

**Draft Record of Proceedings of the National Programme Coordination Committee (NPCC), to approve PIP of Punjab, held 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 Punjab on 2 March 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:

		<b>Rs. Crore</b>
1	Unspent Balance under NRHM on 1.4.2009.	Rs. 2.14
2	GOI Resource Envelope for 2009-10 under NRHM ( including a 25% higher allocation for purposes of PIP approval)	218.05
3	15% State share of 2 above.	32.71
Total		<b>Rs. 252.90</b>

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

<b>Rs. Crore</b>		
Punjab	Unspent balance on 1.4.2009	Resource Envelope under NRHM
RCH Flexible Pool ( including Immunization)	0.00	49.21
NRHM Flexible Pool	0.00	43.42
Pulse Polio	0.00	7.29
NVBDCP	0.06	1.07
RNTCP	0.78	6.29
NPCB	0.28	6.38
NIDDCP	0.04	0.20
IDSP	0.43	0.76
NLEP	0.55	0.70
Infrastructure Maintenance (Treasury Route)		59.12
15% State Share		32.71
NPPCD (if any)		
25% over and above Gol Resource Envelope for purposes of NPCC approval		43.61
Total	2.14	250.76

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)

		<b>Rs. Crore</b>
	Scheme/ Programme	Approved Amount
1	RCH Flexible Pool ( Rs. 64.12 cr for RCH II & Rs. 2.80 for Immunization)	Rs. 66.92
2	NRHM Flexible Pool	Rs. 112.76
3	Pulse Polio	Rs. 7.29
4	NVBDCP	Rs. 1.07
5	RNTCP	Rs. 6.16
6	NPCB	Rs. 3.50
7	NIDDCP	Rs. 0.20
8	IDSP	Rs. 1.42
9	NLEP	Rs. 1.30
10	Infrastructure Maintenance (Treasury Route)	Rs. 59.12
	<b>TOTAL</b>	<b>Rs. 252.45</b>

Note : The Approved amount includes the unspent balance under the programmes as on 1<sup>st</sup> April 2009

The following general conditions will apply:-

1. All posts under NRHM are on contract and based on local criteria. The appointment should be done by the Rogi Kalyan Samiti /District Health Society. Residence at place of posting is mandatory. All such appointments are for a particular institution and non transferable.

2. Blended payments comprising of a base salary and a performance based component, should be encouraged.
3. State Government must fill up 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 operationalise 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 endeavor 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 refund the unspent balances against specific releases made during FY 2005-06, if any.
28. The state is entitled to engage the second ANM at Sub Centre to the extent that it provides for Multi Purpose Worker (Male). Alternately, the contractual amount for 2<sup>nd</sup> ANM may be paid out of the state budget and the third functionary may be engaged out of the NRHM funds.

**Annex –I**  
**List of Members present during the meeting of the NPCC for state of Punjab held on 2<sup>nd</sup> March 2009 under Chairmanship of Shri G.C. Chaturvedi, AS & MD, NRHM.**

S. No.	Name & Designation	E-mail ID
1.	Shri G C Chaturvedi, AS&MD	chaturvedi_gc@nic.in
2.	Ms. Aradhana Johri, Joint Secretary	aradhana.johri@nic.in
3.	Shri Amarjeet Sinha, Joint Secretary	amarjeet_sinha@hotmail.com
4.	Dr. B.K. Tiwari, Advisor (Nutrition)	advnut@nb.nic.in
5.	Dr A Raghu, Asst. Advisr, Deptt of AYUSH	a.raghu@nic.in
6.	Dr D M Thorat, DADG(Lep)	adglep@yahoo.co.in
7.	Shri Sanjay Prasad, Director (RCH / IEC)	sanjayp66@yahoo.com,
8.	Dr Tarun Seem, Director (NRHM)	tarun.seem@nic.in
9.	Dr B Kishore, AC	b.kishore@nic.in
10.	Dr. Sangeeta Gopal Saxena, AC(CH)	sgsaxena@nic.in
11.	Dr. S K Sikdar, AC(RSS)	sk.sikdar@nic.in,
12.	Ms. Archana Varma, DS (NRHM-I)	archanavarma321@gmail.com
13.	Shri Puneet Kansal, DS	puneetkansal@gmail.com
14.	Shri S C Garg, Consultant, NIHFV	rchtrg@gmail.com
15.	Dr V Rajasekhar, Senior Consultant NHSRC	rajasekhar.nhsrc@gmail.com
16.	Dr Anuradha Jain, NHSRC	anunhsrc@gmail.com
17.	Ms Sushama Rath, NHSRC	sushma2764@yahoo.com
18.	Dr Ritu Priya, NHSRC	ritu_priya_jnu@yahoo.com
19.	Dr Brijendra Singh, Consultant, MH	brijs46@gmail.com
20.	Dr Saurabh Sharma, Immunisation	
21.	Dr Sandeep Sachdeva, National Consultant (Blindness Control), MoHFW	drsachdeva@hotmail.com
22.	Dr Kausal Kumar, Jt Director, IDSP	idsp_ent@nic.in
23.	Shri J N Ghosh, Consultant, NRHM	
24.	Dr Prema Sundararajan, Consultant, CH Division	drpremasundar@gmail.com
25.	Shri Sanjiv Gupta, Finance Controller	sanjivfc@gmail.com
26.	Dr Avani Pathak, Consultant, MH	dr_avani_pathak@yahoo.co.in
27.	Dr S C Gupta, Consultant Paediatrician, WHO	drgupta1949@gmail.com
28.	Dr Anju Puri, Consultant, (Child Health)	kryyaanju@gmail.com
29.	Ms Geetanji Agrawal, Consultant (ARSH)	geet_a@hotmail.com
30.	Dr Siddhartha Saha, Consultant (Imm)	riindia2008@gmail.com
31.	Dr Ravish Behal, PMSG	msg@msg.net.in
32.	Dr Saurabh Sharma, Immunisation	

<b>Representatives from Govt. of Punjab</b>		
1.	Dr J P Singh, Director Health Services, FW	
2.	Shri Satish Chandra, Mission Director	satishias@msn.com
3.	Dr Rakesh Sharma, Director (Ayurveda)	
4.	Dr V S Mohi, Dy. Director (Malaria)	
5.	Dr C L Bhatia, SPM	spmnrhn@gmail.com
6.	Dr Pawan Bansal STO, Pariwar Kalyan Bhavan	
7.	Dr K S Dhillon, Assstt. Director (H)	
8.	Dr Mohinder Singh Gujaral, AD (Homoepathy)	
9.	Dr Chander Mohan Ghai, AMO, Dte of AYUSH	
10	Ms Vasundhara Khurana, SHS	nrhmpunjab@gmail.com
11	Shri G B Singh, Programme Officer (Trg)	
12	Shri Navdeep Gautam, (ARSH)	
13	CA Neeraj Singh, Manager (F&A)	neeraj.singh2@gmail.com

**ANNEX-II**

**APPROVAL OF RCH II PIP 2009-10: PUNJAB**

(Rs. Lakhs)

S. No.	BUDGET HEAD	PROPOSED	APPROVED
1	Maternal Health	267.34	120.00
2	Child Health	54.50	25.30
3	Family Planning	46.50	46.50
4	ARSH	38.23	38.23
5	Urban RCH	165.60	165.60
6	Tribal RCH	0.00	0.00
7	Vulnerable Groups	0.00	0.00
8	Innovations/ PPP/ NGO	357.80	357.80
9	Infrastructure & HR	2542.31	2534.19
10	Institutional Strengthening	153.46	74.76
11	Training	668.93	654.03
12	BCC / IEC	381.66	367.82
13	Procurement	86.55	53.55
14	Programme Management	530.65	414.22
15	Others/ Untied Funds	200.00	0.00
	<b>Total RCH II Base Flexi Pool</b>	<b>5493.53</b>	<b>4852.00</b>
16	JSY	699.00	490.00
17	Sterilisation & IUD Compensation, and NSV Camps	1070.00	1070.00
	<b>GRAND TOTAL RCH II</b>	<b>7262.53*</b>	<b>6412.00</b>

\* State has proposed Rs. 7183.14 lakhs; however actual total is Rs. 7262.53 lakhs. State has deducted Rs. 48.00 lakhs from sub total of BCC/IEC, similarly there are other calculation errors.

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. 1.28 crores) to Gol.

**ATTACHMENT “A”**

**PUNJAB**

(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>	120.00	120.00	
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	147.34	0.00	Amount budgeted for VHNDs is not approved. These 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			Bifurcated figures for institutional deliveries (Rural and Urban) are yet to be provided by the state. State to ensure that payment is made strictly as per JSY guidelines. 90% of the amount is approved.
A.1.4.2	Institutional Deliveries	390.00	351.00	
A.1.4.2.1	Rural			
A.1.4.2.2	Urban			
A.1.4.2.3	Caesarean Deliveries			

Code	ACTIVITY	PROPOSED	APPROVED	REMARKS
A.1.4.3	Other activities (JSY)	309.00	139.00	State has budgeted for ASHA package for 1,50,000 deliveries @ Rs. 200; however the total number of institutional deliveries budgeted for is only 65,000. Budget has accordingly been approved. For payment to ASHA under JSY, state may await Gol guidelines and make payments only after the entire protocol of ASHA activities are completed.
A.1.5	Other strategies/activities			
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	4.50	0.30	
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 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	50.00	25.00	No writeup on proposed activity (i.e. Innovative scheme on Breast

Code	ACTIVITY	PROPOSED	APPROVED	REMARKS
				feeding) has been provided - Rs. 25.00 lakhs is approved, subject to State providing details to Gol for approval. No expenditure for this activity is to be booked till Gol approval is received.
		<b>54.50</b>	<b>25.30</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	36.00	36.00	
A.3.1.3	NSV camps	84.00	84.00	
A.3.1.4	Compensation for female sterilisation	697.00	697.00	
A.3.1.5	Compensation for male sterilisation	225.00	225.00	
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	64.00	64.00	Admissible @ Rs. 20/- per IUD insertion only.
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>	<b>POL for FP/ Others</b>			
<b>A.3.4</b>	<b>Repairs of Laparoscopes</b>	10.00	10.00	

Code	ACTIVITY	PROPOSED	APPROVED	REMARKS
A.3.5.	Other strategies/activities	0.50	0.50	
<b>A.4</b>	<b>ARSH</b>			
A.4.1	Adolescent services at health facilities.	29.83	29.83	
A.4.2	Other strategies/activities	8.40	8.40	
		<b>38.23</b>	<b>38.23</b>	
<b>A.5</b>	<b>URBAN RCH</b>			
A.5.1	Urban RCH Services	165.60	165.60	
A.5.2	Other strategies/activities			
		<b>165.60</b>	<b>165.60</b>	
<b>A.6</b>	<b>TRIBAL RCH</b>			
A.6.1.	Tribal RCH services			
A.6.2	Other strategies/activities			
		<b>0.00</b>	<b>0.00</b>	
<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	62.80	62.80	
A.8.2	Public Private Partnerships	168.00	168.00	No writeup on proposed activity (i.e. outsourcing of management of PHCs) has been provided - Provisionally approved, subject to State providing details to GoI for approval. No expenditure for this activity is to be booked till GoI approval is received. State to note that running cost for the facility is to be provided from State Budget. Further, if this is

Code	ACTIVITY	PROPOSED	APPROVED	REMARKS
				an on-going activity, State needs to evaluate the impact and share the findings with Gol. The scope of pilot through NRHM funding may be restricted to 1% of total number of PHCs in the state.
A.8.3	NGO Programme	125.00	125.00	To include: • ASHA support system • Community Monitoring • V <sup>th</sup> Module of ASHA Training
A.8.4	Other innovations (if any)	2.00	2.00	
		<b>357.80</b>	<b>357.80</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			
A.9.1.2	Laboratory Technicians			
A.9.1.3	Staff Nurses	1216.71	1216.71	
A.9.1.4	Doctors and Specialists (Anaesthetists, Paediatricians, Ob/Gyn, Surgeons, Physicians)	1111.80	1111.80	
A.9.1.5	Other contractual staff	55.80	52.68	Following are not permissible: • 12.1 Salary to Contractual Staff Graphic Designer one at State Level. • 12.3 One Machine man for the department offset Printing Press • 12.4 One helper Man for the department offset

Code	ACTIVITY	PROPOSED	APPROVED	REMARKS
				press
A.9.1.6	Incentive/ Awards etc.	5.00	0.00	Incentive to ASHA for reporting infant and maternal deaths (for CRS) - Not approved.
<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>	93.00	93.00	State may note that new constructions/ extensions/ additions are not permissible.
A.9.3.1	Minor civil works for operationalisation of FRUs			
A.9.3.2	Minor civil works for operationalisation of 24 hour services at PHCs			
<b>A.9.4</b>	<b>Operationalise IMEP at health facilities</b>			
<b>A.9.5</b>	<b>Other Activities</b>	60.00	60.00	
		<b>2542.31</b>	<b>2534.19</b>	
<b>A.10</b>	<b>INSTITUTIONAL STRENGTHENING</b>			
A.10.1	Human Resources Development			
A.10.2	Logistics management/ improvement	13.20	13.20	
A.10.3	Monitoring & Evaluation / HMIS	140.26	61.56	Following may be budgeted under Mission Flexi Pool: <b>10.3.3(A3) Digitalization of CRS records</b>

Code	ACTIVITY	PROPOSED	APPROVED	REMARKS
				<ul style="list-style-type: none"> <li>• Outsourcing of approximately 25.00 lakh rural area births &amp; deaths record from year 2008 to year 2000 will be computerized.</li> <li>• Procurement of Computer System for Strengthening of CRS System (2 for each districts) @ 50,000/- per system and Table &amp; Chairs @ 5,000/-`</li> <li>• Strengthening of CRS System with Civil Registration Assistant (Total 30 @ Rs. 7000/- pm to each CRA, Two for big district &amp; 1 for small district)</li> </ul>
A.10.4	Sub Centre Rent and Contingencies			
A.10.5	Other strategies/ activities			
		<b>153.46</b>	<b>74.76</b>	
<b>A.11</b>	<b>TRAINING</b>			
A.11.1	<b>Strengthening of Training Institutions</b>	177.60	177.60	
A.11.2	<b>Development of training packages</b>	16.40	2.00	Following are not permissible: <ul style="list-style-type: none"> <li>• 11.2.3.2 Office Expenses -Electricity Bill, Water Bill, etc. at SIHFW, Mohali</li> <li>• 11.2.3.3 POL at SIHFW, Mohali</li> <li>• 11.2.3.4 Other Recurrent Cost at SIHFW, Mohali</li> </ul>
<b>A.11.3</b>	<b>Maternal Health Training</b>			

Code	ACTIVITY	PROPOSED	APPROVED	REMARKS
A.11.3.1	Skilled Birth Attendance / SBA	73.08	73.08	
A.11.3.2	EmOC Training	19.23	19.23	
A.11.3.3	Life saving Anaesthesia skills training	37.83	37.83	
A.11.3.4	MTP training	4.67	4.67	
A.11.3.5	RTI / STI Training	11.21	11.21	
A.11.3.6	Dai Training			
A.11.3.7	Other MH Training			
A.11.4	<b>IMEP Training</b>	12.81	12.81	
A.11.5	<b>Child Health Training</b>			
A.11.5.1	IMNCI	84.25	84.25	
A.11.5.2	Facility Based Newborn Care			
A.11.5.3	Home Based Newborn Care			
A.11.5.4	Care of Sick Children and severe malnutrition			
A.11.5.5	Other CH Training	17.94	17.94	The proposed one-day sensitisation meetings for HBNC and FBNC are not approved. However, the amount of Rs. 17.94 lakhs is approved, which the state may utilise for a formal 11-day multi-skilling training of MOs and SNs in newborn care (module being finalised by GoI).
A.11.6	<b>Family Planning Training</b>			
A.11.6.1	Laparoscopic Sterilisation Training	3.83	3.83	
A.11.6.2	Minilap Training	3.83	3.83	
A.11.6.3	NSV Training			
A.11.6.4	IUD Insertion Training	9.02	9.02	
A.11.6.5	Contraceptive Update Training	7.59	7.59	

Code	ACTIVITY	PROPOSED	APPROVED	REMARKS
A.11.6.6	Other FP Training			
A.11.7	<b>ARSH Training</b>	63.20	63.20	
<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	126.44	125.94	• 11.2.3.11 Meeting to be organized with DRME for Training of MBBS Students on Basic Obst. Skills at State level is not permissible - Rs. 0.50 lakhs.
A.11.9.1.	Continuing Medical & Nursing Education			
		<b>668.93</b>	<b>654.03</b>	
<b>A.12</b>	<b>BCC / IEC</b>			
A.12.1	<b>Strengthening of BCC/IEC Bureaus (state and district levels)</b>	5.50	0.00	Proposed activities under this head are not admissible under RCH flexi pool (details in reclassification of activities section).
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	128.06	128.06	
A.12.3.2	BCC/IEC activities for CH	40.03	40.03	
A.12.3.3	BCC/IEC activities for FP	6.00	6.00	
A.12.3.4	BCC/IEC activities for ARSH	7.25	7.25	
A.12.4	<b>Other activities</b>	194.82	186.48	IEC activities related to Water and Sanitation may be budgeted under Mission flexi pool.
		<b>381.66</b>	<b>367.82</b>	

Code	ACTIVITY	PROPOSED	APPROVED	REMARKS
<b>A.13</b>	<b>PROCUREMENT</b>			
A.13.1	<b>Procurement of Equipment</b>			
A.13.1.1	Procurement of equipment: MH			
A.13.1.2	Procurement of equipment: CH	53.55	53.55	
A.13.1.3	Procurement of equipment: FP	10.00	0.00	
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			
A.13.2.2	Drugs & supplies for CH	23.00	0.00	(1) Rs. 18.00 lakhs for calcium tablets (50 tabs per women) for institutional deliveries to every mother for starting Breast Feeding within one hour of delivery (age of the mother is above 19) - Not approved. (2) Rs. 5.00 lakhs for supply of Zinc Sulphate Tab for Diarrhoea Management may be budgeted under Mission Flexi Pool.
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			
		<b>86.55</b>	<b>53.55</b>	
<b>A.14</b>	<b>PROGRAMME MANAGEMENT</b>			
A.14.1	<b>Strengthening of State society/ SPMU</b>	64.62	64.62	

Code	ACTIVITY	PROPOSED	APPROVED	REMARKS
A.14.2	<b>Strengthening of District society/ DPMU</b>	346.83	230.40	10.3.3.1. Computer Operator at health facilities may be budgeted under Mission flexi pool
A.14.3	<b>Strengthening of Financial Management systems</b>			
A.14.4	Other activities (Programme management expenses, mobility support to state, district, block)	119.20	119.20	
		<b>530.65</b>	<b>414.22</b>	
<b>A.15</b>	<b>OTHERS/ UNTIED FUNDS</b>	200.00	0.00	Not approved.
	<b>Total RCH II Base Flexi Pool</b>	<b>5493.53</b>	<b>4852.00</b>	
	<b>Total JSY, Sterilisation and IUD Compensation, and NSV Camps</b>	<b>1769.00</b>	<b>1560.00</b>	
	<b>GRAND TOTAL RCH II</b>	<b>7262.53</b>	<b>6412.00</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. Activity code 1.4.3. Other activities (JSY) includes:
  - 1.7.2.2.3. Incentive to ASHA for early registration of pregnancy, Institutional delivery @ Rs. 200/- for 1.5 lakh beneficiaries
  - Printing of JSY Guidelines and JSY Cards
  - 1.4.3. Monitor quality and utilisation of services.
  
2. Activity code 2.1. IMNCI includes:
  - 2.1.2. Strengthening of State IMNCI Cell (fixtures-computer/fax/ Internet/photocopier-etc )

- 2.1.2.6. Annual review meeting of State Co-ordination Committee @ Rs. 30,000 for one meeting every year.
3. Activity code 3.4 Repairs of Laparoscopes includes:
    - 13.1.1.6 Repair of Laparoscopes Rs 10 lakh
  4. Activity code 3.5. Other strategies/activities includes:
    - 3.1.4 Monitor progress, quality and utilisation of services
  5. Activity code 4.1. Adolescent services at health facilities, includes:
    - 4.1.1.1 Implementation guide of RCH II. Adolescent reproductive sexual health strategy 600 Copies @ Rs.. 75/- per copy.
    - 4.1.1.2 ARSH Facilitator guide 200 @ Rs.700/- each
    - 4.1.1.3 Orientation programme for medical officer to provide adolescent friendly reproductive and sexual services HAND OUTS 500 Handouts @ Rs.. 600 per copy.
    - 4.1.1.4 Production & distribution of orientation material programme for ANM'S/LHVs to provide adolescent friendly reproductive & sexual health services module HAND OUTS 1500 copies @ Rs.. 600 per copy
    - 4.1.1.5 Programme CD's 300 CDs
    - 4.1.3.1. Setting up of Adolescent Clinics at health facilities
  6. Activity code 4.2. Other strategies/activities, includes:
    - 4.2.3. To operationalise Multi Purpose Youth Friendly Centres 4(Urban rural health out posts) 0 each year from 9-10 onwards
    - Operational Expenses
  7. Contractual Appointment of ANMs in the urban slums to cover migratory population has been merged with “5.1. Urban RCH Services”
  8. Activity code 8.1. PNDT and Sex Ratio, includes:
    - 8.1.1.2 Lawyer @ Rs.20000 -per month
    - 8.1.1.3 Statistical Asstt.@ Rs. 10000 p m
    - 8.1.1.4 Computer Asstt. @ Rs. 10000 pm
    - 8.1.1.6 Office expenses @ Rs. 5000 pm at State Level
    - 8.1.2.1 Orientation of programme managers and Service providers on PC & PNDT Act
    - 8.1.2.2 Awareness Programme under BCC

- 8.1.2.3 Mobility support for enforcement of PC & PNDD Act at State HQ @ Rs. 2 Lakh per year
  - 8.1.2.4 Award money to villages that perform well on the sex ratio scale @ Rs. 1.5 Lakhs per village for 30 villages in a year
  - Budget for sting operation @ Rs. 50,000/- each for 10 operations
  - 8.1.2.5 Prize money to informers of violation of PNDD Act @ Rs. 20000 per informer for a maximum of 8 informers in a year
  - Payment to decoy patients @ Rs. Rs 10000 for maximum of 8 decoy patients in a year
9. Activity code 8.3. NGO Programme, includes:
- 8.3.1.2 Preparatory phase to newly selected MNGOs for proposal Development
  - 8.3.1.3 1st instalment of grant in aid for 12 months to 5 MNGOs
  - 8.3.2 Service NGO Scheme
  - 8.3.2.1 Preparatory phase to newly selected SNGOs for proposal development (04 SNGOs)
  - 8.3.2.2 1st instalment of grant in aid for 18 months to existing SNGOs
  - 8.5. To outsource 20 PHCs for 24x7 services @ Rs.70,000/- per PHC has been merged with “8.2. Public Private Partnerships”
10. Activity code 8.4. other innovation, includes:
- Promotional Activity for seminar/workshop/review meeting/study tours as per need assessment
11. Activity code 9.1.4. Doctors & Specialists (Anaesthetists, Paediatricians, Ob/Gyn, Surgeons, Physicians) includes:
- 9.1.2 Female Medical Officer for 176 (75+25+76) PHCs
  - 9.1.5 Obstetrician for 112 CHCs/SDH/DH
  - 9.1.6 Paediatrician for 112 CHCs/SDH/DH
  - 9.1.7 Anaesthetist for 112CHCs/SDH
12. Activity code 9.1.3. Staff Nurses includes:
- 9.1.3 Staff nurse for 176 (75+25+76) PHCs (3 SNs per PHC)
  - 9.1.9 SNs for 112 CHCs, 5 SNs/CHC/SDH/DH
13. Activity code 9.1.5. Other contractual staff, includes:
- 1.5.2.6 OT Assistant for 10 CHCs has been merged with

- 10.3.3.2 Hardware Supervisor
  - 10.3.3.3 System Analyst
  - 10.3.3.6 Programmer -02
  - 14.1.3 Maternal Health Specialist
  - 14.1.4 Family Welfare Specialist
  - 14.1.5 Hospital Administration/Public Health Specialist
  - 12.1 Salary to Contractual Staff Graphic Designer one at State Level.
  - 12.2 Salary to Contractual one BCC facilitator at each district level.
  - 12.3 One Machine man for the department offset Printing Press
  - 12.4 One helper Man for the department offset press
  - 12.7 One BCC facilitator for State Head Quarter
14. Activity code 10.3.3 (A3) Incentive to ASHA or other link workers for the registration of infant and maternal deaths (20000 @ Rs. 25/- per case) has been merged with “9.1.6. Incentive/ Awards etc.”
15. Activity code 9.1.10. Blood Storage Units 62 to be set up has been merged with “9.3. Minor civil works”.
16. Activity code 9.1. Vehicle maintenance and POL has been merged with “9.5. Other activities”.
17. Activity code 10.2. Logistics management/ improvement includes:
- 10.2.1 Mobility Support @ Rs.3000 Per Month at State Level.
  - 10.2.2 Mobility Support @ Rs. 2000 Per Month Per District
  - 10.2.3 Mobility Support at @ Rs. 500 per Month Per CHC
  - 10.2.4 Warehouse keeper
18. Activity code 10.3. Monitoring & Evaluation / HMIS includes:
- 3.3.1 Printing of Sterilization Files 2 lakh
  - Printing of Sterilization Cards 2 lakh
  - 3.3.3 Printing of NSV Cards - 30000
  - 3.3.4 Printing of Insurance manual
  - 10.3.1.4 Procurement of one High end Server
  - 10.3.1.5 3 KVA UPS @ Rs. 75,000/-
  - 10.3.2.1 Printing of New Format under NRHM (Monthly, Quarterly and Annual for Sub centres, SHCs, PHC, CHC and Hospitals)
  - 10.3.2.2 [Lump sum -) TA/DA to the field and state HMIS official

- 10.3.3 (A1) Internet connection and Consumables
- State HQ
  - 10.3.3(A2) POL for state head quarter monitoring & Evaluation team
  - 10.3.3(A3) Digitalization of CRS records
    - Outsourcing of approximately 25.00 lakh rural area births & deaths record from year 2008 to year 2000 will be computerized.
    - Procurement of Computer System for Strengthening of CRS System (2 for each districts) @ 50,000/- per system and Table & Chairs @ 5,000/-`
    - Strengthening of CRS System with Civil Registration Assistant (Total 30 @ Rs. 7000/- pm to each CRA, Two for big district & 1 for small district)

19. Activity code Development of training packages includes:

- 11.2.1 Development/ translation and duplication of training materials at SIHFW Mohali
- 11.2.3.2 Office Expenses -Electricity Bill, Water Bill, etc. at SIHFW, Mohali
- 11.2.3.3 POL at SIHFW, Mohali
- 11.2.3.4 Other Recurrent Cost at SIHFW, Mohali

20. Activity code 11.5.5. Other CH Training includes:

- 2.1.2.7 One day sensitization of all the block level SMOs and DIOs to home based newborn care and FBNC at State HQ
- 2.1.2.8 One day sensitization of all ANMs and Staff Nurses working at FRUs and 24x7 facilities (excluding four IMNCI districts)

21. Activity code 11.9 Other training, includes:

- 11.2.3.5 Trainings to be conducted other than reflected in this format
- 11.2.3.6 BCC Skill Building Training for MO at SIHFW, Mohali & HFWTC, Amritsar
- 11.2.3.7 BCC Skill Building Training for District MEIO, Dy MEIO, BEE, HS (M), LHV, ANM, HW (M) HS (M) at SIHFW, Mohali
- 11.2.3.8(a) Computer Training for Medical Officers
- 11.2.3.8(b) Computer Training for Statistical Assistants, Clerks etc. at SIHFW, Mohali

- 11.2.3.9a,b Training of Rural Medical Officers in NRHM at SIHFW Mohali & HFWTC Amritsar
- 11.2.3.9c,d Training of Contractual ANMs in NRHM at SIHFW Mohali & HFWTC Amritsar
- 11.2.3.10 PDC Training for Distt. Level Officers at SIHFW, Mohali
- 11.2.3.11 Meeting to be organized with DRME for Training of MBBS Students on Basic Obst. Skills at State level
- 11.2.3.12 Strengthening of DTCs
- 11.2.3.12 a Provide District Training Centres at 5 districts
- 11.2.3.12 b Carry out repairs/ renovations of the training institutions (DTCs)
- 11.2.3.12 c Provide equipment and training aids to the training institutions (DTCs)
- 11.2.3.12 d Strengthening of State Training Cell

22. Activity code 12.4 Any other activities, includes:

- 12.7 PNNDT cause of the girl- child
- 12.8 Water and Sanitation
- 12.9 World Population Day 11 July. 2009
- 12.10 Focus on Intra Communication
- 12.11 Hoarding for Health programs at 100 prominent public places, for 6 months.
- 12.12 Permanent Hoarding Structures on Health Programmes in 50 Health Institution
- 12.13 Advertisement of Health programmes through Cable TV
- 12.14 Newspaper advertisement for health programmes

23. Activity code 13.1.2. Procurement of equipment: CH includes:

- 2.1.2.1. Setting up of New born care centres @ Rs. 25,000 CHC in 87 CHCs: Rs. 21.75 lakhs
- 2.1.2.2. Baby Warmer and UV Light Unit @ Rs. 15000 for 87 CHC: Rs. 13.05 lakhs
- 2.1.2.4. Supply of 2.5 lakh Manual Mucus Suckers

24. Activity code 13.2.2. Drugs & supplies for CH includes:

- 2.1.2.3. Calcium Tablets 50 tabs per women for institutional deliveries to every mother for starting Breast Feeding within one hour of delivery (age of the mother is above 19) App. 50000 beneficiaries

- 2.1.2.4. Supply of 10 lakh Zinc Sulphate Tab for Management for Diarrhoea
25. Activity code 13.1.1.5. 1000 NSV Sets @ Rs. 1000 has been merged with “13.1.3. Procurement of equipment: FP”
26. Activity code 14.2. Strengthening of District society/District Programme Management Support Unit includes:
- 10.3.3.1 Computer Operator
  - 14.2.1 District Programme Manager
  - 14.2.3 District Account Officer
  - 14.2.4 Monitoring & Evaluation Officer
  - 14.2.5 Maintenance Engineer
  - 14.2.6 District Accountant / Cashier
  - 14.2.7 District Statistical Assistant
27. Activity code 14.4. Other activities (Program Management Expenses, Mobility support to state, district, block), includes:
- 9.1 Vehicle Maintenance including POL expenses, 2.25 Lakhs per district, 15 Lakhs at the state for Strengthening Emergency Services (Through hired vehicles or Govt owned vehicles where ever available)
  - 14.1.24 TA / DA for SPMU, SCOVA, Sate, Functionaries for attending meetings/ seminars/workshops/study tour under NRHM
  - 14.1.25 Infrastructure Support and office operational cost
  - 14.1.26 Office Operational Cost at State Headquarters
  - 14.1.27 Office Operational Cost at district Headquarters
  - 14.2.9 Infrastructure Support to DPMU

**Annex III**

**Approval under NRHM Mission Flexible Pool.**

**Rs. Lakh**

Sno	Activity proposed	Amount proposed	Amount Approved in lakh	Remarks
1	<b>Funds for Local Action at Village &amp; Sub Centre Level</b>			
1.1	Untied Funds for 12,673 Village Health & Sanitation Committees @ Rs. 10,000 per committee and capacity building of VHSCs	1273.8	1273.80	
1.2	Untied Fund to 2858 SCs & additional SCs	285.8	285.80	These funds should be passed into the joint account of the Pradhan and ANM.
1.3	Annual maintenance Grant to the 1440 Sub Centres in Govt. buildings	144	144.00	
2	<b>Funds for Local Action at PHC Level</b>			
2.1	Untied Fund to 396 PHCs @ Rs. 25,000	99	99.00	These funds may be passed into the account of the Rogi Kalyana Samiti of the respective facility
2.2	Annual Maintenance Grant to 396 PHCs @ Rs. 50,000 each	198	198.00	
2.3	<b>Funds for Local Action at CHC Level</b>			
2.4	Untied Fund to 126 CHCs @ Rs. 50,000	63	63.00	These funds may be passed into the account of the Rogi Kalyan Samiti of the respective facility
2.5	Annual Maintenance Grant to 112 CHCs @ Rs. 1,00,000 each	112	112.00	

3	<b>Rogi Kalyan Samitis</b>			
3.1	Publishing of RKS guidelines in local language	5	5.00	
3.2	Preparation of modules for orientation of PRIs	0.15	0.15	
3.3	Annual Corpus Grant for RKS at 20 DH @ Rs. 5 lakh	100	100.00	The funds may be released only to those RKS which have been registered as a society
3.4	Annual Corpus Grant for RKS 396 PHCs @ Rs. 1 lakh	396	396.00	
3.5	Annual Corpus Grant for RKS at 112 CHCs & 35 SDH @ Rs.1 lakh	147	147.00	
3.6	Annual convention of all 175 RKSs	7.18	0	Not Approved. This activity may be undertaken through the funding for BCC/IEC or Training.
4	<b>Upgradation of Infrastructure</b>			
4.1	Construction of buildings for 80 out of 353 SCs in rented premises @ approx Rx. 4 lakh per building	320	640.00	The generic costing of Rs. 4 lakh may be re-examined by the state as it may be insufficient for new buildings. The location of the buildings of SHC may be selected so as to encourage optimum utilisation of services. The phasing of this activity may take into account the community needs and the spread of other health facilities

4.2	Repair/renovations/restoration of 150 out of 823 Sub Centres in dilapidated condition @ Rs. 1.5 lakh per unit	225	225.00	The Executive Committee of SHS should appraise and approve the DPR of each facility before the renovation work is started. The costing of work should not be generic in nature & should be based on facility survey and DPR of each facility.
4.3	Salary of contractual ANM at all 954 Sub Centre	686.88	686.88	The selection of second ANM at SCs should be decentralised, based on local residency criteria and non transferable in nature. The payment to contractual ANMs at SCs may be made by DHS and these ANMs should not be redeployed for duties at places other than SHCs.
4.4	Upgradation of 50 PHCs for 24x7 delivery services @ Rs. 6 lakh per unit	300	200.00	The activity may be phased taking into account the availability of Human Resources and needs in the districts
4.5	Equipment for 97 PHCs @ Rs. 1 lakh per PHC on basis of facility survey	97	97.00	Approved

4.6	Furniture for 97 PHCs @ Rs. 45,500 per PHC based on Facility Survey	44.62	44.62	Approved
4.7	Drugs for all 396 PHCs @ Rs. 1 lakh per PHC	97	97.00	The procurement of drugs may be decentralised and need based. The state may examine TNMSC like models of procurement and seek to establish turnkey, procurement-logistics-stock management solutions for drugs and consumable items in the state.
4.8	Medical Officers for 60 Mini PHCs @ Rs. 25,000 per month	180	180.00	The recruitment of contractual MOs at Mini PHCs should be decentralised, preferably on local residency criteria and non transferable in nature. The remunerations may be controlled by DHS and the MOs should not be redeployed for duties at places other than the designated facility. The MOs should be resident at or around the facility.
4.9	Incentives to doctors in remote areas	40	40.00	The SHS should disseminate self contained, transparent guidelines for

				determination of the incentives and disbursement of the incentives should be through the RKS of the respective health facility.
4.1	Construction of four new CHCs @ Rs. 200.00 lakh each to be partly funded during FY 09-10	300	300.00	The activity may be phased, taking into account the availability of Human Resources, needs in the districts and possibility of upgrading existing PHCs into CHCs.
4.11	Drugs for all CHCs @ Rs. 2.30 lakh per CHC	289.8	289.80	Refer conditions in para 4.7
4.12	Equipments for CHCs on basis of facility survey	200	200.00	Approved
4.13	Furniture for 18 CHCs @ Rs. 1.2 lakh per CHC based on facility survey.	21.6	21.60	Approved
4.14	Major repairs and renovation in four SDH	250	130.00	The Executive Committee of SHS should appraise and approve the DPR based on facility survey of each facility.
4.15	Repair /renovations and alteration of existing 25 SDH @ Rs. 10 lakh each	250	250.00	
4.16	Drugs for SDH @ Rs. 3 lakh per SDH per annum	108	108.00	Refer conditions in para 4.7
4.17	Renovation of District Hospitals	140	140.00	The Executive Committee of SHS should appraise and approve the DPR based on facility survey of each facility.
4.18	Upgradation of DH Sangrur, Faridkot	200	200.00	

4.19	Engagement of five Contractual Hospital Administrators in major Hospitals on contractual basis @ Rs. 20,000 per month.	9	9.00	Approved
4.20	Gynaecologist @ Rs. 30,000 pm for 15 DH	40.5	40.50	The recruitment of contractual Gynaecologist at DH should be decentralised, preferably on local residency criteria and non transferable in nature. The remunerations may be controlled by the DHS and the MOs should be resident at or around the facility.
4.21	Drugs @ Rs. 10 lakh per DH per annum	200	200.00	Refer conditions in para 4.7
4.22	Equipment/Furniture for 20 DH based on Facility Survey.	100	100.00	Approved
4.23	Repair of 50 Subsidiary Health Centres @ Rs. 4 lakh for mainstreaming of Alternate Health Delivery System	200	0	Not Approved. Funding for this activity may be sought form the Deptt. of AYUSH.
4.24	Recurring cost of 24 Mobile Medical Units@ Rs. 15 lakh per unit	360	360.00	Approved
5	<b>Strengthening Programme Management</b>			

5.1	Statistical Asst for Block Programme Management Units in 118 Blocks @ Rs. 9000 pm	127.44	127.44	Approved. However, the state should examine the possibility of allocating both these activities to the same person.
5.2	Block Accountant cum cashier for 118 blocks @ Rs. 9000 per block	127.44	127.44	
6	<b>Other Activities</b>			
6.1	Training, Drug Kits and mentoring of 17,285 ASHA	449	449.00	The establishment of separate management unit for ASHA is not approved and the State/District/Block PMU may be mandated to undertake the task of management for ASHA. However, the state may establish a mentoring structure for ASHA, out of the overall package of upto Rs. 10,000 per ASHA mandated under NRHM
6.2	School Health	500	200.00	The state may prepare a detailed School Health Scheme for approval by the SHS. The roll out of the scheme may be phased appropriately.

6.3	<p>Emergency Response Services with 56 Advanced and 168 Basic Life Saving Ambulances linked to toll free phone number 108. During 2009-10 state will add 150 more ambulances to the existing fleet of 74 ambulances and set up the Emergency Response Cell, This activity entails capital expenditure of Rs. 25.61 crore and recurring expenditure of Rs. 22.75 crore during the 09-10.</p>	4836	2561.00	<p>Operating costs of the initiative should be borne by the state. A review of the work done during FY 08-09 may be undertaken and findings shared with the GoI</p>
6.4	<p>Reimbursement of monthly cell phone bill to ANM/LHV @ Rs.200/- PM from 4th Quarter (Funds for 1st three quarter available from last PIP 2008-09)</p>	22.9	22.90	<p>The mobile phones should be part of a Closed User Group to ensure discounted rates.</p>
6.5	<p>Reimbursement of monthly cell phone bill to State Officers/Civil Surgeons/DPMs/BSMOs @ Rs.300/- PM from 4th Quarter (Funds for 1st three quarter available from last PIP 2008-09)</p>	1.8	1.80	Approved

In the state PIP this activity the following activities (6.6 to 6.11) have been budgeted under the RCH II programme where they have been approved for funding under NRHM Flexipool head :				
6.6	Monitoring & Evaluation (HMIS) including digitalisation of CRS records, procurement of computer systems and strengthening of CRS system with Civil Registration Asst	78.7	78.70	This activity may be undertaken as part of the Directorate of Health & Family Welfare or SPMU.
6.7	BCC/ IEC activities related to water and sanitation	8.34	8.34	Approved
6.8	Procurement of Calcium tablets and zinc sulphate.	23	23.00	No separate programme may be planned for distribution of the tablets and they may be distributed on the VHND itself.
6.9	Computer operator for strengthening of District Society and DPMU	116.43	116.43	Approved. This may be treated as part of the 6% management costs.
6.10	Major civil work for operationalisation of FRUs	829.5	200.00	Approved. The state may phase the initiatives.
<b>Total</b>			<b>11276.30</b>	

**Annex IV**

**Immunization Strengthening Programme Punjab (2009-10)**

**Rs. Lakh**

S. No	Activity Proposed	Amount Proposed	Amount Approved	Remarks
1.	Mobility support for Supervision and Monitoring at districts and state level.	10.83	10.83	
2	Cold chain maintenance	4.72	4.72	
3.	Alternate Vaccine Delivery to Session sites	34.30	34.30	
5.	Mobilization of children by ASHA /Link workers	130.00	130.00	
6.	Computer Assistants support at State and district level	12.72	12.72	
7	Printing and dissemination of immunization cards, tally sheets, charts, registers, receipt book, monitoring formats etc.	27.50	27.50	
8	Quarterly review meeting at state level	2.25	2.25	
9	Quarterly review meeting at district level	1.20	1.20	
10	Quarterly review meetings at block level	11.70	11.70	
11	Two days Training of Health workers (ANMs, LHV, MPHWS etc)	15.00	5.00	
12	Three day Training of MOs on RI	10.84	8.25	
13	One day refresher training of Comp. Assistants	0.24	0.24	
14	One day Training of cold chain handlers	0.79	0.79	
15	One day Training of block level Data handlers on vaccine & cold chain logistics	0.63	0.63	
16.	Micro planning at SC level	2.86	2.86	
17.	Micro planning at block and district level	1.57	1.57	
18.	POL for vaccine delivery from State to district and from district to PHC/ CHC level	20.00	20.00	
19.	Consumables for computer including internet access	0.08	0.08	
15.	Purchase of bleach/Hypochlorite solution	0.58	0.58	
16.	Purchase of Twin buckets	0.47	0.47	
18.	Enhanced immunization coverage in the urban & peri-urban colonies	4.58	4.58	
<b>Total</b>		<b>292.86</b>	<b>280.27</b>	

**COMMENTS:**

1. The state needs to focus on reducing the dropout rates if further improvement in coverages is aimed.
2. VHN days should be the basis of planning immunization sessions across the state.
3. To ensure quality services, AEFI reporting needs strengthening further.
4. ASHA, AWW or link worker cannot be used for Alt Vaccine delivery, this should be done by volunteers from outside the system
5. Medical officers Immunization training needs to be expedited.
6. The state should track the physical achievement against the planned target. Component-wise expenditure should also be tracked on a quarterly along with their corresponding physical achievements and the flow of funds.
7. Human Resource gaps at all levels need to be addressed.
8. Routine immunization in Urban and Peri-urban areas needs to be strengthened.

**The States needs to :**

1. The State should project budget as per actual number of session planned during the year in every activity. The state should furnish the details of sessions held during the year.
2. The State may allocate differently the funds provided for mobility support for supervision at district and state level officer including cold chain officer.
3. The ToT of Medical Officers will be conducted by GoI at NIHFV. The expenditure on other trainings should be incurred as per revised GoI norm for training under RCH. The batch size should be 20-25 persons in each batch. Training should be given to those who have not trained during last years conducted, if any. The state should furnish the details of persons trained during the year.
4. The two days training of Health workers (ANMs, LHV, MPHW etc) related to Immunization should be organized together with other training programme of Health workers under RCH. From Next year onwards the training of Health workers should be integrated with other training under RCH and funds should be projected in RCH.
5. The sessions should be based on rational micro plans. The micro plans should be shared with GoI.

6. The State may undertake printing of all materials like Immunization cards, formats, charts, tally sheets, tickler box, registers, receipt books etc. required for immunization. The printing should be done as per Gol norms and provision. The detail of expenditure incurred during last year on each item may be furnished to the Gol. The funds for printing activities should not be utilized for IEC activities.
7. The purchase of polythene bags (red & black), Hypochlorite solution, twin bucket, plastic zipper bags etc required for safe injection should be done as per Gol norms under NRHM and as per State procedure. The detail of purchase should be furnished to Gol.
8. The construction of Pits should be done as per the norm of Central Pollution Control Board, M/o environment and forest, Gol for Pits construction. The expenditure should be done as per Gol norm under NRHM and as per State procedure and the details of no. of pits constructed and their shelf-life should be submitted to Gol.

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

1. District Level Training for 2 days for ANMs etc. – No details provided by the States. The State has requested lump sum funds only for left over Health Workers. Therefore to allow the activities we may allow Rs. 5.00 lakh out of the proposed amount of Rs. 15.00 lakh.
2. 3 days training only for MOs have allowed at Government Rates. Rs. 2.59 lakh has been disallowed as the State has projected Rs.10.84 lakh.

**Annex V**

**Approvals under National Disease Control Programmes**  
**Revised National Tuberculosis Control Programme**

**Rs. Lakh**

Sno	Particulars	Amount Proposed	Amount Approved	
1	Civil Works-a- Maint.	15.36	11.00	Approved Budget is as per the RNTCP financial norms and the trend of expenditure in various heads during the previous financial year
	b- one time			
2	Laboratory Materials	54.20	45.00	
3	Counselling Charges (Honorarium)	15.00	9.00	
4	IEC/Publicity	30.59	30.00	
5	Equip. Maintenance	16.74	12.00	
6	Training	53.03	20.00	
7	Vehicle Maintenance	39.35	30.00	
8	Vehicle Hiring	1.50	1.50	
9	NGO/PP Support	22.09	10.00	
10	Medical Colleges	43.39	35.00	
11	Office Operations (Miscellaneous)	50.00	40.00	
12	Contractual Services	417.72	330.00	
13	Printing	45.00	40.00	
14	Res. and Studies		0.00	
15	Salary of Regular Staff			
16	Proc. of drugs			
17	Proc. of Vehicle	10.90	1.00	
18	Proc. of equipments	2.63	1.80	
19	Drugs		0	
<b>Total</b>		<b>817.50</b>	<b>616.30</b>	

### National Vector Borne Disease Control Programme

Punjab has requested in their revised PIP for cash assistance of Rs.135.00 Lakhs including 2.00 lakhs for procurement of primaquine and 40 lakh for procurement of bio-larvicide. Excluding this amount for procuring the anti-malarials and bio-larvicides the cash assistance for the activities comes out to be **Rs.93.00 lakhs**. The activity approved and respective allocations are as below:

**Rs. Lakh**

Activity proposed	Amount proposed by state	Amount approved
<b>Malaria</b>		
<b>DBS</b>		
NAMMIS	5.00	0.50
IEC	20.00	7.00
Training	10.00	3.50
<b>Total - Malaria</b>	<b>35.00</b>	<b>11.00</b>
<b>Dengue &amp; Chikungunya</b>		
Apex Referral labs		0.00
Sentinel surveillance hospital		0.50
Monitoring & Evaluation and rapid response		7.50
Epidemic preparedness (logistics + operational cost)		13.00
Fogging Machine		4.00
Training/Workshop		4.00
<b>Total - Dengue &amp; Chikungunya</b>	<b>58.00</b>	<b>29.00</b>
<b>Total Allocation under NVBDCP</b>	<b>93.00</b>	<b>40.00</b>
<b>Commodity</b>	<b>0.00</b>	<b>67.35</b>
<b>Grand Total</b>	<b>93.00</b>	<b>107.35</b>

### **Integrated Disease Surveillance Project**

In the PIP **Punjab** state has asked Rs 539.26 lacs under different IDSP activities during 2009-10 activities against approved budget of Rs. 79.91 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:

**Rs. Lakh**

<b>S.N.</b>	<b>Activity</b>	<b>Amount proposed</b>	<b>Amount approved</b>	<b>Remarks</b>
1	Incremental staff/ personnel + Operational cost	320.56	132.95	Including salary of newly posted Epidemiologists, Microbiologists & Entomologist
2.	Training cost	78.10	0	Budget released in previous year may be utilized
3.	IEC	20	5.00	As per norms
4.	Lab. equipment etc.	20	4.50	Civil Hospital, Mohali
	<b>Total</b>	<b>438.66</b>	<b>142.42</b>	

Amount approved under different activities above by IDSP, NICD is Rs. **142.42**lacs for the year 2009-10. However present allocation as per fund availability with IDSP, NICD is Rs. **99.61** lacs and unspent balance of Rs **42.81** lacs will be available for expenditure.

### National Programme for Control of Blindness

Rs in Lakh

Sr. No	Particulars	PIP for 2009-10	Approved Amt	Remarks
1	Grant-in Aid to NGOs for free Cataract Operations (Annual target for free catops 1,80,000 & for IOL 1,62,000 for which the achievement of the State is 107% in the year 2007- 08 & 88% upto Jan. 2008-09	400.00	198.40	Approved under scheme GIA for Catops and other approved activities
2	GIA for School Eye Screening. Provision for supply of spectacles, medicines and other supplied for school eye care programme.	10.00		As an item no 1
3	Grant for Medical Colleges (there are 3 Medical Colleges in the State. Grant-in-Aid for Govt. Medical College Faridkot & Medical College Patiala @ 20.00 lakh each	40.00	40.00	for 1Medical college @Rs.40.00 lac
4	Distt. Hospitals 1) 2 Phaco Machines @ 12,00,000 2) 5 Yag Laser @ 10,00,000 3) Maintenance of ophthalmic equipments 16,00,000	90.00		Approved as item no 1
5	Establishing & Strengthening and supply to New Vision Centres at CHCs and Sub-Distt. Hospitals at 25 centres @ 50,000 in the border and remote areas of the State.	12.50	5.00	for 10 Vision centre @rs.50000 per vision centre
6	Recurring GIA to Eye Banks (there are 4 eye banks in the State). Which has got collection of more than 100 eye balls	4.00		Approved as item no 1
7	Non-recurring GIA to Eye Donation Centre @ Rs. 1 lakh for 10 eye donation centres	5.00	1.00	for 1unit @Rs.1.00 lac
8	Recurring GIA to Eye Donation Centres	3.00		Approved as item no 1
9	Training for PMOAs and MPHWs	4.00		Approved as item no 1

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10	IEC activities World Sight days and Fortnight at 20 districts @ 50,000 and 100 eye donation awareness camps in remote and border areas at PHCs and CHCs level @ 15,000 for each camp.	15.00		Approved as item no 1
11	SBCS Remuneration other activities & Contingency	10.00		Approved as item no 1 with the limitation of Rs.14.00 lac
12	Financial assistance for other diseases Glucoma, Diabetic Retinopathy, Laser Tech., corneal transplantation, childhood blindness, squint surgery etc.	5.00		Approved as item no 1
13	Maintenance of Tele Ophthalmic Van and the staff	7.20		Not Apporved
14	Ophthalmic Surgeon		30.00	for 10 ophth.surgeon@Rs.25000 PM
15	Ophthalmic Assistant		9.60	for 10 Ophth. assistant@Rs.8000 PM
16	Eye Donation Consellor		6.00	for 5 Eye consellor @Rs.5000 PM
17	GIA for strengthening of RIO		60.00	for 1 RIO @Rs.60.00 lac
<b>Total</b>		<b>605.7</b>	<b>350.00</b>	

### National Leprosy Eradication Programme

Rs. Lakh

S. No.	Activity proposed	Amount proposed	Amount approved	Remarks
1	<b>Contractual Services</b>	26.34	26.34	
	State - SMO, BFO cum AO, DEO, Administrative Assistant, Driver, NMS (20 Nos.) District - Drivers			
2	<b>Services through ASHA/USHA</b>	3.00	3.00	
	Honararium to ASHA, sensitization of ASHA			
3	<b>Office expenses &amp; Consumables</b>	7.36	7.36	
4	<b>Capacity building</b>	14.00	14.00	
	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			
	5 days training of newly appointed Lab. Technician			
5	<b>Behavioral Change Communication</b>	20.00	20.00	
	Quiz, folk show, IPC workshop, Meeting of opinion leaders, Health melas			
	Wall painting, Rallies, Hoardings etc			
6	<b>POL/Vehicle operation &amp; hiring</b> 2 vehicles at state level & 1 vehicle at district level	16.70	16.70	
7	<b>DPMR</b>	10.50	10.50	
	MCR footwear, Aids and appliances, Welfare allowance to BPL patients for RCS, Support to govt. institutions for RCS			
8	<b>Material &amp; Supplies</b>	10.40	10.40	
	Supportive drugs, lab. reagents & equipments and printing forms			
9	<b>Urban Leprosy Control</b>	8.00	8.00	
10	<b>NGO - SET Scheme</b>	Nil	Nil	
11	<b>Supervision, Monitoring &amp; Review</b>	4.00	4.00	
	Review meetings and travel expenses			
12	<b>Cash assistance</b>	10.00	10.00	
<b>TOTAL</b>		<b>130.30</b>	<b>130.30</b>	

### National Iodine Deficiency Disease Control Programme

				Rs. Lakh
	Activity	Amount proposed	Amount Approved	Remarks
<b>1</b>	Establishment of IDD Control Cell	6.00	6.00	The State Government may carry out the activities as per the fund allocation of GOI.
<b>2</b>	Establishment of IDD Monitoring Lab	3.50	3.50	
<b>3</b>	Health Education and Publicity	8.00	8.00	
<b>4</b>	IDD surveys	2.50	2.50	
	<b>Total</b>	<b>20.00</b>	<b>20.00</b>	