



Mission Directorate
National Health Mission, Odisha
Department of Health & Family Welfare,
Government of Odisha

Letter No: OSH&FWS/7637 /2021

Date: 29.06.21

From

383/20

Shalini Pandit, IAS
Mission Director,
NHM, Odisha

To

All Directors, H&FW Department, Govt. of Odisha
Director, Capital Hospital/RGH, Rourkela/AHRCC, Cuttack
All Superintendents, Govt. Medical & Hospitals, Odisha
Superintendent, SVPPGIP, Cuttack
All CDM& PHOs-cum-District Mission Directors, Odisha
All Nodal Officers, NUHM, Corporation Cities, Odisha

Sub: Approval of State / District / City NHM Program Implementation Plan (PIP) for the Financial Year 2021-22.

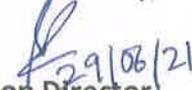
Madam / Sir,

The **Programme Implementation Plan (PIP) 2021-22** is having the budgetary approvals under NHM for the current financial year and approved activities as a reference document for implementation. The abstract of approved budget against resource envelop for the State is attached at **Annexure-A**. The State, District, City and other Agency wise approval is attached at **Annexure-B** and the component wise approval is attached at **Annexure-C** for information and necessary action. All approved activities should be implemented as per the detailed budget sheet and terms and conditions attached at **Annexure-D**.

In spite of Covid 19 pandemic situation, State in the past few months has managed to provide Non Covid essential services at facility & field level. The pandemic has taught us many lessons which must be used for developing resilient Health Systems, which are not only able to fight against calamity like COVID but also sustainable and consistent in reaching our health indicators and goals.

Let us re-affirm our commitment towards ensuring resilient Health Systems which are sustainable and equipped to provide equitable, affordable and quality health care that is accountable and responsive to people's needs. I am sure you and your team will work sincerely to achieve the progress against these approvals given in **NHM PIP 2021-22**.

Yours faithfully,


29/06/21
Mission Director,
NHM, Odisha.



Mission Directorate
National Health Mission, Odisha
Department of Health & Family Welfare,
Government of Odisha

Memo No. 7638

Date. 29.06.21

Copy submitted to the Additional Chief Secretary to Govt. H & FW Department, Odisha for kind information.


Mission Director,
NHM, Odisha

Memo No. 7639

Date. 29.06.21

Copy forwarded to all Collectors and District Magistrates / Municipal Commissioners, Odisha for information & necessary action.


Mission Director,
NHM, Odisha

Memo No. 7640

Date. 29.06.21

Copy forwarded to all Programme Officers and Consultants of Directorates / Officials & Consultants of SPMU for information and necessary action.


Mission Director,
NHM, Odisha

Memo No. 7641

Date. 29.06.21

Copy forwarded to all DPMs for information and necessary action.


Mission Director,
NHM, Odisha

Memo No. 7642

Date. 29.06.21

Copy forwarded to all CPMs for information and necessary action.


Mission Director,
NHM, Odisha

Memo No. 7643

Date. 29.06.21

Copy forwarded to State Representatives of all Development Partners for information and necessary action.


Mission Director,
NHM, Odisha



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National Health Mission, Odisha
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Annexure-A

Total Resource Envelop Vs approved Budget for the State

Particulars	Rs. In Crore
a. Gol Support (Flexible Pool allocation including Cash and Kind)	854.75
b. Gol Support for Incentive Pool based on last year's performance (assuming no incentive/ reduction on account of performance)	154.03
c. Gol Support (under Infrastructure Maintenance)	229.72
d.Total Gol support (a+b+c)	1238.49
e. State Share (40%)	825.66
f.Total Resource Envelope (f=d+e)	2064.15
g. Total approval	2808.92
h. Total approval (Excluding IM & Kind Grant)	2511.72



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Annexure-B

Fund Allocation Statement under NHM PIP 2021-22

Sl No	District/ Lead Agency	NHM Total	NUHM Total	Grand Total (Rs. In Lakhs)
1	Angul	5,582.02	78.07	5,660.09
2	Balasore	6,482.54	141.90	6,624.44
3	Baragarh	5,360.69	80.21	5,440.90
4	Bhadrak	5,490.20	86.29	5,576.49
5	Bolangir	6,899.01	87.52	6,986.53
6	Boudh	2,035.05	0.07	2,035.12
7	Cuttack	8,378.90	43.72	8,422.63
8	Deogarh	2,230.00	0.07	2,230.07
9	Dhenkanal	5,476.33	31.73	5,508.05
10	Gajapati	3,907.15	39.98	3,947.13
11	Ganjam	12,655.62	5.17	12,660.78
12	Jagatsinghpur	4,048.11	84.32	4,132.43
13	Jajpur	6,576.45	18.96	6,595.41
14	Jharsuguda	2,647.98	174.76	2,822.74
15	Kalahandi	7,038.89	57.31	7,096.20
16	Kandhamal	7,478.96	70.42	7,549.38
17	Kendrapara	4,783.99	80.42	4,864.41
18	Keonjhar	8,057.07	171.73	8,228.80
19	Khurda	6,443.40	85.33	6,528.73
20	Koraput	10,001.53	187.05	10,188.58
21	Malkanagiri	4,387.49	31.06	4,418.55
22	Mayurbhanj	12,094.10	187.88	12,281.98
23	Nawarangpur	6,515.89	70.81	6,586.69
24	Nayagarh	4,495.90	4.57	4,500.47
25	Nuapada	3,457.57	0.54	3,458.11
26	Puri	7,007.22	212.32	7,219.54
27	Rayagada	6,344.58	156.43	6,501.01
28	Sambalpur	4,658.73	0.27	4,659.00
29	Sonepur	2,638.57	4.47	2,643.03
30	Sundargarh	7,987.04	108.59	8,095.63
31	Capital Hospital, BBSR	1,452.80	0.00	1,452.80
32	RGH, Rourkella	611.99	0.00	611.99
33	SCB MCH, Cuttack	641.55	0.00	641.55
34	MKCG, MCH Berhampur	497.81	0.00	497.81
35	VIMSAR, MCH Burla	521.32	0.00	521.32
36	SVPPGIP, Cuttack	242.15	0.00	242.15



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Sl No	District/ Lead Agency	NHM Total	NUHM Total	Grand Total (Rs. In Lakhs)
37	Bhubaneswar CHS	144.26	881.98	1,026.24
38	Cuttack CHS	77.07	489.12	566.19
39	Sambalpur CHS	52.59	360.18	412.77
40	Berhampur CHS	41.01	455.01	496.02
41	Rourkella CHS	63.08	453.93	517.01
42	FM MCH, Balasore	134.63	0.00	134.63
43	BB MCH, Bolangir	115.56	0.00	115.56
44	SLN MCH, Koraput	188.55	0.00	188.55
45	PRM MCH, Mayurbhanj	171.52	0.00	171.52
46	SJ MCH, Puri	10.20	0.00	10.20
47	AHRCC, Cuttack	11.40	0.00	11.40
48	MHI, Cuttack	17.26	0.00	17.26
49	State	58,546.64	1,527.47	60,074.12
	Total	2,44,702.35	6,469.63	2,51,171.99



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Annexure-C

Component Wise Approvals under NHM PIP 2021-22

Rs.in Lakhs

FMR	Budget Head	Approved Budget as per RoP			Approval Given to Districts/ Lead Agencies		Grand Total	
		NHM	NUHM	Total	NHM	NUHM		
1	U.1	Service Delivery - Facility Based	18146.46	169.91	18316.37	18146.42	169.91	18316.33
2	U.2	Service Delivery - Community Based	5392.85	516.62	5909.47	5392.85	516.63	5909.47
3	U.3	Community Interventions	36245.36	267.06	36512.42	36245.37	267.06	36512.42
4	U.4	Untied Fund	5849.35	366.85	6216.20	5849.35	366.85	6216.20
5	U.5	Infrastructure	50866.80	841.43	51708.23	50866.80	841.44	51708.24
6	U.6	Procurement	33044.46	196.39	33240.85	33044.50	196.39	33240.90
7	U.7	Referral Transport	13539.40	0.00	13539.40	13539.39	0.00	13539.39
8	U.8	Human Resources	38918.29	3000.41	41918.70	38918.28	3000.41	41918.69
9	U.9	Training and Capacity Building	8942.28	74.16	9016.44	8942.23	74.16	9016.39
10	U.10	Reviews, Research, Surveys and Surveillance	352.21	0.00	352.21	352.21	0.00	352.21
11	U.11	IEC/BCC	4708.04	334.50	5042.54	4708.05	334.50	5042.55
12	U.12	Printing	1243.26	10.00	1253.26	1243.29	10.00	1253.29
13	U.13	Quality Assurance	2076.67	200.26	2276.93	2076.67	200.26	2276.93
14	U.14	Drug Warehousing and Logistics	1657.02	4.05	1661.07	1657.01	4.05	1661.06
15	U.15	PPP	5724.49	69.63	5794.12	5724.49	69.63	5794.12
16	U.16	Programme Management	16039.45	409.82	16449.27	16039.44	409.81	16449.25
17	U.17	IT Initiatives for strengthening Service Delivery	1311.81	8.54	1320.35	1311.81	8.54	1320.35
18	U.18	Innovations (if any)	644.20	0.00	644.20	644.20	0.00	644.20
Grand Total			244702.40	6469.63	251172.03	244702.35	6469.63	251171.99


Mission Director,
NHM, Odisha.

Terms & Conditions for Implementing PIP 2021-22

1. All approvals are subject to the Framework for Implementation of NHM and guidelines issued from time to time from MD, NHM and the observations made in this PIP document.
2. Districts should convey the block approvals within 30 days of receiving the district PIP.

3. Finance

- 3.1 The district must ensure due diligence in expenditure and observe, in letter and spirit, all rules, regulations, and procedures to maintain financial discipline and integrity particularly with regard to procurement; competitive bidding must be ensured, and only need-based procurement should take place as per ROP approvals.
- 3.2 The accounts of district/ grantee institution/ organization shall be open to inspection by the sanctioning authority and audit by the Comptroller & Auditor General of India under the provisions of CAG (DPC) Act 1971 and internal audit by Principal Accounts Officer of the Ministry of Health & Family Welfare.
- 3.3 Release of funds to the State & thereafter to the Districts

Action on the following issues would be looked at while considering the release of first/second tranche of funds to States:

- Compliance with conditionalities as prescribed by Department of Expenditure (DoE), Ministry of Finance.
- Ensuring timely submission of quarterly report on physical and financial progress made by the State.
- Pendency of the State share, if any, based on release of Central Grants.
- Transfer of Central Grants from the Treasury to the State Health Society Bank Accounts.
- Timely submission of Statutory Audit Report for the year 2020-21 and laying of the same before the General Body and intimation to the Ministry.
- Before the release of funds beyond 75% of BE for the year 2021-22, State/UT needs to provide Audited Utilization Certificates against the grants released to the State/UT up to 2020-21 duly signed by Mission Director, Auditor, Director –Finance and counter signed by Principle Secretary (Health).
- State to open accounts of all agencies in PFMS and ensure expenditure capturing through REAT module of PFMS.

Hence, districts are to act upon the above areas without delay for submission of necessary documents to the State.

3.4 Re-allocation of Funds:

Any reallocation by State/ district is to be approved by the Executive Committee and the Governing body of the State Health Society subject to the following conditions:

- Maximum budget available for State to reallocate fund is 10% of the total approved budget.
- However, if the State so desires, an Inter pool transfer of funds can be done purely on loan basis.
- The maximum amount that can be reallocated/ taken out from any of the budget heads should not exceed 20% of budget approved under respective budget heads.
- Upon reallocation of fund to any budget head, State may increase the quantity of the approved activities; no changes can be made in the unit cost approved by Gol. For instance, if 4 batches of training have been approved @ unit cost of Rs 50,000 per batch, states may increase the number of batches to be trained based on requirement. However, the training cost per batch should not exceed Rs 50,000.
- The unit costs/ rates approved for procurement etc. are estimations. The actuals would be as per the 'discovered price' arrived at through a transparent and open bidding process as per relevant and extant purchase rules.
- States to intimate FMG, MoHFW regarding reallocation of fund on quarterly basis along with the 'Financial Management Reports' in the following format:

FMR	Budget Head	Total amount approved in FY 2021-22	Fund allocated from Budget Head/ FMR	Fund allocated to Budget Head/ FMR	Quantity & unit cost approved in PIP for undertaking the activity	Number of quantity increased	Remarks

- The above details are to be submitted to FMG, MoHFW along with a signed letter from the Mission Director and a copy of minutes of meeting held with EC and GB based on which decision has been taken.

3.5 The unit cost/rate approved for all activities including procurement, printing etc are only indicative for purpose of estimation. However, actuals are subject to transparent and open bidding process as per the relevant and extant purchase rules.

3.6 District to ensure regular meetings of district health missions/ societies. The performance of DHS along with financials and audit report must be tabled in governing body meetings as well as District Health Mission meetings.

4. Infrastructure

- District to submit Non-Duplication Certificate in prescribed format shared earlier.
- Third party monitoring of civil works and certification of their completion through reputed institutions may be introduced to ensure quality. Also, Information on all ongoing works should be displayed on the NHM website.
- District to review quarterly performance of physical & financial progress of each project and share the progress report with State.

5. Equipment

- The unit cost/rate approved for all activities including equipment are only indicative for purpose of estimation. However, actuals are subject to transparent and open bidding process as per the relevant and extant purchase rules
- State/UTs to submit Non-Duplication Certificate in prescribed format.

6. Human Resources for Health

- Remuneration of existing posts has been given on the basis of the salary approved in FY 2020-21, 5% annual increment and approved experience bonus or other allowances (if any).
- The budget proposed for remuneration of existing staff has been recommended for 12 months in principle.
- The Remuneration reflected in NHM PIP 2021-22 for different positions are indicative one and based on principles mentioned above. Any change in remuneration from previous year will require order from HR Division, SPMU, NHM, Odisha.
- In case performance appraisal of NHM staff is not carried out by the District/State, only 5% increase on the base salary can be given.
- Only those who have completed minimum one year of engagement under NHM and whose contract (in case of annual contract) gets renewed will be eligible for annual increment.
- District/States must ensure that achievement of performance above minimum performance benchmark, as guided by MoHFW and finalized by State Health Society, is included as a condition in the contract letter of every HR engaged under the NHM. Before renewal of the contract each employee must be appraised at least against these benchmarks.
- Expenditure against budget approved for annual increment/ rationalization/ EPF is to be booked under the salary heads of respective staff posts.
- In any case (without written approval of OSHFWS), NHM funds cannot be used to support staff over and above the requirement as per IPHS.
- As per the Mission Steering Group (MSG) meeting decision, only up to 9% of the total Annual State Work Plan for that year could be budgeted for program management and M&E.

7. JSSK, JSY, NPY and other entitlement Scheme

- District must provide for all the entitlement schemes mandatorily. No beneficiary should be denied any entitlement because of these cost estimates. If there are variations in cost, it may be examined and ratified by the RKS.
- District to ensure that JSY and NPY payments are made through Direct Benefit Transfer (DBT) mechanism through 'Aadhaar' enabled payment system or through NEFT under Core Banking Solution.

8. Mandatory Disclosures

- The district must ensure mandatory disclosures on the State NHM website of all publicly relevant information as per previous directions of CIC and letters from MoHFW.

9. Statutory Meetings

- District to ensure regular meetings of State and district health missions/ societies. The performance of SHS/DHS along with financials and audit report must be placed in State Health Mission and District Health Mission meetings.

10. PIP Conditionalities :

- The Conditionalities Framework for 2021-22 is given as Annexure-I.
- The additional grants received from incentive pool based on performance shall be utilized against the approved activities only.


Mission Director,
NHM, Odisha

Conditionality Framework FY 2021-22

Full Immunization Coverage (%) to be treated as the screening criteria. Conditionalities to be assessed only if achieved at least 85% full Immunization Coverage.

S. No.	Conditionalities ^[1]	Incentive/Penalty	Source of verification	% Incentive/ Penalty ^[2]
1.	Incentive or penalty based on NITI Aayog ranking of states on 'Performance on Health Outcomes'	<p>Based on the ranking which will measure incremental changes over the base:</p> <p>a. States showing overall improvement to be incentivized: +30</p> <p>b. States showing no overall increment get no penalty and no incentive: 0</p> <p>c. States showing decline in overall performance to be penalized: -30</p> <p>% of incentive/penalty to be in proportion to overall improvement shown by the best performing state and the worst performing state: +30 to -30 points</p>	NITI report Aayog	+30 to -30
2.	AB-HWCs State/UT Score	<p>Based on overall score of HWC conditionality (out of 100 marks)</p> <p>a. Score more than 75: +25</p> <p>b. Score more than 50 or less than or equal to 75: +15</p> <p>c. Score more than 25 but</p>	AB-HWC portal	+25 to -25

S. No.	Conditionalities ^[1]	Incentive/Penalty	Source of verification	% Incentive/ Penalty ^[2]
		less than or equal to 50: -15 d. Score less than or equal to 25: -25		
3.	Implementation of Ayushman Bharat-School Health and Wellness Ambassador initiative	Percentage of Health and Wellness Ambassadors (HWAs) trained to transact weekly activities in schools in the selected districts a. >75% HWAs trained: 5 points incentive (+5) b. 50%-75% HWAs trained: 4 points incentive (+4) c. 25%-50% HWAs trained: 3 points incentive (+3) d. 10%-25% HWAs trained: 2 points incentive (+2) e. <10% HWAs trained: no incentive (0)	AH division, MOHFW	+5 to 0
4.	Implementation of DVDMS or any other logistic management IT software with API linkages to DVDMS up to PHC level	DVDMS implementation up to PHC level* a. Implemented in over 80% of PHC/ UPHC: +5 b. Implemented in over 50% but less than or equal to 80% of PHC/ UPHC: +3 c. Implemented in over 25% but less than or	DVDMS Portal	+5 to -5

S. No.	Conditionalities ^[1]	Incentive/Penalty	Source of verification	% Incentive/ Penalty ^[2]
		equal to 50% of PHC/UPHC: -3 d. Implemented in fewer than or equal to 25% of PHC/UPHC: -5 *Target as per ROP 2021-22		
5.	Increase in proportion of 'in-place' regular service delivery HR	Increase in proportion of service delivery cadres of MPW, Staff Nurses, laboratory technicians, and specialists 'in-place' in regular cadre as on 31 st December 2020 against 31 st March 2020. a. More than 10% increase in proportion over previous year : incentive of +10 b. 5-10% increase in proportion over previous year : Incentive of +5 c. Up to 5% increase in proportion over previous year : Incentive of +3 d. No change in proportion over last year : No incentive , no penalty e. Up to 5% decrease over previous year : penalty of -3	State notifications, advertisements, and PIP	+10 to -10

S. No.	Conditionalities ^[1]	Incentive/Penalty	Source of verification	% Incentive/ Penalty ^[2]
		<p>f. 5-10% decrease over previous year : penalty of -5</p> <p>g. More than 10% decrease over previous year: penalty of -10</p> <p>*Addition over and above IPHS in any cadre would not be taken into consideration.</p> <p>**States having more than 90% of the posts in regular cadre against the IPHS will get an incentive of 10 points.</p>		
6.	District wise RoP uploaded on NHM website within 30 days of issuing of RoP by MoHFW to State	<p>a. 100% districts whose ROPs for FY 2021-22 are uploaded on state NHM website: +5</p> <p>b. Fewer than 100% districts whose ROPs for FY 2021-22 are uploaded on state NHM website: -5</p>	State NHM website and D.O. letter	+5 to -5
7.	Implementation of National Viral Hepatitis Control Programme (NVHCP)			+10 to -10
7.A	Percentage of districts having treatment sites for provisioning of services under	<p>a. At least 80% Districts having Hepatitis sites: incentive 2 points (+2)</p> <p>b. At least 50% Districts having Hepatitis</p>	Report from NVHCP Division, MoHFW	(+2 to -2)

S. No.	Conditionalities ^[1]	Incentive/Penalty	Source of verification	% Incentive/ Penalty ^[2]
	NVHCP	treatment sites: incentive 1 point (+1) c. Less than 30% Districts having Hepatitis treatment sites: penalty 1 point (-1) d. Less than 10% Districts having Hepatitis treatment sites: penalty 2 points (-2)		
7.B	Percentage screened for hepatitis B and hepatitis C against the proposed target	a. At least 80% screened for hepatitis B and hepatitis C against the proposed target: incentive 4 points (+4) b. At least 50% screened for hepatitis B and hepatitis C against the proposed target: incentive 2 points (+2) c. Less 30% screened for hepatitis B and hepatitis C against the proposed target: penalty 2 points (-2) d. Less than 10% screened for hepatitis B and hepatitis C against the proposed target: penalty 4 points (-4)	Report from NVHCP Division, MoHFW	(+4 to -4)

S. No.	Conditionalities ^[1]	Incentive/Penalty	Source of verification	% Incentive/ Penalty ^[2]
7.C	Percentage of pregnant women screened for hepatitis B (HBsAg) against the proposed target	<p>a. At least 80% percentage of pregnant women screened for hepatitis B (HBsAg) against the proposed target: incentive 4 points (+4)</p> <p>b. At least 50% percentage of pregnant women screened for hepatitis B (HBsAg) against the proposed target: incentive 2 points (+2)</p> <p>c. Less than 30% percentage of pregnant women screened for hepatitis B (HBsAg) against the proposed target: penalty 2 points (-2)</p> <p>d. Less than 10% percentage of pregnant women screened for hepatitis B (HBsAg) against the proposed target: penalty 4 points (-4)</p>	Report from NVHCP Division, MoHFW	(+4 to -4)
8	Implementation of National Mental Health Program (NMHP)			+10 to -10
8.A	% districts covered under Mental health program and providing services as per framework	<p>a. 100% of the districts covered: incentive 5 points (+5)</p> <p>b. 70% districts in Non-EAG and 60% districts in EAG states covered: incentive 3 points (+3)</p> <p>c. Less than 60% districts</p>	Report from Mental Health Division, MoHFW	(+5 to -5)

S. No.	Conditionalities ^[1]	Incentive/Penalty	Source of verification	% Incentive/ Penalty ^[2]
		<p>in EAG states and less than 70% districts in Non EAG states covered: penalty 3 points (-3)</p> <p>d. If less than 40% districts covered: penalty 5 points (-5)</p>		
8.B	<p>Actions taken for fulfilment of provisions under Mental Healthcare Act, 2017 (MHCA 2017)</p>	<p>State has established State Mental Health Authority:</p> <p>a. If Yes: +2</p> <p>b. If not: -2</p> <p>State has established Mental Health Review Boards:</p> <p>a. If Yes: +2</p> <p>b. If not: -2</p> <p>State has created State Mental Health Authority Fund:</p> <p>a. If yes: +1</p> <p>b. If not: -1</p>	<p>Report from Mental Health division, MoHFW</p>	(+5 to -5)

^[1] The Conditionalities apply to both urban as well as rural areas/facilities.

^[2] Numbers given in the table are indicative of weights assigned. Actual budget given as incentive /penalty would depend on the final calculations and available budget. The total incentives to be distributed among the eligible states would be 20% of the total NHM budget.

HWC Scoring for NHM Conditionality FY 21-22

Method for giving Score to the State for HWCs (it has two Parts):

Indicator for achieving State Level Targets of HWCs:

- 10 marks for achieving the targets
- 15 marks for achieving more than the targets

Seven indicators for HWC Scoring – max 85 marks – Average scoring of all the functional HWCs will be taken to arrive at the same.

S. No.	Criterion	Indicator	Max Score for SHC-HWC	Max Score for PHC-HWC
1	Functional HWCs satisfying Basic Functionality Criterion	HWC-01: HWCs satisfying all eight basic functionality criterion and providing services till 7 th packages	20	20
2	Functional HWCs providing expanded range of services beyond 7 th package	HWC-02: HWCs providing minimum 4 expanded range of services beyond 7 th Package	20	15
		HWC-03: HWCs providing more than 4 expanded range of services beyond 7 th Package	15	15
3	Functional HWCs providing wellness Services	HWC-04: HWCs providing Wellness services	10	5
		HWC-05: HWCs having Eat Safe Magic Box in all PHC level	-	5
4	Leveraging IT	HWC-06: Adoption of NCD App / MO Portal	5	5
5	Quality Care	HWC-07: Functional AB-HWCs (PHCs and SHCs) awarded Kayakalp Awards	5	5
6	Continuum of Care*	HWC-08: Monitoring Upward and downward Referral cases	-	5
7	Community Engagement and Payment of PLPs and TBIs	HWC-09: Constitution of JAS and conduct of Monthly meetings	5	5
		HWC-10: Payment of PLPs and Team based Incentives to Primary Healthcare team	5	5
Max scoring for a HWC			85	85

*Downward referral (referral from higher facility to lower facility) – attending minimum three cases per month

HWC-01: Basic functionality Criteria for indicator as per CPHC OGs

Preparatory actions	Provision of services till 7 th Packages
<ol style="list-style-type: none"> 1) HR availability 2) Infrastructure Strengthening/Branding 3) Availability of Essential Medicines 4) Availability of Diagnostics 5) Completion of CBAC enumeration for NCDs and CDs (till 7th packages) 6) Capability building of primary healthcare team on 7 basic services 	<ol style="list-style-type: none"> 1) Maternal (ANC) and Child Birth 2) Neonatal and Infant care services 3) Childhood and Adolescent Health services 4) Family Planning, Contraceptive services and other Reproductive Health Services 5) Management of Communicable Diseases of National Health programmes such as NVBDCP, etc 6) General outpatient care for acute simple illnesses and Minor ailments 7) NCDs and CDs <ol style="list-style-type: none"> a. Screening and management of NCDs such as Hypertension, Diabetes, three common cancers of Oral, Breast and Cervical Cancer b. Screening and management of chronic communicable diseases such TB and Leprosy

HWC-02 and HWC: 03: Advance functionality Criteria for indicator

Preparatory actions	Provision of services till 7 th Packages
<ol style="list-style-type: none"> 1) Capacity Building of primary healthcare team for expanded package of services 2) Completion of CBAC enumeration for NCDs and CDs (till 7th packages) 	<ol style="list-style-type: none"> 1. Basic Oral Health Care 2. Care for common ENT problems 3. Care for common Ophthalmic problems 4. Geriatric Health Care 5. Palliative / Rehabilitative Healthcare 6. Screening and basic management of basic Mental Health ailments 7. Primary Emergency medical services including Burns and Trauma 8. Tele-consultation services

HWC-04: Criteria for Wellness Indicator

- Wellness /Yoga sessions – upto 10 session/month
- Health calendar activity conducted (24 out of 39 activities per year)
- Training of Primary Healthcare Team on 'Eat Right'

