

**Draft Record of Proceedings of the National Programme Coordination Committee (NPCC), to approve PIP of Haryana, 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 Haryana on 27 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:

		Rs. Crore
1	Unspent Balance under NRHM on 1.4.2009.	70.38
2	GOI Resource Envelope for 2009-10 under NRHM ( including a 25% higher allocation for purposes of PIP approval)	187.35
3	15% State share of 2 above.	28.07
Total		285.80

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

		Rs. Crore
Haryana	Unspent balance on 1.4.2009	Resource Envelope under NRHM
RCH Flexible Pool ( including Immunization)	Rs. 23.39	Rs. 42.71
NRHM Flexible Pool	Rs. 44.61	Rs. 37.69
Pulse Polio		Rs. 13.34
NVBDCP		Rs. 1.20
RNTCP	Rs. 0.61	Rs. 5.62
NPCB	Rs. 1.00	Rs. 4.50
NIDDCP	Rs. 0.01	Rs. 0.77
IDSP	Rs. 0.59	Rs. 0.80
NLEP	Rs. 0.17	Rs. 0.80
Infrastructure Maintenance (Treasury Route)		Rs. 42.83
15% State Share		Rs. 28.07
NPPCD (if any)		
25% over and above Gol Resource Envelope for purposes of NPCC approval		Rs. 37.09
Total	70.38	215.42

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)

		Rs. Crore
	Scheme/ Programme	Approved Amount
1	RCH Flexible Pool (including 64.05 cr for RCH II & Rs. 4.4 cr for Immunization)	Rs. 68.45
2	NRHM Flexible Pool	Rs. 148.07
3	Pulse Polio	Rs. 13.34
4	NVBDCP	Rs. 1.20
5	RNTCP	Rs. 4.76
6	NPCB	Rs. 3.00
7	NIDDCP	Rs. 0.24
8	IDSP	Rs. 1.52
9	NLEP	Rs. 1.07
10	Infrastructure Maintenance (Treasury Route)	Rs. 42.83
	<b>TOTAL</b>	<b>Rs. 284.48</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 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. Delegation of Financial Powers and Concurrent Audit needs to be implemented in the state of Haryana and the post of Director (Fin.& Accounts) filled up at the earliest.
28. District level FMRs should be posted by the state on monthly basis on the HMIS portal of M&E Division of MoHFW.
29. Integration of accounts of individual programme societies with the SHS under the NRHM may be completed by the state as per FMG guidelines.
30. The state agrees to refund the unspent balances against specific releases made during FY 2005-06, if any.
31. 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 t of Members present during the meeting of the NPCC for state of  
Haryana held on 27<sup>th</sup> Feb 2009 under the Chairmanship of Shri G.C.  
Chaturvedi, AS & MD, NRHM.

1	Shri G C Chaturvedi, AS&MD	chaturvedi_gc.nic.in
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42	Ms P Priyadarshi, MSG	msg@msg.net.in



Representatives from Govt. of Haryana		
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12	Shri Pravin Kr Singh, DD(M&E)	
13	Shri Ashutosh, Asstt. Director (Demo)	
14	Dr Vandana Gupta	apd.nrh@hry.nic.in
15	Shri Vinod Kumar,	vinod_kr991@rediffmail.com

**ANNEX-II**

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

<b>S. No.</b>	<b>BUDGET HEAD</b>	<b>PROPOSED</b>	<b>APPROVED</b>
1	Maternal Health	151.00	149.00
2	Child Health	188.36	177.36
3	Family Planning	200.30	200.30
4	ARSH	26.90	26.90
5	Urban RCH	328.94	328.94
6	Tribal RCH	0.00	0.00
7	Vulnerable Groups	0.00	0.00
8	Innovations/ PPP/ NGO	175.76	135.76
9	Infrastructure & HR	2686.37	2585.23
10	Institutional Strengthening	34.20	34.20
11	Training	608.91	606.43
12	BCC / IEC	0.00	0.00
13	Procurement	0.00	0.00
14	Programme Management	491.22	392.94
15	Others/ Untied Funds	0.00	0.00
	<b>Total RCH II Base Flexi Pool</b>	<b>4891.96</b>	<b>4637.06</b>
16	JSY	632.00	600.00
17	Sterilisation & IUD Compensation, and NSV Camps	1168.61	1168.61
	<b>GRAND TOTAL RCH II</b>	<b>6692.57</b>	<b>6405.67</b>

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. 1.73 crores) to Gol.

**ATTACHMENT “A”  
HARYANA**

(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	3.00	3.00	
A.1.1.2	Operationalise 24x7 PHCs	21.00	21.00	
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	120.00	120.00	Focus on comprehensive VHNDs
A.1.3.2	Monthly Village Health and Nutrition Days	2.00	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	80.00	80.00	
A.1.4.2	Institutional Deliveries			
A.1.4.2.1	Rural	280.00	280.00	
A.1.4.2.2	Urban	120.00	120.00	
A.1.4.2.3	Caesarean Deliveries			
A.1.4.3	Other activities (JSY)	152.00	120.00	1. State has budgeted for ASHA package by calculating all the deliveries (76,000)

Code	ACTIVITY	PROPOSED	APPROVED	REMARKS
				which include 16,000 home deliveries. ASHA package for home deliveries is not permitted. 2. As regards ASHA package for institutional deliveries budgeted @ Rs. 200, the state may await Gol guidelines.
A.1.5	Other strategies/activities			
A.1.5.1.	Maternal Death Audit	5.00	5.00	
<b>A.2</b>	<b>CHILD HEALTH</b>			
A.2.1	Integrated Management of Neonatal & Childhood Illness/ IMNCI	3.00	3.00	Monitoring should be of IMNCI implementation, e.g. 3 (1st day, 3rd day and 7th day) home visits by trained persons; weighing of child at birth; additional visits for LBW (14th day, 21st day and 28th day); screening and detection of sick new born; and appropriate management and referral etc.
A.2.2	Facility Based Newborn Care/ FBNC			
A.2.3	Home Based Newborn Care/ HBNC			

Code	ACTIVITY	PROPOSED	APPROVED	REMARKS
A.2.4	School Health Programme	139.46	128.46	Following activities are not permissible: • 2.4.3.4 Incentive for resource person for extension lecture - Rs. 10.00 lakhs • 2.4.3.7 Mobility of State Nodal Officer - Rs. 1.00 lakhs
A.2.5	Infant and Young Child Feeding/ IYCF	22.90	22.90	IYCF involves promotion of all 3 components – (i) early initiation of breast feeding and exclusive breast feeding till 6 months; (ii) timely complementary feeding after 6 months and contd BF till 2 yrs; (iii) BF in difficult circumstances like HIV/AIDS etc: Mobility support to staff should be linked with improvements in the above IYCF rates and should be monitored by the State.
A.2.6	Care of Sick Children and Severe Malnutrition	2.00	2.00	
A.2.7	Management of Diarrhoea, ARI and Micronutrient Malnutrition			
A.2.8	Other strategies/activities	21.00	21.00	Monitoring should be

Code	ACTIVITY	PROPOSED	APPROVED	REMARKS
				combined for all activities not separated for each activity. State could consider a check list for monitoring which could be carried out by supervisor.
		<b>188.36</b>	<b>177.36</b>	State should regularly monitor the improvements in child health indicators and report progress to Gol.
<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	163.80	163.80	
A.3.1.3	NSV camps	88.20	88.20	
A.3.1.4	Compensation for female sterilisation	695.22	695.22	
A.3.1.5	Compensation for male sterilisation	339.46	339.46	
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	10.50	10.50	
A.3.2.2	IUD services at health facilities / compensation	45.73	45.73	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			



Code	ACTIVITY	PROPOSED	APPROVED	REMARKS
	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>			
<b>A.3.5.</b>	<b>Other strategies/activities</b>	26.00	26.00	
<b>A.4</b>	<b>ARSH</b>			
A.4.1	Adolescent services at health facilities.	16.90	16.90	
A.4.2	Other strategies/activities	10.00	10.00	State may share training modules for Peer Educators with Gol which must be aligned with the Gol guidelines.
		<b>26.90</b>	<b>26.90</b>	
<b>A.5</b>	<b>URBAN RCH</b>			
A.5.1	Urban RCH Services	278.94	278.94	
A.5.2	Other strategies/activities	50.00	50.00	
		<b>328.94</b>	<b>328.94</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	30.76	30.76	
A.8.2	Public Private Partnerships			
A.8.3	NGO Programme			
A.8.4	Other innovations (if any)	145.00	105.00	(1) Jaccha-Baccha Scheme - Approved

Code	ACTIVITY	PROPOSED	APPROVED	REMARKS
				<p>subject to the following steps undertaken by the state:</p> <ul style="list-style-type: none"> <li>• Details of the scheme to be clearly spelt out and provided to GOI.</li> <li>• Establish proper monitoring mechanisms.</li> <li>• Incentive should not be fragmented, and should be linked to performance output, with no duplication with existing incentive schemes.</li> </ul> <p>(2) State /District Specific innovations is not approved. Since state has reportedly prepared State PIP on the basis of district plans, all the state/district specific innovations should have been included in the PIP (Rs. 40 lakhs)</p>
		<b>175.76</b>	<b>135.76</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	21.16	21.16	

Code	ACTIVITY	PROPOSED	APPROVED	REMARKS
A.9.1.3	Staff Nurses	1548.73	1548.73	
A.9.1.4	Doctors and Specialists (Anaesthetists, Paediatricians, Ob/Gyn, Surgeons, Physicians)	226.88	226.88	
A.9.1.5	Other contractual staff	398.47	398.47	
A.9.1.6	Incentive/ Awards etc.			
<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>			
A.9.3.1	Minor civil works for operationalisation of FRUs	63.75	63.75	
A.9.3.2	Minor civil works for operationalisation of 24 hour services at PHCs	132.00	132.00	Approved subject to the following: 1) No major civil works/ fresh construction may be carried out. 2) Only repair/ renovation of existing OT, labour room is permissible. 3) Any drugs are to be budgeted under Mission flexi pool.
<b>A.9.4</b>	<b>Operationalise IMEP at health facilities</b>			
<b>A.9.5</b>	<b>Other Activities</b>	295.38	194.24	(1) State needs to provide details of NICU costs. State may note that no

Code	ACTIVITY	PROPOSED	APPROVED	REMARKS
				fresh construction may be carried out. Purchase of drugs should be through Mission flexi pool. (2) Following activities may be budgeted under Mission Flexi Pool: • 9.5.1 Strengthening of SIHFW & SHRC (Rs. 78.00 lakhs) • 9.5.2 Contractual staff recruited and in position & HHSRC (Rs. 23.14 lakhs)
		<b>2686.37</b>	<b>2585.23</b>	
<b>A.10</b>	<b>INSTITUTIONAL STRENGTHENING</b>			
A.10.1	Human Resources Development			
A.10.2	Logistics management/ improvement			
A.10.3	Monitoring & Evaluation / HMIS	34.20	34.20	
A.10.4	Sub Centre Rent and Contingencies			
A.10.5	Other strategies/ activities			
		<b>34.20</b>	<b>34.20</b>	
<b>A.11</b>	<b>TRAINING</b>			
A.11.1	<b>Strengthening of Training Institutions</b>	80.00	80.00	
A.11.2	<b>Development of training packages</b>	24.81	24.81	
<b>A.11.3</b>	<b>Maternal Health Training</b>			
A.11.3.1	Skilled Birth Attendance / SBA	158.43	158.43	

Code	ACTIVITY	PROPOSED	APPROVED	REMARKS
A.11.3.2	EmOC Training	44.17	44.17	
A.11.3.3	Life saving Anaesthesia skills training	6.88	6.88	
A.11.3.4	MTP training	6.80	6.80	
A.11.3.5	RTI / STI Training			
A.11.3.6	Dai Training			
A.11.3.7	Other MH Training			
A.11.4	<b>IMEP Training</b>			
A.11.5	<b>Child Health Training</b>			
A.11.5.1	IMNCI	145.35	145.35	
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			
A.11.6	<b>Family Planning Training</b>			
A.11.6.1	Laparoscopic Sterilisation Training	0.62	0.62	
A.11.6.2	Minilap Training	15.57	15.57	
A.11.6.3	NSV Training	4.84	4.84	
A.11.6.4	IUD Insertion Training	40.08	37.60	Only the TOT for IUD Insertion budgeted at Rs.1.92 lakhs/ batch has been reworked at Rs. 1.30 lakhs/ batch (an average cost per participant at Rs. 6500). The others trainings (for MOs, ANMs and LHVs has been approved as proposed)
A.11.6.5	Contraceptive Update Training	1.80	1.80	
A.11.6.6	Other FP Training			
A.11.7	<b>ARSH Training</b>			

<b>Code</b>	<b>ACTIVITY</b>	<b>PROPOSED</b>	<b>APPROVED</b>	<b>REMARKS</b>
<b>A.11.8</b>	<b>Programme Management Training</b>	31.10	31.10	
A.11.8.1	SPMU Training			
A.11.8.2	DPMU Training			
A.11.9	Other training	48.46	48.46	
A.11.9.1.	Continuing Medical & Nursing Education			
		<b>608.91</b>	<b>606.43</b>	
<b>A.12</b>	<b>BCC / IEC</b>			
A.12.1	<b>Strengthening of BCC/IEC Bureaus</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			
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>			
		<b>0.00</b>	<b>0.00</b>	
<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			
A.13.1.3	Procurement of equipment: FP			
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			
A.13.2.3	Drugs & supplies for FP			

<b>Code</b>	<b>ACTIVITY</b>	<b>PROPOSED</b>	<b>APPROVED</b>	<b>REMARKS</b>
A.13.2.4	Supplies for IMEP			
A.13.2.5	General drugs & supplies for health facilities			
		<b>0.00</b>	<b>0.00</b>	
<b>A.14</b>	<b>PROGRAMME MANAGEMENT</b>			
A.14.1	<b>Strengthening of State society/ SPMU</b>	45.44	45.44	
A.14.2	<b>Strengthening of District society/ DPMU</b>	256.78	158.50	14.2.1.9 Accounts Assistants – CHC: Rs. 98.28 lakhs, may be budgeted under Mission Flexi Pool
A.14.3	<b>Strengthening of Financial Management systems</b>	20.00	20.00	
A.14.4	Other activities (Programme management expenses, mobility support to state, district, block)	169.00	169.00	14.1.2.3 Re-current cost of programme management unit at state & district level (Rs. 100.00 lakhs) - No details provided. State may submit details of costs with Gol for approval. No expenditure for this activity is to be booked till Gol approval is received.
		<b>491.22</b>	<b>392.94</b>	
<b>A.15</b>	<b>OTHERS/ UNTIED FUNDS</b>			
	<b>Total RCH II Base Flexi Pool</b>	<b>4891.96</b>	<b>4637.06</b>	
	<b>Total JSY, Sterilisation and IUD Compensation, and NSV Camps</b>	<b>1800.61</b>	<b>1768.61</b>	
	<b>GRAND TOTAL RCH II</b>	<b>6692.57</b>	<b>6405.67</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 2.4.3. School Health Programme includes:
  - 2.4.3.1. State level workshop for State level workshop for sharing plan strategy with district nodal officers
  - 2.4.3.2 Sensitization of teacher
  - 2.4.3.3 Skill based Education provision of formats & printing of school health cards
  - 2.4.3.4 Incentive for resource person for extension lecture
  - 2.4.3.5 Mid-term review meeting of School Health Programme to review implementation of programme
  - 2.4.3.6 Mobility of Medical Officer, Dental Surgeon & AYUSH officer
  - 2.4.3.7 Mobility of State Nodal Officer
  
2. Activity code 2.5. Infant and Young Child Feeding include:
  - 2.5.3.1 Mobility of State Nodal Officer
  - 2.5.3.2 Mobility for medical officer and other staff of the District
  - 2.5.3.3 Review meetings
  - 2.5.3.4 Setting up of one Counselling Centres in each district by the already trained counsellors (one in each district hospital)
  
3. Activity code 2.8. Other strategies/activities include:
  - 2.8.2 Monitoring by District level officers
  
4. Activity code 3.3.1 IUD Compensation has been merged with “3.2.2. IUD services at health facilities / compensation”.
  
5. Activity code 3.5. Other strategies/activities includes:
  - 3.2.6. Monitor progress, quality and utilisation of services.
  - 3.3.2 Monitor progress against plan; follow up with training, procurement, etc. (Review Meetings)
  - 3.3.3 Monitoring by District level officers



6. Activity code 8.1. PNDT and Sex Ratio includes:
  - 8.1.1. Operationalise PNDT Cell
  - 8.1.1.1 Meeting of the supervisory Boards
  - 8.1.2 Orientation of programme managers & service providers on PC & PNDT Act
  - 8.1.2.1 Training workshop of District Nodal officers
  - 8.1.2.2 Workshop/seminar on legal provisions & awareness on female foeticide under PNDT Act at district level workshop for all stakeholders
  - 8.1.3 Monitoring of Sex ratio at birth
  - 8.1.3.1 Funds for decoy patient/ informer
  - 8.1.3.2 Monitor through field visits/ transport by State Officers
  - 8.1.4.3 Printing of Annual Report
  
7. Activity code 8.4. Other innovation includes:
  - 8.4.1 Performance based incentives for SBAS under Jaccha- Baccha Scheme
  - 8.4.2 State /District Specific Innovation
  
8. Activity code 9.1.3. Staff Nurses includes:
  - 9.1.3. Staff Nurses for District & Sub Distt. Hospitals recruited and in position
  - 9.1.3.1 Staff Nurses for FRUs recruited and in position for existing FRUs
  - 9.1.3.2 Staff Nurses for FRUs to be recruited and in position for New FRUs
  - 9.1.3.3 Staff Nurses recruited for 160 existing 24x7 PHCs
  - 9.1.3.4 Staff Nurses to be recruited for 176 new 24x7 PHCs
  
9. Activity code 9.1.5. Others - Computer Assistants/ BCC Co-ordinator/ ASHA Link Worker etc include:
  - 9.1.6 Hiring of Statistician at state HQ
  - 9.1.7 Consultant
  - 9.1.8 Staff for NICU
  - 10.3.1.1.6 Computer Assistants at H.Q.

10. Activity code 9.5.3 OT/ Labour room renovation/ repair and Provision of essential drugs & equipments - including OT Light / table / instruments & equipment/ trolley has been merged with “9.3.2. Minor civil works for operationalisation of 24 hour services at PHCs”

11. Activity code 9.5. Other activities

- 2.8.1 Establishment of Neonatal Intensive care unit
- 9.5.1 Strengthening of SIHFW & SHRC
- 9.5.2 Contractual staff recruited and in position & HHSRC

12. Activity code 10.3. Monitoring & Evaluation / HMIS include:

- 10.3.2. Operationalising the new MIES format
  - 10.3.2.1. Review of existing registers
  - 10.3.2.2. Printing of new forms for sub-centre
    - 10.3.2.2.1 Printing of new HMIS forms for PHC
    - 10.3.2.2.2 Printing of new HMIS forms for CHC & Hosp. level
    - 10.3.2.2.3 Printing of new HMIS forms for District level
  - 10.3.2.4 Printing of Sub-centre registers (Village & SC wise)
    - 10.3.2.4.1 Register No.1 Village Information & Survey Register
    - 10.3.2.4.2 Register No.2 Eligible Couple & Family Planning Service Register
    - 10.3.2.4.3 Register No.3 ANC+ Birth+ Immunization Register
    - 10.3.2.4.4 Register No.4 OPD Register
    - 10.3.2.4.5 Register No.5 Stock Register
    - 10.3.2.4.6 Register No.6 Reporting Master Register as per new formats of HMIS
    - 10.3.2.4.7 Printing of diaries for ASHAs, ANMs, LHVs, MPHW (male), MPHS
  - 10.3.2.5 Translation of HMIS toolkit, formats & printing of HMIS Format
    - 10.3.2.5.1 Translation of HMIS toolkit & formats & printing of HMIS Format
    - 10.3.2.5.2 Printing of HMIS formats Manuals (for District/CHC/SDH/PHC/SC)
    - 10.3.2.5.3 Integrated HMIS Reporting (for District/CHC/SDH/ PHC/SC)
    - 10.3.2.5.4 Operational manual for HMIS (for District HQ/ CHC/PHC)

13. Activity code 11.1. Strengthening of Training Institutions includes:

- Provide equipment and training aids to the training institutions

- Colour printer
- B/W printer
- Colour Photocopier
- Magic studio
- Photostat+ scanner + fax (3 in 1 machine)
- LCD projector
- Cordless mic and speaker
- Desktop
- laptops with Air-card
- Inverter and Battery
- Motorised Screens
- Split Acs
- Interactive white board
- Portable Visual Presenter
- Digital Camera
- Desktops
- 11.1.4.1 Institutional charges for maintenance of DTCs

14. Activity code 11.2. Development of training packages includes:

- 11.2.1. Development/ translation and duplication of training materials at state
- 11.2.2 Specialised training equipment (for skills trainings) provided
- 11.2.3. Venue hiring at state level
- 11.2.3.1 Development & printing of resource material for various trainings at district level
- 11.2.3.2 Planning workshop for allocation of training

15. Activity code 11.8 Programme Management Training includes:

- 10.3.3.1 Capacity Building on new HMIS formats and Software-State level
- 10.3.3.2 Capacity Building on new HMIS formats and Software-District level
- 10.3.3.3 Capacity Building on new HMIS formats and Software-CHC level
- 14.3.1. Training in accounting procedures/Management to State & District Level staff under NRHM
- 14.3.2 Training on Financial Management to Non Finance Executive at State & District Level

16. Activity code 11.9. Other trainings include:

- 11.9.1 Quarterly review of trainings
  - 11.9.2 Evaluation study of trainings & outsourcing model adopted by state
  - 11.9.5 Monitor progress & quality of trainings
  - 11.9.6 National & International visit and training for officials and Health Society functionaries
  - 11.9.8 Post graduate diploma in public health management
17. Activity code 14.1. Strengthening of State society/State Programme Management Support Unit include:
- 14.1.1.2 Director Finance & Accounts
  - 14.1.1.3 State NGO Coordinator
  - 14.1.1.4 Finance Manager
  - 14.1.1.5 Administrative officer
  - 14.1.1.6 Manager Accounts
  - 14.1.1.7 Computer Assistants
  - 14.1.1.8 Accounts Assistants
  - 14.1.1.9 Administrative assistant
  - 14.1.1.10 Secretarial Assistant
  - 14.1.1.12 Drivers
  - 14.1.1.17 1 General Assistant with computer knowledge
18. Activity code 14.2. Strengthening of District society/District Programme Management Support Unit include:
- 14.2.1.1 District Programme Manager
  - 14.2.1.2 Manager Accounts
  - 14.2.1.3 Secretarial Assistant
  - 14.2.1.4 Accounts Assistants
  - 14.2.1.5 Computer Assistants at district - for District Training Officers
  - 14.2.1.9 Accounts Assistants – CHC
19. Activity code 14.3. Strengthening of Financial Management systems includes:
- 14.3.3 Development of software for maintaining of accounts at state & district level
  - 14.3.2.1 Annual audit of the programme
20. Activity code 14.4. Other activities (Prog. Management Expenses, Mobility support to state, district, block for all staff) includes:
- 14.1.2.2 Monitoring through field visits - mobility support

- 14.1.2.3 Re-current cost of programme management unit at state & district level
- 14.1.2.4 Building for office on rent
- 14.2.1.7 Provision of equipment/furniture and mobility support for DMSU staff
- 14.2.1.8 Monitoring through field visits - mobility support

**Annex III**

**Approval under NRHM Mission Flexible Pool.**

**Rs. Lakh**

Sno	Activity proposed	Amount proposed	Amount Approved	Remarks	
<b>Grants to Hospital Management Committees</b>					
1	SKS Grants – HQ Hospital	105	105	The Untied funds & amg should be routed through bank account of RKS at respective levels and through joint account of ANM and Pradhan at SC and VHSC level. state may obtain consolidated PHC wise utilisation certificates in relation to these funds.	
2	SKS Grants – CHC/ Sub Divisional Hospital	116	116		
3	SKS Grants – Primary Health Centre	336	336		
<b>Annual Maintenance Grants</b>					
4	Annual Maintenance Grants CHC/ PHC	274.5	274.5		
5	Annual Maintenance Grants for SC	246.5	246.5		
<b>Untied Funding</b>					
6	Untied funds to CHC/PHCs	142	142		
7	Untied funds to SCs	246.5	246.5		
8	VLC-cum-Village Health Sanitation Committee	628.2	628.2		
<b>Infrastructure &amp; Human Resources</b>					
9	Construction of new CHC/ PHCs / Sub Centre as per IPHS	4500	3100		
10	Strengthening of existing infrastructure as per IPHS				
11	Construction of Para medical training institute Mewat				
12	Construction nursing college at Khanpur Kalan, Sonapat				
13	State Project implementation Unit at consultancy services				
14	Additional ANMs	2395.98	2395.98		
15	Upgradation of Health Institutions as per IPHS	4916.25	3500		
16	Special Incentive for Mewat, Morni & Difficult areas	300	300		
17	Establishment of referral transport system through outsourcing of 100 ambulances @ minimum rates of Rs. 500 per day and Rs. 10 per kilometer for minimum 100 km per day.	580	580	The state may prepare a self contained proposal for approval of Executive Committee of SHS.	

18	Medical Mobile Units	47.34	47.34	
<b>Other Initiatives</b>				
19	Additionalities under immunization	88.12	0	Not Approved. The state may align the management of all programme interventions under NRHM to ensure optimal utilisation of resources.
20	Capacity Building and Experience sharing	27.00	27.00	
21	BCC/IEC	440.05	440.05	
22	Improving Quality Of Service Delivery & ISO	60	60	
23	Strengthening of Procurement & Logistics	214.19	214.19	
24	Comprehensive Best Health Village Scheme	61.59	61.59	
<b>General Schemes under NRHM Flexi Pool</b>				
25	Health Mela	81	80	The Health Mela may be organised in all Parliamentary Constituencies
26	Free Treatment of Cleft Lips and Palate	10.2	10.2	
27	Continuous Medical Education (CME)	10	10	
28	Down Syndrome Screening Programme	5	5	
29	Prevention and Treatment of RHD	10	10	
30	De-worming and Anemia Control Programme	200	200	
31	Treatment to Hemophilia Patients	96	96	
32	ASHA	888.50	888.50	
33	Civil Registration System	37	37	
34	HMIS	254	254	

35	Program Management Unit (Budget under RCH Part A)	0	0	
36	Strengthening of Lab at Zonal Level and District level for NVBDCP	21.00	21.00	In the state PIP these activities were budgeted under NVBDCP where they were approved in principle for funding under NRHM Flexipool to be eventually funded under state budget.
37	Funds for ASHA and community workers for intensifying anti larval activities and checking of breeding sites	175.00	175.00	
38	Effective implementation of NAMMIs	23.00	0	
39	Strengthening of SIHFW & SHRC	78.00	78.00	In the state PIP this activity is budgeted in the RCH II chapter from where it has been recommended for support under the NRHM Flexipool. The activity has accordingly been approved under NRHM Flexipool
40	Contractual Staff recruited and in position at Health system Resource Centre (HHSRC)	23.14	23.14	
	Accounts Assistants at CHCs	98.28	98.28	
<b>Total</b>			<b>14806.97</b>	



**Annex IV**

**Approval under Immunization**

**Rs. Lakh**

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.	11.50	11.50	
2.	Cold chain maintenance	5.09	5.09	
3.	Alternate Vaccine Delivery to Session sites	59.16	59.16	
4.	Focus on urban slum & underserved areas	39.48	39.48	
5.	Social Mobilization by ASHA /Link workers	177.48	177.48	
6.	Computer Assistants support at State and district level	23.04	21.60	
7.	Printing and dissemination of immunization cards, tally sheets, charts, registers, receipt book, monitoring formats etc.	32.75	32.75	
8.	Quarterly review meeting at state level	1.50	1.50	
9.	Quarterly review meeting at district level	1.68	1.68	
10.	Quarterly review meetings at block level	39.00	39.00	
11.	Two days Training of Health workers(ANMs, LHV, MPHW etc)	10.00	10.00	
12.	Three day Training of MOs on RI	8.00	8.00	
13.	One day refresher training of Comp. Assistants	0.30	0.30	
14.	One day Training of cold chain handlers	0.00	0.00	
15.	One day Training of block level Data handlers on vaccine & cold chain logistics	1.20	1.20	
16.	Micro planning at SC level, block and district level	3.80	3.80	
17.	POL for vaccine delivery from State to district and from district to PHC/ CHC level	21.00	21.00	
18.	Consumables for computer including internet access	1.06	1.06	
19.	Purchase of red/black polythene bags	0.20	0.20	
20.	Purchase of bleach/Hypochlorite solution	2.59	2.59	
21.	Purchase of Twin buckets	2.07	2.07	
22.	Funds for Tracking bags @ Rs 150/- per bag for 3000 bags	4.50	4.50	
<b>Total</b>		<b>445.40</b>	<b>443.96</b>	

**COMMENTS:**

1. As per the evaluated survey the full immunization is **63.6 %** in **2007-08 (DLHS 3)**
2. The situational analysis of the routine immunization in the state identifies rapid urbanization as one of the critical bottle-necks for full coverage at the state.

3. The State continues to have **high dropout from BCG to DPT 3 at 19% and BCG to Measles at 15%** which is critical for further improvement in full immunization coverage.
4. In the year 2008 no cases of AEFI reported though the immunization rates are increasing. The State needs to strengthen AEFI reporting further to improve reporting of AEFI cases.
5. The state needs to expedite the **Immunization training** of Health Workers as it has trained only **18.3%** (665/3633) of health workers. Further the training plan for MOs may be revised with batch size of 20 instead of 25 to ensure quality of training
6. The State may consider the following for improving coverage of immunization from 63.6% to at least 85%.
  - a. Human Resource: One position of State cold chain officer, Four positions of DIO and Ten of Cold chain mechanics need to be filled up.
  - b. Revision of Microplans to strengthen outreach services especially in the districts with low coverage and high dropouts reflecting poor accessibility.
  - c. Increased involvement of the Block & District Officials for development of State PIP to ensure bottom-up planning.
  - d. Strengthen routine immunization in urban areas.
7. Better tracking of beneficiaries by ensuring availability of beneficiary/due list with the ANM/AWW/ASHAs at the session sites. Counterfoils with tracking bags also need to be used for reducing dropouts.

**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. At the state only one computer assistant is permissible for data management of routine immunization including coverage, vaccine and logistics data.
4. The expenditure on trainings should be incurred as per revised Gol 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 been trained during last years conducted, if any. The state should furnish the details of persons trained during the year.
5. The two days training of Health workers (ANMs, LHV, MPHWH 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.
6. The sessions should be based on rational micro plans. The micro plans should be shared with Gol.
7. 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.
8. 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.

**Annex V**

**Approvals under National Disease Control Programmes**

**Revised National Tuberculosis Control Programme**

**Rs. Lakh**

	Particulars	Amount Proposed	Amount Approved	Remarks
1	Civil Works-a- Maint.	4.28	4.28	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	10.25	10.25	
2	Laboratory Materials	39.81	31.85	
3	Charges (Honorarium)	11.87	11.87	
4	IEC/Publicity	24.45	24.45	
5	Equip. Maintenance	16.79	14.74	
6	Training	16.88	13.50	
7	Vehicle Maintenance	24.50	19.60	
8	Vehicle Hiring	58.62	29.31	
9	NGO/PP Support	6.62	7.94	
10	Medical Colleges	13.98	10.49	
11	Office Operations (Miscellaneous)	41.69	35.44	
12	Contractual Services	243.44	239.44	
13	Printing	36.19	21.71	
14	Res. and Studies			
15	Proc. of Vehicle	0.00	5.00	
16	Proc. of equipments			
<b>Total</b>		<b>549.37</b>	<b>475.59</b>	

### National Vector Borne Disease Control Programme

Haryana has requested in their revised PIP for cash assistance of Rs.68.00 Lakhs for which the approval is recommended as indicated below

**Rs. Lakh**

Activity proposed	Amount proposed	Amount approved
<b>Malaria</b>		
<b>DBS</b>		
NAMMIS	0.5	0.5
IEC	7	7
Training	1	1
<b>Sub-Total:</b>	<b>8.5</b>	<b>8.5</b>
<b>Total - Malaria</b>	<b>8.5</b>	<b>8.5</b>
<b>Japanese Encephalitis</b>		
Diagnosics and Management	9	9
Training	3	3
IEC	4	4
Technical Malathion	3	3
Monitoring & Evaluation	2	2
Other charges	0	0
<b>Total - J.E.</b>	<b>21</b>	<b>21</b>
<b>Dengue &amp; Chikungunya</b>		
Apex Referral labs	0	0
Sentinel surveillance hospital	2.5	2.5
Monitoring & Evaluation and rapid response	9	9
Epidemic preparedness (logistics + operational cost)	18	18
Fogging Machine	4	4
Training/Workshop	5	5
<b>Total - Dengue &amp; Chikungunya</b>	<b>38.5</b>	<b>38.5</b>
<b>Total Allocation under NVBDCP</b>	<b>68.00</b>	<b>68.00</b>
<b>Commodity</b>		<b>52.29</b>
<b>Grand Total</b>		<b>120.29</b>

- **NRHM additionality**

Activity Proposed	Amount Proposed	Amount approved	Comments
Strengthening of Lab at Zonal Level and District level	21.00	21.00	The component is to be met by state, but the state is requesting from NRHM additionality and since the activities are required hence

			may be met from NRHM additionality. However, <b>the state has to support this activity from their resources in future to sustain the health system.</b>
Funds for ASHA and community workers for intensifying anti larval activities and checking of breeding sites	175.00	175.00	NVBDCP supports for high malaria risk areas and the state is asking for anti larval work which is essential but needs to be met from state resources. However, it can be considered from <b>NRHM additionality with the provision that later on the state should meet the resources from their fund.</b>
Strengthening of FTDs	60.00	0	<b>Not recommended</b> as this is not an innovation
Mobility support	21.48	0	From the state resources or the support provided under NRHM can be utilized.
Fish hatcheries	11.50	0	May be met from state resources
Material and supply (fogging machines)	150.00	0	From state resources
Training	53.80	0	Should be restricted as per NVBDCP allocation i.e.Rs.1.5 Lakhs
Insecticide Treated Curtains	11.00	0	Detail proposal may be submitted to NVBDCP for consideration
IEC activities	27.82	0	Should be restricted as per NVBDCP allocation of Rs.7 Lakhs
Effective implementation of NAMMIs	23.00	23	NAMMIS implementation is recommended by NVBDCP and the state needs support from NRHM additionality <b>which is recommended with the provision that later on the state should meet the resources from their fund.</b>
Total	554.60	219.00	

### Integrated Disease Surveillance Project

In the PIP **Haryana** state has asked Rs 320.14 lacs under different IDSP activities during 2009-10 activities against approved budget of Rs. 80.34 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**

S.N.	Activity	Amount proposed by the State	Amount approved	Remarks
1	Incremental staff/ personnel + Operational cost	274.68	129.46	Including salary of newly posted Epidemiologists, Microbiologists & Entomologist
2.	Training cost	10.44	5.00	Budget released in previous year may be utilized
3.	IEC	20.50	5.00	As per norms
4.	Lab. equipment etc.	6.45	12.20	Haryana Govt. Public Health Lab. Karnal & Hissar
	<b>Total</b>	<b>312.07</b>	<b>151.66</b>	

Amount approved under different activities above by IDSP, NICD is Rs. **151.66** lacs for the year 2009-10. However present allocation as per fund availability with IDSP, NICD is Rs. 92.86 lacs and balance unspent amount of Rs **58.80** lacs will be available for expenditure.

### National Programme for Control of Blindness

Government of Haryana has been allocated Rs.300 lakh for implementation of National Programme for Control of Blindness during the year 2009-10 within the budgetary limit of the programme as per details below:-

Sr. No	COMPONENT	Proposed	Approved	Remarks
1	<b>State Health Society (NPCB)</b>			
	<b>Non Recurring GIA</b>	3.00		Approved as in item no8
	<b>Recurring GIA:- Salary of S.H.S. (NPCB) Staff</b>	11.00		Approved as item no8 with the limitation of Rs.14.00
2	<b>Non recurring GIA for Strengthening of Regional Institute of Ophthalmology</b>	40.00	40.00	for 1 Medical College @ Rs.40.00 lac
3	<b>Non Recurring GIA for Strengthening of District Hospital (20x3)</b>	60.00		Approved as in item no8
(a)	Recurring (25000x3x12) (8000x3x12)	11.88	45.60	for 10 ophth.surgeon@Rs.25000 PM for 10 Ophth. assistant@Rs.8000 PM for 5 Eye counsellor @Rs.10000 PM
4	Non Recurring GIA for UP gradation of Sub/District/CHC	50.00		Approved as in item no8
5	Non Recurring GIA for Vision Centres at PHC. Voluntary Sector (50000x10)	5.00	5.00	for 10 vision centre @Rs.50000 per unit
	Recurring (8000x10)	9.60		Approved as in item no 3 (a) for 5 Eye counsellor
6	GIA for support to Eye Bank in Govt./ Voluntary Sector			

	Non Recurring GIA@ 15 Lakh each	30.00		Not Approved, may obtain be from NRHM flexpool
	Non Recurring GIA @1500/- per pair of eyes	4.00		
7	GIA for Support to Eye Donation Centres Non Recurring GIA @ 1 Lakhs each	2.00	1.00	for 1 Eye Donation centre @Rs.1.00 lac
	Recurring GIA @ 1000/-	1.50		Approved as in item no8
8	Grant -in- Aid to D H S (NPCB)	250.00	178.40	Approved under scheme GIA for Catops and other approved activities
9	GIA for School Eye Screening	30.00		Approved as in item no8
10	Non-Recurring GIA for Strengthening / Expansion of Eye Care Unit	25.00		Not Approved
11	Information Education Communication	10.00		Approved as in item no8
12	Training of Ophthalmic & Support Manpower	10.00		Approved as in item no8
13	Sutures & IOL	75.00		Approved as in item no8
14	Management Information System, Monitoring & Evaluation	5.00		Not Approved
15	Non recurring GIA for NGO		30.00	for 1 NGO @Rs.30.00 lac
<b>Total</b>		<b>632.98</b>	<b>300.00</b>	

- 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, Remuneration, other activities & Contingency etc.



### National Leprosy Eradication Programme

Rs. Lakh

S. No.	Activity proposed	Amount proposed	Amount approved
1)	<b>Contractual Services</b>		
	State - SMO, BFO cum AO, DEO, Administrative Assistant, Driver District - Drivers	28.14	25.80
2)	<b>Services through ASHA/USHA</b>		
	Honararium to ASHA, sensitization of ASHA	0.45	0.45
3)	<b>Office expenses &amp; Consumables</b>	7.68	7.36
4)	<b>Capacity building (Training)</b>		
	4 days training of newly appointed MO (rural & urban)		
	3 days training of newly appointed health worker & health supervisor	6.50	6.50
	2 days refresher training of MO		
	5 days training of newly appointed Lab. Technician		
5)	<b>Behavioral Change Communication (IEC)</b>		
	Quiz, folk show, IPC workshop, Meeting of opinion leaders, melas	14.00	14.00
	Wall painting, Rallies, Hoardings etc		
6)	<b>POL/Vehicle operation &amp; hiring</b>		
	2 vehicles at state level & 1 vehicle at district level	9.25	9.25
7)	<b>DPMR</b>		
	MCR footwear, Aids and appliances, Welfare allowance to BPL patients for RCS, Support to govt. institutions for RCS	3.34	9.50
8)	<b>Material &amp; Supplies</b>		
	Supportive drugs, lab. reagents & equipments and printing forms	13.54	10.40
9)	<b>Urban Leprosy Control</b>	5.50	5.50
10)	<b>NGO - SET Scheme</b>	0.00	0.00
11)	<b>Supervision, Monitoring &amp; Review</b>		
	Review meetings and travel expenses	7.40	3.50
12)	<b>*Other funds are required honorarium for account work</b>		
		1.26	1.20
13)	<b>Cash Assistance</b>	13.54	13.54
	<b>TOTAL</b>	<b>110.60</b>	<b>107.00</b>

### National Iodine Deficiency Disease Control Programme

**Rs. Lakh**

	Activity	Amount proposed	Amount Approved	Remarks
1	Establishment of IDD Control Cell	7.50	6.00	The State Government may carry out the activities as per the fund allocation of GOI.
2	Establishment of IDD Monitoring Lab	4.50	3.50	
3	Health Education and Publicity	10.00	12.00	
4	IDD surveys	2.00	2.50	
	<b>Total</b>	<b>24.00</b>	<b>24.00</b>	