance	2010-11 (From July to December 2010)
No of Link Worker in Position	850 +23 (New)
No of JSY Beneficiaries assisted by Link Worker	5,501
No of Children mobilized for Full Immunization	6,388

Budget

S.No	Particulars	Numbers	Amount (in Rs.)
1	Incentive for Complete Immunization @150	111706 Children	1,67,55,900
2	Printing of Drop out tracking book @100 per Books per Link Worker)	850X2 = 1750	1,75,000
Total			1,69,30,900

Total - Rs. 169.30 Lakhs**S2.2: Training of link workers for urban slums**

In the urban areas of the State the Link Workers have been selected as there are no ASHAs for mobilization of the urban populations especially the slum dwellers. To improve the Institutional Delivery and Immunizations status of children in those slum areas the Link workers are engaged. But after their engagement only one round of orientation training had been conducted. Hence in the year 2011-12 it is being proposed to conduct another round of reorientation workshop for the Urban Link Workers as per ASHA module. A combined module will be prepared and the District Level training team for ASHA training will impart the training to the link workers.

Budget:

Target Load - 950

Total Batch - 30

Participants per Batch - 30 Nos

Duration of Training - 4 Days

Venue - District Training Center

Sl.	Particulars	Rate (Rs.)	No of Days	Unit	Total Cost (Rs.)
1	DA for Participants	100	4	30	RS. 12,000
2	TA for Participants	100	4	30	RS. 12,000
3	TA for Resource Persons	200	4	4	RS. 3,200
4	Honorarium To Resource Persons	300	4	4	RS. 4,800
5	Contingency (Including Training Materials)	150	4	30	RS. 18,000
6	Working Lunch and Tea	150	4	35	RS. 21,000
7	10% Institutional Overhead				RS. 7,100
Total for one batch					RS. 78100
For Thirty (32) Batches					RS. 24,99,200

Total - Rs. 24.99 Lakhs

Strategy 3: Setting up of Delivery Facilities in Kamrup Urban areas

In the city of Guwahati there are only 2 Govt. Hospitals for delivery – MMCH Hospital and Dhirenpara MCH Hospital apart from Gauhati Medical College which is a tertiary care hospital. In the city of Guwahati there are 14 Govt. State Dispensaries (SD) where only OPD services are available. Out of these 14 SD, 4 are located in strategic areas covering urban slums. These urban slums have no provision for delivery in nearby Govt. hospitals. In the year 2011-12, the State wants to set up delivery facilities in 4 SD where there will be a labour room along with a 10 bedded ward.

SN	ACTIVITY	UNIT COST (IN Rs.)	NOS.	TOTAL AMOUNT (Rs IN LAKHS)
1	Labour room	Rs. 6,00,000	4	24.00
2	10 bedded ward	Rs. 9,00,000	4	36.00
Total				60.00

Total amount proposed – Rs. 60 lakhs (Budgeted under A 9.3 Minor Civil works)

4.1.7 - VULNERABLE GROUP

The State in previous years has implemented outreach health camps at Relief camps of Kokrajhar District, Flood Relief camps at Dhemaji and Lakhimpur and Health Camps at the Hilly areas of Karbi-Anglong District for the Tribal & Vulnerable group. In 2011-12 State proposes to continue the following activities for the tribal & vulnerable groups in different districts.

KOKRAJHAR

In Kokrajhar districts there are people living in relief camps for years. All the relief camps of the districts are not in Government record and hence are deprived from basic health services. To provide basic services such as Maternal & Child Health and Family Planning along with curative care the following activities will be carried out.

Regular RCH camps in relief camps of the district for which manpower will be deputed from respective Block PHCs. The RCH camps will be organized twice in every month in each relief camp and during the year the total camps will be 240 in Kokrajhar (20 camps per month).

The inmates of relief camps will be provided transportation facilities for undergoing sterilization in District Hospital and SDCH.

Budget

Sl.No	Detail	Unit (Rs)	Total Cost (Rs)
1	Operational Cost per health camp (transportation & logistic support)	Rs. 4,000	Rs. 9,60,000
Total			Rs. 9.60 Lakhs

LAKHIMPUR & DHEMAJI

These two districts are situated in the northern bank of river Brahmaputra and become the worst affected districts during the flood. In these districts during the floods health camp are conducted to reach the flood affected areas as they get cut off from the service delivery point. To render RCH services in these areas during three months of monsoon health camps have been proposed in few of the vulnerable blocks of these two districts. The total proposed camps for 3 months under 6 BPHCs in Lakhimpur is 144 and under 4 BPHCs in Dhemaji is 96 (2 camps under each BPHC every week for 3 months). The services in these areas will be provided through boats taking manpower from the health institutions along with the medicines and other supplies.

Budget

Sl.	Detail	Unit (Rs)	Total Cost (Rs)
1	Operational Cost per health camp (Transportation includes hiring of vehicle & boats, logistic support and other expenditure for 240 camps)	Rs. 8,000	Rs. 19,20,000
Total			Rs. 19.20 Lakhs

KARBI ANGLONG

In Karbi Anglong district, there are hill terrains having population of 4.6 lakhs and is difficult to access through motorable roads. The only means of communication in these areas are through elephants, horses and donkeys. The populations of these areas are deprived of basic health care services and as such there is poor antenatal and post natal care, high home delivery and low immunization coverage. In 2011-12, it has been proposed to organize 100 camps in these difficult terrains in the district for which the district will develop an action plan where the doctors and paramedical staff from the Sectoral PHC will go and render health care services which will also include follow-up after every 1 month.

Budget

Sl.No	Detail	Unit (Rs)	Total Cost (Rs)
1	Operational Cost per health camp – hiring of vehicles till motor-able road	1000.00	Rs. 1,00,000
2	Operational Cost per health camp – hiring of animals (Elephants/Horses/Donkeys)	2000.00	Rs. 2,00,000
3	Logistic support including refreshment	500.00	Rs. 50,000
Total			3.50 Lakhs

In Karbi-Anglong district under Manja BPHC, there are 25 villages which are cut off from the mainland and are accessible through river ways. The population is deprived of basic health care services, antenatal and post natal care service resulting in high home delivery, low immunization coverage accounting for high mortality amongst mother and children. In 2010-11, the state supported the district for hiring of boats. Looking at the situation, in 2011-12, the state wants to carry forward with hiring of boats for 5 SCs under Manja BPHC.

Sl.No	Detail	Unit (Rs)	Total Cost (Rs)
1	Hiring of boats for 5 SCs (5 SC, twice a month visit for 12 months)	Rs. 450	54,000
Total			Rs. 54,000.00

4.1.8 - INNOVATIONS / PUBLIC PRIVATE PARTNERSHIP (PPP) / NGO**PUBLIC PRIVATE PARTNERSHIP (PPP)****Objective:**

The main objective of Public Private Partnership is to broaden the access and availability of the health services to the underserved population especially those resides in the far flanged areas and deprived from public health care services.

Public Private Partnership (PPP) with Tea Garden Hospitals

In 2010-11, as being proposed Public Private Partnership was done with 248 Tea Gardens Hospitals adding from the existing PPP Tea Garden Hospitals of 2008-09.

In the tea garden areas the tea tribe communities are one of the vulnerable sections in the State without basic health facility and health care services. This population is deprived of basic health care facilities adding to high disease burden and mortality to the community. Amongst the tea tribe population anaemia and diarrheal disease is major contributing factor to morbidity resulting high Maternal & Infant Death. Considering this poor scenario and broadening the access and availability of the health services for the underserved Tea Garden workers and their dependents the Public Private Partnership mechanism was formulated.

Under this PPP 248 Tea Garden Hospitals are spreading over 15 Districts in the State. In this mechanism the hospitals provide the entire bracket of Reproductive and child health care services with special emphasis on Institutional Delivery, Immunization and Family planning activities. During the year 2010-11 the performance of PPP Tea Garden Hospitals is as follows:

Performance of Tea Garden Under PPP (April 2010- November 2010)								
Sl.	District	Total number of Tea Garden Hospitals	ANC Registration	Deliveries Conducted	Children Fully Immunized	Family Planning (OCP+ Condom)	IUD Insertion	Health Camps
1	Cachar	25	1192	169	40	3714	0	9
2	Dhubri	2	196	0	34	355	0	0
3	Dibrugarh	40	1234	353	781	2785	11	185
4	Golaghat	14	821	222	271	4804	30	79
5	Hailakandi	2	32	0	16	86	0	0
6	Jorhat	17	178	20	89	867	0	13
7	Karimganj	5	12	0	16	0	0	0
8	Kokrajhar	3	15	0	12	85	0	0
9	Lakhimpur	7	245	78	153	642	0	72
10	Nagaon	10	371	133	240	1425	20	31
11	Sivasagar	27	1410	654	263	12323	44	106
12	Sonitpur	22	259	63	278	1035	0	46
13	Tinsukia	18	1150	325	414	4432	9	76
14	Udalguri	6	140	38	89	742	0	3
TOTAL		198	7255	2055	2696	33295	114	620

In 2011-12, it is proposed to carry forward the PPP with the existing Tea Garden Hospitals. The hospitals under PPP will mainly focus on RCH II activities like promoting Institutional delivery, newborn care services, Safe abortion facilities, sterilization programme, Counseling on adolescent health etc.

Budget

For 250 Tea Garden Hospitals under PPP

Sl. no	Detail	Total (Rs.)
1	Human Resource Incentive	Rs. 360000
2	Hospital Recurring Cost @ 20,000 pm	Rs. 240000
3	Construction / Repair & renovation of New born corner and Maternity Ward and Clinical Equipments & Instruments	Rs. 220000
4	Referral transport	Rs. 120000
5	Administrative expenses like Office Maintenance, Printing and Stationary and Contingency	Rs. 60000
6	Drugs will be provided by the State	
Total for one hospital		Rs. 10,00,000
Total for 250 Hospitals		Rs. 2500 Lakhs

Public Private Partnership (PPP) with Charitable Hospitals

In 2010-11, as being proposed Public Private Partnership was done with 10 Charitable Hospitals. These Charitable Hospitals has been accredited by the District Health Society (DHS) to provide the maternal and child health services in the selected ward / slum areas and remote pockets of the district. The services which are provided by the charitable hospitals are consists of Out Patient Department, In-Patient Department and outreach health services. Here again the main objective is to ensure the RCH services in the urban slum areas and remote pockets of the State where the population is deprived from public health care services.

Under this PPP primary health care services are provided through outreach health camps and comprehensive emergency Obstetric and new born care (CEmONC) are provided from the hospitals.

State Programme Implementation Plan 2011-12

During the year 2010-11 the performance of PPP Charitable Hospitals is as follows:

District	Name of the Charitable Hospital	No of pregnant women registered for ANC	No of PW received 3 ANC check ups	No of Normal Deliveries	No of C-Section deliveries	Number of IUD insertion	Number of Laparoscopic sterilization conducted	Number of Post-partum sterilizations	No of Fully Immunized Children	No of Outreach camps conducted
Cachar	Sivasundari Nari Sikshram	7347	2538	657	490	52	8	68	162	6
Dibrugarh	St. Lukes Hospital Chabua	1517	363	237	124	0	0	0	0	0
Kamrup (M)	Marwari Maternity Hospital	820	543	102	41	212	45	27	1015	200
Kamrup (M)	Red Cross Hosp.	887	73	32	57	14	296	13	66	88
Kamrup (M)	Satribari Christian Hosp.	1651	585	657	409	0	0	82	177	53
Sonitpur	Catholic Hospital Borgong	89	5	173	99	0	0	0	8	3
Tinsukia	St. Lukes Hospital Sewpur	1342	394	500	128	0	0	0	0	0
	TOTAL	13653	4501	2358	1348	278	349	190	1428	350

In the year 2011-12, State proposes to carry forward the PPP with the existing 10 charitable hospitals and also proposes to bring another three (3) Charitable Hospitals under PPP.

Budget

Sl.	Detail	Total
1	Incentive to the Existing Manpower	4,68,000
2	Cost for deliveries	
a.	Normal Delivery @ Rs. 1500 including medicine, with expected 50 delivery a month	9,00,000
b.	Caesarian Section @ Rs. 4000 including medicine, with 2 delivery a month	84,000
3	2 Health Camps a month @ Rs. 1500 pm	48,000
Total for one hospital		15,00,000
Total for 13 hospitals		Rs. 195 Lakhs

Public Private Partnership (PPP) with Vivekananda Kendra

In Baksa District, Jogen Basumatary Hospital is situated at Suklai which caters to a population of more 80,000. The Hospital has good infrastructure and offers basic health care and delivery services to the surrounding population and there is no other referral hospital within 30 km radius of this Jogen Basumatary Hospital. As such the people requiring comprehensive obstetric care has to travel all the way upto the District HQ. Considering the necessity of providing Comprehensive obstetric care and delivery, the State has undergone Public Private Partnership with Vivekananda Kendra a non-profit organization in the year 2010-11. At present the entire operational and management responsibility of the Jogen Basumatary Vivekananda Kendra Hospital is entrusted to Vivekananda Kendra.

This year State proposes to strengthen the hospital as a secondary referral hospital, by upgrading the health institution as comprehensive emergency obstetric and new born care (CEmONC) centre. This will ensure the availability of Secondary level obstetric and paediatric care in this district.

Budget

Sl. No.	Details	Unit Cost	Amount (in Rs.)
1	Human Resource		
a	Gynecologist (1)	40000	480000
b	Anesthetist (1)	40000	480000
c	Pediatrician (1)	40000	480000
d	Surgeon (1)	40000	480000
e	Medical Officer (4)	30500	1464000
f	OT Nurse (2)	15000	360000
g	Staff Nurse or GNM (9)	14500	1566000

Sl. No.	Details	Unit Cost	Amount (in Rs.)
h	Radiographer (1)	13000	156000
i	Pharmacist cum Store keeper (1)	13000	156000
j	Laboratory Technician (1)	13000	156000
k	Accountant (1)	13000	156000
l	Electrician/ maintenance staff (2)	8000	192000
m	Office Assistant (2)	8000	192000
n	Ward attendants (2)	7000	168000
o	Support Staff including sweepers (6)	4000	288000
2	Equipments		500000
3	Administrative Cost	10000pm	120000
4	Contingency		350000
Total			Rs. 77,44,000

MOTHER NGO SCHEME UNDER RCH

The Deptt. of Family Welfare in the Ninth Five Year Plan(1997-2002) introduced the Mother NGO Scheme under the RCH programme. The scheme focuses on addressing the unmet RCH needs. This is possible by involving NGOs in delivery of RCH services, in areas which are underserved or unserved by the Govt. infrastructure.

Presently, the State has 21 NGOs who are working as Mother NGOs in 26 districts. The following is the list of NGOs along with status:-

Sl.No	District	Mother NGO	Status	
1.	Cachar	Deshabandhu Club	Completed 3 years in the field.	
2.	Hailaknadi			
3.	Nalbari	Rural Women Upliftment Association of Assam		
4.	Barpeta			
5.	Dibrugarh	Association of Socio-Economic Development	3years of Project Implementation shall be complete by April,2011.	
6.	Karimganj	Indian Red Cross Society, Karimganj		
7.	Kokrajhar	Discovery Club		
8.	Lakhimpur	Jyoti Sangam Samity		
9.	Jorhat	Regional Research & Training Center on Indian Traditional Treatment		
10.	Kamrup(Rural)	Indian Council for Child Welfare(ICCW)		
11.	Karbi-Anglong	Netaji Welfare Society		
12.	Morigaon	Morigaon Mahila Mehfil		
13.	Darrang	Sipajhar Diamond Club		
14.	Sonitpur	Tezpur District Mahila Samity		
15.	Dhemaji	Rural Volunteer Centre		Working in the 1 st phase presently.
16.	Golaghat	North East Affected Area Development Society		
17.	Nagaon	Assam Mahila Samata Society		

Sl.No	District	Mother NGO	Status
18.	Goalpara	Assam Mahila Samata Society	
19.	Dhubri	Gauripur Vivekananda Club	
20.	NC Hills	Gharoa	
21.	Kamrup(Metro)	Rural Multimedia Publicity & Promotion	Presently, preparing the Composite Proposal for next 3 years.
22.	Baska	Manav Shakti Jagaran	
23.	Udalguri	Bosco Reach Out	
24.	Tinsukia	Association of Socio-Economic Development	
25.	Sivsagar	North East Affected Area Development Society	
26.	Chirang	Discovery Club	
27.	Bongaigaon	Nil	Approval pending from Gol.

Plan for 2011-12

1. Release of 2nd installment grant for 16 months to 6 nos of MNGOs.
2. Release of 3rd installment to 10 MNGOs after the completion of end line survey.
3. Organizing Quarterly review meetings with MNGOs & FNGOs

Budget

S N	Activity	District	MNGOs	Period	Rate	Amount
1	Release of 2nd installment to MNGOs	NC Hills	Gharoa	16 months	Rs 15 lacs /year	200000 0
		Nagaon	Assam Mahila Samata Society	16 months		200000 0
		Goalpara	Assam Mahila Samata Society	16 months		200000 0
		Dhubri	Gauripur Vivekananda Club	16 months		200000 0
		Dhemaji	Rural Volunteer Centre	16 months		200000 0
		Golaghat	NEAADS	16 months		200000 0

S N	Activity	District	MNGOs	Period	Rate	Amount
2	Approved hike Salary of Project Staffs	1 no MNGO Project Coordinator	Approved Salary is for all the above 6 MNGOs and FNGO staffs under them for the above 6 districts	16 months	8000	768000
		1 no MNGO Training Coordinator			6000	576000
		4 nos Field NGO Project Coordinator			6000	2304000
		4 nos Field NGO Training Coordinator			4000	1536000
3	Release of 3 rd installment	Dibrugarh	ASCED	2 months	Rs 15 lacs/year	250000
		Karimganj	IRCS	2 months		250000
		Kokrajhar	Discovery Club	2 months		250000
		Lakhimpur	Jyoti Sangam Samity	2 months		250000
		Jorhat	RRTCITT	2 months		250000
		Kamrup(R ural)	ICCW	2 months		250000
		Karbi-Anglong	Netaji Welfare Society	2 months		250000
		Morigaon	Morigaon Mahila Mehfil	2 months		250000
		Darrang	Sipajhar Diamond Club	2 months		250000
		Sonitpur	Tezpur Dist Mahila Samity	2 months		250000
4	Approved hike Salary of Project Staffs	1 no MNGO Project Coordinator	Approved Salary is for all the above 10 MNGOs and FNGO staffs under them for the above 6 districts	2 months	8000	160000
		1 no MNGO Training Coordinator			6000	120000
		4 nos Field NGO Project			6000	120000

S N	Activity	District	MNGOs	Period	Rate	Amount
		Coordinator				
		4 nos Field NGO Training Coordinator			4000	80000
5	Quarterly review meetings	State HQ			40000 X 4	160000
6	Evaluation of 6 MNGOs	State HQ			200000 x 6	120000 0
TOTAL						2,15,24, 000

Total budget under MNGO – Rs. 215.24 lakhs

QUALITY ASSURANCE IN RCH II

Quality Assurance approach is one way to improve quality of the service delivery in Health Institutions through systematic monitoring, feed-back and pursue opportunities for improving services leading to client satisfaction.

Quality Assurance

The Quality Assurance Programme is made up of two main components:

- Quality Assessment
- Quality Improvement

Objectives of Quality Assurance Programme:

- To facilitate the assessment of quality of reproductive and child health (RCH) services at SCs, PHCs, CHCs & District Hospitals.
- To improve in service quality by focusing on the gaps identified during the assessment process.

Present Status of Quality Assurance Programme in the State:

The Govt. of Assam has started QA in 2007-08 as a pilot in Kamrup district which was subsequently up scaled in another 6 districts – Dibrugarh, Tinsukia, Jorhat, Barpeta, Kamrup Metro and Bongaigaon. In 2011-12, the state proposes to continue the Quality Assurance programme in the 7 districts of the State.

Strategies for 2011-12:

- a) Strengthening supervision through regular Quality assessment visits by the members of a District Quality Assurance Group (DQAG) and State Quality Assurance Group (SQAG).
- b) Reorientation training of health staff on Quality Assurance
- c) Grading of the health facilities of the district.
- d) Follow on the different gaps identified during the DQAG & SQAG visit.

Budget (District level):

Sl.	Details	Unit cost	Total unit	Total (in Rs)
1	Salary for Office Asst. for Data entry at District HQ	13000	1	156000
2	Mobility support for 2 QA members for field visit	1000	192	192000
3	Honorarium for the team during field visits (A team will have 2 members)	1000	192	192000
4	DQAG monthly meeting	1000	12	12000
5	Reorientation training of DQAG members	40000	2	80000
6	Administrative expense (stationary, photocopying of formats, internet, telephone, etc)	6000	12	72000
7	Contingency	2000	12	24000

Sl.	Details	Unit cost	Total unit	Total (in Rs)
	Total for 1 district			Rs. 7,28,000
	Total for 7 District			Rs.50.96Lakhs

Budget (State level):

Sl.	Details	Unit cost	Total unit	Total (in Rs)
1	Salary for Quality Assurance Officer	25,000 pm	1	300000
1	Salary for Office Asst. for Data entry at State HQ	13000 pm	1	156000
2	Mobility support for 2 QA members for field visit	8000	50	400000
3	Reorientation training of SQAG members	80000	3	80000
4	TA/DA support for SQAG members		L/S	120000
	Total			Rs. 10.56 Lakhs

Total Budget – Rs. 61.52 Lakhs

4.1.9 - INFRASTRUCTURE / HUMAN RESOURCE / IMEP**HUMAN RESOURCE**

The National Rural Health Mission was launched with the objective to deliver accessible, affordable, equitable and quality health care to the community. To deliver the services, NRHM Assam has focused on infrastructure development, improving the diagnostic facilities with provision of equipments and deployment of manpower to meet the gaps. Over the years, these inputs have improved the service delivery as being evident by increase in ANC, increase in hospital delivery, increase in outdoor and indoor patients.

Govt. of Assam has filled up the vacancies through regular recruitment and also creation of new posts for new hospitals. NRHM Assam has added Doctors and para-medical staff to meet the manpower gap.

In the year 2011-12, the state proposes to appoint 22 new Specialists Doctors (O&G and Anesthetists) in the FRUs, 550 GNMs in the 24x7 PHC (101) and new PHCs and 300 ANMs for new PHCs which are to be operationalized in 2011-12.

Doctor and para-medical staff under Govt. of Assam and NRHM

Staff Cadre	In position	
	Regular	Contractual
Specialists	716	87
MO MBBS (including 1 year rural posting)	1431	919
MO(Ayur)	385	337
MO(Homeo)	70	50
Dental Surgeon	47	39
Rural Health Practitioner	0	182
Pharmacist	1110	227
Laboratory Technician	707	488
MPW	1812	391
Staff Nurse	1321	2946
ANM	5333	4921

The salary of the employees under NRHM, Assam has been revised in 2009-10 by 10% since the launching of NRHM (2005-06). The Govt. of Assam has already implemented the 6th Pay Commission pay scale for the Govt. & Contractual employees of the state. Keeping in view the above fact, in the year 2010-11, the state proposed hike in the salary of the staff keeping parity with the salary of the State Govt. and was approved by Govt. of India. The revised salary has been implemented from 2010-11.

Proposed Salary budget for Doctors (contractual):

SN	Post	In Position	Salary pm (in Rs.)	Total Salary (Rs. In lakhs)
1	SPECIALIST	70	49600	416.64
2	SPECIALIST-Difficult Area	17	62000	126.48
3	SPECIALIST (new proposed)	26	40000	124.80
4	MO(MBBS)	373	37820	1692.82
5	MO(MBBS)-Difficult Area	26	45820	142.96
6	MO(MBBS) for 1 year rural posting	457	30000	1645.20
7	MO(MBBS) for 1 year rural posting-Difficult Area	63	33000	249.48
8	DENTAL SURGEON	39	35960	168.29
Total				4566.67

Medical Officer – AYUSH budgeted under NRHM – Mainstreaming of AYUSH

Proposed Salary budget for Para-medical Staff (contractual):

SN	Post	In Position	Salary pm (in Rs.)	Total Salary (Rs. In lakhs)
1	Rural Health Practitioner	182	22320	487.47
2	Rural Health Practitioner - New proposed	92	18000	198.72
3	Staff Nurse (more than 2 years)	2295	17980	4951.69
4	Staff Nurse-New recruited (more than 1 year)	651	16240	1268.67
5	Staff Nurse new proposed	822	14500	1430.28
6	ANM	4921	16120	9519.18
7	PHARMACIST	227	16120	439.11
8	PHARMACIST- new proposed	95	13000	148.20
9	LAB TECH	488	16120	943.99
10	LAB TECH- new proposed	145	13000	226.20
11	Dietician, Nutritional Rehabilitation Centre	4	17920	8.60
12	Support Staff, SCNU	84	6200	62.50
13	ASHA - Facilitator	2857	4000	1371.36
Total				21055.97

Proposed Salary budget for SIHFW staff (contractual):

SN	Post	In Position	Salary pm (in Rs.)	Total Salary (Rs. In lakhs)
1	Director, SIHFW	1	49600	5.95
2	Epidemiologist, SIHFW	1	39680	4.76
3	Sr. Consultant-Training, SIHFW	4	39680	19.05
4	Demographer, SIHFW	1	31000	3.72
5	Management Expert, SIHFW	1	39680	4.76
6	Regional Training Coordinator	5	24800	14.88
7	Office Assistant, SIHFW	2	16120	3.87
8	Computer Assistant, SIHFW	2	16120	3.87
9	Consultant (MH), SIHFW - new proposed	1	32000	3.84
10	Consultant (CH), SIHFW - new proposed	1	32000	3.84
11	Consultant (PH), SIHFW - new proposed	1	32000	3.84
12	Content Specialist cum Translator, SIHFW-New	1	24800	2.98
13	Librarian cum Record Keeper, SIHFW-New proposed	1	24800	2.98
14	Statistician, SIHFW - new proposed	1	24800	2.98
Total				81.31

The salary of manpower budgeted in RCH 3e budget sheet.

INFECTIOIN MANAGEMENT AND ENVIRONMENT PLAN**Background**

The State has implemented the IMEP in all the 27 districts in last 2 years and has completed 1st round training of hospital staffs from District Hospital to PHCs on IMEP. It has also provided consumables – color coded bins, bags and needle destroyer to CHCs and BPHCs. In 6 districts of Assam, the wastes generated from the Health Institutions are taken up by Common Bio-Medical Waste Treatment Facility for treatment and final disposal. In 2 more districts the hospitals have tied up with the Medical Colleges for final treatment and disposal. In rest of the hospitals deep burial pit and sharp pit has been constructed for final disposal.

Proposed Activities in 2011-12

- a) In 2011-12, the state will continue with Common Bio-Medical Waste Treatment Facility for 6 districts.
- b) Colour coded bins (blue, red and yellow) will be supplied to 844 PHCs and 4592 SCs.
- c) Colour coded bags will be supplied to DH, SDCH, CHC, PHC and SCs
- d) Workshop (hand on) of the Medical and para-medical personnel will be conducted in 2011-12.
- e) The Health Institutions will also be supplied with posters on BMW.
- f) Bi-Monthly reporting by districts on status of BMW of Health Institutions will be ensured.

Budget:

Sl.	Item	Unit	Unit Price (in Rs.)	Amount (Rs. In lakhs)
1	CBWTF for 6 districts	6	100000	72.00
2	Colour Coded Bins – Red 32 L (12 nos each for 22 DHs , 8 nos each for 13 SDCHs & 108 CHCs, 6 nos each for 149 BPHCs and 4 nos. each for 746 PHCs)	5110	980	50.08
3	Colour Coded Bins – Yellow 32 L (12 nos each for 22 DHs , 8 nos each for 13 SDCHs & 108 CHCs, 6 nos each for 149 BPHCs and 4 nos. each for 746 PHCs)	5110	980	50.08
4	Colour Coded Bins – Blue 32 L (12 nos each for 22 DHs , 8 nos each for 13 SDCHs & 108 CHCs, 6 nos each for 149 BPHCs and 4 nos. each for 746 PHCs)	5110	980	50.08
5	Colour Coded Bags – Red 32 L for DHs, SDCHs, CHCs and PHCs	287000 kg	125/kg	358.75
6	Colour Coded Bags – Yellow 32 L	287000 kg	125/kg	358.75

Sl.	Item	Unit	Unit Price (in Rs.)	Amount (Rs. In lakhs)
	for DHs, SDCHs, CHCs and PHCs			
7	Workshops in 27 districts (batch size 30) for Doctors and para-medical staffs	162	3500	5.67
8	Printing of posters on BMW for HI (30 each)	306600	10	30.66
Total				Rs 976.06 lakhs

Total amount proposed for IMEP is Rs. 976.06 Lakhs

4.1.10 – INSTITUTIONAL STRENGTHENING AND HMIS

Details under the Chapter of Monitoring & Evaluation

4.1.11- TRAINING

In 1961, the present **State Institute of Health & Family Welfare, Assam** started functioning as Regional Health & Family Planning Training Center, at Shillong for imparting training to the Medical Officers & Staff only for family planning.

In 1970 it was shifted to Guwahati.

In 1977 RH&FP was renamed as **Health & Family Welfare Training center** for imparting training to the Medical Personnel of Health Deptt. under MPW scheme & all National Health Programmes.

In 1991 Health & Family Welfare Training center started functioning in its own building at Khanapara. The intake capacity of the training center has increased as required.

Campus Area:-

1. Measurement of Land – 10 Bighas , under Beltola Mouza
2. Administrative Building – Ground floor, 1st floor measuring – 538.16 & 488.12 Sq. Mtr respectively.
3. Hostel – 2 Nos. (Girls & Boys) measuring ground floor & 1st floor – 544.39 & 426.00 Sq. Mtr. Respectively. Capacity 30 in each building.

In 1998 the institute was designated as **State Institute of Health & Family Welfare Assam**. The Govt. of Assam directed to act as the nodal agency for conducting integrated training of the various health personnel as required by the Assam Area Project IPP-IX vide Govt. Letter No. HLA 442/98/37 dtd. Dispur the 8th July'98 (Report enclosed)

In 2000 the Institute was declared as **CTI** by NIHFWS, New Delhi & started training of trainers (TOT) under RCH programme for the Medical & Para Medical personnel.

Since 25th Feb'2002, Integrated Skill based Training under RCH for Medical Officer started at SIHFWS Assam & total person trained 533 Nos. in 46 batches. The same training has been discontinued now with the orders from Govt. of India.

NRHM – The erstwhile training programmes conducted by the Project Director, RCH were transferred to the National Rural Health Mission launched in the state of Assam in 2005. Since then different training programmes at the State, District & in National Level have been sponsored by the Mission.

From Director of Health Services (FW), Assam

Name of The Post	Sanctioned	In position
Principal	1	1
PHNI	2	3
MLCD	1	Deputed elsewhere
Statistician	1	Deputed elsewhere
Social Science Instructor	1	-

Name of The Post	Sanctioned	In position
Health Education Instructor	1	-
Health Education Ext. Officer	4	-
Head Assistant	1	-
UDA cum Accountant	2	2
LDA cum Accountant	1	1
LDA cum Typist	2	2
Artist cum draftsman	1	1
Computer	1	1
Projectionist	1	1
Steno-Typist	1	-
Driver	3	2
Grade IV	12	10 (2 Deputed elsewhere)
Sweeper	1	1

Man Power on Contractual Basis from NRHM in position since 2007

Name of The Post	Sanctioned	In position
Director	1	1
Epidemiologist	1	1
Senior Consultant (Training, MH)	4	4
Management Expert & State Training coordinator	1	1
Demographer	1	1
Office Assistant	2	2
Computer Assistant	1	1
Block Accounts Manager	1	1
Public Health Consultant	1	-
Pediatric (Consultant)	1	-
Statistician	1	-
Computer Programmer	1	-
Librarian	1	-

The manpower salary has been budgeted under Chapter Human Resource and Infrastructure

Vehicle Position:-

Vehicle Type	Capacity	Purpose
Tata Sumo	10 Seater	Training purpose
Mini Bus	13 Seater	Trainees

Other establishment located in this Campus/Building ---

1. Khanapara State Dispensary. With staff quarter.
2. Regional Resource Center NE Region.
3. Assam Medical Council NE Region.
4. Occupied by Assam State AIDS Control Society Office in the ground floor of this Administrative Building.
5. State Surveillance Medical Officer's (Polio) office in one room of the ground floor of Administrative Building.
6. Director, Medical Education, Assam

Goals & Objectives of SIHFW:

The Goals & objectives of SIHFW are similar to other collaborating training institution. These are as follows ---

- Identification of training centres and hospitals for various types of training based on case load/faculty position.
- Specify clearly the activities to be undertaken by each along with specific deliverables and time frame for each activity.
- Assist the state in listing of training centres and health care service delivery institutions in all sectors (district-wise), the services provided in these and the case load. Link with Medical colleges for providing technical guidance and referral support.
- Assist the state government and provide guidance to the districts in preparation of district training plans in accordance with the MOHFW's guidelines such that health facilities with skilled manpower could be made operational at the earliest.
- Procure training materials from nodal agency, adapt/translate and reproduce as per requirement of the state. Distribute the training material to all selected training institutions.
- Conduct training of trainers of appropriate categories from the selected training institutions in accordance with the approved plans. Gender and equity issues to be included in all training courses.
- Assist the state to ensure synchronous training of all health personnel in block, district and state.
- Monitor training based on monthly progress reports, course reports, SOEs etc. as well as field visits and suggest corrective action to ensure appropriate implementation of skill training and proficiency/ validation system.
- Assist/Train the State/District Officers in collation of report for appropriateness of referral (both time and place) received from various districts/blocks and to identify lacunae in supplies, referral or training for appropriate correction.
- Assist state in ensuring the quality of training.
- Conduct evaluation of training to assess the need for re-training, newer training to be planned if required. Guidelines developed by National Nodal Institute for evaluation of trainees needs to be followed.

- Assist the state and districts in developing a district wise database of trained manpower adapting as needed the guidelines developed by National Nodal Agency

Activities of the Center: -

The following is a brief account of performances of SIHFW on training imparted to various categories of health personals under RCH programme & later on taken over by National Rural Health Mission launched in the state in the year 2005.

From 2.1.06 the 1st round of 1st Module for **District Training Team for ASHA** under RCH-II started at SIHFW for Medical Officer, Para Medical Staff PRI/ZP Members, Supervisors of ICDS, NGO members. Total persons trained for the 1st Module were 126 numbers & for the 2nd Module 129 Nos. ASHA training for all the 4th module completed and a total of 26225 ASHAs were trained in all the 4th module. In the year 2008-09, State has completed the State level ToT for 5th Module of ASHA training.

The institute has organized **SBA training** for all the district team in the state level and till date 383 Nos of TOT has been completed.

A one day Workshop on Skilled Attendance at Birth for Medical Officers was held with 5 ongoing districts and 5 new to be taken districts of Assam in the year 2007-08. The Institute also organized a Regional level ToT on SBA for Tripura State and 19 participants participated in the training.

The institute had started training of **TOT for Integrated Skill Based Training** in the year 2000 for district level trainers which was imparted by master trainers trained at National Institute of Health & Family Welfare. 172 Nos. of trainers for the district training was trained. Integrated Skill Based Training for Medical Officers of PHCs of the state was started from Feb/2002 and till date 533 Medical Officers have been trained against a target load of 2198 in 46 batches up to April 2007 and discontinued as per instruction of MOHFW. The training for Para Medical staff also discontinued since 2006.

The Institute is pioneer in introducing the **IMNCI training** in the entire NE region in collaboration with UNICEF. Till now, it has trained 596 ToTs and 11758 Health & Nutrition workers. It has also conducted a Regional level ToT for the entire North Eastern Region where 25 participants from all the NE states participated.

In the year 2007-08 the Institute also introduced the **IUCD 380 Alternative Technology** training taking Jorhat as the pilot district. In the coming year the institute intends to provide this IUCD training to all the 23 districts. Till Dec, it had trained 212 State level ToTs, 1417 DTT and 2664 ANMs which has resulted in more than 3000 number of beneficiaries alone in Jorhat district. The training could not be implemented as per planned last year due to non availability of ZOE Models. It also conducted Regional level ToT for the North Eastern region with National Level trainers. Minilap & Laparoscopic training were also initiated in 11 high focused districts for family planning activities. Till November, 24 were trained in Laparoscopic training.

The Institute also organized three different types of training under **Immunization** in the year 2007-08. First, the ToT on Routine Immunization was conducted for 13 batches imparting training to 134 DIO/MO-BPHC/ST. Then it started two different training under the Immunization programme. Routine Immunization and Monitoring System (RIMS) with DIO and MO as the participants and Routine Immunization and Management Systems for the District Programme Management Unit and Block Programme Management Unit and already trained 133 and 340 participants respectively. Again in the year 2011-12, the Institute initiated the Routine Immunization training on the new module of all the Medical Officers of the State and till now it has trained 1567 MOs.

The Institute also converged with the Assam State AIDS Control Society (ASACS) and organized **Training of Counselors for HIV/AIDS** with ASACs for Assam and APACS for Arunachal Pradesh. 53 participants from Assam and 31 participants from Arunachal Pradesh participated in two separate training. The Institute also conducted 5 days Refresher/induction training for 44 Counselors of ICTC.

In the year 2007-08, SIHFW had initiated Behaviour Change Communication Training with Dibrugarh as the pilot district and till now successfully completed **BCC training** of 4801 ASHAs in Dibrugarh, Sivsagar, Barpeta, Bongaigaon and Nalbari district. The training emphasizes on motivating the people to change their behaviour through communication by ASHAs. But the training was discontinued in the year 2010-11.

The Institute had established a **MCH Cell** in its building in collaboration with the **UNICEF**. The Institute was privileged to have distinguished personalities from CDC, Atlanta namely Maragaret Watkins, Epidemiologist and Karen A. Wilkins, Public Health Advisor. They had a discussion on the on going training programmes and service implementation including the immunization trend in the State. Moreover they were eager to know whether the Institute had explored any research activity in relation to the priority health problems in the State.

As a part of mainstreaming AYUSH, the Institute has organized orientation course for **Homeopathic & Ayurvedic** internee doctors. Till now, 332 Homeo and 389 Ayurvedic internee were imparted training on different aspects of NRHM.

For Vitamin A week that was conducted by the State, SIHFW had to impart training to 107 State level ToT, 1131 DTT and 9647 ANMs, ICDS etc. within a short span of time. Similarly, Zinc ORS training was also imparted to 129 State level ToT, 551 DTT and 9647 at the block level consisting of SN/LHV/ANM

In addition to this, the Institute had also organized induction training for 517 newly recruited district drugstore manager and block programme manager and accounts manager.

RTI/STI training for the MOs was started in the 3rd quarter and till now only 203 MOs were trained. The Institute also initiated ARSH training as a part of change project undertaken by Master Trainers in 3 districts namely Nalbari, Morigaon and Kamrup.

Moreover, this institute has been organizing different **workshops, seminars, meetings** under the umbrella of National Rural Health Mission for DPMU and BPMU and **Regional level Capacity Building** of RRC, NE from time to time.

DETAILS OF VARIOUS TRAINING CONDUCTED BY SIHFW, GUWAHATI TILL Dec, 2010

SI NO	Type of Training	Category	Venue	Total Trained till date	April-March 2005-06	April-March 2006-07	April-March 2007-08	April-March 2008-09	Trained in 2009-10	Target load 2010-11	Trained in 2010-11
1	SBA										
	TOT	Addl.CM & HO/CM & HO(CD) Supt.Civil, Hospital Gynaecologist, Peaditrician, Dist.Trng. Coordinator & MOs from FRUs	SIHFW	353	----	88	43	52	125	50	45
		GNM	SIHFW	30					30		
		Total		383					155		
	District	ANM/SN/LHV	23 DTC	2147	----	121	316	451	749	1104	510
	FRU	ANM/SN/LHV		414	--	--	--	--	126	528	288
	SBA-Regional	MO,Tripura	SIHFW	19	----	----	19	0	0		
	NRT / NSSK - TOT	MO / SN / OTHERS	SIHFW	277					277		
	NRT- Peripheral	ANM / MO (Tea Estate)		570					570		

SI NO	Type of Training	Category	Venue	Total Trained till date	April-March 2005-06	April-March 2006-07	April-March 2007-08	April-March 2008-09	Trained in 2009-10	Target load 2010-11	Trained in 2010-11
	NSSK - Sensitization Workshop	Addl. CM&HO / DIO		39					39		
	NSSK TOT conducted by IAP	MO	SIHFW	100						60	100
	NSSK District	MO/GNM	District	1074						2258	1074
2	IMNCI										
	TOT	MO/ Para Medical Staff/Social Welfare Personnel's	SIHFW	537	-----	-----	60	121	220	384	136
Dibrugarh			82	-----	23	40	19	0			
Total			619	-----	23	100	140	220			
	Health & Nutrition Worker	ANMM / AWW / ICDS / Others	DTC	12931	18	47	797	1932	4149	10032	5998
	Basic Physician	MO	Dibrugarh	60	-----	-----	-----	42	18	552	

SI NO	Type of Training	Category	Venue	Total Trained till date	April-March 2005-06	April-March 2006-07	April-March 2007-08	April-March 2008-09	Trained in 2009-10	Target load 2010-11	Trained in 2010-11
	Supervisory Trg.	LHV/Supervisor/HE		52				36	16	552	
			Total	13043	18	47	797	2010	4183		
	Regional Trg. for NE States	MO& Para Medical Staff Manipur, Mizoram, Arunachal Pradesh	SIHFW	25	-----	-----	25	0	0		
	F - IMNCI - TOT	MO	Dibrugarh	35					18	48	17
	F - IMNCI	MO/SN	Dibrugarh	115						960	115
3	IUCD Cu T 380										
	TOT	MO/PHO/PHNI/ST	SIHFW	228	-----	-----	16	116	61		35
	DTT-	MO/SN/LHV	DTC	1544	-----	-----	40	226	618	1200	660
	Service Provider	ANM	DTC	2901	-----	-----	80	329	1537	2400	995
	Regional TOT for NE States	MO/SN	SIHFW	18	-----	-----	-----	18	0		

SI NO	Type of Training	Category	Venue	Total Trained till date	April-March 2005-06	April-March 2006-07	April-March 2007-08	April-March 2008-09	Trained in 2009-10	Target load 2010-11	Trained in 2010-11
4	BCC										
	BCC-DTT	Addl.CM&HO/PNO/ST/PRI/Z PMember/Sup.ICDS/NGO/Media Expert	SIHFW	67	-----	-----	-----	67	0		
	BCC-ASHA	ASHA	DTC	4801	-----	-----	1000	3801	0		
	BCC	BEE/HE	6 DTC	111	-----	-----	111	0	0		
5	ROUTINE IMMUNIZATION										
	TOT	DIO/MO-BPHC /S.T.	SIHFW	611	-----	-----	134	0	477		
	Trained in Dist.	MO	DTC	1304						2160	1567
	RI	MO		2057					425	2280	1632
	District	MO (Tea Estate)		247					247		
	Management	DPM/BAM	SIHFW	340	-----	-----	283	57	0		
	Monitoring system	DIO/MO/SI/CA	SIHFW	133	-----	-----	133	0	0		

SI NO	Type of Training	Category	Venue	Total Trained till date	April-March 2005-06	April-March 2006-07	April-March 2007-08	April-March 2008-09	Trained in 2009-10	Target load 2010-11	Trained in 2010-11
6	Induction Training	BPM/BAM/Drug store Manager	SIHFW	517	-----	-----	77	440	0		
7	HIV/AIDS										
8	HIV/AIDS	Counselors PPTCT/VCTC/ICTC ASSAM	SIHFW	82	-----	-----	28	54	0		
		Counselors ICTC/ Arunachal Pradesh	SIHFW	31	-----	-----	24	7	0		
		Total		113			52	61	0		
	5 Days Refresher	Counselor ITCT	SIHFW	98	-----	-----	-----	98	0		
9	DTT ASHA										
	1 st Module	Addl.CM& HO/PNO/ST/PRI/2 P Member/Sup.ICDS/NGO	SIHFW	126	58	68		0	0		
	2 nd , 3 rd & 4 th Module	Addl.CM& HO/PNO/ST/PRI/Z P Member/Sup.ICDS/NGO	SIHFW	129	----	129	-----	0	0		

SI NO	Type of Training	Category	Venue	Total Trained till date	April-March 2005-06	April-March 2006-07	April-March 2007-08	April-March 2008-09	Trained in 2009-10	Target load 2010-11	Trained in 2010-11
	5th Module		SIHFW	43	----	----	----	43	0		
	ASHA Facilitators - TOT	MO / DCM / DME	DBI	91					91		
10	Integrated Skill Based Trg.	Medical officer	SIHFW	533	495	24	14	0	0		
11	Integrated Training										
	Homeopathic	Internee Doctors	SIHFW	332	222	43	53	14	0		
	Ayurvedic	Internee Doctors	SIHFW	389	231	33	39	48	38		
12	Life Saving Anesthesia	Medical officer		30	----	----	8	11	4	20	10
13	EMOC Trg.	Medical officer		14+4	----	----	----		7	16	17
14	MTP	Medical officer		276	191	----	----	0	35	250	50
15	FBNC	MO/ Para Medical Staff		111					0	160	111

SI NO	Type of Training	Category	Venue	Total Trained till date	April-March 2005-06	April-March 2006-07	April-March 2007-08	April-March 2008-09	Trained in 2009-10	Target load 2010-11	Trained in 2010-11
16	New Born Care	Medical officer		----	----	----	----		0		
17	Facility Based Care of Sick New Born & Children	Medical officer		----	----	----	----		0		
18	Laparoscopic Training	MO/OT Sister/OT Technician		164	----	----	----	39	95	150	30
19	Mini Lap	MO/OT Sister/OT Technician	District Hospital	125	----	----	----	36	87	240	2
20	RTI / STI	Medical officer	SIHFW	203	----	----	----	53	84	168	66
		ANM/SN/LHV		----	----	----	----	0	1200		
21	ARSH - TOT	Medical officer		140	----	----	----		140	120	20
	ARSH	Medical officer								300	
22	ARSH - ANM/GNM	ANM / GNM		24					24	900	

SI NO	Type of Training	Category	Venue	Total Trained till date	April-March 2005-06	April-March 2006-07	April-March 2007-08	April-March 2008-09	Trained in 2009-10	Target load 2010-11	Trained in 2010-11
23	Vitamin A										
	TOT	MO / DPM	SIHFW	107				107	0		
	District TOT	MO/CDPO/ANM/LHV/ ICDS	District Hospital	1131				1131	0		
	Block Training			9645				9645	0		
			Total		10776				10776	0	
24	ZINC ORS										
	TOT	Addl. CM&HO / DIO	SIHFW	129					95		34
	District	MO/GNM/LHV/ANM	District	551							551
	Block level	MO/GNM/LHV/ANM	Block	7176							7176
	TOTAL				7856						7761
25	Workshop on Safe abortion										
		MO	SIHFW	44							44

COMPREHENSIVE TRAINING PLAN FOR THE YEAR 2011-12

Sl. No.	Name of Training Programme	Category	Total Training Load till 2012	Trained Till Date	Venue	Duration of Training	No. of Participant per batch [Nos.]	Training load as projected for coverage during 2011-12 [Nos.]	Funds requirement for training during 2011-12 per Batch	No. of batches	Budget Estimate (Rs in lakhs)
MATERNAL HEALTH											
1.1	SBA- ToT	Gy, Paed		353	SIHFW	2 Days	25	125	Rs119,955.00	5	5.99
	SBA -Dist	SN/ANM/LHV		2147	DH	21 Days	6	1104	Rs131,610.00	184	242.16
	SBA - FRU	SN/ANM/LHV		414	FRU	21 Days	3	528	Rs87,540.00	224	196.09
1.2	EmOC	MO		14+4	Emoc Trg. Centre at GMCH/ AMCH	16 weeks	4	24	Rs1,113,730.00	4	44.54
1.3	Life Saving Anesthesia	MO		30	GMCH/AMCH	18 weeks.	4/batch in GMCH, 8/batch in AMCH	16	Rs531,300.00	4	21.25

Sl. No.	Name of Training Programme	Category	Total Training Load till 2012	Trained Till Date	Venue	Duration of Training	No. of Participant per batch [Nos.]	Training load as projected for coverage during 2011-12 [Nos.]	Funds requirement for training during 2011-12 per Batch	No. of batches	Budget Estimate (Rs in lakhs)
1.4	MTP	MO		276	District Hospital	15 Days	5	125	Rs111,175.00	25	27.79
1.5	RTI/STI	MO (ToT)		203	SIHFW	3 Days	25	75	Rs158,750.00	3	4.76
	RTI/STI	MO		0	District Hospital	2 Days	5	150	Rs19,370.00	30	5.81
	RTI/STI	ANM/ SN/ LHV		0	DTC	2 Days	5	500	Rs15,920.00	100	15.92
1.7	BeMONC	MOS			Med Coll	10days	6	216	Rs117,830.00	36	42.40
1.8	Sp. MCH trng for ANMs	State level ToT			SIHFW	4 days	25	325	Rs189,265.00	13	24.60
		ANMS			BPHC	4 days	30	7738	Rs94,680.00	258	244.26
1.9	Multi skilling of MO on Radiology for ante-natal ultrasound screening	MO			Med Coll	56 days	5		Rs404,090.00	3	12.12
SUB TOTAL (A)											887.69

Sl. No.	Name of Training Programme	Category	Total Training Load till 2012	Trained Till Date	Venue	Duration of Training	No. of Participant per batch [Nos.]	Training load as projected for coverage during 2011-12 [Nos.]	Funds requirement for training during 2011-12 per Batch	No. of batches	Budget Estimate (Rs in lakhs)
CHILD HEALTH											
2.1	IMNCI-TOT	MO&Para Medical (MO Paed./ MO HC/ MOBPHC / SN/ LHV/ ANM/ AWS/ CDPO/ ICDS)		619	GMCH	10 Days	24	120	Rs388,800.00	5	19.44
	IMNCI-H&NW	ANM/AWW		12931	DTC	8 Days	24	9504	Rs234,960.00	396	930.40
	IMNCI-TOT	(MO/ BEE/ CDPO/ PNO/ST)			SIHFW	3 days	24	72	Rs117,210.00	3	3.51

Sl. No.	Name of Training Programme	Category	Total Training Load till 2012	Trained Till Date	Venue	Duration of Training	No. of Participant per batch [Nos.]	Training load as projected for coverage during 2011-12 [Nos.]	Funds requirement for training during 2011-12 per Batch	No. of batches	Budget Estimate (Rs in lakhs)
		Supervisory Trg.		52		3 days	24	528	Rs82,050.00	20	16.40
2.3	NSSK	MO & SN		100	District	2 days	32	5982	Rs78,060.00	187	145.97
		ANM		1074	District	2 days	30	7133	Rs71,160.00	243	172.91
2.4	F-IMNCI Training-ToT	MO/SN		115	AMCH	11 days	16	360	Rs295,290.00	60	177.15
2.5	FBNC -	MO/SN			District	4 days		216 MO, 324 SN	Rs100,130.00	27	27.03
2.6	Observership Training SCNU	MO/SN			District	12 days	4	24 MO, 72 SN	Rs88,700.00	24	21.29
2.6	Neonatology	MO			Med Coll	20 weeks	9	35	Rs1,774,200.00	4	70.99
SUB TOTAL (B)											1585.06
FAMILY PLANNING											
3.1	Laparoscopic	MO & Para Medical		164	District Hospital	12 Days	3	75	Rs64,260.00	25	16.05

Sl. No.	Name of Training Programme	Category	Total Training Load till 2012	Trained Till Date	Venue	Duration of Training	No. of Participant per batch [Nos.]	Training load as projected for coverage during 2011-12 [Nos.]	Funds requirement for training during 2011-12 per Batch	No. of batches	Budget Estimate (Rs in lakhs)
3.2	TOT - IUCD Cu T 380 A "Alternative Methodology	MO/SN/PHN/DPHN		228	SIHFW	6 Days	10	50	Rs104,120.00	5	5.20
	DTT - IUCD Cu T 380 A "Alternative Methodology	MO/SN/LHV		1544	DTC	6 Days	10	400	Rs81,860.00	40	32.74
	ANM- IUCD Cu T 380 A "Alternative Methodology	ANM		2901	DTC	5 Days	10	1200	Rs61,650.00	120	73.98
3.3	Mini Lap	MOs of FRUs/ CHCs		125	DH	12 Days	2	108	Rs50,200.00	54	27.10
3.4	Postpartum IUCD-ToT	MO/ SN			Med Coll				Rs90,640.00	10	9.07
	Postpartum IUCD-Mos & GNMs	MO/ SN			DH				Rs55,385.00	50	27.70

Sl. No.	Name of Training Programme	Category	Total Training Load till 2012	Trained Till Date	Venue	Duration of Training	No. of Participant per batch [Nos.]	Training load as projected for coverage during 2011-12 [Nos.]	Funds requirement for training during 2011-12 per Batch	No. of batches	Budget Estimate (Rs in lakhs)
3.5	NSV Training	MO			Direnpara MCH	3 days	3	105	Rs22,860.00	35	8.00
SUB TOTAL C											199.84
ADOLESCENT HEALTH											
4.1	ARSH-TOT	MO		140	SIHFW	3 days	30	150	Rs193,950.00	5	9.69
4.2	ARSH	MO			DTC	3 days	30	300	Rs220,600.00	10	22.06
4.3	ARSH	ANMs		24	DTC	5 Days	30	900	Rs168,850.00	30	50.64
SUB TOTAL (D)											82.39
5.1	Institutional Strengthening (Repairs & Renovation of Classrooms & Faculty Room)										50.00
5.2	Furniture & Fittings for Institute & Hostel										9.32
5.3	Contingency & Hiring of Vehicle including POL										15.60
5.4	Monitoring of training programme										37.00
5.5	Development of training Material										200.00
5.6	TA for Jt.DHS, Addl. CM&HO, DIO										9.70
5.7	ARSH IEC										5.00
5.8	TA/DA for National Level Trainer										12.00
SUB TOTAL (E)											338.62
GRAND TOTAL (A+B+C+D+E)											3093.60

**DETAILS OF THE TRAINING PROGRAMME AND ACTIVITIES TO BE ACCRIED OUT BY SIHFW,
ASSAM DURING THE YEAR 2011-12**

INSTITUTIONAL STRENGTHENING

Particulars	Amount	Remarks
Strengthening of Training Institute		
Classroom over the Hostel of SIHFW	50	
Vehicle hiring- 2 Nos @ 25,000.00	6	
Contingency		
POL	3.6	
AMC of equipments	1	
Stationary	2.5	
Day to day activities	2.5	
Sub-Total	65.6	
Development of training packages	200	
Sub-Total	200	
TOTAL	265.6	

Furniture and Fittings		
Items	Qty	Amount
Chairs for classroom	35	1.75
Chairs for faculty office	20	1
Classroom tables	3	0.5
Office tables	3	0.45
TOTAL		3.70

HOSTEL		
Items	Qty	Amount
Bed	30	1.8
Mattress	30	0.9
Almirah	15	1.5
Set of chair & table per room	15	0.45
AC	3	0.7
Geyser	3	0.27
TOTAL		5.62

Manpower position and new proposed

SN	Post	In Position
1	Director, SIHFW	1
2	Epidemiologist, SIHFW	1
3	Sr. Consultant-Training, SIHFW	4
4	Demographer, SIHFW	1
5	Management Expert, SIHFW	1
6	Regional Training Coordinator	5
7	Office Assistant, SIHFW	2
8	Computer Assistant, SIHFW	2
9	Consultant (MH), SIHFW - new proposed	1
10	Consultant (CH), SIHFW - new proposed	1
11	Consultant (PH), SIHFW - new proposed	1
12	Content Specialist cum Translator, SIHFW-New	1
13	Librarian cum Record Keeper, SIHFW-New proposed	1
14	Statistician, SIHFW - new proposed	1

MATERNAL HEALTH**1. Skilled Birth Attendant Training**

As one of the major goals of the National Health Programme is to reduce MMR and IMR of the country, emphasis is given on enhancement of skill of birth attendants. The objective of the proposed SBA training is to upgrade skills of ANM/Staff Nurse posted in district hospital / CHC / PHC to improve quality of intra-partum and new born care in institution and achieve better maternal and infant salvage. This year priority will be given to ANMs of the SC where there is a labour room also known as MCH centres. At present, State has already completed all the ToTs for SBA of MOs for DH and FRUs.

Type of Training	Total Trained till date	Target load 2011-12	Trained in 2011-12
TOT	383	50	45
District	2375	1632	612

SBA – ToT

Activities: In order to fill up gaps that are there due to transfer and superannuation of the trained Trainers in districts, it is proposed that SIHFW will organize five (5) batches of ToTs for SBA.

SBA TOT TRAINING CALENDER for the year 2011-12

02-05-2011	To	03-05-2011
23-05-2001	To	24-05-2011
06-06-2011	To	07-06-2001
01-07-2011	To	02-07-2011
10-10-2011	To	11-10-2011

1. Target Load = 125 Nos.
2. Participants per batch = 25 Nos.
3. Duration of Training = 2 days
4. Venue = SIHFW, Assam

Component	Category	Amount (Rs.)	No. of Days	Unit	Total (Rs.)
DA (accommodation, dinner, local travel cost)	Medical Officers	700	3	25	52500
Honorarium (external)	Resource Persons	1000	2	2	4000
Honorarium (in house)	Resource Persons	600	2	2	2400
Working Lunch, Tea & Snacks	Participants	200	2	32	12800
Institutional over head(15% of above expenses)					10755
Incidental Expenses including Training Materials, photocopying, file, charts, etc.	Participants	250	2	25	12500
TA(Rs. 1000.00, on actual, average per participant as per State Rule)	Participants	1000	1	25	25000
Total					119955

Therefore for 5 batches: Rs 119955.00 X 5= Rs. 599775.00

SBA at the district level.

In the year 2011-12, the State will continue the SBA training for ANMs/GNMs/LHVs in all the District Hospital of the State as well as in 22 FRUs depending on the caseload. Priority will be given to complete the training of those ANMs and RHPs who are from designated MCH Centres to have labour room facilities. In order to expedite the training, 22 FRUs were

identified in the year 2009-10 depending on the caseload of those institutions. But only 15 FRUs could be operationalized as training centre in the year 2010-11. SBA training has duration of 21 days; so only one training can be planned for in each month for each district of the State. Moreover looking at the trend over the last three years, it was found that only 70-80 % of the total expected can be achieved which is due to various factors like some flood prone districts, 2 months i.e. March and September to be observed as Child Protection month. Similarly, only 8 batches were planned per FRU in one year. In the coming year, it is planned that, in all the DH,6 trainees will be trained in each batch and in FRUs, 3 trainees will be trained in each batch. In the year 2010-11, initiative was taken to start SBA training in Public Health Facility (PHF). Six PHF had been identified in districts namely Kamrup, Nalbari, Cachar, Sonitpur, Tinsukia and Dibrugarh. Moreover priority will be given to the ANMs and RHPs of those Sub Centres where LR facilities will be provided by the State in the year 2011-12.

SBA TRAINING CALENDAR FOR DISTRICT HOSPITAL

02-04-2011	To	22-04-2011
02-05-2011	To	22-05-2011
02-06-2011	To	22-06-2011
02-07-2011	To	22-07-2011
02-08-2011	To	22-08-2011
02-09-2011	To	22-09-2011
02-10-2011	To	22-10-2011
02-11-2011	To	22-11-2011
02-12-2011	To	22-12-2011
02-01-2012	To	22-01-2012
02-02-2012	To	22-02-2012
02-03-2012	To	22-03-2012

TARGET LOAD IN THE HIGH FOCUS DISTRICTS

Training site	Load for the year 2011-12
Bongaigaon DH	48
ABHAYAPURI FRU	24
Cachar DH	48
Darrang DH	48
SIPAJHAR	24
Dhemaji DH	48
Dhubri DH	48
Goalpara DH	48
Dudhnoi FRU	24

Hailakandi DH	48
Jorhat DH	48
Teok FRU	24
Titabor PHC	24
Karbi Anglong DH	48
Karimganj DH	48
Kokrajhar DH	48
Nagaon DH	48
JAKHALABANDHA CHC /FRU	24
DHING PHC / FRU	24
Nalbari DH	48
Mukalmua FRU	24
NC Hills DH	48

SBA Training at District Hospitals

Target load for the year	1104
No. of batches	184
Participants per batch	6
Duration	21 days
Venue	DH

Budget (as per guidelines) per batch of 4 trainees of SN/ANM/LHV to be trained at District Hospital

Component	Rate (Rs.)	No. of Days	Unit	Total (Rs.)
Honorarium to participants	400	21	6	50400
Honorarium to trained ToT	600	21	3	37800
Contingency per participants (Teaching Materials, Course Materials & Misc. Expenses	100	21	6	12600
Lunch & Tea for Trainees	100	21	6	12600
Inst. Overhead Expenses @ 15% of Sub Total				17010
TA(Rs. 100.00,average per participant as per State Rule)	200	1	6	1200
TOTAL				131610

Budget for 1 batch of 6 number of SN/ANM/LHV = Rs. 131610.00

Therefore for 184 batches: Rs. 131610.00 X 184 = Rs. 24216240.00

SBA Training at FRUs/PHF

SBA TRAINING CALENDAR FOR FRU

07-04-2011	To	27-04-2011
07-05-2011	To	27-05-2011

07-06-2011	To	27-06-2011
07-07-2011	To	27-07-2011
07-08-2011	To	27-08-2011
07-10-2011	To	27-10-2011
07-11-2011	To	27-11-2011
07-12-2011	To	27-12-2011
07-01-2012	To	27-01-2012
07-02-2012	To	27-02-2012

Target load for the year :	528 + 144 in PHF = 672
No. of batches	:176+ 48=224
Participants per batch	:3
Duration of Training	:21 days
Venue	: FRUs/PHF

Budget (as per guidelines) per batch of 3 trainees of SN/ANM/LHV to be trained in 22 FRUs (including training at PHF)

Component	Rate(Rs.)	No. of Days	Unit	Total (Rs.)
Honorarium to participants	400	21	3	25200
Honorarium to trained ToT	600	21	3	37800
Contingency per participants (Teaching Materials, Course Materials & Misc. Expenses	100	21	3	6300
Lunch & Tea for Trainees	100	21	3	6300
Inst. Overhead Expenses @ 15% of Sub Total				11340
TA(Rs. 100.00,average per participant as per State Rule)	200	1	3	600
TOTAL				87540

Budget for 1 batch of 3 number of SN/ANM/LHV = Rs. 87540.00

Therefore for 224 batches in 22 FRUs and 6 PHFs: Rs. 87540.00 X 224= Rs.19608960

Total budget required for SBA Training for the year 2011-12

Particulars	Amount (in Rs.)
SBA ToT	599775
SBA at DH	24216240
SBA at FRU/PHF	19608960
Total	44424975

Basic Emergency Obstetric Care and Essential Newborn Care (BEmONC) Training

As the 24 X 7 PHCs are responsible for providing Basic Emergency Obstetric Care and Essential Newborn Care, the Medical Officers, who are in-charge of these health facilities, would, therefore, have to be equipped enough to be able to handle the common obstetric emergencies and provide the required care such as the skills and knowledge required for the administration of parenteral oxytocics, antibiotics and anti-convulsant drugs, manual removal of the placenta and the conduction of assisted vaginal deliveries.

The State proposed to initiate the BEmONC training in the year 2011-12. But due to non-availability of National Level Trainer, the training could not be started as planned. As such, this year, training is planned in **4 Medical Colleges (3 already existing GMCH, AMCH & SMCH and Jorhat Medical College) and 5 District Hospital namely Dhubri, Kokrajhar, Sivsagar, Lakhimpur and Nalbari**. At present, it is planned that these 4 Medical Colleges and 5 DHs will serve as training centre for other nearby districts also and as such each trainee of 1 batch will be from one 24 X 7 of different districts.

Estimated Budget for BEmONC training for the year 2011-12

1. Target Load = 216 Nos.
2. Participants per batch = 6 Nos. {1MO (MBBS + Ayur MO) from each 24 X 7}
3. Duration of Training = 10 days
4. Venue = Medical Colleges
5. No. of batches = 36 batches
6. Venue = 4 Medical Colleges and 5 DHs

Component	Rate(Rs.)	No. of Days	Unit	Total (Rs.)
DA (accommodation, dinner, local travel cost)	700	11	6	46200
Honorarium to trained ToT	600	10	3	18000
Lunch & Tea for Trainees	200	10	10	20000
Inst. Overhead Expenses @ 15% of Sub Total				12630

Component	Rate(Rs.)	No. of	Unit	Total (Rs.)
Incidental Expenses including Training Materials, photocopying, file, charts, etc.	250	10	6	15000
TA(Rs. 1000.00,average per participant as per State Rule)	1000	1	6	6000
TOTAL				117830

Budget for 1 batch = Rs. 117830

Therefore for 36 batches: Rs. 108630.00 X 36 = Rs. 4241880.00

LIFE SAVING ANESTHESIA SKILL TRAINING

The Life Saving Anesthetic Skill training for MBBS Doctors introduced in the state in 2007-08 as per Gol Guidelines in 3 Medical Colleges. At Present Gauhati Medical College, Guwahati and Assam Medical College, Dibrugarh will take up LSAS training only. At present 5 Dist. Hospitals for District Level Training are functioning (SMK CH, Nalbari/ BP CH, Nagaon/ Sivsagar CH/ North Lakhimpur/ LGB CH, Tinsukia).

Number of total LSAS trained MOs till January 2011	Number of total Certified LSAS trained MOs till January 2011	Present training batch	Target for 2010-11	Target achieved for 2010-11	Target for 2011-12
30	25	6	20	10	16

Activities

To improve the comprehensive obstetric care in the CHC especially FRUs, it is proposed that a total of 16 Medical Officers will be trained in Anesthesia in the year 2011-12.

Anesthesia Training Calendar for Medical Officers for the year 2011-12

Training Calendar		
01-05-2011	To	15-09-2011
01-10-2010	To	15-02-2011

Target load -	16
Total Batch -	4 (2 batch in GMCH and 2 bathes in AMCH)
Participants per batch -	4
Duration –	18 weeks
Venue –	GMCH, AMCH,

Estimated Budget for LSAS training for the year 2011-12

SI	Particulars	Amount	Total Amount
A	Honorarium to Tertiary Center Faculty (Rs. 500 x 2 x 12 weeks of 6 Days)	Rs. 72000.00	Rs.288000.00 (for 4 Batches)
B	Honorarium to District Center Faculty (Rs. 500 x 4 x 6 weeks of all 7 Days)	Rs. 50400.00	Rs. 201600.00 (for 4 Batches)
C	Training Material Cost @ Rs. 1000.00 per trainee	Rs.1000.00 per trainee	Rs. 16000.00
D	TA for trainee	Rs.3000.00 per trainee	Rs. 48000.00
E	DA (accommodation, dinner, local travel cost)charges @ Rs 700.00	Rs. 700.00 per trainee per day	Rs. 1411200.00
F	Printing of module and Log Book	Rs. 650.00 per Set	Rs. 10400.00 for 16 sets
G	Conducting of Final Tier Examination and certification in 2 Batches	Rs. 75000.00 per exam.	Rs. 150000.00 for 2 examinations.
Total Budget			Rs. 21,25,200.00

Emergency Obstetric Care (EmOC) is a FOGSI and GOI-MOHFW Project.

According to data available from NRHM, Assam there are only 194 O&G Specialist in the entire State. Keeping in view the MMR of the State at 480 per lakh, the present number of O & G specialist is not enough to provide Emergency deliver services in order to bring down the MMR. Moreover it has been found that the FRUs have a maximum of 1 O & G specialists. As EmOC training has duration of 16 weeks, only limited batches can be trained in a year. Thus, this year the State proposes to train 24 MBBS doctor in EmOC. The Master Trainers are already trained by FOGSI and are at present available at EmOC centre at GMCH. EmOC training will be conducted at 2 different phases: 6 weeks at GMCH and 10 weeks at DTC.

Number of total EmOC trained MOs till January 2011	Present training batch	Target for 2010-11	Target achieved for 2010-11	Target for 2011-12
14	10 (GMCH – 4, AMCH – 6)	16	17	24 (2 Batches of 4 MOs in GMCH, 2 Batches of 8 MOs in AMCH)

Training Calendar

01-07-2011	To	31-10-2011
01-03-2012	To	31-07-2012

Target Load	: 24
Total Batch	: 4 (2 in GMCH and 2 in AMCH)
Participants per batch	: 4 per batch in GMCH and 8 per batch in AMCH
Duration of Training	: 16 weeks
Venue	: 6 weeks at EmOC Centre, GMCH & AMCH and 10 weeks at DTC

Budget for EmOC training

Sl	Particulars	For 8 MOs	For 24 MOs
A	Working of the training cell expenses	Rs. 397440.00	Rs. 1192320.00
	Administrative cost to FOGSI	27000.00	Rs. 81000.00
	State coordinating Cell		Rs. 840000.00
	Documentation @ Rs. 50000.00 per Nodal Tertiary level training Center		Rs. 100000.00
	Certification expenses @ Rs. 10000.00 per candidate		Rs. 240000.00
	Total amount to be released to FOGSI		Rs. 2453320.00
B	TA (on actual) not exceeding Rs. 1000.00 per trainee to & fro for 5 trips		Rs. 120000.00
	DA(accommodation, fooding, local travel cost) @ Rs. 700.00 per trainee for 112 days		Rs. 1881600.00
	Total amount to be expended as per claim by the trainee from NRHM Directorate		Rs. 2001600.00
Total Amount (A+B)			Rs. 4454920.00

Special Integrated MCH Services Orientation for ANMs for High Focus Districts

In order to increase the ANC coverage of districts having less than 50% coverage to 90%, it is essential to equip the ANMs with skills for universal registration of AN women, and identification of complications in pregnancy requiring institutional delivery. Looking at this, State has proposed to initiate a 4 days training of all the ANMs to increase the AN coverage. Moreover out of the 27 district, one district i.e. Goalpara, had already completed the training in collaboration with UNICEF and Nalbari will be taken next by UNICEF. The training will exclude all the SBA trained AMNs. It will include, as stated above, the essentials of maternal as well as child health.

The training is aimed to increase the ANC & PNC and to reduce the gap between the first ANC and the third ANC among the pregnant women. The 4 days training will include 3 days for MCH care including ante natal and post natal care, new born care and 1 day for the reporting and recording system an ANM is expected to do in order to have the accurate

information. The training will mainly target the ANMs of the sub centre. The State level ToT will be conducted at SIHFW, and subsequently to the ANMs.

Estimated Budget for Training State level -TOT for the Year 2010-11

25-04-2011	TO	28-04-2011
03-05-2011	TO	06-04-25011
10-05-2011	TO	13-05-2011
16-05-2011	TO	19-05-2010
23-05-2011	TO	26-05-2011
31-05-2011	TO	03-06-2011
06-06-2011	TO	09-06-2011
13-06-2011	TO	16-06-2011
20-06-2011	TO	23-06-2011
27-06-2011	TO	30-06-2011
05-07-2011	TO	08-07-2011
18-07-2011	TO	21-07-2011
01-08-2011	TO	04-08-2011

1. Target Load = 325 (12-14 ToT per district)
2. Participants per batch = 25
3. No. of Batches = 13
4. Duration of Training = 4 days
5. Venue = SIHFW, Assam

Component	Category	Amount (Rs.)	No. of Days	Unit	Total (Rs.)
DA (accommodation, dinner, local travel cost)	Medical Officers	700	5	25	87500
Honorarium	Resource Persons	600	4	4	9600
Working Lunch, Tea & Snacks	Participants	200	4	30	24000
Institutional over head(15% of Col 1,2,3)					18165

Component	Category	Amount (Rs.)	No. of Days	Unit	Total (Rs.)
Incidental Expenses including Training Materials, photocopying, file, charts, vehicle hiring, POL etc.	Participants	250	4	25	25000
TA(Rs. 1000.00, on actuals, average per participant as per State Rule)	Participants	1000	1	25	25000
Total					189265

Budget for 1 batch = Rs. 189265.00

Therefore for 13 batches: Rs. 189265.00 X 13 = Rs. 2460445.00

MCH training at the district level

Sl.No	District	Total No. of ANM	ANM trained in SBA till Jan,2011	Total ANMs Expected to be trained till 31. March,2011	ANMs to be trained in SBA	No. of batch
1	BARPETA	568	62	80	488	16
2	Baksa	336		0	336	11
3	Bongaigaon	138	39	45	93	3
4	Cachar	552	35	41	511	17
5	Chirang	140		0	140	5
6	Darrang	375	57	69	306	10
7	Dibrugarh	407	26	38	369	12
8	Dhubri	410	86	92	318	11
9	Dhemaji	201	17	23	178	6
10	Golaghat	337	53	59	278	9
11	Hailakhandi	214	7	13	201	7
12	Jorhat	338	56	74	264	9
13	Kamrup	239		0	239	8
14	Kamrup®	446	33	51	395	13
15	Karbi Anglong	236	60	66	170	6
16	Karimganj	382	29	35	347	12
17	Kokrajhar	341	32	38	303	10
18	Lakhimpur	374	24	30	344	11
19	Morigaon	256	21	27	229	8
20	Nagaon	694	118	136	558	19
21	N. C. Hills	143	31	37	106	4
22	Sivsagar	459	61	79	380	13
23	Sonitpur	723	62	74	649	22
24	Tinsukia	309	15	27	282	9

Sl.No	District	Total No. of ANM	ANM trained in SBA till Jan,2011	Total ANMs Expected to be trained till 31. March,2011	ANMs to be trained in SBA	No. of batch
25	Udalguri	254		0	254	8
	TOTAL				7738	258

Estimated Budget For Training of ANMs for the Year 2010-11

1. Target Load =7738
2. Participants per batch =30
3. No. of Batches = 258
4. Duration of Training = 4 days
5. Venue =DTC

Component	Rate	No. of Days	Unit	Total (Rs.)
Honorarium to participants	400	4	30	48000
Honorarium to trained ToT	600	4	3	7200
Lunch & Tea for Trainees	150	4	30	18000
Inst. Overhead Expenses @ 15% of Sub Total				10980
Contingency per participants (Teaching Materials, Course Materials & Misc. Expenses	150	1	30	4500
TA(Rs. 200.00, on actuals, average per participant as per State Rule)	200		30	6000
TOTAL				94680

Budget for 1 batch = Rs. 94680

Therefore for 258 batches: Rs. 94680.00 X 258= Rs. 24427440.00

State level ToT	Rs	2460445.00
ANMs	Rs	24427440.00
Total	Rs.	26887885.00

Multi Skilling of Medical Officers on Radiology for Ante natal Ultra Sound, X-Ray for etc. for FRUs.

1.	Target Load	=	15
2.	Total Batch	=	3
4.	Participants per batch	=	5 Nos.
5.	Duration of Training	=	56 days
6.	Venue	=	Medical College

Sl.No	Particulars	Rate	No.	Days	Amount
1	Honorarium to Tertiary Training Centre Faculty	600	1	56	33600
2	DA (accommodation, dinner, local travel cost)	700	5	56	196000
4	Lunch & Tea for trainees	200	10	56	112000
3	Institutional over head(15% of Col 1,2,3)				51240
4	Training Material Cost	250	5	1	1250
5	TA(Rs. 1000.00, on actuals, average per participant as per State Rule)	1000	10	1	10000
	Total				404090

Budget for 1 batch = Rs. 404090

Therefore for 3batches: Rs. 404090 X 3= Rs. 1212270.00

CHILD HEALTH**INTEGRATED MANEGEMENT OF NEONATAL AND CHILD HOOD ILLNESS**

Child Health continued to be a high focus component for the coming year 2011-12 also. As such, State has proposed to scale up the IMNCI training and will implement it in all the districts during the year 2011-12.

The performance achievement of the State till 31st Dec, 2010 is ToT-596 and H&N worker, basic physician and Supervisors are 11758.

IMNCI Training Plan for the year 2011-12

The ToTs are planned for those district where there is a need to increase the resource pool, where the number of ToT has decreased due to transfer, superannuation etc. Moreover, the ToT for the new districts are also planned for the year 2011-12

Training Calendar for IMNCI ToT for the year 2011-12

19.04.2011 to 28.04.2011
03.05.2011 to 12.05.2011
24.05.2011 to 02.06.2011
12.06.2011 to 21.06.2011
02.07.2011 to 11.07.2011

Estimated Budget for IMNCI (TOT) to increase District pool for the Year 2011-12

Training Load	120
No. of Batch	5
Participants per batch	24 (MO/ ST/ CDPO/ NGO)
Duration of Training	10 days
Venue	SIHFW, AMCH, SMCH

Sl	Component	Category	Amount (Rs.)	No. of Days	No	Total (Rs.)
1	DA (accommodation, dinner, local travel cost)	MO	700	11	8	61600
		Paramedical	400	11	16	70400
2	Honorarium	Resource Persons (ex)	1000	10	5	50000
		Resource Persons (in house)	600	10	2	12000
3	Working Lunch (Tea & Snacks)		200	10	35	70000
4	Institutional over head(15% of Col 1,2,3)					40800
5	Incidental Expenses including Training Materials, photocopying, file, charts, vehicle hiring, POL etc.	Participants	250	10	24	60000
6	TA(Rs. 1000.00,on actual ,average per participant as per State Rule)	Participants	1000	1	24	24000
	TOTAL					388800

Therefore for 5 batches= Rs. 388800.00 X 5 = Rs. 1944000.00

IMNCI Training for Health & Nutrition Workers for the Year 2010-11

IMNCI Training for the H & N workers will continue in all the districts in the coming year. At present, the total figure of trained IMNCI H & N workers is:

YEAR WISE IMNCI H&NW FOR (2010-11)

CATEGORY	2006-07	2007-08	2008-09	2010-11	2010-11	TOTAL
ANM	14	270	542	1003	1155	2984
AWW	47	513	1332	2999	3377	8268
OTHERS	4	14	58	147	171	223
S.TOTAL	65	797	1932	4149	4703	11646
						0
BASIC PHYSICAN			42	18		60
SUPERVISORY TRG			36	16		52
GRAND TOTAL	65	797	2010	4183	4703	11758

Estimated Budget for Health & Nutrition Workers Training on IMNCI for the District for the Year 2010-11**Training calendar**

01.04.2011 to 09.04.2011
18.04.2011 to 25.04.2011
29.04.2011 to 04.05.2011
19.05.2011 to 26.05.2011
31.05.2011 to 07.06.2011
04.07.2011 to 11.07.2011
03.08.2011 to 10.08.2011
05.09.2011 to 12.09.2011
14.09.2011 to 21.09.2011
12.10.2011 to 19.10.2011
28.10.2011 to 04.11.2011
14.11.2011 to 21.11.2011
05.12.2011 to 12.12.2011
15.12.2011 to 22.12.2011
02.01.2012 to 09.11.2012
17.01.2012 to 24.01.2012
13.02.2012 to 20.02.2012
01.03.2012 to 08.03.2012

Training Load	9504
No. of Batch	396 (23 districts to do 18 batches/year)
Participants per batch	24 (ANM & AWW)
Duration of Training	8 days
Venue	District Training Centre

Component	Category	Amount (Rs.)	No. of Days	No.	Total (Rs.)
DA (accommodation, dinner, local travel cost)	ANM/AWW	400	8	24	76800
Honorarium	Resource Persons	600	8	7	33600
Working Lunch Tea ,Snacks etc	ANM/AWW	200	8	30	48000
Institutional over head(15% of Col 1,2,3)					25200
Incidental Expenses including Training Materials, photocopying, file, charts, vehicle hiring, POL etc.	ANM/AWW	250	8	24	48000
TA to Participants (on actual) @Rs. 200	ANM/AWW	200	1	24	4800
TOTAL					234960

Therefore for 396 batches= Rs. 234960.00 X 396 = Rs. 93044160.00

IMNCI Training for Supervisors

Training Calendar

02.04.2011 to 04.04.2011
06.04.2011 to 08.04.2011
09.04.2011 to 11.04.2011

Estimated Budget for IMNCI (TOT) for Supervisors Training

Training Load	72
No. of Batch	3
Participants per batch	24 (MO/ BEE/ CDPO/ PNO/ST)
Duration of Training	3 days
Venue	GMCH

Sl	Component	Category	Amount (Rs.)	No. of Days	No	Total (Rs.)
1	DA (accommodation, dinner, local travel cost)	MO	400	4	24	38,400.00
2	Honorarium	Resource Persons	1000	3	3	9,000.00
3	Break Fast Tea & Snacks & Lunch		200	3	30	18,000.00
4	Institutional overhead(15% of Col 1,2,3)					9,810.00
5	Incidental Expenses including Training Materials, photocopying, file, charts, vehicle hiring, POL etc.	Participants	250	3	24	18,000.00
6	TA(Rs. 1000.00,on actual ,average per participant as per State Rule)	Participants	1000	1	24	24,000.00
	TOTAL					117,210.00

For 3 batches= Rs. 351630.00

IMNCI Supervisory Training for Supervisors

The State has also proposed to initiate the IMNCI Supervisory training to BE/HE/LHV and AWW Supervisor in all the district. This supervisory team will be first trained in IMNCI at the district level like the H&N workers for 8 days which will be included with the H& N workers training. Another 3 days training will be provided to those supervisors which are budgeted as given below:

Estimated Budget for IMNCI Training of Supervisors for the Year 2011-12

Training Load	528
No. of Batch	20 (1 batch in each district)
Participants per batch	24 (BE/HE/LHV and AWW Supervisor)
Duration of Training	3days
Venue	GMCH, AMCH, SMCH

Training calendar

26.04.2011 to 28.04.2011	To be initiated in all districts
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S I	Component	Category	Amount(Rs)	No. of days	Unit	Total (Rs)
1	DA (accommodation, dinner, local travel cost)	BEE/HE/AWs/L HV/ Computer	400	3	24	28800
2	Honorarium	Resource Person	600	3	3	5400
3	Breakfast Tea, Working Lunch	Resource Person & Participants	200	3	28	16800
4	Institutional Overhead (15 % of 1+2+3)					7650
5	Contingency/Training Material/Vehicle etc	Participants	250	3	24	18000
6	TA (Rs 200.00 on actual average per participants & Resource Persons as per State Rules)	Resource Person & Participants	200	1	27	5400
Total						82050

Budget for 1 batch of Supervisors Training = Rs. 82050.00

Therefore budget for 20 batches = Rs. 1641000.00

Training	Batch	Amount
IMNCI-ToT	5	194400.00
IMNCI-H&N workers	396	93044160.00
IMNCI-ToT (Sup)	3	351630.00
IMNCI-Supervisors	22	1641000.00
TOTAL		95231190.00

Navajat Sishu Suraksha Karyakaram (NSSK)

To address important interventions of care at birth to reduce neonatal deaths, the NSSK training was initiated by the State in the year 2010-11. As the programme provides basic institutional newborn care and resuscitation to the infants, training will put emphasis on the practical use of Bag & mask. The training will also cover in depth knowledge of prevention of

hypothermia, prevention of infection, early initiation of breast-feeding and basic newborn resuscitation.

The training will provide basic newborn care at every delivery, which would help prevent a significant number of newborn deaths and ensure survival of the newborn babies.

The NSSK will train healthcare providers i.e. all the Medical Officers including Ayur, GNMs and ANMs at the district hospitals, community health centres and primary health centres in the interventions at birth with the application of the latest available scientific methods aimed at significantly reducing the infant mortality ratio. ToT was imparted by national level experts from IAP and subsequent training of MOs and GNMs has already started in the State and till Nov, 2010 is total trained MO and GNM is 775 i.e MO 357 and GNM 418. In the coming year, State has proposed to trained all the ANMs of Sub Centres and they will be provided bag & mask kit.

Estimated Budget for NSSK Training of MOs and GNMs to be Held at District for the year 2011-12

Total trained MO till Jan, 2011 : 462

Total trained GNM till Jan, 2011 : 612

- 1) Target : 1878 + 4104 = 5982
: {MOs=1590+MO (Ayur) 568+RHP182} =2340-462
:GNMs= 3616+1100 (to be recruited)=4716-612
- 2) Participants per Batch : 32 Nos.
- 3) Total Batches :187
- 4) Resource Person per Batch : 4.
- 5) Category : MO & GNM
- 6) Duration of Training : 2 Days.
- 7) Venue : District Training Centre.

Sl No	Component	Category	Unit Cost	No. of Days	No	Total (Rs.)
1	DA (accommodation, dinner, local travel cost)	MO	700	2	10	14000
		GNM	400	2	22	17600
2	Honorarium	Resource Persons	600	2	4	4800
3	Break Fast Tea & Snacks & Lunch	Tea, Snacks & Lunch	150	2	40	12000
4	Institutional over head (15% of Col 1,2,3)					7260

SI No	Component	Category	Unit Cost	No. of Days	No	Total (Rs.)
5	Incidental Expenses including Training Materials, photocopying, file, charts, vehicle hiring, POL etc.	Participants	250	2	32	16000
7	TA (Rs.200.00, average per participant as per State Rule) on actual	Participants	200	1	32	6400
TOTAL						78060

Total Budget per Batch

Rs. 78060.00

Total for 187 batches = Rs. = 78060 X 187 = Rs. 14597220.00

Estimated Budget for NSSK Training of ANMs to be Held at District for the year 2011-12

- | | | |
|------------------------------|---|---------------------------|
| 1. Target | : | 7133 (all SC ANMs) |
| 2. Participants per Batch | : | 32 Nos. |
| 3. Total Batches | : | 243 |
| 4. Resource Person per Batch | : | 4 |
| 5. Category | : | ANMs |
| 6. Duration of Training | : | 2 Days. |
| 7. Venue | : | District Training Centre. |

SI No	Component	Category	Unit Cost	No. of Days	No	Total (Rs.)
1	DA (accommodation, dinner, local travel cost)	ANM	400	2	32	25600
2	Honorarium	Resource Persons	600	2	4	4800
3	Break Fast Tea & Snacks & Lunch	Tea, Snacks & Lunch	150	2	40	12000
4	Institutional over head (15% of Col 1,2,3)					6360
5	Incidental Expenses including Training Materials, photocopying, file, charts, vehicle hiring, POL etc.	Participants	250	2	32	16000
7	TA (Rs.200.00, average per participant as per State Rule) on actual	Participants	200	1	32	6400
TOTAL						71160

Total Budget per Batch **Rs. 71160.00**

Total for 243 batches = Rs. = 71160.00X 243 = 17291880.00

18.04.2011 to 30.04.2011	To be initiated in all districts
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FACILITY BASED IMNCI (F-IMNCI) Training

F-IMNCI is an integration of the existing IMNCI package and the Facility Based Care package in to one package. The integrated approach of IMNCI and Facility Based care (F-IMNCI) therefore provides a continuum of care for severely ill newborns and children from the community to the facility.

F-IMNCI Training at the District Level

The Medical Officer and SN will be trained at F-IMNCI during the year 2011-12. It is proposed that in the 6 SNCUs namely Dibrugarh, Sonitpur, Nalbari, Golaghat, Jorhat and Kamrup, 1 batch will be trained from nearby district every month.

Training Calendar

19.04.2011 to 29.04.2011
15.05.2011 to 23.05.2011
02.06.2011 to 12.06.2011
21.06.2011 to 01.07.2011
13.07.2011 to 23.07.2011
03.08.2011 to 13.08.2011
05.09.2011 to 15.09.2011
28.10.2011 to 07.11.2011
15.11.2011 to 25.11.2011
05.12.2011 to 15.12.2011
02.01.2012 to 12.01.2012
02.02.2012 to 12.02.2012

Target : 960 (480 MO and 480 GNM)
 Participants : 16 per batch
 Total Batch : 60
 Duration : 11 days
 Resource Person : 4 Nos + Clinical Instructor = 5 Nos
 Venue : SNCU/ District Hospital/Medical College

SI No	Component	Category	Amount (Rs)	No. of Days	Unit	Total (Rs)
1	DA (accommodation, dinner, local travel cost)	Medical Officer	700	11	8	61600
		GNM	400	11	8	35200
2	DA (accommodation, dinner, local travel cost)	Resource Person outside district	700	11	4	30800
3	Honorarium	Resource Person	600	11	5	33000
4	Breakfast tea Working Lunch	Resource Person & Participants	200	11	20	44000
5	Institutional Overhead (15 % of 1+2+3)					30690
6	Contingency Training Materials, photocopying, file, charts, vehicle hiring, POL and assorted items etc.	Participants	250	11	16	44000
7	TA (On actual)	Participants	500	1	16	8000
8	TA	Resource Person outside district	2000	1	4	8000
			Total Budget per batch			295290

Total Budget per Batch : Rs. 295290

Total for 60 batches = Rs. = 295290.00 X 60 = 17717400.00

Facility Based Newborn Training for MOs and GNMs of NSU.

Training load: MO & GNM : 540
Duration : 4 days
Participants /batch : 20
Venue : AMCH

SI No	Component	Category	Unit Cost	No. of Days	No	Total (Rs.)
1	DA (accommodation, dinner, local travel cost)	MO	700	4	8	22400
		GNM	400	4	12	19200
2	Honorarium	Resource Persons	600	4	4	9600
3	Break Fast Tea & Snacks & Lunch	Tea, Snacks & Lunch	150	4	25	15000
4	Institutional over head (15% of Col 1,2,3)					9930
5	Incidental Expenses including Training Materials, photocopying, file, charts, vehicle hiring, POL etc.	Participants	250	4	20	20000
7	TA (Rs.200.00,average per participant as per State Rule) on actual	Participants	200	1	20	4000
TOTAL						100130

Budget for 1 batch : Rs. 100130.00

Therefore Total Budget for 27 Batch : Rs. 2703510.00

Observer ship Training for MOs and GNMs of SCNUs

Training calendar

01.04.2011 to 12.04.2011
12.06.2011 to 22.06.2011
04.07.2011 to 16.07.2011
03.08.2011 to 14.08.2011
12.10.2011 to 21.10.2011

Target : 96
 Participants : 4 per batch
 Total Batch : 24
 Duration : 12 days
 Resource Person : 4 Nos + Clinical Instructor = 5 Nos
 Venue : SNCU/ District Hospital/Medical College

SI No	Component	Category	Unit Cost	No. of Days	No	Total (Rs.)
1	DA (accommodation, dinner, local travel cost)	MO	700	12	1	8400
		GNM	400	12	3	14400
2	Honorarium	Resource Persons	600	12	5	36000
3	Break Fast Tea & Snacks & Lunch	Tea, Snacks & Lunch	150	12	4	7200
4	Institutional over head (15% of Col 1,2,3)			12		9900
5	Incidental Expenses including Training Materials, photocopying, file, charts, vehicle hiring, POL etc.	Participants	250	12	4	12000
7	TA (Rs.200.00, average per participant as per State Rule) on actual	Participants	200	1	4	800
TOTAL						88700

Budget for 1 batch : Rs. 88700.00

Therefore Total Budget for 24 Batch : Rs. 2128800.00

Special training on Neonatology(Multi Skilling of Medical Officers) of FRU and CHCs on New Born Care

Medical Officers of different FRUs and CHCs will be trained on New Born Care Skill for 12 weeks at Gauhati Medical College Hospital (GMCH), Guwahati and Assam Medical College Hospital (AMCH), Dibrugarh. In the year 2011-12, it is proposed to provide training 32 MOs (GMCH & AMCH)

Target Load	36
Total Batch	4 batch (2 each at GMCH & AMCH)
Participants per batch	9
Duration of Training	20weeks
Venue	GMCH & AMCH

Sl.No.	Category	No. of participants	Days	Rate	Amount
1	DA (accommodation, dinner, local travel cost)	9	140	700	882000
2	Honorarium to Resource Person	4	140	600	336000
3	Fooding(Tea & Snack)	9	140	250	315000
4	Institutional over head(15% of Col 1,2,3)				229950
5	Training Materials	9	1	250	2250
6	TA(Rs. 1000.00, on actuals, average per participant as per State Rule)	9	1	1000	9000
	Total				1774200

Budget for 1 batch : Rs. 1774200.00

Therefore Total Budget for 4 Batch: Rs. 7096800.00

FAMILY PLANNING TRAINING

The year 2011-12 is earmarked as Family Planning year and more emphasis will be given to reducing TFR. In the year 2008-09 namely Barpeta, Bongaigaon, Darrang, Dhubri, Goalpara, Kamrup [M], Kamrup [R], Kokrajhar, Morigaon, Nagaon and Nalbari and plan to continue with those 11 districts. As such, family planning training mainly laparoscopic, Minilap and MTP will also be strengthened not only in those 11 districts but through out the State as given below:

District wise birth order > 3 with more than 35%

Sl. no.	Name of District	Percentage
1	Tinsukia	34.4
2	Sonitpur	34.7
3	Kokrajhar	35.9
4	Cachar	37.1
5	Nagaon	39.6
6	Hailakandi	41.7
7	Karimganj	44.5

District with Unmet need more than 30 %

Sl.NO.	District	Unmet Need
1	Golaghat	47
2	Bongaigaon	36.8
3	Lakhimpur	36.6

SI.NO.	District	Unmet Need
4	Morigaon	34.4
5	Kokrajhar	32.8
6	Sonitpur	32.1
7	Dibrugarh	32
8	Tinsukia	30.5
9	Sivsagar	30

LAPAROSCOPIC STERILISATION TRAINING

Estimated Budget for District Level Laparoscopic Training for Gynecologist, OT sister, OT Technician from CHC/FRU and DH of all the districts

1. Target Load = 75 Nos
2. Participants per Batch = 3 nos.
3. Total Batch = 25 teams
4. Duration = 12 days (excluding Sunday)
5. Venue = District Hospital

BUDGET FOR LAPAROSCOPIC STERILISATION TRAINING 2011-12

Component	Category	Amount	No. of Days.	Unit	Total
D.A	Medical Officer	700	12	1	8400
	Para Medical	400	12	2	9600
Honorarium	Resource Person	600	12	1	7200
Working Lunch, Tea, Snacks etc.)	Participants	200	12	8	19200
Institutional Over Head 15% Col. 1,2,3					6660
Incidental Expenses including Training Materials, photocopying, file, charts, vehicle hiring, POL etc.	Participants	250	12	3	9000
T.A as actual as per State Govt. rule.	Participants	200	1	3	600
Assorted items for training					3600
TOTAL					64260

Total per batch Rs. = 64260

Total 25 Batches [Rs. 64260 X 25] = Rs. 1606500.00

Mini Lap Training

Estimated Budget for District Level Minilap Training for MO (MBBS) from CHC/FRU for the year 2011-12

1. Target Load = 108 Nos
2. Participants per Batch = 2 Nos
3. Total Batch = 54 Nos
4. Duration = 12 working days
5. Venue = District Hospital

Budget for Minilap Training

Component	Category	Amount	No. of Days.	Unit	Total
D.A	Medical Officer	700	12	2	16800
Honorarium	Resource Person	600	12	1	7200
Working Lunch, Tea , Snacks etc.)	Participants	200	12	5	12000
Institutional Over Head 15%					5400
Incidental Expenses including Training Materials, photocopying, file, charts, etc.	Participants	250	12	2	6000
T.A as actual as per State Govt. rule.	Participants	200	1	2	400
Assorted item		100	12	2	2400
Per Batch Total					50200

Total Budget for 54 Batches (Rs 50200.00 X 54) = Rs. 2710800.00

MTP Training

Estimated Budget for District Level for MO (MBBS) from FRU and 24 X7

1. Target Load = 125 Nos
2. Total Batch = 25 Nos
3. Participants per batch = 5 Nos
4. Duration = 15 days
5. Venue = District Hospital

Budget for MTP Training 2011-12

Component	Category	Amount	No. of Days.	Unit	Total
D.A	Medical Officer	700	15	5	52500
Honorarium	Resource Person	600	15	1	9000
Working Lunch, Tea , Snacks etc.)	Participants	150	15	8	18000
Institutional Over Head 15% Col. 1,2,3					11925
Incidental Expenses including Training Materials, photocopying, file, charts, vehicle hiring, POL etc.	Participants	250	15	5	18750
T.A as actual as per State Govt. rule.	Participants	200	1	5	1000
Per Batch Total				Rs. =	111175

Total Budget Rs. 111175.00 X 25 = 2779375.00

I.U.C.D. 380A Alternative Technology Training

Though the ToTs for all the districts are over in the State and in the coming year i.e. 2011-12, 5 batches of IUCD ToT Training will be imparted looking into the inclusion of 3 new districts, transfer, superannuation of the existing ToTs

During the year 2008-09, IUCD training was carried out in the district of Jorhat only. As a result of this, there were more than 2500 beneficiaries who inserted the I.U.C.D. 380A Alternative Technology in one district.

IUCD ToT**Estimated budget Of I.U.C.D. 380A Alternative Technology TOT At SIHFW Of District Level (M.O/SN & LHV) .**

1. Target Load = 50 Nos.
2. Total Batch = 5 Nos.
3. Participants per Batch = 10 Nos.
4. Duration = 6 Days.
5. Venue = SIHFW, Assam

Budget for TOT , SIHFW

SI	Component	Category	Amount	No. of Days	No	Total (Rs.)
1	DA (accommodation, dinner, local travel cost)	MO	700	7	4	19600
		SN/ ST/ LHV	400	7	6	16800
2	Honorarium	Resource Persons	600	6	4	14400
3	Break Fast Tea & Snacks & Lunch		200	6	15	18000
4	Institutional over head(15% of Col 1,2,3)					10320
5	Incidental Expenses including Training Materials, photocopying, file, charts, vehicle hiring, POL etc.	Participants	250	6	10	15000
6	TA(Rs. 1000.00,on actual ,average per participant as per State Rule)	Participants	1000	1	10	10000
	TOTAL					104120

Requirement of Budget per Batch =Rs. 104120

Therefore for 5 Batches, Total Fund Require Rs. 104120 X 5 = 520600

IUCD DTT

For TOT Of District Training Team (M.O / LHV/ SN) of (C.H.C.S / FRU. W.H.S. / Sub. District Hospital,

- | | | | |
|----|------------------------|---|-----------------------------|
| 1. | Target Load | = | 400 |
| 2. | Total Batch | = | 40 |
| 3. | Participants per batch | = | 10 |
| 4. | Duration | = | 6 Days |
| 5. | Venue | = | D.T.C. & District Hospital. |

Budget for TOT of District Training Team

Component	Category	Amount Rs.	No. of days	No.	Total [Rs.]
Honorarium	Resource Person [District Level]	600	6	3	10,800.00
DA (accommodation, dinner, local travel cost)	MO	700	6	4	16,800.00
	SN/LHV	400	6	6	14,400.00
Working lunch & Tea	Participants	200	6	12	14,400.00
Institutional Over head 15%					8,460.00
Incidental Expenses including Training Materials, photocopying, file, charts, vehicle hiring, POL etc.	Participants	250	6	10	15,000.00
T.A (on actual ,average per participant as per State Rule))	Participants	200	1	10	2,000.00
TOTAL					81,860.00

Requirement of Budget per Batch =Rs. 81860.00

Therefore for 40 Batches, Total Fund Required Rs. 81860.00 x 40 = Rs. 3274400.00

I.U.C.D. 380 A [Alternative Technology] For ANM

1. Target load : 1200
2. Total Batch : 120 Nos
3. Participants per Batch : 10
4. Duration : 5 days
5. Venue : D.T.C & District Hospital.

Estimated Budget for ANM for the year 2011-12

Component	Category	Amount [Rs.]	No. of Days.	Unit.	Total [Rs.]
					Per batch
Honorarium	Resources person	600	5	3	9000
D.A	Participants	400	5	10	20000
Working lunch & Tea	Participants	200	5	12	12000
Institutional Over Head 15% of ST					6150
Incidental Expenses including Training Materials, photocopying, file, charts, vehicle hiring, POL etc.	Participants	250	5	10	12500
T.A (on actual ,average per participant as per State Rule))	Participants	200	1	10	2000
TOTAL					61650

Therefore requirements of Budget for 120 Batches = 61650.00 X 12= Rs. 7398000.00

POSTPARTUM IUCD TRAINING

The State proposes to initiate postpartum IUCD insertion Training for MOs in the coming year. The training will be imparted to the Medical Officers of deliver sites. State level ToTs will be conducted and those trained ToTs will train the district level MOs of the delivery site at the DH.

Post partum IUCD ToT

It is proposed that 10 Nos. of batches are planned for the TOT. As there will be 15 participants in one batch, 3 districts can be covered taking 5 ToTs from each district. Therefore to cover all the 27 districts, 9 batches plus one additional batch is planned for the coming year.

Estimated budget Of I.U.C.D. 380A Alternative Technology TOT At SIHFW Of District Level (M.O/SN & LHV) .

- | | | | |
|----|------------------------|---|-----------------|
| 1. | Target Load | = | 150 Nos. |
| 2. | Total Batch | = | 10 Nos. |
| 3. | Participants per Batch | = | 15 Nos. |
| 4. | Duration | = | 3 Days. |
| 5. | Venue | = | Medical College |

Budget for TOT , SIHFW

SI	Component	Category	Amount	No. of Days	No	Total (Rs.)
1	DA (accommodation, dinner, local travel cost)	MO	700	4	15	42000
2	Honorarium	Resource Persons (external)	1000	3	2	6000
		Resource Persons (in house)	600	3	2	3600
3	Break Fast Tea & Snacks & Working Lunch		200	3	20	12000
4	Institutional over head(15% of Col 1,2,3)					9540
5	Incidental Expenses including Training Materials, photocopying, file, charts, vehicle hiring, POL etc.	Participants	250	3	10	7500
6	TA(Rs. 1000.00,on actual ,average per participant as per State Rule)	Participants	1000	1	10	10000
	TOTAL					90640

Therefore requirements of Budget for 10 Batches = 90640.00 X 10= 906400.00

Post partum IUCD Training of MOs and GNMs at district level.

At the district level, a total of 50 batches only (approx two batches per district) will be trained in the coming year 2011-12. (5 MO and 10 GNMS)

SI	Component	Category	Amount	No. of Days	No	Total (Rs.)
1	DA (accommodation, dinner, local travel cost)	MO	700	3	5	10500
		GNM	400	3	10	12000

SI	Component	Category	Amount	No. of Days	No	Total (Rs.)
2	Honorarium	Resource Persons	600	3	3	5400
3	Tea & Snacks & Working Lunch		200	3	20	12000
4	Institutional over head(15% of Col 1,2,3)					5985
5	Incidental Expenses including Training Materials, photocopying, file, charts, vehicle hiring, POL etc.	Participants	250	3	10	7500
6	TA(Rs. 200.00,on actual ,average per participant as per State Rule)	Participants	200	1	10	2000
	TOTAL					55385

Therefore requirements of Budget for 50 Batches = Rs. 2769250.00

NSV TRAINING

During the last three years the number of NSV acceptors in the State has increased. Keeping this mind, Dhirenpara Maternity Hospital has been designated as NSV site for the entire state, where people from different districts can come to avoid their identity. Moreover for training also the same site has been taken as the number of case load is high in the institution compared to any other in the State.

NSV Training of MOs for the year 2011-12

1. Target Load = 105 Nos.
2. Total Batch = 35 Nos.
3. Participants per Batch = 3 Nos.
4. Duration = 3 Days.
5. Venue = **Dhirenpara Maternity Hospital**

Component	Category	Amount	No. of Days.	Unit	Total
D.A (accommodation, dinner, local travel cost)	Medical Officer	700	4	3	8400
Honorarium	Resource Person	1000	3	2	6000
Working Lunch, Tea , Snacks etc.)	Participants	200	3	5	3000

Component	Category	Amount	No. of	Unit	Total
Institutional Over Head 15%					2610
Incidental Expenses including Training Materials, photocopying, file, charts, etc.	Participants	250	3	3	2250
T.A as actual as per State Govt. rule.	Participants	200	1	3	600
Per Batch Total					22860

Therefore requirements of Budget for 35 Batches = Rs. 800100.00

RTI/STI Training

RTI/STI Training started in the State during October, 2008-09. Till Dec, 2009 the number of trained ToT is 137 out of 300 targeted. This year also State has kept the same target for 12 districts as training Tot is almost over in 10 districts.

RTI / STI ToT Training calendar for the Year of 2011-12

10-05-2011	To	12-05-2011
04-07-2001	To	06-07-2011
18-07-2011	To	20-07-2001

- | | | | |
|----|------------------------|---|---------------|
| 1. | Target Load | = | 75 Nos. |
| 2. | Participants per Batch | = | 25 Nos. |
| 3. | Total batch | = | 3 Nos. |
| 4. | Duration of training | = | 3 Days. |
| 5. | Venue | = | SIHFW, Assam. |

Component	Category	Amount [Rs]	No. of Days.	Unit.	Total
D.A	Medical Officers	700	4	25	70000
Honorarium	Resources person	1000	3	4	12000
Working Lunch & Tea	Participants.	200	3	30	18000
Institutional overhead @ 15 %					15000
Incidental Expenses including Training Materials,	Participants.	250	3	25	18750

Component	Category	Amount [Rs]	No. of Days.	Unit.	Total
photocopying, file, charts, vehicle hiring, POL etc.					
T.A. (Rs. 1000/- on actual, average as per State Govt. rule)	Participants	1000	1	25	25000
TOTAL					158,750.00

For 1 batch, budget = Rs. 158750.00

Therefore for 3 batches, budget required = Rs.476250.00

RTI / STI Training for Medical Officers for the Year of 2011-12

Target Load	: 150
No of Batches	: 30 Nos
Batch Size	: 5 (Gynecologist, MO from CH, FRU, CHC, PHC, MPHC, S/D)
Duration	: 2 days
Venue	: District Hospital
Resource Person	: State level TOT

Component	Category	Amount	No. of days	Unit	Total
Honorarium	Resource Person	600	2	3	3600
D.A	Medical Officers	700	2	5	7000
Working Lunch & Tea	Participants	200	2	8	3200
Institutional overhead @ 15 %					2070
Incidental Expenses including Training Materials, photocopying, file, charts, vehicle hiring, POL etc.	Participants	250	2	5	2500
T.A(on actual, average as per State Govt. rule)	Participants	200	1	5	1000
Total					19370

Total for one batch = Rs 19370.00

For 30 batches = Rs 19370.00 x 30 = Rs. 581100.00

RTI / STI Training for SNs/ ANMs/ LHV for the Year of 2011-12

1. Target Load = 500 Nos.
2. Participants per Batch = 5 Nos.
3. Total batch = 100 Nos.
4. Duration of training = 2 Days.
5. Venue = BPHC

Component	Category	Amount	No. of days	Unit	Total
DA (accommodation, dinner, local travel cost)	SN/ANM/LHV	400	2	5	4000
Honorarium	Resources person	600	2	3	3600
Working Lunch & tea.	Participants.	200	2	8	3200
Institutional overhead @ 15 %					1620
Incidental Expenses including Training Materials, photocopying, file, charts, vehicle hiring, POL etc.	Participants.	250	2	5	2500
TA (on actual, average as per State Govt. rule)	Participants.	200	1	5	1000
Total					15920

Budget for 1 batch = Rs. 15920.00

Therefore Budget for 100 batches = Rs. 15920.00 X 100= 159200.00

ARSH TRAINING

In the month of June, 2009, 3 trainers from Gauhati Medical College and Hospital were trained by MAMTA, NGO at NIHF, New Delhi and Sweden and as a part of their training assignment the 1st batch of ARSH was initiated in the month of July, 2009 taking three districts namely Kamrup, Nalbari & Morigaon as pilot districts. But the State will start ARSH training as per MOHFW module from the coming year. Training will emphasis on the designated Adolescent Clinic. The main objective will be trained MO from the designated clinic in order to make them functional.

ARSH TOT Training Calendar For Medical officers for the year 2011-12

19-04-2011	To	21-04-2011
09-05-2011	To	11-05-2011
24-05-2011	To	26-05-2011
21-06-2011	To	23-06-2011
11-07-2011	To	13-07-2011

1. Target Load = 150 Nos.
2. Participants per Batch = 30 Nos.
3. Total Batch = 5 Nos.
4. Duration = 3 Days.
5. Venue = SIHFW, Assam.

Estimated Budget For TOT of ARSH

Component	Category	Amount [Rs.]	No. of Days	Unit	Total [Rs.]
Honorarium	Resources Person	1000	3	5	15000
DA (accommodation, dinner, local travel cost)	Medical Officers	700	4	30	84000
Working Lunch & Tea	Participants	200	3	40	24000
Institutional Overhead @ 15 % of 1, 2, 3					18450
Incidental Expenses including Training Materials, photocopying, file, charts, vehicle hiring, POL etc.	Participants	250	3	30	22500
T.A (Rs.1000/-on actual, average as per State Govt. rule.)	Participants	1000	1	30	30000
TOTAL					193950

Budget for 1 batch = Rs. 193950.00

Therefore Budget for 5 batches = Rs. 193950 X 5 = Rs. 969750.00

Adolescent Reproductive and Sexual Health Training For MOs

In the year 2011-12 it is planned that at least two Medical Officers from Designated Adolescent Clinic will be trained in ARSH for providing Adolescent Friendly Health Service.

Once an adolescent requiring medical assistance is identified by the ANM, they will be referred to the said clinic where the MO will provide medical service. Thus, the MOS of all the clinic can be trained in 10 batches in the coming year.

1. Target Load = 300 Nos.
2. Participants per Batch = 30 Nos.
3. Total Batches = 10 Nos.
4. Duration = 3 Days.
5. Venue = DTC

Estimated Budget For ARSH Training of MOs

Component	Category	Amount [Rs.]	No. of Days	Unit	Total [Rs.]
Honorarium	Resources Person	600	5	3	9000
DA (accommodation, dinner, local travel cost)	Participants	700	5	30	105000
Working Lunch & Tea	Participants	200	5	40	40000
Institutional Overhead @ 15 % of 1, 2, 3	Participants				23100
Incidental Expenses including Training Materials, photocopying, file, charts, vehicle hiring, POL etc.	Participants	250	5	30	37500
T.A (Rs.500/-on actual, average as per State Govt. rule.)	Participants	200	1	30	6000
TOTAL					220600

Budget for 1 batch = Rs 220600.00

There fore for 10 batches = Rs. 220600.00 X 10 = Rs. 2206000.00

Adolescent Reproductive And Sexual Health Training For ANMs

This year State had proposed to train 900 ANMs /LHVs of PHC and Sub centres to provide Adolescent Friendly Healthy Services. The ANMs/ LHVs will provide counseling services and identify those adolescent in need of friendly services in the PHC or SC or during VHND. They will be referred to the MOs of the PHCs in case they require medical attention.

1. Target Load = 900 Nos.
2. Participants per Batch = 30 Nos.
3. Total Batches = 30Nos.
4. Duration = 3 Days.
5. Venue = BPHC

Estimated Budget For ARSH Training of ANMs/LHVs

Component	Category	Amount [Rs.]	No. of Days	Unit	Total [Rs.]
Honorarium	Resources Person	600	5	3	9000
DA (accommodation, dinner, local travel cost)	ANM	400	5	30	60000
Working Lunch & Tea	Participants	200	5	40	40000
Institutional Overhead @ 15 % of 1, 2, 3					16350
Incidental Expenses including Training Materials, photocopying, file, charts, vehicle hiring, POL etc.	Participants	250	5	30	37500
T.A (Rs.200/-on actual, average as per State Govt. rule.)		200	1	30	6000
TOTAL					168850

Budget for 1 batch = Rs. 168850

Therefore Budget for 30 batches = Rs. 168850 X 30 = Rs. 5065500.00

Development of documentary and IEC material for ARSH: Rs. 500000.00

National Level Trainers TA/DA

CHILD HEALTH TRAINING (1 NATIONAL LEVEL TRAINER FROM MOHFW/OTHER STAKEHOLDERS)

Sl. No.	Component	Amount	No. of Days.	Unit	Total
1	Airfare to &from State	15000	1	2	30000
2	Honorarium for NLRP	1000	5	2	10000
3	Accommodation	2500	5	2	25000

Sl. No.	Component	Amount	No. of Days.	Unit	Total
4	Travel from hotel to training site	1500	5	2	15000
	TOTAL				80000

For 5 batches : Rs. 80000 X 5 = 400000.00

IUCD ToT TRAINING(1 NATIONAL LEVEL TRAINER FROM MOHFW, GOI)

Sl. No.	Component	Amount	No. of Days.	Unit	Total
1	Airfare to &from State	15000	1	1	15000
2	Honorarium for NLRP	1000	5	1	5000
3	Accommodation	2500	5	1	12500
4	Travel from hotel to training site	1500	5	1	7500
	TOTAL				40000

For 5 batches of ToT: Rs. 40000 X 5 = 200000.00

ARSH TOT(3 NATIONAL LEVEL TRAINERS FROM AIIMS & SAFDARJUNG HOSPITAL,

NEW DELHI)

Sl. No.	Component	Amount	No. of Days.	Unit	Total
1	Airfare to &from State	15000	1	3	45000
2	Honorarium for NLRP	1000	5	3	15000
3	Accommodation	2500	5	3	37500
4	Travel from hotel to training site	1500	5	3	22500
	TOTAL				120000

For 5 batches of ToT: Rs. 120000 X 5 = 600000.00

MONITORING PLAN

Monitoring of training is a continuous and regular activity of SIHFW in order to ensure and enhance the quality of the training programmes. Monitoring of the districts is done by a joint team of personnel from SIHFW, NIHFW, NRHM, Medical Colleges, District officials and development partners. In the year 2010-11, monitoring of many districts were done by personnel from NIHFW, New Delhi and feedback is given to SIHFW after careful monitoring. Accordingly action taken report is provided to NIHFW by SIHFW on time. Special thrust is given to maintain to the quality of training and as such monitoring will remain a regular activity in the year 2011-12 also.

ROUTINE MONTHLY MONITORING BY FACULTY MEMBERS FROM SIHFW

Particulars	Districts	Rate	Days	Amount
Vehicle for Monitoring	13	1000	3	39000
POL	13	1000	3	39000
Monitoring Cost	13	700/person for 2 person	3	54600
Total				132600.00

For 10 months = Rs. 132600 X 10 = 1326000.00

MCH TRAINING**SBA/EMOC/LSAS**

For Monitoring and Quality Assurance of SBA & EmOC training, a Joint team comprising of representatives from SIHFW, NRHM, Medical Colleges of the State, O&G Societies under FOGSI would visit 1 district once in a month (2 in case of near by district). UNICEF has expressed their willingness to join in the process as they are also committed to the goal of reducing MMR. The Experts from different field will look into different aspect which will facilitate quality monitoring.

The National Quality Monitoring Cell, Sewa Gram, Wardha trained the State Quality Monitoring Cell comprising of Faculty from Medical Colleges – Community Medicine, OBG, Anaesthesiology and State Nodal Officer from EmOC and LSAS training. As per guidelines visit to Tertiary Training Centers, District Training Centers and FRUs will be undertaken by the State Quality Monitoring Cell.

Monitoring Cost for 1 district

Particulars	No.	Days	Rate	Amount
Vehicle for Monitoring	2	2	1000	4000
POL	2	2	1000	4000
Accommodation	5	2	1000	10000
Monitoring Cost	5	2	500	5000
Total				23000

Total Monitoring Cost: 23000 X 12 districts = Rs. 276000.00

This will be in addition to routine monitoring by the faculty members.

IMNCI/SNCU/FBNC

Similarly like Maternal Health trainings, monitoring of child health training will be carried out in all the districts which will have IMNCI/ SNCU and FBNC training on process. For SNCU & FBNC, monitoring will start once the training programmes are completed. But for IMNCI, monitoring and quality assurance will continue. Therefore

Monitoring cost for 1 district = Rs. 25000.00

Therefore Monitoring for 27districts= Rs. 600000.00

FAMILY PLANNING TRAINING**IUCD/Lap/Minilap/MTP**

Particulars	Amount (Rs.)
Monitoring for 27 district center @ Rs25000 per district	600000.00
TOTAL	600000.00

District level monitoring by District level health personnel

In order to keep track of the different training programme in district, the Regional Training co-ordinator along with district health personnel will monitor the district on a continuous basis. A lump sum amount = **Rs. 900000.00 (nine lakhs)** is calculated for monitoring all the 27 districts.

TOTAL MONITORING COST

Training Heads	Amount (Rs.)
Routine Monthly Monitoring	1326000.00
SBA/EMOC	276000.00
IMNCI/SNCU/FBNC	600000.00
FP Training	600000.00
District level Monitoring	900000.00
TOTAL	3702000.00

TRAVEL ALLOWANCE

Travel Allowance for Jt. DHS, ADDL., DIO with entitled vehicle and for participant coming from remote and far flung areas

Travel Allowance for those with an entitled vehicle i.e. Jt. DHS and Addl. CM&HO of district is calculated based on the mileage issued by the State Govt. These TA is kept as a provision and is calculated with a view of utilization and expenditure only on requirement.

Therefore, a lump sum amount is calculated.

Designation	Amount(Rs.)
Jt. DHS (27 avg. @ RS 5000 for min 3 trainings)	4,05,000
Addl CM&HO (27 @ avg. RS 5000 for min 3 trainings)	4,05,000
DIO (4 @ avg. RS 5000 for min 3 trainings)	60,000
TOTAL	8,70,000

Provision for TA for participants coming far flung places (where there is disruption of transportation in districts like Hailakandi, Cachar, NC Hills. Cachar. In case of Laparoscopic training organized at HQ.)

Additional Fund required: Rs. 1000 X 100= 100000.00

Participants travelling less than 80 kms are not entitled for TA.

TOTAL ALLOWANCE = Rs. 870000+Rs. 100000 = Rs. 9,70,000.00

Institutional Strengthening of DTC, GNMTC & ANMTCs

The activities related to institutional strengthening of the DTC, GNMTcs and ANMTCs are already approved in 2007-08. Some of the centres are already strengthened in respect of repairs and renovation and training equipments. State will continue the plan of 2007-08 for those centres where work is still in progress.

ISSUES TO BE PLACED AS PER GUIDELINES OF NIHFV

The Institute was recognized as Collaborative Training Institute (CTI) by NIHFV, New Delhi in the year 2000. As a CTI, the Institute conducts Training of Trainers (ToT) for various training programmes of the State. To continue as full fledged CTI, the Institute should recruit the following manpower (Consultants and Technical Assistant) from NIHFV.

SLNO	DESIGNATION	SANCTION POSITION	Remuneration/month	Amount
1	Consultant	4	40000	1920000
2	Technical assistant	4	18000	864000
	Total			2784000

The NIHFW had insisted to sign one MOU with the Director, SIHFW (CTI) of the State which can only be materialize with the consent of the MD, NRHM and State Executive.

For selection of Consultants and Technical Assistant, a committee is required to be constituted which should necessarily include Director, NIHFW, or his nominee. Once the Consultants and Technical Assistant are selected, the Institution will get 15% of the total salary of the Consultants and Technical Assistant selected plus a lump sum amount for monitoring to be done by them. The Consultants and Technical Assistant will be under the administrative control of Director, SIHFW, Assam.

Institutional overhead for the Consultants and Technical Assistant

15% of Total salary of Consultants and Technical Assistant

$$= 15/100 \times 2784000.00 = \text{Rs. } 417600.00$$

Monitoring cost for the Consultants = Rs. 2,00,000.00

TOTAL BUDGET FROM NIHFW

Components	Amount
Salary of Consultant & Technical asst.	2784000
15% Institutional Overhead	417600
Monitoring Expenses	200000
TOTAL	3401600

4.1.12- BEHAVIOURAL CHANGE COMMUNICATION & IEC AVTIVITIES

The detail IEC and BCC plan has been done under NRHM and budgeted.

4.1.13- PROCUREMENT

For the year 2011-12 following drugs and equipments under different components of RCH II will be procured. The items have been mentioned in the individual chapters. But for the reference, the items are enlisted here in details and budgeted component wise.

The Kit A, Kit B, and other Kits will be supplied by GOI, and the budget is considered under NRHM Felxi pool.

Maternal Health

Sl	Item	Total No. Required	Unit Cost (Rs/unit)	Total Cost (Rs. in lakhs)
1	Partograph	400000	Rs 0.50	2.00
2	MCP Card	800000	Rs.9.00	77.48
3	JSY Card	800000	Rs.1.00	8.00
4	Baby kit for hospital stay up to 48 hrs	457994	Rs. 300.00	1373.98
5	Sanitary napkins for PW after ID (Morigaon district)	11377	Rs.48.88	5.56
6	Procurement of drugs and supplies for maternal health - Iron Sucrose injection	6943 PW	Rs. 594.00	41.24
Sub Total				Rs. 1508.26 lakhs

Child Health

Sl	Item	Total No. Required	Unit Cost (Rs/unit)	Total Cost (Rs. in lakhs)
1	Neonatal Resuscitation Kit	1000	Rs. 5000.00	50.00
2	Neonatal Resuscitation Kit	2500	Rs. 4000.00	100.00
3	IMNCI Kits	10000	Rs.500.00	50.00
4	IMNCI implementation kit	10000	Rs. 3000.00	300.00
5	Zinc tablets	50,00,000	Rs. 0.66	33.00
4	Suspension Albendazole	40,00,000 bottles	Rs.4.21	168.40
5	Vitamin A Suspension	50,000 bottles	Rs. 52.00	26.00
6	Equipment for new born stabilization unit	274	Rs. 4,10,000	1123.40
Sub Total				Rs. 1850.80 lakhs

Family Planning

SI	Item	Total No. Required	Unit Cost (Rs/unit)	Total Cost (Rs. in lakhs)
1	IUD Insertion Kit	5000	Rs. 2,645	132.25
2	Minilap kit	50	Rs. 13,666.00	6.83
3	MVA Kit	500	Rs.4790.00	23.95
4	Laparoscope	27	Rs.2,99,794.00	80.94
5	Silastic rings	50000	Rs.32.50	16.25
Sub Total				Rs. 260.23 lakhs

IMEP

SI	Item	Total No. Required	Unit Cost (Rs/unit)	Total Cost (Rs. in lakhs)
1	Colour Coded Bins – Red 32 L	5110	980	50.08
2	Colour Coded Bins – Yellow 32 L	5110	980	50.08
3	Colour Coded Bins – Blue 32 L	5110	980	50.08
4	Colour Coded Bags – Red 32 L for DHs, SDCHs, CHCs and PHCs	287000 kg	125/kg	358.75
5	Colour Coded Bags – Yellow 32 L for DHs, SDCHs, CHCs and PHCs	287000 kg	125/kg	358.75
Sub Total				Rs. 867.73 lakhs

Summary of procurement:

S. NO.	ITEM	AMOUNT (Rs. In lakhs)
1.	Maternal Health	1508.26
2.	Child Health	1850.80
3.	Family Planning	260.23
4.	IMEP	867.73
Total		Rs. 4487.02 lakhs

4.1.14- PROGRAMME MANAGEMENT

At present the Programme Management Arrangement in the state of Assam under RCH/NRHM had been set up in a three tier system.

A brief overview of the SPMU, DPMU and BPMU is outlined as below:

State Programme Management Support Unit:

The State Programme Management Support Unit (SPMSU) is being set up under the leadership of Mission Director- NRHM with the supporting officials. The SPMSU has State Programme Manager (s), State Finance Manager, State MIS Manager, Consultant – Maternal Health, Consultant Child Health, State NGO Coordinator, BCC Expert, State Media Expert, Finance Consultant, HRD Consultant and Logistic Consultant along with other Programme Officers and support staff to plan, implement and monitor the RCH activities in the state.

The salary of the employees under NRHM, Assam has been revised in 2009-10 by 10% since the launching of NRHM (2005-06). The Govt. of Assam has already implemented the 6th Pay Commission pay scale for the Govt. & Contractual employees of the state. Keeping in view the above fact, in the year 2010-11, the state proposed hike in the salary of the staff keeping parity with the salary of the State Govt. and was approved by Govt. of India. The revised salary has been implemented from 2010-11. The salary structure of SPMSU for 2011-12 is as below:

SN	Post	In Position	Salary pm (in Rs.)	Total Salary (Rs. In lakhs)
1	State Programme Manager	2	39680	9.52
2	State Finance Manager	1	39680	4.76
3	State MIS Manager	1	39680	4.76
4	State NGO Coordinator	1	39680	4.76
5	State Media Expert	1	39680	4.76
6	State BCC expert	1	39680	4.76
7	Consultant - Child Health	1	39680	4.76
8	Consultant - Maternal Health	1	39680	4.76
9	Finance Coordinator	1	39680	4.76
10	Finance Advisor	1	39680	4.76
11	HRD Consultant	1	39680	4.76
12	Procurement Expert	1	39680	4.76
13	Accounts Manager (HQ)	5	22320	13.39
Total				75.29

District Level (District Programme Management Unit):

The DPMU was set up during 2006-07 under the leadership of Joint Director of Health Services will be continued during 2011-12 with the following support staffs. The salaries of DPMU have been hiked in 2009-10 after performance appraisal. The Govt. of Assam has already implemented the 6th Pay Commission pay scale for the Govt. & Contractual employees of the state. Keeping in view the above fact, in the year 2010-11, the state proposed hike in the salary of the staff keeping parity with the salary of the State Govt. and

was approved by Govt. of India. The revised salary has been implemented from 2010-11. The salary structure of DPMU for 2011-12 is as below:

SN	Post	In Position	Salary pm (in Rs.)	Total Salary (Rs. In lakhs)
1	District Programme Manager	27	31000	100.44
2	District Media Expert	27	24800	80.35
3	District Accounts Manager	27	24800	80.35
4	District Data Manager	27	22320	72.32
Total				333.46

Block Level (Block Programme Management Unit):

The BPMU is being set up at each Block PHC under the control of the Block in-charge with the following support staffs.

SI	Position	No. in position
1	Block Program Manager	157
2	Block Accounts Manager	217
3	Block Data Manager	149

The salary for the BPMU staff is budgeted under NRHM 6% management cost

Therefore, the total fund required for SPMU & DPMU is as follows:

SI	PMU	Total Salary (in lakhs)
1	SPMU	72.10
2	DPMU	322.70

Additional Support for District Programme Management Unit

The District Programme Management Unit (DPMU) was set up in all the districts of Assam in 2007-08 to support the District Health Society for planning, implementation and monitoring of RCH programme. With the expansion of the programme, new staff have been added in the DPMU to facilitate the works. All the DPMU office set up in the districts require support for minor repair and furniture. For the 27 DPMU in the state, Rs. 40,000/- per DPMU is proposed. **The total budget is Rs. 10.80 lakhs**

Strengthening of Financial Management:

1. Training in accounting procedures

The District Accounts Managers and Block Accounts Manager have been trained. In 2011-12 re-orientation training on Tally Software Version 9.0 will be given to 27 District Accounts Manager, Block Accounts Manager and PHC Accountants of all the districts. The training will start from the month of July and each batch will comprised 50 participants. The unit cost of 1 such training is as followed.

Sl. No.	Category	Rate	Days	No. of Participants	Total Amount
1	DA	200	2	50	20000.00
2	TA	150		50	7500.00
3	Honorarium to Resource Person	500		6	3000.00
4	Fooding	150	2	50	15000.00
5	Training material	50		50	2500
6	Contingency				2000.00
TOTAL					50000.00

Total budget required for 15 batches= 50000.00 X 15 = Rs. 7.5 lakhs

- Annual Audit of the Programme** - For Annual Audit of the programme **Rs 7.00 lakhs** has been estimated for the year 2011-12
- Concurrent Audit (Internal Audit)** - The internal auditors are engaged in all the districts. Monthly audits have been planned for the districts as well as for BPHC. (details in the table below)
- Annual audit of RKS of hospitals, CHCs/PHCs, Sub centre Management committee and VHSC – **Rs. 224.75 lakhs** (This fund will be released to Auditors from State level)

Fund Required for Audit Fee

Particulars	Basis	Unit	Amount	Amount (in Rs.)	Remarks
1.Statutory Audit	Rs. 20,000/- per DHS	27	540000		
	Rs.1,00,00/- for State including NDCPs	1	<u>160000</u>	7,00,000	Budgeted under RCH 3e
2.Concurrent Audit	Rs.1,500/-per BPHC/PM	149	2682000		
	Rs.5,000/-per DHS/PM(inclusive certification of SOE.UC	27	1620000		

Particulars	Basis	Unit	Amount	Amount (in Rs.)	Remarks
	and Status of Fund)				
	Consolidation of BPHC A/c with all Health institutions under BPHC Rs.5,000/- PA	149	745000		
	Consolidation of DHS A/c with NDCPs Rs.10,000/- PA	27	<u>270000</u>	5317000	Budgeted under RCH 3e