Record of Proceedings of the National Programme Coordination Committee (NPCC) for ..... held under the Chairmanship of Shri P.K. Pradhan, Additional Secretary and Mission Director, NRHM for approval of NRHM Programme Implementation Plans of States and UTs for the year 2010-11.

A meeting of the NPCC of NRHM was held under the Chairmanship of AS & MD, NRHM, to approve the PIP of ..... on ..... 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 2010-11 would comprise of the following resources:

(A) Likely Unspent balance under NRHM in the State on 1 April 2010.

(B) Resource Envelope for the State under NRHM, 25% more than budgetary allocation of 2009-2010, from Government of India, as communicated by the Ministry to the States. Approval based on 25% more than the previous year BE is being given, even though the actual resource allocation is likely to be lower than that. This is also being done to ensure that NRHM funds are fully utilized during the financial year.

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

Proposed Budget for the year 2010-11

	Scheme/Programme	Approved Amount (In Rs. Crores)
1.	RCH Flexible Pool	Rs. 73.24
2.	NRHM Flexible Pool	Rs. 172.27
3.	Immunization (from the RCH Flexible Pool)	Rs. 5.00
4.	NVBDCP	Rs. 2.16

5.	RNTCP	Rs. 5.86
6.	NPCB	Rs. 6.35
7.	NIDDCP	Rs. 0.27
8.	IDSP	Rs. 2.99
9.	NLEP	Rs. 1.05
10.	Inter sectoral Convergence	Rs. 13.28
	TOTAL	Rs. 282.47

Add. Infra Maintenance Rs.50.50 crores=282.47+50.50=332.97 crores

Note: Above table needs to be deleted once final budget is approved

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

Unspent Balance under NRHM on 1.4.2010	Rs. 19.21 Cr.
GOI Resource Envelope for 2010-11 under NRHM (on a 15% higher than current year's Budget Estimate for over planning purpose)	Rs. 232.16 Cr.
15% State share	Rs. 35.63 Cr.
Total	**Rs. 287.00 Cr.**

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

(Rs in Crores)

Sl No.		Likely Unspent balance on 1.4.2010	GoI Resource Envelope under NRHM	Total
1	RCH Flexible Pool	Rs. 16.08 Cr.	Rs. 62.49 Cr.	78.57
2	NRHM Flexible Pool	Nil	Rs. 65.63 Cr.	65.63
3	Immunization (from RCH Flexible Pool)			
4	NVBDCP	Rs. 1.79 Cr.	Rs. 0.76 Cr.	2.55
5	RNTCP	Nil	Rs. 6.61 Cr.	6.61

6	NPCB	Nil	Rs. 3.00 Cr.	3.00
7	NLEP	Rs. 1.03 Cr.	Rs. 1.05 Cr	2.08
8	IDSP	Rs. 0.31 Cr.	Rs. 0.74 Cr.	1.05
9	NIDDP	Nil	Rs. 0.24 Cr	0.24
10	Director & Admn. (Treasury route)	Nil	Rs. 50.50 Cr.	50.50
11	PPI Oper. Cost	Nil	Rs. 10.86 Cr	10.86
12.	15% State share	Nil	Rs. 35.63 Cr	35.63
13.	15% over and above GOI resource envelope for purpose of PIP approval	Nil	Rs. 30.28 Cr	30.28
	Total	**Rs. 19.21 Cr.**	**Rs. 267.79 Cr.**	**Rs. 287.00 Cr.**

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 Programmes).

The State agrees to the following targets to be achieved during/up to 2010-2011.

Sl No.	**Activity / Measurable indicator (Definitions to be provided by NHSRC wherever clarity is required)**	**Achievement in/up to 2009-10 Jan. 2010**	**Target in/up to 2010-2011**
1.	Institutional Deliveries	67%	80%
2.	24X7 Primary Health Centres	295	42/337
3.	Functional First Referral Units	52	24/86
4.	Special New Born Care Units	01	10
5.	Newborn Corners in PHCs		146
6.	Stabilization Units in CHCs/SDH	-	40
7.	Functional Sub Centres	2465	2465
8.	Functional VHSCs	6280	6280
9.	Percent of ANMs trained as Skilled Birth Attendant	947/967 (102.11%)	3825
10.	Appointment of ANMs	2465 (100%)	2465 (100%)

Sl No.	Activity / Measurable indicator (Definitions to be provided by NHSRC wherever clarity is required)	Achievement in/up to 2009-10 Jan. 2010	Target in/up to 2010-2011
11.	ASHAs completed four modules of training	12753/4525 (35.45%)	12753
12.	ASHAs with Drug kits	Kits not provided so far	5000
13.	Functional Medical Mobile Units	6	6
14.	Full Immunization	97.50%	98%
15.	Case Detection Rate of TB	60.3%	70%
16.	Treatment Success Rate of TB	84.5%	85%
17.	ABER for malaria	8.7	10.00
18.	API for malaria	1.3	1.00
19.	No. of Reconstructive surgeries performed under NLEP	9/9	10
20.	Annual New Case Detection Rate for Leprosy	1.7	1
21.	Male Sterilization	7362/22531	24000
22.	Female Sterilization	63045/90522	96000
23.	No. of IUD insertions	151670/228000	230000
24.	Cataract Surgeries performed	103196/125000	125000
25.	Doctors trained on EMoC	40/51 (120.75%)	113
26.	Doctors trained on LSAS	40/15 (37.50%)	97
27.	Doctors trained in NSV/ Conventional vasectomy	96/106 (110.41%)	339
28.	Doctors trained in Minilap Tubectomy	155/178 (114.83%)	484
29.	Doctors trained in Laproscopic Tubectomy	70/17 (24.28%)	70
30.	Personnel trained in IMNCI	3500/3777 (107.91%)	16847
31.	Percentage Districts with Supervisory structure for Disease Control Programmes.	Yes in 21 Districts	Yes
32.	Percentage Districts with Supervisory structure for RCH.	Yes	Yes
33.	Backward district thrust – special interventions and its monitoring in place in percent districts	Yes 2 Districts	Yes
34.	Difficult, Most Difficult, inaccessible area thrust in provision of infrastructure and human resources.	No	No

Sl No.	Activity / Measurable indicator (Definitions to be provided by NHSRC wherever clarity is required)	Achievement in/up to 2009-10 Jan. 2010	Target in/up to 2010-2011
35.	HMIS fully functional	Yes	Yes
36.	Tracking of pregnant mothers and children		Yes
37.	Disease surveillance –reporting regularly	100%	100%
38.	Percent utilization of untied grants	59%	90%
39.	Percent expenditure of NRHM funds through Non Governmental organizations	153.75 lacs /0.61%	600/2%
40.	Percentage Districts having community monitoring system in place	21	21

The following general conditions will apply:-

1. All posts under NRHM are on contract and based on local criteria. These 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. Top most priority in contractual recruitments should be for backward districts and for difficult, most difficult and inaccessible health facilities.
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. Supervisory systems must be fully in place with every cutting edge health worker's performance being supervised regularly by a Health Department functionary.
6. Delegation of administrative and financial powers should be completed during the current financial year. Funding of NRHM to the State in 2010-2011 will be based on clear delegation as per earlier directions.

7. State shall set up a transparent and credible procurement and logistics system. State agrees to periodic procurement audit by third party to ascertain progress in this regard.
8. The State shall undertake institution specific monitoring of performance of Sub Centre, PHCs, CHCs, DHs, etc. It will also regularly upload the Monthly, Quarterly and Annual Data on the HMIS.
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, involving Non Governmental organizations after a selection process.
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 besides seeking public donations/charges wherever feasible.
12. The State shall endeavour to bring the Budgets of Health facility under the supervision of Health facility level public institution- the 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, disable friendly, migrants etc.
15. The State shall ensure timely performance based payments to ASHAS/Community Health Workers. The support system for ASHAs should be put in place at the earliest.
16. The State shall operationalise fixed day services in family planning in addition to periodic camps.
17. The State shall ensure effective and regular organization of Monthly Health and Nutrition Days, *including record-keeping (to monitor utilisation of services), and linking them to regular services for antenatal care, postnatal care, immunization, nutrition, malaria, and other public health programes.*

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, Quarterly Summary Concurrent Audit Report, 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 shall agrees to fast track physical infrastructure up-gradation by crafting State specific implementation arrangements. State also agrees to external evaluation of its civil works programmes. The State shall provide names of all facilities where civil works are undertaken and also certify that the location of these facilities is such that poor households can seek services from them. Prior approval of place of construction by GoI, not mentioned in NRHM-PIP, will be mandatory before taking up new construction under NRHM. Thrust must be on meeting infrastructure gap in backward districts and difficult, most difficult and inaccessible facilities.
21. The State Govt. agrees to co-locate AYUSH in PHCs/CHCs, wherever feasible.
22. 15% of the State share would have to be credited to the account of the State Health Society in two instalments. The over-all expenditure on health by the State Government should go up by a minimum of 10 percent per year.
23. The State Government shall, within 45 days of the issue of Record of Proceedings by the Ministry of Health and Family Welfare, issue detailed Record of Proceedings for each district.
24. The State shall take extra measures in identified backward districts on a priority as per the approval in the PIP.
25. The State shall put in place a transparent and effective human resource policy so that difficult, most difficult and inaccessible areas attract and retain human resources for health.
26. The State agrees to carry out detailed micro planning to ensure provision of quality services to its citizens.

27. . The following state specific conditionalities shall also apply:

1. State to ensure fully functional SHSRC with ARC (ASHA Resource Centre) by June 2010; as it was proposed in PIP 2009-10.
2. SIHFW to be strengthened with required faculties to accomplish proposed training load with necessary quality.
3. State to scale-up the village planning process to all the districts with special focus to get weaker section's necessities and it should be addressed throughout the implementation of plan.
4. ASHA training should be completed in remaining districts up to 4th module by June 2010. State should complete up to 5th module of training to all ASHAs within 2010. ASHA drug kit distribution to be ensured with plan for replenishment.
5. All 36 doctors trained in EmOC and 15 in LSAS must be placed in one of the FRUs to make it operational. All gynaecologists and anaesthetists in the State health service may also be prioritized to place for operationalization FRUs.
6. As proposed, minimum one CHC per district to be made functional as FRUs to be ensured by the State in 2010-11. State has to ensure 337 24x7-PHCs should be operational in 2010-11 as responded to subgroup comments.
7. State should ensure to make all blood storage refrigerators to be functional by June 2010.
8. As proposed, state needs to ensure 48 hrs. hospital stay after delivery and also to provide dietary facility to mother.
9. All remaining 138 MOs to be trained on MTP as decided in 2010-11 with provision of necessary equipments and MTP kits.
10. To ensure safer delivery and avert maternal & neonatal deaths and complications; State to ensure more institutional deliveries at CHCs & PHCs (currently 14% & 15% respectively) instead of at HSC (25%).
11. State has to ensure increase number of government institutional deliveries in coming plan period. Currently 30% deliveries are conducted in state government facilities out of 67% as per CRS.
12. State to ensure, all government facilities should have adequate bio-medical waste disposal system in place as proposed.
13. State to strengthen maternal & child death audit in all the districts to ensure all events to be reported. State to strengthen supervisory systems for the listing of maternal / infant tracking.
14. District with worst sex ratio (Kurkshetra, Ambala, Sonepat, Kaithal, Rohtak) to be monitored intensively by PNDT cell.
15. Considering the special strategies for Mewat district for meeting the HR gap; State should ensure to fill up the vacancies of doctors, SN and ANMs to operationalise these facilities. State to ensure all 16 ambulances to be functional in Mewat district.

16. Placement policy, as mentioned in PIP, should be made operational to sustain MOs to the place where they are posted as per the requirement.

SUMMARY OF APPROVAL

(Details provided in respective Annexes)

	Scheme/Programme	Approved Amount (In Rs. Crores)
1.	RCH Flexible Pool	Rs.
2.	NRHM Flexible Pool	Rs.
3.	Immunization (from the RCH Flexible Pool)	Rs.
4.	NVBDCP	Rs.
5.	RNTCP	Rs.
6.	NPCB	Rs.
7.	NIDDCP	Rs.
8.	IDSP	Rs.
9.	NLEP	Rs.
10.	Infrastructure Maintenance	Rs.
	TOTAL	Rs.

Note:

1. Total Resource Available includes the unspent/uncommitted balance under programmes, over and above the Resource for the year.

ANNEX -I

List of Participants attended the meeting of National Programme Coordination Committee of NRHM to consider the State PIP of Haryana held on 18.02.2010

Sl. No.	Name & Designation	E-mail address
1	Shri P.K. Pradhan, AS & MD (NRHM)	md-nrhm@nic.in
2	Shri Amarjeet Sinha, Joint Secretary	amarjeet.sinha@nic.in
3	Shri Amit Mohan Prasad,Joint Secretary	amprasad@nic.in
4	Dr. B.K. Tiwari Adviser, Nutrition	advnut@nb.nic.in
5	Sh. Tarun Seem, Director	tarun.seem@nic.in
6	Sh. Arun Baroka, Director	arunbaroka@yahoo.co.in
7	Dr. B. Kishore, AC (CH-I)	b.kishore@nic.in
8	Smt. Manisha Malhotra, AC (MH-I)	Drmanishm32@gmail.com
9	Dr. S. K. Sikdar, AC (FP)	sikdarsk@gmail.com
10	Sh. Puneet Kansal, Dy. Secretary	puneetkansal@amil.com
11	Shri P.K. Bali, Under Secretary	balipradeep502@gmail.com
12	Sh. Ganga Kumar, DD (NRHM-II)	kumar.ganga@nic.in
13	Dr. Prabha Arora Jt. Director, NVBDCP	prabhaaroro@gmail.com
14	Dr. Prema Sundararajan	drpremasundararajan@gmail.com
15	Sh. Sanjiv Kumar Gupta	sanjiv@gmail.com
16	Dr. Niraj Kulshrestha	kulshrestha@rntcp.008
17	Dr. P.K. Prabhakar	pkprabhkar2009@gmail.com
18	Dr. K. Ray Barman, Consultant (NHSRC)	drbarman.nhsrc@gmail.com
19	Dr. Sidhartha Seha, Consultant	riinaid2008@gmail.com
20	Dr. Ravish Behal, Consultant (RCH-II)	msg@msg.net.in
21	Dr. Malik Parmar, Consultant	parmarm@rntcp.org
22	Dr. Shlini Singh, Consultant	shalini@mandarpan.com
23	Sh. Narinder S. Rawat, Consultant	narinderrawat@gmail.com
24	Smt. Hena Chakraburty, Consultant	
25	Dr. Sarita Sinha, Consultant	doctorsaritasinha@gmail.com
26	Ms. Shivangi Vats, Consultant	Shivangi-vats@yahoo.co.in
27	Dr. Hemant Sharma, Consultant	drhemanks@yahoo.com

Representatives from the Govt. of Haryana

1	Mrs. Navraj Sandhu, Financial Commissioner & Principal Secretary, Govt. of Haryana, Health Department	fchm@hry.nic.in
2	Dr. Narveer Singh, Director General Health Services, Haryana- cum- PD RCH	dhs.dghs@hry.nic.in
3.	Dr. Veena Chugh, AMD NRHM cum DGHS Haryana	
4.	Mrs. Rekha Shukla, Director NRHM, State Programme Manager	dir.nrhm@gmail.com
5.	Dr. O.P. Mittal, Director Health	dhs.dghs@hry.nic.in
6.	Dr. Satbir Chaudhary, Director Malaria	dhs.dhsmalaria@hry.nic.in
7.	Mr. R.K. Sapra, DG AYUSH	
8.	Mr. Ashish Gupta, Director NRHM	dir.nrhmhry@gmail.com
9.	Mr. Sanjeev Goel, Director Finance and Accounts	dfa.rhm@gmail.com
10.	Mr. Pradeep Kumar, Director NRHM	hmis.hry@gmail.com
11.	Dr. D.P. Lochan, DD SS, Family Welfare	
12	Dr. N.K. Gupta, Deputy Director NRHM	dd.nrhmhry@gmail.com
13	Dr. Usha Gupta, Principal, SIHFW	dhs.psihfw@hry.nic.in
14	Dr. P.K. Singh, DD ME	
15	Mr. Prabhas, Consultant SIHFW	care8prabhas@gmail.com
16	Mr. Chand Singh Madan, NGO Coordinator	csmadan@gmail.com
17	Dr. Devinder Kaur, M.O. NRHM	apd.rhm@hry.nic.in
18	Dr. Poonam Bhargav, Deputy Director, MCH	dhs.ddmch@hry.nic.in
19	Dr. R.Bali, M.O. Infrastructure	
20	Dr. Aprajita, DD IDSP	
21	Dr. Rakesh Sehal, DD RNTCP	stohr@rntcp.org
22	Dr. R.K. Malik, DD AYUSH	
23	Mr. Harish Bisht, Network Engineer, HMIS Division	hmis.hry@gmail.com
24	Mr. Fazalu Rehman, Computer Assistant	

ANNEX II

PART A: RCH II 2010-11

	Activity Proposed	Approval	Expected Output	Remarks

Annex-III

SUMMARY OF MISSION FLEXIBLE POOL (MFP) PIP 2010-11

Mission flexipool Annexure III Haryana				
	item	amount to be approved for the year(in Rs)	Expected Output	Remarks
Part B	NRHM Initiatives			
B.1	Community Process			
	SKS Corpurs Grants			
B.1.1	SKS Grants – HQ Hospital	10500000		Approved for 21 HQ Hospitals @ Rs. 5 lakh per annum
	SKS Grants – CHC/ Sub Divisional Hospital	11600000		Approved for 116 CHCs/SDHHospitals @ Rs. 1 lakh per annum
	SKS Grants – Primary Health Centre	33700000		Approved for 337 PHCs @ Rs. 1 lakh per annum
	Annual Maintenance grants			
B.1.2	Annual Maintenance Grants for CHC/ PHC (AMG)	28450000		Approved for 337 PHCs @ Rs. 50,000 and 116 CHCs @ Rs. 1 lakh per annum
B.1.3	Annual Maintenance Grants for SC (AMG)	24650000		Approved for 2465 HSCs in Govt buildings @ Rs. 10,000 per annum
	Untied Grants			

B.1.4	Untied funds to CHC/PHCs/Urban RCH Centres	14745000		Approved for 116 CHCs @ Rs. 50,000 each per year and for 337 PHCs and 52 Urban RCH centres @ Rs. 25,000 each
B.1.5	Untied funds to SCs	24650000		Approved for 2465 HSC @ Rs. 10,000 each
B.1.6	VLC-cum-Village Health and Sanitation Committee	62800000		Approved for 6280 HSC @ Rs. 10,000 each
B.1.7	Village Health and Nutrition Days	0		The VHSC funds may be utilised
B.2	Infrastructure Upgradation			
B.2.1	Construction of new CHC/ PHCs / Sub Centre as per IPHS	100000000		Approved subject to Note 1, restricted in view of the availble fund pool
B.2.2	Strengthening of existing infrastructure as per IPHS			Approved subject to Note 2
B.2.3	Construction of Para medical training institute Mewat			Approved subject to NOTE 3
B.2.4	Construction nursing college at Khanpur Kalan, Sonepat	10000000		Approved subject to NOTE 4 restricted in view of the availble fund pool
B.2.5	State Project implementation Unit at consultancy services	1536000		Approved subject to NOTE 5

B.2.6	IPHS Wing and Quality Assurance of Services Delivery	10000000		Approved subject to NOTE 6
B.3	Health Human Resources			
B.3.1	ASHA			
1	ASHA Resource Centers, Community Processes for ASHA	3.00.00.000		Approved. The amount is restricted in view of the availble fund pool
2	Modular Training for ASHAs	300000		
3	Performance based Incentives	43240000		
4	Drug Kits for ASHAs			Budgeted under Procurement
5	Overcoat/Nameplates for ASHAs Field Diaries for ASHA	5200000		
B.3.2	Additional ANM and special pay for ANMs at Hathin and Mewat	242550000		Approved subject to NOTE 7
B.3.3	Special Incentives for Doctors working in difficult/Rural Areas (Mewat)	15000000		Approved subject to NOTE 8
B.3.4	Capacity Building, Experience sharing, Field Visits, PRIs, VHSC, SKS training	9804000		Approved for strengthening State and District Training Centres and conducting experience sharing tours and visits etc
B.3.5	Haryana Health System Resource Centre (HHSRC)	7892000		
B.3.6	Accounts Assistants at CHC level	10044000		

B.4	Up gradation of Health Institutions as per IPHS Norms and Procurement Plan			
	5000 ASHA Medicine kits/ printing of ASHA diary	1,00,00,000		Medicines for for ASHA as per GOI guidelines
	Mobility support	3,00,00,000		21 ALS and 50 New ambulances to PHC/DH (Replacement of Ageing Ambulances) The amount is restricted in view of the availble fund pool
	Strengthening of CHC/ PHC Lab	10000000		Laboratory equipment (Domestic fridge, Centrifuge, Microscope, etc)
	Essential medicines/disposables for free institutional delivery and cesearian sections	10000000		To provide free medicines to pregnant women and for delivery support and cesearian to 1.20 lacs pragnent women and 0.20 lac cesearians. The amount is restricted in view of the availble fund pool

	Essential Equipments for DH/ SDH including Single Puncture Laproscope / Blood Storage unit	20000000		For District and Sub District Hospitals after facility survey as per demand projected in the DAP. The amount is restricted in view of the availble fund pool
	Essential Equipments for Maternal and Child care including Gen. Set at CHC/PHC/SC and Delivery Hut (including 260 nos. of invertors.)	2,00,00,000		As per the demand projected in the DAP/specific proposed. The amount is restricted in view of the availble fund pool
	School Health Program	10000000		Medicine (IFA and Deworming Tablets) and equipment for school health check-up
B.4.2	Strengthening of Scientific Warehouse System at all District Level Hospitals by 2009.	19655000		
B.5	REFERRAL TRANSPORT			
	Expenditure on running the control room at each district.	13107600		The state has budgeted the Advanced life support ambulances under the chapter of health infrastructure. The recurring cost of Referral Transport and the indicentsals

	Setting up of control room at state HQ.	200000		are being budgeted here. Approved.
	Recurring cost of ambulances	111713800		
	Trainings of EMT and drivers	1000000		
B.5.2	Medical Mobile Units	3909600		Approved subject to NOTE 10
	Other Initiatives			
B.6	BCC through 'Sakshar Mahila Samooh' (SMS) in convergence with Women and Child Department	30000000		Approved as proposed by the state in Part E of PIP. Amount is restricted in view of the availble fund pool.
	Mainstreaming of AYUSH			
	AYUSH Cell	0		AYUSH funds may be used for creating the state level cell.
	Equipment & Furniture	0		
	AYUSH Wing at DHs	2,48,88,000		Approved
	AYUSH Wing at SDHs	1,59,75,000		Approved
	Poly Clinic at CHCs	1,00,00,000		Approved. Amount is restricted in view of the availble fund pool.
	IEC/BCC	0		AYUSH funds may be used

	Monitoring	0		AYUSH funds may be used
	Miscellaneous	0		AYUSH funds may be used
	Mewat Incentive	22,44,000		Approved
B.7	General Schemes under NRHM Flexi Pool			
B.7.1	Free Treatment of Cleft Lips and Palate	1020000		200 children to be treated @ Rs. 5000 each and incentives to be given to ASHAs, SMS members etc. Approved
B.7.2	Continuous Medical Education (CME)	500000		Approved
B.7.4	Prevention and treatment of Rheumatic Heart Disease and Congenital Heart Diseases	1000000		Approved for the programme for Early diagnosis and surgical corrections in collaboration with PGIMS, Rohtak and PGIMR Chandigarh
B.7.6	Treatment to Hemophilia Patients	12000000		State has projected average Cost of 200 Patients @ Rs. 60,000 per Year
B.7.7	Non communicable diseases such i.e. Cancer Control Programme, Cardiology Units, Geriatric Care Units etc.	0		

B.7.8	Oral Health	13447080		Strengthening of Oral Health Care by way of establishing Dental Mobile Clinics in 8 districts. Training of various categories under Oral Health Care Programme. Approved
B.7.9	Comprehensive Best Health Village Scheme	65,10,000		
B.7.11	Bio Medical Waste Management	14200000		
B.7.12	Augmentation of Health Care in Mewat (special focus)	5000000		
B.7.13	Setting up of Physiotherapy Unit	2160000		
B.8	HEALTH MANAGEMENT SYSTEM			
B.8.1	Civil Registration System	4023000		
B.8.2	HMIS	3,00,04,000		Amount is restrrestricted in view of the availble fund pool.
	For Improved implementation of the RNTCP, equipments and Glassware for IRL Karnal and Civil work (including Negative Pressure Room) and miscellaneous items for IRL Karnal 52.69 lskh	526900000		Approved
Total		110.45 crore		

NOTE 1	The state has proposed an ambitious infrastructure upgradation plan in the PIP. It is noted that out of the works approved during earlier years the PWD (B&R) Haryana will execute works amounting to Rs.100.00 crores during 2009-10 and the remaining works will be spilled over to the next financial year. The state accordingly proposed to take up the construction of 16 CHCs, 57 PHCs and 632 Sub Centres during 2010-11 which will cost Rs. 355.50 crores. Since construction is an ongoing activity, the state has projected that funds to the extent of 20% of the works i.e Rs. approx 118 crore may be expended by the PWD (B&R) during 2010-11. In view of the availble pool of funds the state may phase the activity and restrict investment during the FY 2010-- at Rs. 41 crore for infrastructure upgradation. Hence restricted.
NOTE 2	This amount has been projected for hiring need based services of engineering/architectural consultants at district level a sum of Rs. 10.92 crores will be required @ of Rs. 52 lacs per district for 21 districts. The state may phase this activity over more than one year in view of the funds available.
NOTE 3	The state has projected annual batch size of 150 students at the proposed institute of paramedical training, Mewat. For the construction of the building of the institute Rs. 11.16 crores are required. Since the construction will take about 2 years so during the year 2010-11 Rs. 5.0 crores are required. Approved
NOTE 4	Govt. of Haryana has already setup a Women University and Ayurvedic Medical College for girls at Khanpur Kalan (Sonepat). A medical college for female students is also proposed. The state has proposed a Nusing college at Khanpur Kalan . For the construction of building of the Nursing College, Rs.3.00 crores will be required during the year 2010-11. This activity may be phased.
NOTE 5	The state has propsed State Project Implementation Unit at State level to monitor /supervise up gradation of existing Health institution and provide consultancy services for implementation and up gradation of existing health buildings as per IPHS. The unit shall comprise architects, computer asst with hardware and other office support. Approved
NOTE 6	The state shall support the positions of Director (Infrastructure & HMIS), ,Deputy Director Infrastructure/ Deputy Director Procurement and Consultant HR. The contractual positions of IPHS supervisor at state level and one each at Divisional level along with the support staff and office incidentals is approved.

NOTE 7	The state has proposed an ambitious infrastructure upgradation plan in the PIP. It is noted that out of the works approved during earlier years the PWD (B&R) Haryana will execute works amounting to Rs.100.00 crores during 2009-10 and the remaining works will be spilled over to the next financial year. The state accordingly proposed to take up the construction of 16 CHCs, 57 PHCs and 632 Sub Centres during 2010-11 which will cost Rs. 355.50 crores. Since construction is an ongoing activity, the state has projected that funds to the extent of 20% of the works i.e Rs. approx 118 crore may be expended by the PWD (B&R) during 2010-11. In view of the availble pool of funds the state may utilise funds to the extent of 30 % of NRHM pool towards infrastructure upgradaiton. Hence restricted to Rs.
NOTE 8	State has reported total 2433 ANMs as appointed. It is proposed to provide one more additional ANM in the 10 most backward Sub Centers in Mewat and Hathin Block of Palwal under NRHM. The total ANMs thus approved are 2475 @ Rs. 8100 per month. Special pay of RS. 1500 pm is also approved for ANMs at Mewat and Hathin blocks.
NOTE 9	The state has been giving special incentive of Rs. 10, 000/- and Rs. 25, 000/-per month to the regularly posted GDMOs and Specialists .During 2010-11 the special incentive would be extended to Para-Medics Staff in the Mewat District and Hathim block of Palwal District also. Lumpsum amount approved.
NOTE 10	State has operationalised MMUs in the districts of Sirsa, Mewat, Narnaul, Jhajjar, Jind and Rohtak out of the funds available under Sector Investment Project. Under NRHM the funds for contractual stadd, POL, maintaincen, insurance, TV/.DVD are being provided. Approved.

ANNEX-IV

Immunization Strengthening Programme Haryana (2010-11)

S. No.	***Activities***	Amount Proposed **(Rs. In Lakhs**)	Amount Approved **(Rs. In Lakhs)**	Remarks
1.	Mobility support for Supervision and Monitoring at districts and state level.	7.30	7.30	
2	Cold chain maintenance	5.29	4.69	
3.	Alternate Vaccine Delivery to Session sites	63.28	63.28	
4.	Focus on urban slum & underserved areas	0.00	0.00	
5	Social Mobilization by ASHA /Link workers	177.48	177.48	
6	Computer Assistants support at State	1.80	1.80	
7	Computer Assistants support at district level	22.68	22.68	
8	Printing and dissemination of immunization cards, tally sheets, charts, registers, receipt book, monitoring formats etc.	32.50	32.50	
9	Quarterly review meeting at state level	1.50	1.50	
10	Quarterly review meeting at District level	1.68	1.68	
11	Quarterly review meeting at block level	39.00	39.00	
12	District level Orientation for 2 days ANMs, MPHW,LHV	0.00	0.00	
13	Three days training of Mos on RI	19.89	19.89	
14	One day refresher training of district computer Assistant on RIMS/HIMS	.30	.30	
15	One day cold chain handlers trainings	0.00	0.00	
16	One day training of block level date handlers	0.00	0.00	
17	To develop micro plan at sub-centre level and block level	9.85	9.85	
18	POL for vaccine delivery from state to District and PHC/CHCs	10.50	10.50	
19	Consumables for computer including provision for internet access	1.00	1.00	
20	Contingency/Consumable at state level	.60	.04	
21	Red/Black/Zipper bags	.19	.19	
22	Bleach/Hypochlorite solution	2.59	2.59	
23	Twin Bucket	2.07	2.07	
24	Printing of Tracking bags	.75	.75	
25	Special Immunization drive for mobility support	2.10	0.00	
Total		**402.35**	**399.09**	

As per the evaluated survey the full immunization is **61.8 %** in **2007-08 (DLHS 3).**

The state has been using RIMS for programme monitoring in 12/20 districts; this may be started in remaining districts and reports generated by RIMS may be used during the review meetings.

The State needs to:

It is a matter of grave concern that the proportion of "No Immunization" in the state has increased from 11.8% in 2002-04 (DLHS-2) to 12.1% in 2007-08 (DLHS-3). The State continues to have high dropout from BCG to DPT 3 at 18.8% especially in the districts of Mewat, Faridabad and Hissar; reducing the dropout is critical for further improvement in full immunization coverage. The district of Mewat needs special attention as it has 5th lowest coverage in the country.

The State may consider the following for improving coverage of immunization from 63.6% to at least 85% through better tracking of beneficiaries by ensuring availability of beneficiary/due list with the ANM/AWW/ASHAs at the session sites.

The State needs to expedite and complete the Immunization training of Health Workers as it has trained only 18.3% (665/3633) of health workers. Further the trainings for MOs need to be started. It may be noted that these trainings are crucial for the knowledge and skill development and further improvement in service delivery. Therefore, there should be exclusive three day training for MOs and two day for health workers; integrating these trainings with ~8 day training of IMNCI at one stretch might not result in desired results of training.

The state has planned for Special Immunization Drive in all the districts; these may initially be done only in high priority districts like Mewat or in selected poor performing blocks in few other districts. The funding for this drive may be projected under already approved norms of PIP, since such drive would only involve more number of sessions in a week.

Items restricted or not permissible under Immunization PIP

1. Special Immunization drive for mobility support-Rs.2.10 lakh –Not admissible under Immunization PIP.

ANNEX-V

Approval under the National Disease Control Programmes

Revised National Tuberculosis Control Programme

Sr. No.	Activity Proposed	Approval (INR in lacs)	Expected Output (by 31st March 2011)	Remarks
1	Civil works	31.7	1) Civil work Upgradation and maintenance completed as planned; 2) Funds in the head utilized against the approved amount	
2	Laboratory materials	36.7	1) Sputum of TB Suspects Examined per lac population per quarter; 2) All districts subjected to IRL OSE and Panel Testing in the year; 3) IRLs accredited and functioning optimally; 4) Funds in the head utilized against the approved amount	Utilized only 25.7 lac in the last 4 qtrs (35% of the estimated budget). 50% of the estimated amount approved.
3	Honorarium	14.8	1) All eligible Community DOT Providers are paid honorarium in all districts in the FY; 2) Funds in the head utilized against the approved amount	Utilized only 12.8 lac in the last 4 qtrs (52% of the estimated budget). 60% of the estimated amount approved.
4	IEC/ Publicity	15.0	1) All IEC/ACSM activities proposed in PIP completed; 2) Increase in case detection and improved case holding; 3) Funds in the head utilized against approved amount	Utilized only 7.19 lac in the last 4 qtrs (24% of the estimated budget). 50% of the estimated amount approved.
5	Equipment maintenance	11.5	1) Maintenance of Office Equipments at State/Districts and IRL equipments completed as planned; 2) All BMs are in functional condition; 3) Funds in the head utilized against approved amount	Utilized 8.7 lac in the last 4 qtrs (45% of the estimated budget). 60% of the estimated amount approved.
6	Training	18.0	1) Induction training, Update and Re-training of all cadre of staff completed as planned; 2) Funds in the head utilized against approved amount	
7	Vehicle maintenance	12.9	1) All 4 wheelers and 2 wheelers in the state are in running condition and maintained; 2) Funds in the head utilized against	Utilized 11.7 lac in the last 4 qtrs (45% of the estimated budget). 50% of the estimated

			approved amount	amount approved.
8	Vehicle hiring	17.1	1) Increase in supervisory visit of DTOs and MOTCs; 2) Increase in case detection and improved case holding; 3) Funds in the head utilized against approved amount	Utilized only 9.11 lac in the last 4 qtrs (16% of the estimated budget). 30% of the estimated amount approved.
9	NGO/PP support	8.5	1) Increase in number of NGOs/PPs involved in signed schemes of RNTCP; 2) Contribution of NGOs/PPS in case detection and provision of DOT 3) Funds in the head utilized against approved amount	No expenditure has been incurred under this head in last 4 qtrs. 30% of the estimated amount approved. More amount can be allotted if more schemes gets signed and amount payed in first two quarters.
10	Miscellaneous	33.5	1) All activities proposed under miscellaneous head in PIP completed; 2) Funds in the head utilized against approved amount	Utilized only 26.3 lac in the last 4 qtrs (55% of the estimated budget). 70% of the estimated amount approved.
11	Contractual services	353.7	1) All contractual staff appointed and paid regularly as planned; 2) Funds in the head utilized against approved amount	
12	Printing	11.0	1) All printing activities at state and district level completed as planned; 2) Funds in the head utilized against approved amount	Amount spent in the last 4 qtrs is only 3.2 lacs (8.7% of the estimated budget). 30% of the estimated amount approved.
13	Research and studies	0.0	1) Proposed Research has been initiated or completed in the FY as planned; 2) Funds in the head utilized against approved amount	
14	Medical Colleges	20.5	1) All activities proposed under Medical Colleges head in PIP completed; 2) Funds in the head utilized against approved amount	
15	Procurement – vehicles	0.0	1) Procurement of vehicles completed as planned; 2) Funds in the head utilized against	

			approved amount	
16	Procurement – equipment	1.2	1) Procurement of equipments completed as planned; 2) Funds in the head utilized against approved amount	No provision for Laptop and Digital Camera under RNTCP PIP
17	Total	586.1		

In addition to this, a commodity grant of Rs. 174 lacs has been approved for central level procurement of Anti TB Drugs and Laboratory Equipments for sputum culture & drug sensitivity.

(i) Targets to be achieved during 2010-11:

- Detection rate of at least 70% and maintain treatment success rate above 85%.
- All RNTCP districts have supervisory structure for disease control programme.

(ii) Information under 27-B:

State	**Annualized NSP case detection rate**	**Success rate of NSP**
Haryana	60%	85%

The State need to strengthen the services in the following districts:

District	**ANSPCDR**	**Success Rate**
Gurgaon	59.8%	81.6%
Jhajjar	63.0%	84.4%
Panipat	50.2%	84.9%
Sirsa	54.6%	77.2%
Yamunanagar	44.6%	80.2%

The following initiatives have been approved a part of the Mission Flexible pool approvals in Annexure III

Annexure III – Summary of Mission Flexible Pool (MFP) PIP 2010-11

Sr. No.	Activity Proposed	Amount (INR in lacs)	Expected Output	Remarks
A	**Equipments and Glassware for IRL Karnal**		1) IRL Karnal optimally functional; 2) Funds in the head utilized against approved amount	
1	Autoclave Horizontal , Internal Chamber 600 mm diameter x 1100 mm depth (1)	3.00		
2	Bottle washing machine , for cleaning McCartney bottles, test tubes, round bottles, Cylinders with nylon brushes (1)	0.30		
3	Water double distiller (1)	1.50		
4	Vortex mixer (1)	0.05		
5	Water bath (1)	0.10		
6	Geyser, 20 litres capacity (1)	0.10		
7	Egg beater, Electric (1)	0.02		
8	Laminar flow, for L J media preparation (1)	1.5		
9	Fumigation Machine (1)	0.05		
10	Slide Warmer (1)	0.10		
11	Bijou bottle racks (5)	0.05		
12	Perforated Buckets size 480 mm x 280 mm aluminium welded mesh with two hinged handles on top (5)	0.05		
13	Inspissators (1)	2.00		
	Sub-total	**8.82**		**May be approved**
B	**Civil work (including Negative Pressure Room) and miscellaneous items for IRL Karnal**		1) IRL Karnal upgraded with Negative Pressure room and optimally functional; 2) Funds in the head utilized against approved amount	
1	Seven doors and 20 window replacement to avoid dust and wind flow	1.50		
2	White wash and minor repairs of IRL	0.50		
3	Lintel Slab replacing old tin roof of area 24’ x 35’ (840 sq.ft)	1.50		
4	Chairs or stools with washable surfaces for media room, culture and DST room, reading room (10)	0.15		
5	Computer Table (1)	0.04		
6	Almirah Steel (1)	0.06		
7	Gloves industrial (5)	0.002		
8	Gloves Surgical no. 7.5 (1000 pairs)	0.10		
9	Plastic shoes (6)	0.015		
10	Upgradation of IRL to Molecular level(maintenance of negative pressure room)	40.00		
	Sub-total	**43.87**		**May be approved**
Total Budget		**52.69**		

New Contractual Position:

The following new contractual positions have been sanctioned under the revised financial norm of RNTCP for building capacity of districts and states to implement new initiatives like TB HIV Collaborative services and programmatic management of MDR TB:

State Level Positions:
• Asst. Programme Officer/Epidemiologist – 1 per state
• DOTS Plus Site Sr. Medical Officer – 1 per DOTS Plus site
• DOTS Plus Site Statistical Assistant – 1 per DOTS Plus site
• Sr. LT at IRL – 1 per IRL
• Store Assistant (SDS) – 1 per SDS
• DEO (IRL) – I per IRL

District Level Positions:
• Sr. DOTS Plus and TB HIV Supervisor - 1 per district (as per phased expansion of DOTS Plus and intensified TB-HIV activities)

State is requested to fill up all existing vacancies as well as new contractual postions and arrange for the training of the staff.

NVBDCP

	Activity Proposed	Approval	Expected Output	Remarks

Integrated Disease Control Project

	Activity Proposed	Approval	Expected Outcome	Remarks
	Amount Proposed by state Rs. 2.99 crores	Total approval as per ROP Rs..1.05 crore Under IDSP	1.Training of professionals (DSO, Epidemiologists, Microbiologists, Entomologists 2. IT network for transmission of data and outbreak reporting 3. Strengthening of lab. 4. Surveillance and reporting of disease outbreaks 5. Strengthening of AI surveillance	* 0.56 crore required more from Flexi Pool fund for IDSP activities

*Under NRHM flexi pool 0.56 crore may be approved under IDSP activities (Manpower and Mobility support)

Total amount required by the state Rs.1.61 crore

National Programme for Control of Blindness

		Haryana				
		Cmponent	**2010-11**	**Funds Required 2010-11**	**Approved**	**Remarks**
1		Free Cataract Operations @ Rs. 750/- per case	53500/ 125000	400.00 Lacs	122.5	approved
		Other approved schemes as per financial norms				
2		Other Eye Diseases @ Rs. 1000/-		10.00 Lacs	10.00	approved
3	**Recurring GIA**	School eye Screening Programme @ Rs. 200/- per pair of spectacles		18.00 Lacs	18.00	approved
4		Management of State Health Society (NPCB)		14.00 Lacs	14.00	approved
5		Recurring GIA to Eye Donation centre @ Rs. 1000/- Per pair of eye balls collections and Eye Bank @ Rs. 1500/- per pair of eye balls collections		7.00 Lacs	7.00	approved
6		Training		15.00 Lacs	15.00	approved
7		IEC		30.00 Lacs	30.00	approved
8		Procurement of Ophthalmic Equipments and maintenance of Ophthalmic Equipments		100.00 Lacs	50.00	approved
9		GIA for New RIO @ Rs. 60.00 Lacs		60.00 Lacs	0.00	not approved as per scheme
10		GIA for strengthening of District Hospital @ Rs. 20.00 Lacs per hospital X 3		60.00 Lacs	60.00	approved
11		GIA for up gradation of Sub/ District/ CHC@ Rs. 5.00 Lacs per Sub District Hospital 5 X 10		50.00 Lacs	5.00	approved
12	**Non Recurring GIA**	GIA for Eye Bank @ Rs. 15.00 Lacs per Eye Bank 15 X 2		30.00 Lacs	15.00	approved
13		GIA for Eye Donation Centre @ Rs. 1 Lac		1.00 Lacs	1.00	approved
14		GIA for NGOs @ Rs. 30 Lacs		30.00 Lacs	30.00	approved

15		GIA for Eye wards and Eye OTs		75.00 Lacs	0.00	not approved
16		GIA for Mobile Ophthalmic Unit with telenetwork		60.00 Lacs	0.00	not approved
17		GIA for Vision Centre @ Rs. 50000/- per Vision Centre 15 X 50000		7.50 Lacs	7.50	approved
18		Ophthalmic Surgeons @ Rs. 25000/- p.m. (25000X10X12)		30.00 Lacs	30.00	approved
19	Opening of 20 new Eye Donation Centers			127.40 Lacs	0.00	not approved as per scheme
20	Opening of 1 new Eye Bank at Bhiwani			10.00 Lacs	0.00	approved as in Sl.No.12
	Total			**1134.90 Lacs**	415.00	

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 11th 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 cataract operations and various other schemes includes free cataract operation, other eye diseases, School Eye Screening Programme, training, IEC, Private Practitioners, management of State Health Society and District Health Society, recurring GIA to Eye Donation Centres and Eye Banks, maintenance of Ophthalmic Equipments, SBCS, Remuneration, other activities & Contingency etc.

National Iodine Deficiency Disease Control Programmes

	Activity proposed	Approval (Rs. in lakhs)	Expected Output	Remarks
1	Establishment of IDD Control Cell	6.00	Better implementation and monitoring of programme activities.	Filling up of sanctioned vacant Lab Assistant post by the state government on regular or contractual basis.
2	Establishment of IDD Monitoring Lab	3.50	Monitoring of iodine content of salt and urine samples in districts.	
3	a)Health Education and Publicity b)Salt Testing Kits supplies by GOI (1,71,000 No)	12.00	Increased awareness about IDD and iodated salt. Creating iodated salt demand and monitoring of the same at community level	
4	IDD surveys	2.50	Prevalence of IDD in 5 districts of state	Survey should be conducted as per GOI guidelines of NIDDCP @ Rs. 50,000/- per district.
	Total	24.00		

NLEP

	Activity Proposed	Approval	Expected Output	Remarks

Deafness Programme

	Activity Proposed	Approval	Expected	Remarks

			Output	

Mental health Programme

	Activity Proposed	Approval	Expected Output	Remarks

Tobacco Control Programme

	Activity Proposed	Approval	Expected Output	Remarks