

**National Rural Health Mission**  
**Record of Proceedings of the National Programme**  
**Coordination Committee (NPCC) for the approval of PIP of**  
**Tamil Nadu, held on 26<sup>th</sup> February 2009, under the**  
**Chairmanship of Shri G.C. Chaturvedi, Additional Secretary**  
**and Mission Director, NRHM for approval of NRHM**  
**Programme Implementation Plans of States and UTs for the**  
**year 2009-10**

A meeting of the NPCC of NRHM was held under the Chairmanship of AS & MD, NRHM, to approve the PIP of Tamil Nadu on 26<sup>th</sup> February 2009. The list of members who attended the meeting is placed at Annex. I. The NPCC meeting was convened after the Pre- Appraisal meeting for the State with written and oral comments provided to the State to modify the proposal before the NPCC.

It was clarified to the States that the proposal of the State under NRHM 2009-10 would comprise of the following resources:

- (A) Unspent balance under NRHM in the State on 1 April 2009.
- (B) Resource Envelope for the State under NRHM from the Ministry of Health and Family Welfare, GOI, as communicated by the Ministry to the States. It is proposed to increase the allocation for purposes of PIP approval, by 25% over the previous year. The actual release of funds will be as per the resource envelope provided in the vote on account Budget unless there are changes when the main Budget is presented in June 2009.

- (C) 15% State contribution to NRHM made as a grant to the State Health Society. The 15% contribution will be against the overall Resource envelope of NRHM proposed at “B” above.

Based on the above principle, the allocation for the State is as follows:

(In Crore)

1	Unspent Balance under NRHM on 1.4.2009.	0.73
2	GOI Resource Envelope for 2009-10 under NRHM ( including a 25% higher allocation for purposes of PIP approval)	589.89
3	15% State share of 2 above.	88.48
	<b>Total</b>	<b>679.10</b>

The Resource Pool wise break up of total NRHM resources is as follows:

(In Crore)

	Unspent balance on 1.4.2009.	Resource Envelope under NRHM
RCH Flexible Pool ( Including Immunization)		125.84
NRHM Flexible Pool		111.03
Pulse Polio		9.70
NVBDGP		5.34
RNTCP		15.62
NPCB		22.60
NIDDCP		0.18
IDSP	0.73	1.30
NLEP		1.55
Infrastructure Maintenance (Treasury Route)		178.75
15% State Share		88.48
NPPCD (if any)		
25% over and above GoI Resource Envelope for purposes of NPCC approval		117.98
<b>Total</b>	<b>0.73</b>	<b>678.37</b>

Based on the State's PIP and deliberations thereon the Plan for the State is approved as per the detail of Annexure II (RCH Flexible Pool), Annexure III (NRHM Flexible Pool), Annexure-IV (Immunization) & Annexure -V (National Disease Control Programme).

Proposed amounts in the State PIP and approvals accorded are given in the table below.

Table 3  
**SUMMARY OF APPROVAL**  
(Details provided in respective Annexes)

		(In Crore)
	Scheme/ Programme	Approved Amount
1.	RCH Flexible Pool ( including Immunization)	182.88
2.	NRHM Flexible Pool	235.65
3.	Pulse Polio	9.70
4.	NVBDCP	5.34
5.	RNTCP	12.25
6.	NPCB	22.00
7.	NIDDCP	0.18
8.	IDSP	1.70
9.	NLEP	2.00
10.	NPPCD	4.56
10.	Infrastructure Maintenance (Treasury Route)	178.75
	<b>TOTAL</b>	<b>655.01</b>

Note: Approved amounts above include the unspent amounts under different programmes as available on 1.04.2009.

The following general conditions will apply:-

1. All posts under NRHM are on contract and based on local criteria. The contract should be done by the Rogi Kalyan Samiti /District Health Society. Staying at place of posting is mandatory. All such persons on contract are for a particular institution and non transferable. No such person on contract shall be attached elsewhere for any purpose.
2. Blended payments comprising of a base contract amount and a performance based component, should be encouraged.
3. State Government must fill up its existing vacancies against sanctioned posts, preferably by contract.
4. Transparent transfer and career progression systems should be implemented in the State.
5. Delegation of administrative and financial powers should be completed during the current financial year.
6. State shall set up a transparent and credible procurement and logistics system on the lines of the Tamil Nadu Medical Services Corporation. State agrees to periodic procurement audit by third party to ascertain progress in this regard.
7. The State shall undertake institution specific monitoring of performance of Sub Centre, PHCs, CHCs, DHs, etc.
8. The State shall operationalize an on-line HMIS in partnership with MOHFW.
9. The State shall take up a massive capacity building exercise of Village Health and Sanitation Committees, Rogi Kalyan Samitis and other community /PRI institutions at all levels.

10. The State shall ensure regular meetings of all community Organizations /District /State Mission with public display of financial resources received by all health facilities.
11. The State Govts. shall also make contributions to Rogi Kalyan Samitis and transfer responsibility for maintenance of health institutions to them.
12. The State shall endeavour to bring the Budget of Health facilities under the supervision of the concerned Rogi Kalyan Samitis.
13. The State shall prepare Essential Drug lists of generic drugs and Standard treatment Protocols, and give it wide publicity.
14. The State shall focus on the health entitlements of vulnerable social groups like SCs, STs, OBCs, Minorities, Women, migrants etc.
15. The State shall ensure timely performance based payments to ASHAs/Community Health Workers.
16. The State shall encourage in patient care and fixed day services for family planning.
17. The State shall ensure effective and regular organization of Monthly Health and Nutrition Days and set up a mechanism to monitor them.
18. All performance based payments/incentives should be under the supervision of Community Organizations (PRI)/RKS.
19. The State agrees to follow all the financial management systems under operation under NRHM and shall submit Audit Reports, FMRs, Statement of Fund Position, as and when they are due. State also agrees to undertake Monthly District Audit and periodic assessment of the financial system.
20. The State agrees to fast track physical infrastructure upgradation by crafting State specific implementation arrangements. State also agrees to external evaluation of its civil works programmes.

21. The State Govt. agrees to co-locate AYUSH in PHCs/CHCs, wherever feasible.
22. The State agrees to focus on quality of services and accreditation of government facilities.
23. The State/UT agrees to undertake community monitoring on pilot basis, wherever not tried out as yet, and scale up with suitable model wherever piloted earlier.
24. The State/UT agrees to undertake continuing medical and continuing nursing education.
25. The State agrees to make health facilities handling JSY, women and child friendly to ensure that women and new born children stay in the facility for 48 hours.
26. The State Governments shall, within 45 days of the issue of the Record of proceedings, issue detailed District wise approvals and place them on their website for public information.
27. The State agrees to return unspent balances against specific releases made in 2005-06, if any.
28. The State is entitled to engage a second ANM to the extent that it provides for MPW (Male) or the contractual amount of 2<sup>nd</sup> ANM be paid out of State Budget and third functionary may be engaged from NRHM Fund.

**List of Members present during the NPCC for Tamil Nadu held on 26.02.2009  
under the Chairmanship of Shri G.C. Chaturvedi, AS & MD, NRHM.**

<b>S.No.</b>	<b>Name &amp; Designation</b>	<b>E-mails</b>
1.	Shri G C Chaturvedi, AS&MD	
2.	Ms. Aradhana Johri, Joint Secretary	aradhana.johri@nic.in
3.	Shri Amarjeet Sinha, Joint Secretary	amarjeet_sinha@hotmail.com, amarjeet.sinha@nic.in
4.	Dr. Sunil D. Khaparde, DC (ID)	<a href="mailto:sunildkharde@gmail.com">sunildkharde@gmail.com</a>
5.	Dr. B.K. Tiwari, Advisor (Nutrition)	<a href="mailto:advnut@nb.nic.in">advnut@nb.nic.in</a>
6.	Dr A Raghu, Asst. Advisor, Deptt of AYUSH	a.raghu@nic.in
7.	Dr D M Thorat, DADG(Lep)	adglep@yahoo.co.in
8.	Shri Sanjay Prasad, Director (RCH / IEC)	sanjayp66@yahoo.com, <a href="mailto:sanjay.prasad@nic.in">sanjay.prasad@nic.in</a>
9.	Dr Deoki Nandan, Director, NIHFW	
10.	Dr. P.K. Srivastava, Joint Director (NVBDCP)	<a href="mailto:pkmalaria@yahoo.co.in">pkmalaria@yahoo.co.in</a>
11.	Dr. Himanshu Bhushan, AC (MH)	<a href="mailto:dr_hbhushan@hotmail.com">dr_hbhushan@hotmail.com</a>
12.	Dr B Kishore, AC	b.kishore@nic.in
13.	Dr. S K Sikdar, AC(RSS)	sk.sikdar@nic.in, sikdarsk@rediffmail.com, <a href="mailto:sikdarsk@gmail.com">sikdarsk@gmail.com</a>
14.	Ms. Archana Varma, DS (NRHM-I / ID / Policy / NCP)	archanavarma321@gmail.com; archana.varma@nic.in
15.	Ms Aparna Sharma, DS	sharma.aparna@nic.in
16.	Dr A S Rathore, ADG, NPCB	asr_naco@yahoo.co.in
17.	Dr A C Dhariwal, NPO, IDSP	
18.	Shri Puneet Kansal, DS	puneetkansal@gmail.com
19.	Dr Manoj Nesari, Dy Adviser, Deptt of AYUSH	drnesari@gmail.com
20.	Shri J N Ghosh, Consultant, NRHM	
21.	Shri K K Gupta, Finance Consultant, IDSP	kkg_1303@yahoo.co.in
22.	Dr K S Sachdeva, CMO(NFSG)	<a href="mailto:sachdevak@rntcp.org">sachdevak@rntcp.org</a>
23.	Ms Kiran Chauhan, Consultant, NIHFW	kirnoo.4feb@gmail.com
24.	Dr Bindoo, NIHFW	
25.	Shri S Vivek Adhish, NIHFW	vivekadhish@gmail.com
26.	Dr V Rajasekhar, Senior Consultant NHSRC	rajasekhar.nhsr@gmail.com
27.	Dr Anuradha Jain, NHSRC	anunhsr@gmail.com

28.	Ms Sushama Rath, NHSRC	sushma2764@yahoo.com
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32.	Dr V P Kalra, CMO(SAG)	kalrav@rntcp.org
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34.	Dr Saurabh Sharma, Immunisation	
35.	Shri Sanjiv Gupta, Finance Controller	sanjivfc@gmail.com
36.	Dr Avani Pathak, Consultant, MH	dr_avani_pathak@yahoo.co.in
37.	Dr S C Gupta, Consultant Paediatrician, WHO	drgupta1949@gmail.com
38.	Dr Anju Puri, Consultant, (Child Health)	krityaanju@gmail.com
39.	Ms Geetanjli Agrawal, Consultant (ARSH)	geet_a@hotmail.com
40.	Shri Vipin Garg, Consultant- PIP, DC Division	vipingarg78@rediffmail.com
41.	Ms P Priyadarshi, MSG	msg@msg.net.in
42.	Shri Rahul Pandey, MSG	msg@msg.net.in

<b>Representatives from Govt. of Tamil Nadu</b>		
1.	Shri V K Subburaj	
2.	Ms Girija Vaidyanathan, MD(NRHM)	gigiv_40@yahoo.com
3.	Dr S Elango, Director of Public Health	elango52@yahoo.com
4.	Dr A K Rajendran, Addl Director	akrajendran@rediffmail.com
5.	Dr Arun Murugan, MO, State Health Society	<a href="mailto:drarunmurugan@gmail.com">drarunmurugan@gmail.com</a>
6.	Dr K C Parvatham, SPO	

**Annex-II**

**APPROVAL OF RCH II PIP 2009-10: TAMIL NADU**

(Rs. Lakhs)

<b>S. No.</b>	<b>BUDGET HEAD</b>	<b>PROPOSED</b>	<b>APPROVED</b>
1	Maternal Health	448.07	266.17
2	Child Health	0.00	0.00
3	Family Planning	86.92	86.92
4	ARSH	28.00	28.00
5	Urban RCH	0.94	0.94
6	Tribal RCH	149.70	149.70
7	Vulnerable Groups	0.00	0.00
8	Innovations/ PPP/ NGO	90.67	90.67
9	Infrastructure & HR	4670.25	4642.29
10	Institutional Strengthening	1142.88	1012.29
11	Training	1965.40	1918.06
12	BCC / IEC	219.55	219.55
13	Procurement	3117.87	3117.87
14	Programme Management	0.00	0.00
15	Others/ Untied Funds	0.00	0.00
	<b>Total RCH II Base Flexi Pool</b>	<b>11920.25</b>	<b>11532.46</b>
16	JSY	3168.20	3168.20
17	Sterilisation & IUD Compensation, and NSV Camps	3034.40	3034.40
	<b>GRAND TOTAL RCH II</b>	<b>18122.85*</b>	<b>17735.06</b>

\* State has proposed a total of Rs. 17694.85 lakhs; however actual total is Rs. 18122.85 lakhs (state has deducted Rs. 428.00 lakhs from training head as lump sum)

Note:

1. Activities have been re-classified as per FMR/ Operating Manual heads; details are provided in attachment "A".
2. Details of activities approved/ not approved, and specific comments, are provided in attachment "A".
3. Expenses are to be booked as approved in attachment "A".

**GENERAL COMMENTS**

- State should ensure quality of care for pregnant women at public healthcare institutions by ensuring :
  - adequate number of trained staff and doctors
  - improved physical infrastructure of the facility
  - post- delivery stay of 48 hours
  - provision/ assured linkage of blood storage unit at the FRUs

- up-gradation of PHCs & CHCs into 24\*7
- The state should improve implementation of JSY by ensuring that:
  - Payment is made to the beneficiary at the time of delivery through bearer cheque
  - Referral package is as per guidelines.
  - Monitoring of JSY is as per directives of GOI.
  - Grievance redressal mechanism for JSY is set up at the local level; listing of beneficiaries outside the PHC/ CHC, etc should be instituted for ensuring transparency and for facilitating grievance redressal.
  - Quality of deliveries at public health facilities is monitored; private sector facilities are accredited and monitored.
- Incentives on per case basis are not permissible. There needs to be minimum threshold above which incentives should be allowed. Incentives should be consolidated wherever feasible. Clear performance benchmarks for the incentives as well as monitoring mechanisms (e.g. VHSC, RKS, District/ State level authorities, etc.) should be set.
- State to update beneficiary/ eligible couple registers (ECR) in April to get the list of potential clients; give cards to clients and track services received at VHNDs and home visits; and match cards with ECR to track left outs.
- New construction is not permissible under RCH II. Repairs/ renovations of existing OTs/ labour rooms for operationalisation of FRUs, 24/7 PHCs and SCs may be permitted.
- Contractual staff has to be engaged on a consolidated amount. No other allowance is admissible to them.
- Purchase of vehicles is not permitted under NRHM/ RCH II.
- A system should be developed for holistic monitoring of the PIP based on outcomes, costs and activities. Further, underlying systems at the district and state level should be revamped for analysing variances against the set targets and corresponding budgets for the strategies /activities on a quarterly basis.
- State needs to refund the unspent balance from RCH-I (Rs. 4.72 crores) to Gol.

## Attachment "A"

## TAMIL NADU

(Rs. Lakhs)

Code	ACTIVITY	PROPOSED	APPROVED	REMARKS
<b>A.1</b>	<b>MATERNAL HEALTH</b>			
A.1.1	<b>Operationalise facilities</b>			
A.1.1.1	Operationalise FRUs			
A.1.1.2	Operationalise 24x7 PHCs			
A.1.1.3	MTP services at health facilities			
A.1.1.4	RTI/STI services at health facilities			
A.1.1.5	Operationalise Sub-centres			
A.1.2	<b>Referral Transport</b>			
A.1.3	<b>Integrated outreach RCH services</b>			
A.1.3.1	RCH Outreach Camps			
A.1.3.2	Monthly Village Health and Nutrition Days	181.90		Amount budgeted for VHNDs is not approved. These are low/ no-cost activities, and may be funded from the Untied funds given to VHSCs.
A.1.4	<b>Janani Suraksha Yojana / JSY</b>			
A.1.4.1	Home Deliveries	38.46	38.46	
A.1.4.2	Institutional Deliveries			
A.1.4.2.1	Rural	2175.10	2175.10	
A.1.4.2.2	Urban	803.77	803.77	
A.1.4.2.3	Caesarean Deliveries			
A.1.4.3	Other activities (JSY)	150.87	150.87	
A.1.5	Other strategies/activities	266.17	266.17	Approved subject to : 1) No Duplication of activities and expenses since Blood Bank and blood collection activities are undertaken by SACS/NACO; also 2) Dietary charges for Post natal mothers to be linked with in-hospital patients and 48 hrs stay along-with other protocols like EVF, zero day immunization etc.
A.1.5.1.	Maternal Death Audit			
<b>A.2</b>	<b>CHILD HEALTH</b>			
A.2.1	Integrated Management of Neonatal & Childhood Illness/ IMNCI			State has proposed Child Health activities under relevant heads of Training, Infrastructure & HR, and Procurement.
A.2.2	Facility Based Newborn Care/ FBNC			
A.2.3	Home Based Newborn Care/ HBNC			
A.2.4	School Health Programme			
A.2.5	Infant and Young Child			

Code	ACTIVITY	PROPOSED	APPROVED	REMARKS
	Feeding/IYCF			
A.2.6	Care of Sick Children and Severe Malnutrition			
A.2.7	Management of Diarrhoea, ARI and Micronutrient Malnutrition			
A.2.8	Other strategies/activities			
		<b>0.00</b>	<b>0.00</b>	
<b>A.3</b>	<b>FAMILY PLANNING</b>			
A.3.1	<b>Terminal/Limiting Methods</b>			
A.3.1.1	Dissemination of manuals on sterilisation standards & QA of sterilisation services			
A.3.1.2	Female Sterilisation camps			
A.3.1.3	NSV camps	134.40	134.40	The expected number of cases in each camp should approximately be 50-100.
A.3.1.4	Compensation for female sterilisation	2855.00	2855.00	
A.3.1.5	Compensation for male sterilisation	45.00	45.00	
A.3.1.6	Accreditation of private providers for sterilisation services			
<b>A.3.2</b>	<b>Spacing Methods</b>			
A.3.2.1	IUD camps			
A.3.2.2	IUD services at health facilities / compensation			
A.3.2.3	Accreditation of private providers for IUD insertion services			
A.3.2.4	Social Marketing of contraceptives			
A.3.2.5	Contraceptive Update seminars			
<b>A.3.3</b>	POL for FP/ Others	11.52	11.52	
<b>A.3.4</b>	Repairs of Laparoscopes			
<b>A.3.5.</b>	Other strategies/activities	75.40	75.40	
<b>A.4</b>	<b>ARSH</b>			
A.4.1	Adolescent services at health facilities.	28.00	28.00	
A.4.2	Other strategies/activities			
		<b>28.00</b>	<b>28.00</b>	
<b>A.5</b>	<b>URBAN RCH</b>			
A.5.1	Urban RCH Services	0.94	0.94	
A.5.2	Other strategies/activities			
		<b>0.94</b>	<b>0.94</b>	
<b>A.6</b>	<b>TRIBAL RCH</b>			
A.6.1.	Tribal RCH services	149.70	149.70	
A.6.2	Other strategies/activities			
		<b>149.70</b>	<b>149.70</b>	

Code	ACTIVITY	PROPOSED	APPROVED	REMARKS
<b>A.7</b>	<b>VULNERABLE GROUPS</b>			
A.7.1.	Services for Vulnerable groups			
A.7.2	Other strategies/activities			
		<b>0.00</b>	<b>0.00</b>	
<b>A.8</b>	<b>INNOVATIONS/ PPP/ NGO</b>			
A.8.1	PNDT and Sex Ratio	38.50	38.50	
A.8.2	Public Private Partnerships			
A.8.3	NGO Programme			
A.8.4	Other innovations (if any)	52.17	52.17	
		<b>90.67</b>	<b>90.67</b>	
<b>A.9</b>	<b>INFRASTRUCTURE &amp; HR</b>			
<b>A.9.1</b>	<b>Contractual Staff &amp; Services</b>			
A.9.1.1	ANMs	86.91	86.91	
A.9.1.2	Laboratory Technicians	46.98	46.98	
A.9.1.3	Staff Nurses	1494.54	1494.54	
A.9.1.4	Doctors and Specialists (Anaesthetists, Paediatricians, Ob/Gyn, Surgeons, Physicians)	688.97	688.97	
A.9.1.5	Other contractual staff	514.78	511.30	1) Sanitary workers (Rs. 3.48 lakhs) may be budgeted through RKS/ untied funds - not approved. 2) Dais/TBAs can be paid incentives upto Rs 100/month for assisting ANMs at SCs. They can be designated as voluntary workers and budgeted under the same head (Rs. 104.47 lakhs). Any other incentive will be a state liability.
A.9.1.6	Incentive/ Awards etc.	109.09	109.09	Honorarium and incentives to the health workers including specialists should be well defined and linked with quality in services and maintaining service delivery protocols.
<b>A.9.2</b>	<b>Major civil works (new construction /extension/ addition)</b>			
A.9.2.1	Major civil works for operationalisation of FRUS			
A.9.2.2	Major civil works for operationalisation of 24 hour services at PHCs			
<b>A.9.3</b>	<b>Minor civil works</b>	1704.50	1704.50	
A.9.3.1	Minor civil works for operationalisation of FRUs			
A.9.3.2	Minor civil works for			

Code	ACTIVITY	PROPOSED	APPROVED	REMARKS
	operationalisation of 24 hour services at PHCs			
<b>A.9.4</b>	<b>Operationalise IMEP</b>			
<b>A.9.5</b>	<b>Other Activities</b>	24.48	0.00	
		<b>4670.25</b>	<b>4642.29</b>	
<b>A.10</b>	<b>INSTITUTIONAL STRENGTHENING</b>			
A.10.1	Human Resources Development			
A.10.2	Logistics management/ improvement	831.90	831.90	
A.10.3	Monitoring & Evaluation / HMIS	115.20	115.20	
A.10.4	Sub Centre Rent and Contingencies	195.78	65.19	"HSCs - electricity charges" (Rs. 130.59 lakhs) is not approved: This demand may be met from additional state budget. One Time clearance of dues may be from the untied fund / AMG at HSC.
A.10.5	Other strategies/ activities			
		<b>1142.88</b>	<b>1012.29</b>	
<b>A.11</b>	<b>TRAINING</b>			
A.11.1	<b>Strengthening of Training Institutions</b>			
A.11.2	<b>Development of training packages</b>			
<b>A.11.3</b>	<b>Maternal Health Training</b>			
A.11.3.1	Skilled Birth Attendance / SBA	162.97	162.97	
A.11.3.2	EmOC Training	19.86	19.86	
A.11.3.3	Life saving Anaesthesia skills training	42.21	42.21	
A.11.3.4	MTP training	38.47	38.47	
A.11.3.5	RTI / STI Training			
A.11.3.6	Dai Training			
A.11.3.7	Other MH Training	61.33	61.33	
A.11.4	<b>IMEP Training</b>			
A.11.5	<b>Child Health Training</b>			
A.11.5.1	IMNCI	747.80	747.80	
A.11.5.2	Facility Based Newborn Care	131.14	131.14	
A.11.5.3	Home Based Newborn Care	128.82	128.82	
A.11.5.4	Care of Sick Children and severe malnutrition			
A.11.5.5	Other CH Training			
A.11.6	<b>Family Planning Training</b>			
A.11.6.1	Laparoscopic Sterilisation Training	36.32	36.32	
A.11.6.2	Minilap Training	30.29	30.29	
A.11.6.3	NSV Training			

Code	ACTIVITY	PROPOSED	APPROVED	REMARKS
A.11.6.4	IUD Insertion Training	182.34	182.34	
A.11.6.5	Contraceptive Update Training	8.00	8.00	
A.11.6.6	Other FP Training			
A.11.7	<b>ARSH Training</b>			
<b>A.11.8</b>	<b>Programme Management Training</b>			
A.11.8.1	SPMU Training			
A.11.8.2	DPMU Training			
A.11.9	Other training	375.85	328.51	Poison first aid training, Cancer detection training and Colposcopy training are not approved.
A.11.9.1.	Continuing Medical & Nursing Education			
		<b>1965.40</b>	<b>1918.06</b>	
<b>A.12</b>	<b>BCC / IEC</b>			
A.12.1	<b>Strengthening of BCC/IEC Bureaus (state and district levels)</b>			
A.12.2	<b>Development of State BCC/IEC strategy</b>			
A.12.3	<b>Implementation of BCC/IEC strategy</b>			
A.12.3.1	BCC/IEC activities for MH			
A.12.3.2	BCC/IEC activities for CH	200.35	200.35	Tamil Nadu has only budgeted for sensitisation workshops on RCH issues and BCC activities on Family Welfare. The state shall ensure that activities on other RCH issues are also covered.
A.12.3.3	BCC/IEC activities for FP			
A.12.3.4	BCC/IEC activities for ARSH			
A.12.4	<b>Other activities</b>	19.20	19.20	
		<b>219.55</b>	<b>219.55</b>	
<b>A.13</b>	<b>PROCUREMENT</b>			
A.13.1	<b>Procurement of Equipment</b>			
A.13.1.1	Procurement of equipment: MH	445.50	445.50	
A.13.1.2	Procurement of equipment: CH	1179.46	1179.46	
A.13.1.3	Procurement of equipment: FP	7.50	7.50	
A.13.1.4	Procurement of equipment: IMEP			
A.13.2	<b>Procurement of Drugs and supplies</b>			
A.13.2.1	Drugs & supplies for MH	495.46	495.46	State should ensure there is no duplication in procurement of Tablets/Inj/ Lab Reagents e.g. IFA Tablets which are a part of RCH kit

Code	ACTIVITY	PROPOSED	APPROVED	REMARKS
				A.
A.13.2.2	Drugs & supplies for CH			
A.13.2.3	Drugs & supplies for FP			
A.13.2.4	Supplies for IMEP			
A.13.2.5	General drugs & supplies for health facilities	989.95	989.95	
		<b>3117.87</b>	<b>3117.87</b>	
<b>A.14</b>	<b>PROGRAMME MANAGEMENT</b>			
A.14.1	<b>Strengthening of State society/ SPMU</b>			
A.14.2	<b>Strengthening of District society/ DPMU</b>			
A.14.3	<b>Strengthening of Financial Management systems</b>			
A.14.4	Other activities (Programme management expenses, mobility support to state, district, block)			
		<b>0.00</b>	<b>0.00</b>	
<b>A.15</b>	<b>OTHERS/ UNTIED FUNDS</b>			
	<b>Total RCH II Base Flexi Pool</b>	<b>11920.25</b>	<b>11532.46</b>	
	<b>Total JSY, Sterilisation and IUD Compensation, and NSV Camps</b>	<b>6202.60</b>	<b>6202.60</b>	
	<b>GRAND TOTAL RCH II</b>	<b>18122.85</b>	<b>17735.06</b>	

## RECLASSIFICATION OF ACTIVITIES

Activities from the revised PIP sent by the state (post NPCC) have been reclassified as per the FMR/ operating manual heads. State needs to comply with this while booking the expenses and reporting in FMR:

1. 1.5. Provision of Rs.100/- for each VHN day per month has been merged with “1.3.2. Monthly Village Health and Nutrition Days at Anganwadi Centres”
2. Activity code 1.5. Other strategies/activities includes:
  - 1.1. Community Blood Donation Camps (2 camps per block)
  - 1.2. Updating donors directories Rs 2000 per HUD
  - 1.3. District level workshop for Ensuring Blood safety -networking of blood banks Rs. 3000/HUD
  - 1.4 Feeding and Dietary Charges for Postnatal Mothers has been merged with “1.5. Other strategies/activities”

3. Mobility support to Family Welfare surgical team (from institutional strengthening) has been merged with “3.3. POL for Family Planning/ Others”
4. Activity code 3.3. Other strategies/activities includes:
  - 3.2. Provision of Diet charges for the sterilisation acceptors at primary health centres
  - Establishment of Centre of Excellence on NSV at KMC Hospital, Chennai – (institutional strengthening)
5. Activity 4.2.2 Organization of Health Camps in 8 blocks of 4 districts has been merged with “4.1. Adolescent friendly services”
6. Sensitization workshop for Urban Health Personnel has been merged with “5.1. Urban RCH Services”
7. Feeding and dietary charges for the A mothers and the attenders x 7days has been merged with “6.1. Tribal RCH services”.
8. Activity code 8.1. PNDT and Sex Ratio includes:
  - Gender equity - Sensitization Workshop at State Level
  - Gender Equity - Focused IEC activities in collaboration with NGOs
9. 8.4. Other innovations
  - Orientation to the Protocol on management of Diabetes - gestational diabetes
  - Comprehensive intervention to reduce neonatal deaths in districts with high IMR - Community level - HBNC Health Education through NGOs to SHGs
10. Establishment of Urban Health Centres in 60 Municipalities with less than one lakh population – ANM has been merged with “9.1.1. ANMs recruited and in position”
11. Establishment of Urban Health Centres in 60 Municipalities with less than one lakh population - Lab Technician has been merged with “9.1.2. Laboratory Technicians recruited and in position”
12. Activity code 9.1.3. Staff Nurses recruited and in position includes:
  - Staff Nurses Salary I Phase
  - Staff Nurses – for newly proposed 116 PHCs
  - Comprehensive intervention to reduce neonatal deaths in districts with high IMR - District Level - Establishment of NICU in CEmONC Centres - recruitment of staff nurse
13. Activity code 9.1.4. Specialists (Anesthetists, Pediatricians, Ob/Gyn, Surgeons, Physicians) includes:

- Establishment of Urban Health Centres in 60 Municipalities with less than one lakh population - Medical Officer has been merged with “9.1.4.1. Medical officers”
- Honorarium to hired Anaesthetists /Obstetricians.
- Hiring of Paediatricians for provision of Emergency Newborn Care
- Comprehensive intervention to reduce neonatal deaths in districts with high IMR - District Level - Establishment of NICU in CEmONC Centres - recruitment of Paediatrician /Medical Officer trained in Paediatrics
- Honorarium to hired Anaesthetists /Obstetricians - TA/DA to government specialist on deputation (from institutional strengthening)

14. 9.1.5. Others staff includes:

- Sanitary workers – for newly proposed 116 PHCs
- Staff cost - Provision of Outreach Services through Mobile Medical Units
- Establishment of Urban Health Centres in 60 Municipalities with less than one lakh population - Pharmacist
- Establishment of Urban Health Centres in 60 Municipalities with less than one lakh population - Hospital worker / Sweeper
- Tribal MMU (staff)
- Informatics Infrastructure Strengthening in RCH Training Facilities and Tertiary Institutions - salary of system managers
- Remuneration to DAIs (from institutional strengthening)

15. Activity code 9.1.6. Incentive/ Awards etc. to ASHA Link worker/ SN/ Mos etc includes:

- Delivery Incentives to SN/ANM has been merged with “9.5.2. Staff Nurses”
- Delivery incentives to VHN have been merged with “9.5.5. Others”

16. 9.3. Minor civil works includes:

- Repairs and renovations to OTs, labour rooms, ante natal wards, post natal wards and area extension to accommodate other specialised MCH care services
- Establishment of Centre of Excellence on NSV at KMC Hospital, Chennai - building renovation
- Establishment of Urban Health Centres in 60 Municipalities with less than one lakh population - Repair for 9 centres

17. 9.5. Other activities includes:

- Ambulance services for the emergency transport of mothers and children - Drivers (3500 x 24 x 12)
- Ambulance services for the emergency transport of mothers and children - staff nurse(3)

18. Activity code “10.4. Sub Centre Rent and Contingencies” includes:

- HSCs with own building – rent (institutional strengthening) has been merged with to
- HSCs - electricity charges

19. Activity code 10.2. Logistics management/ improvement includes:

- Vehicle maintenance- Provision of Outreach Services through Mobile Medical Units
- POL - Provision of Outreach Services through Mobile Medical Units
- Other expenses - Provision of Outreach Services through Mobile Medical Units
- Ambulance services for the emergency transport of mothers and children - Vehicle maintenance (10000 x 6)
- Ambulance services for the emergency transport of mothers and children - POL and other expenses
- Funds for Family Welfare Operation Theatre Maintenance/Contingencies
- Urban Health Services through Medical colleges - Health card
- Establishment of Urban Health Centres in 60 Municipalities with less than one lakh population - Communication facilities
- Establishment of Urban Health Centres in 60 Municipalities with less than one lakh population - Stores, equipments and furniture
- Establishment of Urban Health Centres in 60 Municipalities with less than one lakh population - Rent 20 centres
- Establishment of Urban Health Centres in 60 Municipalities with less than one lakh population - Electricity, water (Rs.2500x60x12)
- Establishment of Urban Health Centres in 60 Municipalities with less than one lakh population - Records, Register and contingency
- Female Foeticide Prevention through Scan Centre Audit - TA /DA as per TNTA rules to health functionaries
- tribal MMU (maintenance)
- tribal MMU (POL and other expenses)

20. 10.3.1. Strengthening of M&E Cell includes:

- Strengthening of Data Resource Centre in Districts - Data entry work outsourcing cost
- Health management information system to monitor the new born and child care services in Institute of Child Health, Chennai - Tertiary Care Paediatric Institution- additional funds required
- Informatics Infrastructure Strengthening in RCH Training Facilities and Tertiary Institutions - stationeries and training
- Family welfare - Printing of Forms and Registers

21. ACTIVE MANAGEMENT OF III STAGE OF LABOUR TRAINING has been merged with “11.3.7. Other maternal health training”

22. Activity code 11.5.1. IMNCI Training (pre-service and in-service) includes:
- IMNCI Training and
  - Pre service IMNCI training
23. Activity code 11.9. Other training includes:
- Obstetric ultrasonogram training has been merged with
  - Poison first aid training
  - CANCER detection training
  - Colposcopy training
  - Integrated refresher training
  - HMIS training
24. Activity code 12.3.3 BCC/IEC activities/campaigns for family planning includes:
- family welfare - To ensure legal age at marriage – IEC
  - Funds for IEC Activities - FAMILY WELFARE
25. Activity code 12.4 Any other activities includes:
- Sensitization workshops on RCH Issues and BCC / IEC strategies at various levels and production of IEC Materials on RCH Themes.
  - Urban Health Services through Medical colleges - IEC activities
  - VHN Day - Development of prototypes of IEC materials on the 12 health themes identified for dissemination through VHN days
26. 13.1.1. Procurement of equipment for Maternal Health includes:
- Establishment of blood storage centres in 125 FRUs
  - Procurement of MVA/EVA equipment for health facilities
27. 13.1.2. Procurement of equipment for Child Health includes:
- Comprehensive intervention to reduce neonatal deaths in districts with high IMR - PHC Level - New born care Units
  - Comprehensive intervention to reduce neonatal deaths in districts with high IMR - PHC Level - Neonatal warmth kit and Book on Child rearing practices along with personal record of Mother and Child
  - Comprehensive intervention to reduce neonatal deaths in districts with high IMR - District Level - Establishment of NICU in CEmONC Centres
28. 13.1.3.2. Procurement of NSV kits has been merged with “13.1.3. Procurement of equipment for Family Planning”
29. 13.2.1. Procurement of drugs and supplies for maternal health includes:
- Maternal Anaemia Control Programme - iron in the form of capsules/soft gels

- Maternal Anaemia Control Programme - iron in injectable form
- Maternal Anaemia Control Programme - diet supplementation
- Gestational Diabetes Control Programme - Supply of lab reagents

30. Activity code 13.2.5. General drugs & supplies for health facilities includes:

- Drugs - Provision of Outreach Services through Mobile Medical Units
- Lab reagents - Provision of Outreach Services through Mobile Medical Units
- Adolescent anaemia control programme – De-worming - tablet Albendazole 400 mg
- Urban Health Services through Medical colleges - Strengthening of Lab facility
- Urban Health Services through Medical colleges - Drugs
- Establishment of Urban Health Centres in 60 Municipalities with less than one lakh population - Drugs
- tribal MMU (drugs and lab reagents)
- Strengthening of Data Resource Centre in Districts - Computers
- Strengthening of Data Resource Centre in Districts - laptops
- 116 new PHCs and 60 urban PHCs - Computers

**Annex III**

**Approval under NRHM Mission Flexible Pool.**

**(In Lakhs)**

<b>S. No.</b>	<b>Activity Proposed</b>	<b>Amount Proposed</b>	<b>Amount Approved</b>	<b>Remarks</b>
1	PATIENT WELFARE SOCIETIES (PWS)	2213	2213	Approved
2	ANNUAL MAINTENANCE GRANTS FOR PHCS/CHCS(AMG-PHC)	919.5	919.5	Approved
3	ANNUAL MAINTENANCE GRANTS TO HSCS (AMG - HSC)	651	651	Approved
4	UNTIED FUNDS TO PHCS/CHCS/DISTRICT AND SUB DISTRICT HOSPITALS	658.25	658.25	Approved
5	UNTIED FUNDS TO HSCS	870.6	870.6	Approved
6	VILLAGE HEALTH AND SANITATION COMMITTEES	1515.8	1515.8	Approved
7	HEALTH MELA	312	312	No mechanism suggested for follow up of serious patient diagnosed in the health mela
8	PREVENTION AND TREATMENT OF RHEUMATIC HEART DISEASE AND CONGENITAL HEART DISEASES	506.25	506.25	Approved
9	STRENGTHENING FRUs (CIVIL WORKS)	1906.7	1906.7	Approved
10	BIO MEDICAL WASTE MANAGEMENT IN 265 SECONDARY LEVEL HOSPITALS AND 130 UPGRADED PHCS	802.98	802.98	Approved
11	PROVISION OF CENTRALISED OXYGEN SUPPLY TO FRUs	400	400	Approved
12	BCC /IEC	131	131	Approved
13	EMERGENCY MANAGEMENT SERVICES THROUGH EMRI	3,319.69	3,319.69	Approved
14	STRENGTHENING DENTAL SERVICES IN FRUs	348.61	348.61	Approved
15	COMMUNICATION FACILITIES	70.56	70.56	Approved
16	QUALITY CERTIFICATION OF PHCs	243	243	Approved
17	COMMUNITY ACTION TO STRENGTHEN THE PUBLIC HEALTH SYSTEM AND IMPROVE HEALTH	127.41	127.41	Approved
18	EQUIPMENTS TO 75 UPGRADED PHCS	1125	1125	Approved

19	INFRASTRUCTURE UPGRADATION IN PHCS TO COPE UP WITH ADDITIONAL SERVICE DEMANDS	2000	1860	Approved as modified
20	CONSTRUCTION OF BUILDINGS TO 22 PHCs FUNCTIONING IN RENTED BUILDINGS - COST ESCALATION	110	110	Approved
21	DRUG KITS FOR HEALTH INSTITUTIONS	1675.62	1675.62	Approved
22	DRUGS AND MEDICINES TO DISTRICT HEADQUARTERS, TALUK/NON TALUK HOSPITALS AND PHCs FOR MCH ACTIVITIES	1000	0.00	Not approved
23	ESTABLISHMENT OF BIRTH WAITING ROOM IN FOOTHILLS OF 15 PHCs	225	225	Approved
24	TRAINING UNDER NRHM	205.96	205.96	Approved
25	DISTRICT SPECIFIC INNOVATIVE PROPOSALS	500	0.00	Not approved
26	<i>STRENGTHENING OF AYUSH</i>	701.1	701.1	Approved
27	INFRASTRUCTURE IMPROVEMENTS TO GOVERNMENT HOSPITAL TINDIVANAM	132.5	132.5	Approved
28	STRENGTHENING URO-GYNAECOLOGY DEPARTMENT AT KG HOSPITAL FOR WOMEN AND CHILDREN , CHENNAI	203.5	203.5	Approved
29	CORRECTION OF REFRACTIVE ERRORS IN MIDDLE SCHOOL CHILDREN	501.85	501.85	Approved
30	MECHANIZED LAUNDRY TO ALL HEALTH UNIT DISTRICTS	1000	1000	Approved
31	SCHOOL HEALTH PROGRAMME	412.05	412.05	Approved
32	Support for NVBDCP for control of Malaria	23.95	23.95	Approved
33	Support for NVBDCP for control of Dengue/ Chikunguniya	386.83	386.83	Approved
34	Mosquito Free Village Campaign	769.00	0.00	Not recommended by NVBDCP Division. Hence, not approved.
35	State Unit for NPPCD	14.92	5.22	To be set up as a part of SPMU
	<b>TOTAL</b>	<b>25983.63</b>	<b>23564.93</b>	

## Annex IV

### Immunization Strengthening Programme Tamil Nadu (2009-10)

S. No.	Activity Proposed	Amount Proposed (Rs. In Lakhs)	Amount Approved (Rs. in Lakhs)	Remarks
1.	Mobility support for Supervision and Monitoring at districts and state level.	111.41	16.50	
2.	Cold chain maintenance	31.44	11.85	
3.	Alternate Vaccine Delivery to Session sites	226.36	226.36	
4.	Focus on urban slum & underserved areas	105.56	105.56	
5.	Remuneration to alternate vaccinators in rural areas where health workers are not available	9.24	9.24	
6.	Mobilization of children by ASHA in urban slums	104.47	104.47	
7.	Quarterly review meetings at state level	7.00	7.00	
8.	Computer Assistants support at State and district level	26.04	26.04	
9.	Printing and dissemination of immunization cards, tally sheets, charts, registers, receipt book, monitoring formats etc.	37.90	37.90	
10.	POL for vaccine delivery from State to district and from district to PHC/ CHC level	8.00	8.00	
11.	IEC material for all PHCs / Hospitals	26.50	0.00	
12.	Cost of Rubella vaccine	915.00	0.00	
13.	Requirement of refrigerator vans for transporting vaccine	30.00	0.00	
14.	Construction of warehouse to store Immunization	136.00	0.00	
Total		<b>1774.92</b>	<b>552.92</b>	

#### **COMMENTS:**

1. The State needs to address the issue of **high dropout from BCG to DPT 3 (11% as per DLHS3)**.
2. AEFI reporting needs to be strengthened to complement the high immunization coverages.
3. The state needs to expedite the **Immunization training** of Health Workers. The training plan for MOs needs shared with GOI. The batch size should be of 20 instead of 25 to ensure quality of training
4. Positions of Cold chain mechanics need to be filled up.
5. Revision of Microplans to strengthen services especially in the districts with low coverage and high dropouts reflecting poor accessibility. New urban, periurban areas , and Tribal settlements need to be specifically targetted.

#### **The State needs to :**

1. The State should project budget as per revised norm and in the revised format prescribed for Immunization.
2. The State should project budget as per actual number of session planned during the year in every activity. The state should furnish the details of sessions held during the year.
3. The State may allocate differently the funds provided for mobility support for supervision at district and state level officer including cold chain officer.

4. The sessions should be based on rational micro plans. The micro plans should be shared with GoI.

5. The State may undertake printing of all materials like Immunization cards, formats, charts, tally sheets, tickler box, registers etc. required for immunization. The printing should be done as per GoI norms and provision. The detail of expenditure incurred during last year on each item may be furnished to the GoI. The funds for printing activities should not be utilized for IEC activities.
6. The computer Assistance support provided one at State level and one at every district may be utilized for the purpose of maintaining data of vaccines as well as cold chain items.

**Items restricted or not permissible under Immunization PIP**

1. IEC material for all PHCs / Hospitals Rs. 26.50 lakh – Not admissible under Immunization PIP.
2. Cost of Rubella vaccine Rs. 915.00 lakh – MR vaccine will be provided by GoI.
3. Requirement of refrigerator vans for transporting vaccine Rs. 30.00 lakh – Refrigerator vans will be provided by GoI.
4. Construction of warehouse to store Immunization Rs. 136.00 lakh – Not admissible under Immunization PIP.

## Approvals under National Disease Control Programmes

### RNTCP

**Programme performance-** The programme performance of Tamil Nadu needs improvement.

- Annualized NSP Case Detection Rate (3Q 08) – 51%
- Cure rate among NSP cases-83%

**Comments on RNTCP activities & budget in NRHM PIP-**

- The activities and the budget proposed in the State PIP are as per the programme guidelines.
- Overall utilization of funds by the states have been satisfactory.
- Based on the programme norms of costing and trend of expenditure in the past, currently 13.06 crore of the proposed budget 12.1 crore approved for the state. However, based on the trend of expenditure in the first 6 months, the state may submit an additional request for funds at a later date.

(In lakh)

Activity proposed	Amount proposed	Amount Approved (Cash component)	Amount approved from NRHM Flexipool	Remarks
Civil Works a. Maint b. One time	10.91	10.61		Approved Budget is as per the RNTCP financial norms and the trend of expenditure in various heads during the previous financial year
Laboratory Materials	106.31	106.31		
Counselling Charges (Honorarium)	9.74	6.00		
IEC/Publicity	53.41	47.41		
Equip. Maintenance	30.91	22.85		
Training	47.97	30.00		
Vehicle Maintenance	76.50	65.00		
Vehicle Hiring	49.01	20.00		
NGO/PP Support	82.34	75.00		
Medical Colleges	78.63	75.13		
Office Operations (Miscellaneous)	91.22	85.00		
Contractual Services	608.25	604.41		

Printing	77.62	50.00		
Res. And Studies	0.00	0.00		
Salary of Regular Staff		0.00		
Proc. Of Drugs		0.00		
Proc. Of Vehicle	30.30	26.50		
Proc. Of equipments	0.60	0.60		
<b>Total</b>	<b>1353.72</b>	<b>1224.82</b>		

RNTCP Funds under NRHM Initiatives	15.53	0.00		Drugs are being funded from RNTCP. Same activity cannot be funded from two sources as per GFR. Hence, not approved.
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## NVBDCP

- The allocation earmarked for different activities as per the budget availability under NVBDCP 2009-10 are indicated below:

(Rs. In Lakhs)			
Activity proposed	Amount proposed by State	Amount approved	Comments
<b>Malaria</b>			
<b>DBS</b>			
NAMMIS		0.5	Activity should be as per available funds under NVBDCP.
IEC		20	
Training		2.5	
<b>Malaria</b>	<b>77</b>	<b>23</b>	
<b>Elimination of Lymphatic Filariasis (preparatory activities including BCC, Training, Filaria Day observance, Mf survey and monitoring &amp; evaluation and honorarium to drug distributors etc.)</b>	<b>429</b>	<b>202</b>	The MDA-2008 has also not been done till date and the balance fund will be available with the State for rescheduled MDA-2008(likely in May,09) and fund allocated in this PIP will be for MDA-2009 in December, 2009
<b>Japanese Encephalitis</b>			
Diagnostics and Management		8	Activity should be as per available funds under NVBDCP.
Training		5	
IEC		4	
Technical Malathion		3	
Monitoring & Evaluation		3	
Other charges		0	
<b>Total - J.E.</b>	<b>25</b>	<b>23</b>	
<b>Dengue &amp; Chikungunya</b>			
Apex Referral labs		1	As per NVBDCP allocation.
Sentinel surveillance hospital		6.5	
Monitoring & Evaluation and rapid response		18.5	
Epidemic preparedness (logistics + operational cost)		25	
Fogging Machine		6	
Training/Workshop		7	
<b>Total - Dengue &amp; Chikungunya</b>	<b>103.1</b>	<b>64</b>	
<b>Total Allocation under NVBDCP</b>	<b>634.1</b>	<b>312</b>	
<b>Commodity</b>		<b>222.14</b>	
<b>Grand Total under NVBDCP</b>		<b>534.14</b>	

<b>NRHM Additionality</b>			
Malaria	<b>23.95</b>	<b>23.95</b>	Strengthening of Zonal Entomological offices for monitoring of Rickettsial infections, Anthrax and Leptospirosis proposed under NRHM additionality. Since these are not covered under NVBDCP, <b>approved</b> from NRHM additionality with the provision that later on the state should meet the resources from state fund. Item no. 32 at Annexure III
Dengue/Chikungunya	<b>386.83</b>	<b>386.83</b>	For source reduction in municipalities less than one lakh population to prevent Dengue & Chikungunya. Since these are not covered under NVBDCP, approved from NRHM additionality <b>with the provision that later on the state should meet the resources from state fund.</b> Item no. 33 at Annexure III
NVBDCP Funds under NRHM Initiatives	<b>339.96</b>	0.00	Activities proposed under this scheme are being funded from NVBDCP. Same activities cannot be funded from two sources as per GFR. Hence, not approved.

## IDSP

In the PIP **Tamil Nadu** state has asked Rs 490.00 lacs under different IDSP activities during 2009-10 as against approved budget of Rs136.16 lacs during 2008-09. The PIP has been examined and the amount proposed and admissible as per the guidelines of IDSP, NICD is as under

(In lakh)

Activity proposed	Amount proposed (Rs in lacs)	Amount approved (Rs in lacs)	Remarks
Incremental staff / Personnel + Operational Cost	242.52(Per cost)+99.70 (Op cost)=342.22	117.00 + 41.9 =158.19	Salaries of Epidemiologist, Microbiologist, Entomologist included
Training Cost	0.00	0.00	-
IEC	39.0	05.00	As per norms
Lab Equipments	81.11	7.20	District Hospital lab. Cuddalore and Ramanathapuram
Total	462.33	<b>170.39</b>	

Amount approved under different activities above by IDSP, NICD is Rs **170.39** in lacs for the year 2009-10. However present allocation as per fund availability with IDSP, NICD is Rs **97.57** lacs and balance of Rs **72.82** lacs as an unspent amount of the previous year will be available for expenditure.

**National Leprosy Eradication Programme (NLEP)**

(In lakh)

S.No.	Activity proposed	Amount proposed	Amount Approved (Cash component)	Amount (kind component) over and above PIP	Remarks
1.	Contractual Services	14.64	14.65		
	State -SMO, BFO cum AO, DEO, Administrative Assistants, Driver				
	District Drivers				
2.	Services through ASHA/USHA	2.70	3.60		
	Honorarium to ASHA, sensitization of ASHA				
3.	Office expenses & Consumables	10.56	10.56		
4.	Capacity Bulding	21.96	21.96		
	4 days training of newly appointed MO (rural & urban)				
	3 days training of newly appointed health worker & health supervisor				
	2 days refresher training of MO				
	5days training of newly appointed Lab. Technician				
5.	Behavioral Change Communication	31.00	31.00		
	Quiz, flok show, IPC workshop, Meeting of opinion leaders, Health melas				
	Wall painting				

	Rallies, Hoardings etc.				
6.	POL/Vehicle operation & hiring				
	2 vehicles at state level & 1 vehicle at district level	23.35	24.20		
7.	DPMR				
	MCR footwear, Aids and appliances, Welfare allowance to BPL patients for RCS, Support to govt. institutions for RCS	32.75	27.75		
8.	Material & Supplies				
	Supportive drugs, lab. Reagents & equipments and printing forms.	15.60	15.60		
9.	Urban Leprosy Control	24.74	24.74		
10.	NGO- SET Scheme	Nil	Nil		
11.	Supervision, Monitoring & Review	2.70	6.20		
	Review meetings and travel expenses				
12.	Cash assistance	20.00	20.00		
	<b>Total</b>	<b>200.00</b>	<b>200.26</b>		

**NPCB**

The proposal from the state is as follows:

(In lakh)

<b>Activity proposed</b>	<b>Amount proposed</b>	<b>Amount Approved (Cash component)</b>	<b>Amount (kind component) over and above PIP</b>	<b>Remarks</b>
GIA for Cataract Operation	2193.75	2010.8		Approved under Scheme GIA for catops and various others schemes
School Eye Screening	61.1			DO
Recurring GIA for eye banks	45			DO
Recurring GIA for eye donation centre	1			DO
Non-Recurring GIA for NGO hospitals	30	30		For 1 NGO Hospital @ Rs 30 lakhs
Non Recurring GIA for NGO eye banks	15	15		For 1 Eye Bank @ Rs 15 lakhs
Cash Grants	300	0.00		Not Approved
Procurement of Ophthalmic equipments	200			Approved under Scheme GIA for catops and various others schemes
Procurement of IOL/Suture	70			DO
Training	5.98			DO
DBCS remuneration	122.57			DO
SBCS remuneration	11.66			DO, Recurring GIA Rs. 14 lakhs per annum for salaries, TA,DA, organizing review meeting

				hiring of vehicles, and maintenance of officer equipment and contingency
Ophthalmic Surgeon		45		For 15 ophthalmic surgeon @ Rs. 25000/- PM
PMOA'S		19.2		For 20 PMOA'S @ Rs. 8000/- PM
Eye donation counsellor		24		For 20 EDC @ Rs. 10000/- PM
Non- recurring GIA Medical College Up gradation		40		For 1 Medical College @ Rs. 40 Lakhs
Non- recurring GIA for Distric Hospital				Approved under Scheme GIA for catops and various others schemes
Non Recurring for Sub-District Hospital				DO
Non Recurring GIA for Eye Donation Centre		1		For Establishing 1 EDC@ Rs. 1 lakh
Non-recurring GIA for Vision Centre		15		For 30 Vision Centre @ Rs. 50,000/-
<b>Total</b>	<b>3056.06</b>	<b>2200</b>		

NB:

- All the expenditures from the NPCB budget allocations and from the funds obtained from NRHM flexi-pool should be done strictly according to the Physical norms and Financial Norms approved in the 11<sup>th</sup> Plan five year plan of NPCB as communicated earlier.
- The above said allocations are as per the requirements proposed by the state and in case the funds in a specific allocation are exhausted the funds from other unspent allocations for NPCB activities can be utilized ; with due intimation to GOI.
- Grant-in-aid for free cataract operation, other eye diseases, School Eye Screening Programme, training, IEC, Private Practitioners, management of State Health Society and District Health Society, recurring GIA to Eye Donation Centres and Eye Banks, maintenance of Ophthalmic Equipments, SBCS, Remuneration, other activities & Contingency etc.

NIDDCP

(In lakh)

Activity proposed	Amount proposed	Amount Approved (Cash component)	Amount (kind component) over and above PIP	Remarks
Establishment of IDD Control Cell	-	6.00		There is no provision for organizing workshops at state and district level under NIDDCP. The state government may carry out activities as per the fund allocation of GOI.
Establishment of IDD Monitoring Lab	-	3.50		
Health Education and Publicity	5.00	6.00		
IDD surveys	0.50	2.50		
Workshops at State and District level	14.50			
<b>Total</b>	<b>20.00</b>	<b>18.00</b>		

## NPPCD

The state has requested for Rs. 447.42 lakh (in addition to the funds approved in state PIP 2008-09) for the implementation of the programme during 2009-10. The component wise detail for projected budget is as under:

S.No	Component	Activities	Proposed Budget(Rs in lakh)	For Approval (Rs in lakh)	Remark
1		Hiring of ENT Surgeons (1000x12)	113.52	--	Not recommended for approval
2		Hiring of Audiometrician (300x12)	34.06	--	Not recommended for approval
3	Hearing aids**	Mobility support to children (6x100x3)	17.03	--	Not recommended for approval
4		BTE appliance cost 3000x6 per PHC	170.28	141.114	Recommended for approval from NPPCD (programme Budget) ( Rs 486600 per district for 200 Hearing aids) for 29 districts
5		Mobility support to district team (fuel)	9.46	--	Not recommended for approval
6		District Nodal Office Unit (16000x12)	36.48	--	Not recommended for approval
7		State Unit	14.92	0.00	Recommended for approval from NRHM ( One Consultant @ Rs 25000 per month, One DEO @ 6000 per month and Office equipments for Rs 1.5 lakh) as a part of SPMU. Item 35 at Annexure III
8		Stationeries for reporting and monitoring (5000)	0.80	---	Not recommended for approval
9		State Health society officials – district visit	0.38	0.00	Not approved as a separate scheme. May be expended as a part of management expenses
10	Training	Training for two persons per district (PPP)	3.38	---	Not recommended for approval
11		Training Material for MO (200x750)	28.50	---	Not recommended for approval
12		Reorientation to field staff in pilot area batches	10.20	---	Not recommended for approval

		1-7 level of training in 10 new districts*	-	80.00	Recommended for approval from NPPCD (programme Budget)
13	Capacity Building	District hospitals for 10 new districts*	-	95.00	Recommended for approval from NPPCD (programme Budget)(Rs 9.5 lakh per DH)
		472 CHC/PHC in 10 new districts*	-	47.20	Recommended for approval from NPPCD (programme Budget) 472 PHC/CHC in 10 districts
14	Contractual manpower**	One audiometric assistant and one Instructor for HI children for 29 districts (19 old and 10 new districts)*	-	52.2	Recommended for approval from NPPCD (programme Budget) @ Rs 7500 per month for each person
15	Screening camp**	for 29 districts (19 old and 10 new districts) @ Rs 10000 per camp per month per district*	-	34.8	Recommended for approval from NPPCD (programme Budget)
	<b>Total</b>		<b>447.42</b>	<b>450.314</b>	

\* The component of Training, Capacity Building, Contractual Manpower and Screening camp have not been proposed in the state PIP for the year 2009-10 as the Funds for the same component were approved in the last financial year 2008-09.

The state has proposed the budget of Rs 447.42 lakh for the year 2009-10. Out of which Rs 456.034 lakh (450.314 lakh may be given from the programme budget and Rs 5, 72,000 from NRHM budget) may be considered for approval.

\*\* The budget component of screening camps, Hearing aids and Contractual manpower includes the recurring expenditure of Rs. 149.45 lakh for 19 old districts as given below:

**Recurring expenditure under NPPCD for 19 old districts**

S.No.	Component	Activities	Proposed Budget(Rs in lakh)	For Approval (Rs in lakh)	Remark
1	Hearing aids	BTE appliance cost 3000x6 per PHC	170.28	92.45	Recommended for approval from NPPCD (programme Budget) ( Rs 486600 per district for 200 Hearing aids) for 19 old districts
2	Contractual manpower	One audiometric assistant and one Instructor for HI children for 19 old districts*	-	34.20	Recommended for approval from NPPCD (programme Budget) @ Rs 7500 per month for each person
3	Screening camp	For 19 old districts @ Rs 10000 per camp per month per district*	-	22.80	Recommended for approval from NPPCD (programme Budget)
	<b>Total</b>		<b>170.28</b>	<b>149.45</b>	