



# NHM PIP

## 2024-26

Programme Implementation Plan

**FM MC&H,  
Balasore**

**Mission Directorate  
National Health Mission  
Department of Health & Family Welfare  
Govt. of Odisha**





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

Letter No: OSH&FWS/ 3585 /2024

Date: 15/03/2024

From

Dr. Brundha D, IAS  
Mission Director, NHM, Odisha

To

All Directors, Health & FW Department, Govt. of Odisha  
The Director, Capital Hospital/ RGH, Rourkela/ AHRCC, Cuttack  
All Superintendents, Govt. Medical College & Hospitals, Odisha  
The Superintendent, SVPPGIP, Cuttack & MHI, Cuttack  
All CDM& PHOs –cum– District Mission Directors  
All ADUPHOs (Municipal Corporation Cities)

Sub: Approval of NHM District / City Program Implementation Plan (PIP) for the Financial Year (FY) 2024-25 & FY 2025-26 – Reg.

Madam / Sir,

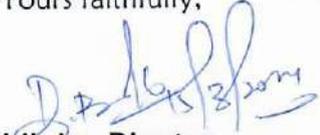
The Program Implementation Plan (PIP) for the FY 2024-25 & FY 2025-26 has been approved by Government of India. The approval includes workplan and budget for two years and brief description on implementation modalities of each activity. The abstract of District/ City wise approved NHM PIP Budget 2024-26 is attached herewith at Annexure-1 for information & necessary action.

It is evident that a rigorous monitoring system with mechanisms to handhold the peripheral health functionaries & Programme Officers would go a long way in improving the quality of health delivery system. The approved activities shall be implemented, strictly following the Terms & Conditions detailed out at Annexure-2.

I look forward to work with you all and achieve the set targets under Key Deliverables (Annexure-3) and Key conditionalities (Annexure-4) set by Gol for our State within the given timeframe.

Enclosure: Soft Copy of District / City / Other Agency wise PIP for FY 2024-26 to be shared via email.

Yours faithfully,

  
Mission Director,  
NHM, Odisha.

Memo No. 3586

Date: 15/03/2024

Copy submitted to the Commissioner –cum– Secretary to Govt., Health & FW Department, Odisha for favour of kind information.

  
Mission Director,  
NHM, Odisha

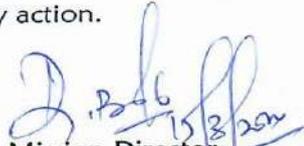


**Mission Directorate**  
National Health Mission, Odisha  
Department of Health & Family Welfare,  
Government of Odisha

Memo No. 3587

Date. 15/03/24

Copy forwarded to AMD, NHM, Odisha for information and necessary action.

  
Mission Director,  
NHM, Odisha

Memo No. 3588

Date. 15/03/24

Copy forwarded to all Collectors & District Magistrates, Odisha for information & necessary action.

  
Mission Director,  
NHM, Odisha

Memo No. 3589

Date. 15/03/24

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. 3590

Date. 15/03/24

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

  
Mission Director,  
NHM, Odisha

Memo No. 3591

Date. 15/03/24

Copy forwarded to all DPMs for information and necessary action.

  
Mission Director,  
NHM, Odisha

Memo No. 3592

Date. 15/03/24

Copy forwarded to all CPMs for information and necessary action.

  
Mission Director,  
NHM, Odisha

## Abstract Budget for FY 2024-25 and FY 2025-26

Pool	FMR	Component	FM MCH, Balasore		
			FY 2024-25	FY 2025-26	Grand Total 2024-26 (Rs. In Lakhs)
RCH Flexible Pool	RCH.1	Maternal Health	2.27	2.27	4.54
	RCH.2	PC & PNDT Act	0.00	0.00	0.00
	RCH.3	Child Health	0.00	0.00	0.00
	RCH.4	Immunization	0.00	0.00	0.00
	RCH.5	Adolescent Health	0.00	0.00	0.00
	RCH.6	Family Planning	6.64	6.64	13.28
	RCH.7	Nutrition	0.00	0.00	0.00
	RCH.8	National Iodine Deficiency Disorders Control Programme (NIDDCP)	0.00	0.00	0.00
	<b>RCH Sub Total (Rs. In Lakhs)</b>			<b>8.91</b>	<b>8.91</b>
NDCP Flexi Pool	NDCP.1	Integrated Disease Surveillance Programme (IDSP)	0.25	0.00	0.25
	NDCP.2	National Vector Borne Disease Control Programme (NVBDCP)	0.00	0.00	0.00
	NDCP.3	National Leprosy Eradication Programme (NLEP)	0.00	0.00	0.00
	NDCP.4	National Tuberculosis Elimination Programme (NTEP)	0.00	0.00	0.00
	NDCP.5	National Viral Hepatitis Control Programme (NVHCP)	0.00	0.00	0.00
	NDCP.6	National Rabies Control Programme (NRCP)	0.00	0.00	0.00
	NDCP.7	Programme for Prevention and Control of Leptospirosis (PPCL)	0.00	0.00	0.00
	NDCP.8	State specific Initiatives and Innovations	0.00	0.00	0.00
	<b>NDCP Sub Total (Rs. In Lakhs)</b>			<b>0.25</b>	<b>0.00</b>
NCD Flexi Pool	NCD.1	National Program for Control of Blindness and Vision Impairment (NPCB+VI)	0.00	0.00	0.00
	NCD.2	National Mental Health Program (NMHP)	0.00	0.00	0.00
	NCD.3	National Programme for Health Care for the Elderly (NPHCE)	0.00	0.00	0.00
	NCD.4	National Tobacco Control Programme (NTCP)	0.00	0.00	0.00
	NCD.5	National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)	2.00	1.70	3.70
	NCD.6	Pradhan Mantri National Dialysis Programme (PMNDP)	0.00	0.00	0.00
	NCD.7	National Program for Climate Change and Human Health (NPCCHH)	1.00	0.00	1.00
	NCD.8	National Oral health programme (NOHP)	0.00	0.00	0.00
	NCD.9	National Programme on palliative care (NPPC)	0.00	0.00	0.00
	NCD.10	National Programme for Prevention and Control of Fluorosis (NPPCF)		0.00	0.00
	NCD.11	National Programme for Prevention and Control of Deafness (NPPCD)	0.00	0.00	0.00
	NCD.12	National programme for Prevention and Management of Burn & Injuries			0.00
	NCD.13	State specific Programme Interventions			0.00
<b>NCD Sub Total (Rs. In Lakhs)</b>			<b>3.00</b>	<b>1.70</b>	<b>4.70</b>

*[Handwritten Signature]*  
15/12/2024

Pool	FMR	Component	FM MCH, Balasore		
			FY 2024-25	FY 2025-26	Grand Total 2024-26 (Rs. In Lakhs)
Health System Strengthening (HSS) - Urban		NHUM (Rs. In Lakhs)			0.00
Health System Strengthenin g (HSS) Rural	HSS.1	Comprehensive Primary Healthcare (CPHC)	24.96	24.96	49.93
	HSS.2	Blood Services & Disorders	0.00	0.30	0.30
	HSS.3	Community Engagement	0.00	0.00	0.00
	HSS.4	Public Health Institutions as per IPHS norms	0.00	0.00	0.00
	HSS.5	Referral Transport	0.00	0.00	0.00
	HSS.6	Quality Assurance	0.00	0.00	0.00
	HSS.7	Other Initiatives to improve access	0.00	0.00	0.00
	HSS.8	Inventory Management	0.00	0.00	0.00
	HSS.9	HRH	20.22	21.19	41.41
	HSS.10	Enhancing HR	0.00	0.00	0.00
	HSS.11	Technical Assistance	0.00	0.00	0.00
	HSS.12	IT interventions and Systems	0.00	0.00	0.00
	HSS.13	Innovation	0.00	0.00	0.00
	HSS.14	Untied Grants	0.00	0.00	0.00
	HSS.15	Prevention Control and Management of Snakebites (PCMS)	0.00	0.00	0.00
<b>HSS Sub Total (Rs. In Lakhs)</b>			<b>45.18</b>	<b>46.46</b>	<b>91.64</b>
<b>GRAND TOTAL 2024-25 (Rs. In Lakhs)</b>			<b>57.34</b>	<b>57.07</b>	<b>114.41</b>

*J. D. Singh*  
15/12/2024



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

Annexure – 2

**NHM PIP 2024-26: Terms & Conditions**

• **Financial Modalities:**

- All unspent balance available under NHM with the State as on 1st April 2024, has become a part of the Resource Envelope of FY 2024-25. Similarly, all the unspent balance available as on 1st April 2025, would become a part of the Resource Envelope for FY 2025-26. If required, a mid-term review at the end of FY 2024-25 would be carried out, either at the request of the Ministry or the State/ District concerned, to provide course correction in case of shifting of priorities.
- The State/ Districts must ensure that there is no duplication or overlap between various sources of funds including the recently approved FC-XV Health Grants support and PM-ABHIM for the similar activities.
- Any reallocation to be conducted by State is to be approved by the Executive Committee and the Governing body of the State Health Society. Maximum budget available for States to reallocate fund is 10% of the total approved budget for that program/activity. **Districts are not allowed to undertake any reallocation of NHM funds.** State must 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 2024-25/ 2025-26	Fund allocated from Budget Head/ FMR	Fund allocated to Budget Head/ FMR	Quantity & unit cost approved in PIP for undertaking the activity	Number of quantities increased	Remarks

- **JSSK, JSY, NPY and other entitlement scheme**
  - The State/ Districts must provide all the entitlement schemes mandatorily. No beneficiary should be denied any entitlement because of any limitations of approved amount for such entitled bases schemes. Wherever required, the State must suitably increase the provision in such FMR. The ceiling of 10% shall not be applicable in such cases.
  - The State/ Districts 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.
- The State / Districts 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.
- The unit cost/ rate wherever approved for all activities including procurement, printing, etc. are only indicative for the purpose of estimation. However, actuals are subject to transparent and open bidding process as per the relevant and extant purchase rules and up to the limit of unit cost approved.
- 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. The States/ Districts will have to ensure that overall

*J. B. Singh*  
15/3/2024





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

- expenditure under programme management and M&E do not exceed the limit of 9% as mandated by MSG.
- The accounts of State/ Districts / 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.
  - **Conditionalities for Fund release:**
    - **Release of First tranche of funds:**
      - State/ Districts should not have more than 25% of the total release (Central+State Share) as unspent amount.
      - State/ Districts should have completed all the tasks related to SNA and implementing Agencies mapping.
      - State/ Districts should have deposited all the previous central share and corresponding State share in the SNA
      - Interest earned on NRHM and NUHM for central share must be remitted to the consolidated funds of India.
    - **Release of Subsequent tranche of funds:**
      - State must have spent at least 75% of the total release (Central +State Share).
      - State should have deposited all the previous central share and corresponding State share in the SNA
      - Interest earned on NRHM and NUHM for central share in previous quarters have been remitted to the consolidated funds of India.
      - Statutory audit report needs to be submitted by the states/UTs for release beyond 75% of central allocation
  - **Human Resource (HR):**
    - NHM aims to strengthen health systems by supplementing and hence it should **not be used to substitute regular HRH.**
    - The remuneration proposed in the PIP is indicative and given for the purpose of estimation. However, the actual remuneration shall be paid to the Staff as per the exclusive communication from HR Cell (SPMU) with due approval of Mission Director, NHM.
  - **Infrastructure:**
    - The approval for new infrastructure is subject to the condition that the State/ Districts will use energy efficient lighting and other appliances.
    - The States/ Districts should submit Non-Duplication Certificate in prescribed format.
    - The States/ Districts should review quarterly performance of physical & financial progress of each project and share the progress report with State /MoHFW.
    - 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 and PMS portal.
  - **Equipment:** The State/ Districts should submit Non-Duplication Certificate in prescribed format.

*J. B. Singh*  
15/3/2024



# Mission Directorate

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

- **IT Solutions:** All IT solutions being implemented by the State/ Districts must be EHR compliant. In cases where there is Central Software and the State is not using it, the State/ Districts must provide APIs of its State Software for accessing/viewing data necessary for monitoring.
- The activity approvals under NHM for FY 2024-25 and FY 2025-26 are to be reflected in NHM-PMS portal. State/ Districts to ensure that the valid data entries are made in the portal and it will be analysed for progress under NHM along with key deliverables.
- **Statutory Meetings:** The State to ensure regular meetings of State and District Health Missions/ Societies. The performance of SHS/DHS along with financials and audit report must be tabled in Governing Body meetings as well as State Health Mission and District Health Mission meetings.
- **Mandatory Disclosures:** The State / Districts must ensure mandatory disclosures on the State NHM website of all publicly relevant information as per previous directions of CIC and letters from MoHFW.
- **Resources Envelope and approvals: Approvals over and above the Resource Envelope is** accorded with the condition that there would be no increase in Resource Envelope and the State / Districts will have to prioritize and undertake the approved activities under existing RE.
- **Implementation Framework:**
  - All approvals are subject to the Framework for Implementation of NHM and Guidelines issued from time to time and the observations made in this document.
  - The major outputs agreed by the State in the form of **key deliverables** have been placed at **Annexure-2**. The Districts/ Cities have to ensure full compliance to the target assigned for each indicator.
  - The **Conditionalities Framework** for FY **2024-25** and FY **2025-26** is attached herewith as **Annexure-3**. It is to be noted that Full Immunization Coverage (FIC)% will be treated as the screening criteria and Conditionalities would be assessed for only those State which will achieve 85% Full Immunization Coverage. The Districts/ Cities have to give priority focus to achieve conditionalities set by Gol, in order to earn incentives.

*J. B. Singh*  
15/3/2024



## Key Deliverables for the State of Odisha under NHM 2024-26

## 1. RCH Flexipool including Routine Immunization Programme, Pulse Polio Immunization Programme

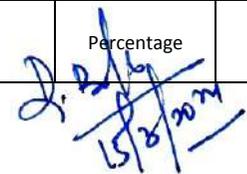
SI No.	Indicator Type	Indicator Statement	Indicator	Unit	Target 2024-25	Target 2025-26	Source of data
<b>RCH including Routine Immunization Programme, Pulse Polio Immunization Programme</b>							
<b>Maternal Health</b>							
1	Output	ANC Coverage	<b>Percentage of PW registered for ANC</b> <b>Numerator:</b> Total number of PW registered for ANC <b>Denominator:</b> Total number of estimated pregnancies	Percentage	80	85	HMIS
2	Output	ANC registration in 1st trimester of pregnancy (within 12 weeks)	<b>Percentage of PW registered for ANC in 1st trimester</b> <b>Numerator:</b> Total number of PW registered in 1 <sup>st</sup> Trimester <b>Denominator:</b> Total number of PW registered for ANC	Percentage	95	95	HMIS
3	Output	Pregnant Women who received 4 or more ANC check-ups	<b>% of PW received 4 or more ANC check-ups</b> <b>Numerator:</b> Total number of PW received 4 or more ANC <b>Denominator:</b> Total number of PW registered for ANC	Percentage	92	94	HMIS
4	Output	Identification of HRP	<b>% of high risk pregnancies identified</b> <b>Numerator:</b> Total no. of PW identified as High Risk Pregnancy (HRP) <b>Denominator:</b> Total number of PW registered for ANC	Percentage	10	11	RCH Portal
5	Output	Management of HRP	<b>% of HRP Managed</b> <b>Numerator:</b> Total no. of High Risk Pregnancies (HRP) managed <b>Denominator:</b> Total number of High Risk Pregnancies identified	Percentage	100	100	RCH Portal
6	Output	Institutional Deliveries	<b>% of institutional deliveries out of total ANC registration</b> <b>Numerator:</b> Total number of institutional deliveries (public + private) <b>Denominator:</b> Total number of PW registered for ANC	Percentage	91	92	HMIS
7	Output	National Certification of LRs & OTs under LaQshya	<b>% of nationally certified LRs and OTs under LaQshya against target</b> <b>Numerator:</b> Total number of nationally certified LRs & OTs. <b>Denominator:</b> Total number of LaQshya identified LRs and OTs	Percentage			NHSRC Report
			LaQshya LR	Number	23	0	
			LaQshya OT	Number	23	0	
8	Output	Public Health facilities notified under SUMAN	<b>Percentage of public health facilities notified under SUMAN against target</b> Suman facilities	Percentage Number	 1000	 1000	State Report
9	Output	Maternal death review mechanism	<b>% of maternal deaths reviewed against the reported maternal deaths.</b> <b>Numerator:</b> Total no. of maternal deaths reviewed <b>Denominator:</b> Total no. of maternal deaths reported	Percentage	93	95	HMIS
10	Output	JSY Beneficiaries	<b>Percentage of beneficiaries availed JSY benefits against RoP approval</b> <b>Numerator:</b> Total no. of JSY beneficiaries paid JSY benefits <b>Denominator:</b> Total no. of beneficiaries approved in RoP	Percentage	100	100	State Report
11		NQAS certification of SUMAN notified facilities	Percentage of SUMAN notified facilities received NQAS/Part NQAS nationally certification against target	Number	100	200	NHSRC Report
<b>Child Health (CH) and RBSK</b>							
12	Output	SNCU successful discharge rate	<b>SNCU successful discharge rate out of total admission (%)</b> <b>Numerator:</b> No. of "sick and small new-borns discharged successfully (Unsuccessful denotes" Death, LAMA and referral) <b>Denominator:</b> Total no. of sick new-borns admitted in SNCUs	Percentage	Sustain > 80%	Sustain > 80%	SNCU MIS Online Portal
13	Output	HR training in Newborn and Child Health	<b>HR training in Newborn Health</b> Percentage of Paediatrician / Medical Officers and Staff Nurses trained in FBNC and NBSU Training Package. <b>Numerator:</b> Total Number of Doctors (Paediatrician/MOs) and Staff Nurses trained in FBNC and NBSU training package. <b>Denominator:</b> Total Number of Doctors (Paediatrician / MOs) and Staff Nurses posted in SNCUs/NICUs and NBSUs.	Percentage	90%	90%	State Report

*J. B. Singh*  
15/8/2024

Sl No.	Indicator Type	Indicator Statement	Indicator	Unit	Target 2024-25	Target 2025-26	Source of data
14	Output	Child Death Reporting	<b>Percentage of Child Death Reported against Estimated deaths</b> <b>Numerator:</b> Total no. of Childdeaths reported. <b>Denominator:</b> Estimated number of Child Deaths based on latest SRS report (34000)	Percentage	60% (18,229 Under 5 Deaths)	80% (24,305 Under 5 Deaths)	HMIS
15	Outcome	Stillbirth Rate	<b>Still Birth Rate</b> <b>Numerator:</b> Total no. of Stillbirth Reported <b>Denominator:</b> Total no. of Reported Deliveries	Rate	< 15 per 1000 births	< 12 per 1000 births	HMIS
16	Output	Home visits by ASHAs for New-borns	<b>Percentage of newborns received complete schedule of home visits against total reported live births.</b> <b>Numerator:</b> Total no. of new-borns received complete scheduled of home visits <b>Denominator:</b> Total no. of new-borns	Percentage	90% (D: 479898)	90% (D: 479898)	Quarterly HBNC Report
17	Output	Roll out of HBYC visits in all districts	<b>Percentage of District Roll out HBYC visits against RoP approval with trained ASHAs</b> <b>Numerator:</b> Total no. of districts implementing HBYC visits with trained ASHAs <b>Denominator:</b> Total no. districts approved in RoP for HBYC implementation	Percentage	100% (30 districts)	100% (30 districts)	Quarterly HBYC Report
18	Output	Paediatric HDU/ICU unit	<b>Percentage of Districts with functional Paediatric HDU/ ICU unit out of total districts.</b> <b>Numerator:</b> Total no. of districts with functional Paediatric HDU/ ICU unit <b>Denominator:</b> Total no. of districts with the approved Paediatric HDU/ ICU unit in RoP/ECRP.	Percentage	100% (4 PICUs + 29 PHDUs/ ICUs) - 27 Districts	100% (4 PICUs + 29 PHDUs/ ICUs) - 27 Districts	Quarterly State Report
19	Output	MusQan	Number of facilities national certified against total identified facilities under MusQan <b>Numerator:</b> Total number of health facilities nationally certified under MusQan initiative (at least two units per facility (SNCU/NBSU, Paediatric OPD, Paediatric Ward, Nutrition Rehabilitation Centre) <b>Denominator:</b> Total number of facilities identified under MusQan initiative.	Percentage	100 % 4 facilities	100 % 4 facilities	Quarterly State Report
20	Output	New-born Screening at Delivery points	<b>Percentage of New- borns Screened at the time of birth out of total Live Births</b> <b>Numerator:</b> Number of New- borns Screened at the time of birth <b>Denominator:</b> Total number of Live Birth Reported.	Percentage	90%	90%	Quarterly State Report
21	Output	Functional DEICs	<b>Percentage of DEIC functional with Infrastructure, Essential Equipment and HR as per Guidelines against the RoP approval.</b> <b>Numerator:</b> Number of DEICs functional with Infrastructure, Essential Equipment, HR and training as per Guidelines. <b>Denominator:</b> Total number of DEICs approved in RoP.	Percentage	100% 32 (DEIC)	100% 32 (DEIC)	Quarterly State Report
22	Output	RBSK MHTs	<b>Percentage of Government &amp; Government aided schools and Anganwadi Centre covered by RBSK MHTs</b> <b>Numerator:</b> Number of Government & Government aided schools and Anganwadi Centre covered by RBSK MHTs as per RBSK Guideline. <b>Denominator:</b> Total number of Public Schools and Anganwadi Centre in the block <b>Source:</b> State Quarterly Report	Percentage	90% AWC - 133477 (2 visit) School - 49391	90% AWC - 133477 (2 visit) School - 49391	State Quarterly Report
23	Output	Screening of Children in Government & Government aided schools and Anganwadi Centre	<b>Percentage of children screened by RBSK MHTs</b> <b>Numerator:</b> Number of Children in Government & Government aided schools and Anganwadi Centre screened by RBSK MHTs as per RBSK Guideline. <b>Denominator:</b> Total number of Children in Government & Government aided schools and Anganwadi Centre	Percentage	90% 0-6 years ( 2 visit) 64 273057- 18 years (1 visit) 55 02689	90% 0-6 years ( 2 visit) 6427 3057- 18 years (1 visit) 5502 689	Quarterly State Report
24	Output	Secondary/ Territory management of Conditions specified under RBSK	<b>Number of beneficiaries received Secondary/ Territory management against RoP approval (for surgical intervention specified under RBSK).</b>	Nos.	1720	1720	Quarterly State Report

*J. B. B. B.*  
*15/8/2024*

SI No.	Indicator Type	Indicator Statement	Indicator	Unit	Target 2024-25	Target 2025-26	Source of data
25		NBSU Function ality	Functional (including online reporting) Newborn Stabilization Units (NBSUs) against approval at CHC/FRUlevel. <b>Numerator:</b> Total Number of NBSU functional and reportingonline. <b>Denominator:</b> Total Number of NBSU approved at CHC/FRUs.	Number	100 % (33 NBSUs)	100% (46 NBSUs)	FBNC online reporting
26		IMNCI/F-IMNCI trainings	Health Professional (Paediatricians/ MOs/ SNs/ANMs/ CHOs) Trained under Child Health Training (IMNCI/ F- IMNCI) againstapproval. <b>Numerator:</b> Total Number ofHealth Professional (Paediatricians/ MOs/ SNs/ANMs/ CHOs) Trained under Child Health Training (IMNCI/ F-IMNCI). <b>Denominator:</b> Total Number of Health Professional (Paediatricians/ MOs/ SNs/ANMs/ CHOs) approved forIMNCI/ F-IMNCI training.	Partici pants	90%	90%	Quarterly State Report
27.		ORS and Zinc Coverage	<b>Under 5 Children received ORS and Zinc against Under 5 Children identified with Diarrhoea during the IDCF Campaign.</b> <b>Numerator:</b> Total Number No.of Under 5 Children received ORS and Zinc. <b>Denominator:</b> Total Number of under 5 Children identified withDiarrhoea during the IDCF Campaign.	Percent age	100%	100%	IDCF campaign State Report
<b>Immunization</b>							
28	Output	Full immunization coverage	<b>Percentage of Full Immunization Coverage (FIC)</b> <b>Numerator:</b> Total number of children aged 9-11 months fullyimmunized with BCG+ Three doses of pentavalent + three doses of OPV + One dose of MRCV <b>Denominator:</b> Total No. of target children in 9-11 months'age group	Perce ntage	90%	92%	HMIS
29	Output	Coverage of birthdose Hepatitis B	<b>Percentage of children receiving birth dose Hepatitis Bas against institutional deliveries</b> <b>Numerator:</b> Total no. of infants immunized with birth dose of Hepatitis B. <b>Denominator:</b> Total no. of institutional deliveries	Perce ntage	100%	100%	HMIS
30	Output	Dropout % of children	<b>Percentage dropout of children from Pentavalent 1 to Pentavalent 3</b> <b>Numerator:</b> Total no. of children immunized with Pentavalent 1 – Total no. of children immunized with Pentavalent 3 <b>Denominator:</b> Total no. of children immunized with Pentavalent 1	Percentage	0	0	HMIS
31	Output	Dropout % of children	<b>Percentage dropout of children from Pentavalent 3 to MR 1</b> <b>Numerator:</b> Total no. of children immunized with Pentavalent 3 – Total no. of children immunized with MCV/MR 1 <b>Denominator:</b> Total no. of children immunized with Pentavalent 3	Percentage	0	0	HMIS
32		Dropout % of children	<b>Percentage dropout of children from MR 1 to MR 2</b> <b>Numerator:</b> Total no. of children immunized with MR 1 –Total no. of children immunized with MR 2 <b>Denominator:</b> Total no. of children immunized with MR 1	Percentage	0	0	HMIS
33	Output	TT10 coverage	<b>Percentage of children receiving Td10</b> <b>Numerator:</b> Total no. of children ≥ 10 years old immunized with Td10 <b>Denominator:</b> Total no. ofchildren ≥ 10 years of age	Percentage	95%	95%	HMIS
34	Output	<b>MR-2 Coverage &gt;95%</b>	<b>MRCV2 coverage &gt; 95% at state level</b> <b>Numerator:</b> Total no. ofchildren received MR 2 <b>Denominator:</b> Total no. ofchildren due for MR 2		>95%	>95%	HMIS
35	Output	Utilization of U-WIN	<b>No. of vaccinators using U-WIN for vaccination</b> <b>Numerator :</b> Total no. vaccinators conducting immunization session using U- WIN <b>Denominator:</b> Total no. registered vaccinators on U-WIN		Benchmark > 90 %	Benchmark > 90 %	U-WIN
<b>Nutrition</b>							
36		Early Initiation of Breastfeeding	<b>Percentage of newborn breastfeed within one-hour birth against total live birth.</b> <b>Numerator:</b> Number of newborn breastfeed within one hour of birth. <b>Denominator:</b> Total live births registered in that period.	Percentage	97	97	HMIS


  
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 15/8/2024

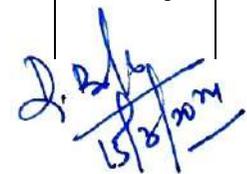
SI No.	Indicator Type	Indicator Statement	Indicator	Unit	Target 2024-25	Target 2025-26	Source of data
37	Output	Bed Occupancy Rate at Nutrition Rehabilitation Centre (NRC)	<b>Bed Occupancy Rate at Nutrition RehabilitationCentres (NRCs)</b> <b>Numerator-</b> Total inpatient daysof care from 1 <sup>st</sup> April 2022 to 31st March 2023/1 <sup>st</sup> April 2023 to 31 <sup>st</sup> March 2024 <b>Denominator-</b> Total available bed days during the same reporting period	Percentage	80	80	State reports
38		Successful Discharge Rate at Nutrition Rehabilitation Centre (NRC)	<b>Successful Discharge Rate at Nutrition Rehabilitation Centres (NRCs)</b> <b>Numerator-</b> Total number of under- five children discharged with satisfactory weight gain for 3 consecutive days (>5gm/kg/day) from 1st April 2022 to 31st March 2023/1 <sup>st</sup> April 2023 to31 <sup>st</sup> March 2024 <b>Denominator-</b> Total No. of under-five children exited from the NRC during the same reporting period	Percentage	90	90	State reports
39	Output	IFA coverage	<b>Percentage of pregnant women given 180 IFA tablets as against pregnant women registered for ANC</b> <b>Numerator:</b> Number of pregnant women given IFA tablets. <b>Denominator:</b> Number of pregnant women registered for ANC in that period.	Percentage	95%	95%	HMIS report
40		Anaemia Muktbharat	<b>Percentage of children 6-59 months given 8-10 doses of IFAsyrup every month</b> <b>Numerator:</b> Total number of children 6-59 months given 8-10 doses of IFA syrup in the reporting month <b>Denominator:</b> Number of children 6-59 months covered under the programme (Target Beneficiaries)	Percentage	75	77	HMIS report
41		Anaemia Muktbharat	<b>Percentage of children 5-9years given 4-5 IFA tablets every month</b> <b>Numerator:</b> Total number of children 5-9 years given 4-5 IFA tablets in the reporting month <b>Denominator:</b> Number of children 5- 9 years covered under the programme (TargetBeneficiaries)	Percentage	85	85	HMIS report
<b>Comprehensive Abortion Care (CAC)</b>							
42	Output	CAC services	<b>Public Health Facilities equipped with Drugs (MMA Combi pack/ Mifepristone &amp; Misoprostol), Equipment (MVA/EVA) and Trained Provider (MTP Trained MO/OBGYN) for providing CAC services against the total number of Public Health Facilities as per RoP targets</b> <b>Numerator:</b> Total no. of PublicHealth Facilities that are equipped with Drugs (MMA Combi pack/ Mifepristone & Misoprostol), Equipment (MVA/EVA) and Trained Provider (MTP Trained MO/OBGYN)) <b>Denominator:</b> Total number of Public Health Facilities as per RoP targets	Percentage	1. 100% of CHCs and above level of public Health Facilities to be equipped 2. 390 Facilities ( MCs:5; DH including women & Children Hospital/MC H :32; SDHs:33; CHCs (FRUs) & Other Sub District Level Hospitals: 34; 24 x 7 PHCs, Non FRU CHCs:260 ; Other PHCs:26 )	1. 100% of CHCs and above level of public Health Facilities to be equipped 2. 425 Facilities ( MCs:5; DH including women & Children Hospital/MC H :32; SDHs:33; CHCs (FRUs) & Other Sub District Level Hospitals: 34; 24 x 7 PHCs, Non FRU CHCs:270 ; Other PHCs:51 )	CAC Annual & Quarterly Report
43	Output	MO training	<b>Medical Officers trained in CACagainst the RoP approval</b> <b>Numerator:</b> Total no. of MedicalOfficers (MBBS) trained <b>Denominator:</b> Target of Medical Officers (MBBS) to be trained as per RoP	Number	150 MBBS Doctors	150 MBBS Doctors	CAC Annual & Quarterly Report

*J. B. Singh*  
15/8/2024

SI No.	Indicator Type	Indicator Statement	Indicator	Unit	Target 2024-25	Target 2025-26	Source of data
			<b>Family Planning (FP)</b>				
44	Output	PPIUCD acceptance	<b>Percentage of PPIUCD acceptance among Institutional deliveries</b> <b>Numerator:</b> Number of PPIUCDs inserted in public facilities <b>Denominator:</b> Number of institutional deliveries in public facilities	Percentage	26.0%	28.0%	HMIS
45	Output	Injectable MPA users	<b>Percentage of Injectable MPA users among Eligible Couples</b> <b>Numerator:</b> Total number of Injectable MPA doses/4 <b>Denominator:</b> Number of Eligible Couples	Percentage	0.40%	0.50%	HMIS/ RCH register
46	Output	Operationalization of FPLMIS	<b>% of Facilities indenting and issuing the stock in FPLMIS out of total facilities (including Sub Centres)</b> <b>Numerator:</b> Number of Facilities indenting and issuing the stock in FPLMIS (including Sub Centres) <b>Denominator:</b> Total Number of Facilities registered in FPLMIS (including Sub Centres) Remark: This key deliverable <i>has been revised to include Sub Centres</i>	Percentage	95.0%	95.0%	FPLMIS
47		% Increase in Male Sterilization performance from 2022-23	<b>Numerator:</b> No. of male sterilizations in current year (-) <b>Denominator:</b> No. of male sterilizations in 2022-23 <b>Remark:</b> The baseline year for this Key deliverable has been revised from 2019- 20 to 2022-23	Percentage	50%	100%	HMIS
			<b>Existing additional Key ROP deliverables for selected States/UT's</b>				
48		Doubling Family Planning Indemnity Scheme Compensation (SC Directives)	Doubling of Compensation under FPIS as per the Honourable Supreme Court Directives. <b>Source: Annual FPIS report Remark:</b> This deliverable is applicable for only for few states which have not yet completed the doubling of compensation	Yes/No	NA	NA	Annual FPIS report
49		Number of Nayi Pahal Kits (NPK) distributed per ASHA	<b>Numerator:</b> No. of NPKs distributed <b>Denominator:</b> No. of ASHAs <b>Source: MPV Quarterly Report Remark:</b> This deliverable is applicable only to 13 MPV States and few other states.	Number	5 Kit/ASHA	5 Kit/ASHA	MPV Quarterly Report
50		Number of Sash Bahu Sammelan Conducted	No. of SBS Conducted <b>Source: MPV Quarterly Report Remark</b> This deliverable is applicable only to 13 MPV States and few other states.	Number	10800	10800	MPV Quarterly Report
			<b>Adolescent Health/ Rashtriya Kishor Swasthya Karyakram (RKSK)</b>				
51	Output	Client load at AFHC	<b>Average monthly Client load at AFHC/month in PE Districts at DH/SDH /CHC level to increase by 25% in 2024-25 and 50% in 2025-26 from the baseline data of 2023-24</b> <b>Numerator:</b> Total Clients registered at AFHC. <b>Denominator:</b> Number of AFHCs divided by no. of months (per AFHC per month)	Nos	100	120	(HMIS/ Quarterly AFHC Report)
52	Output	WIFS coverage	<b>Percentage coverage of in- school beneficiaries under WIFS Programme every month.</b> <b>Numerator-</b> Total no in School beneficiaries covered <b>Denominator-</b> Targeted beneficiaries (In School)	Percentage	85%	90%	HMIS
53	Output	WIFS coverage	<b>Percentage coverage of out-of-school (girls) under WIFS Programme every month.</b> <b>Numerator-</b> Total no out of School beneficiaries covered <b>Denominator-</b> Targeted beneficiaries (out of School)	Percentage	60%	65%	HMIS
54	Output	Selection of Peer Educator	<b>Percentage of Peer Educator selected against the target</b> <b>Numerator-</b> Total no PEs selected <b>Denominator-</b> Total No. of PE to be selected	Percentage	100%	100%	State PE Reports
55		Training of Peer Educator	<b>Percentage of Peer Educator trained against the Peer Educator selected.</b> <b>Numerator-</b> Total no PEs Trained <b>Denominator-</b> Total No. of PEs selected	Percentage	100%	100%	State PE Reports

*J. D. B.*  
*15/8/2024*

SI No.	Indicator Type	Indicator Statement	Indicator	Unit	Target 2024-25	Target 2025-26	Source of data
56	Output	Menstrual Hygiene Scheme coverage	<b>Percentage coverage of Adolescent Girls against the target under Menstrual Hygiene Scheme</b> <b>Numerator-</b> Total no, of adolescent girls receiving sanitary napkins under MHS <b>Denominator-</b> Total No. of adolescent girls to be covered	Percentage	80%	85%	HMIS
57	Output	Ayushman Bharat School Health & Wellness Programme implementation	Percentage of the selected Districts implementing Ayushman Bharat School Health & Wellness Programme against the RoP approval. <b>Numerator-</b> Total no districts implementing ABSHWP <b>Denominator-</b> Total No. of Districts selected for ABSHWP	Percentage	100%	100%	SHWP Report
58	Output	Ayushman Bharat School Health & Wellness Programme implementation	<b>Percentage of Health &amp; Wellness Ambassadors trained to transact weekly activities in schools in the select districts</b> <b>Numerator-</b> Total no of Health & Wellness Ambassadors (HWAs) trained <b>Denominator-</b> Total no of HWAs to be trained	Percentage	100%	100%	SHWP Report
<b>Pre-Conception &amp; Pre-Natal Diagnostic Techniques (PCPNDT)</b>							
59	Output	<b>Total Number of meetings conducted by district advisory committees (DAC) in the state/ UT</b>	<b>As mandated by the PC&amp;PNDT Act law the DAC has to meet minimum 6 times a year</b> <b>Numerator-</b> Total No. of meetings actually conducted by all districts in the state <b>Denominator-</b> No of district *6	Percentage	100%	100%	State Report
<b>National Iodine Deficiency Disorders Control Programme (NIDDCP)</b>							
60	Output	Monitoring of salt & urine in the State/UT	<b>Percentage of salt samples tested using Salt Testing Kits (Qualitative testing) by ASHA in identified District.</b> <b>Numerator:</b> Total Number of sample tested by ASHA. <b>Denominator:</b> Number of ASHA *50 samples*12 months.	Percentage	100%	100%	State Report
61			<b>Percentage of salt samples tested (Quantitative) in Lab (Volumetric method) for estimation of iodine content.</b> <b>Numerator:</b> Number of salt samples tested (Quantitative) in Lab (Volumetric method). <b>Denominator:</b> Number of District *25 samples*12 months.	Percentage	10%	20%	State Report
62		Monitoring of salt & urine in the State/UT	<b>Percentage of urine sample tested for Urinary iodine estimation.</b> <b>Numerator:</b> Number of urinesamples tested for Urinary iodine estimation. <b>Denominator:</b> Number of District *25 samples*12 months.	Percentage	10%	20%	State Report
<b>Reproductive and Child Health (RCH) Portal</b>							
63	Output	Implementation of RCH application - Registration Coverage of "Pregnant Women and Child (0-1" Year)	<b>Percentage of Registration Coverage of Pregnant Women and Child on pro- rata basis</b> <b>"Numerator: Total No. of Registered PW and Child" on RCH Portal</b> <b>Denominator: Estimated PW and Child on pro-rata basis.</b>	Percentage	100% Registration coverage of Pregnant Women and Children on pro- rata basis	100% Registration coverage of Pregnant Women and Children on pro-rata basis	RCH Portal
64	Output	Implementation of RCH application - Service Delivery Coverage of PW	<b>Percentage of Service Delivery Coverage of entitled Pregnant Women for ANC services.</b> <b>Numerator:</b> Total No. of PW received All ANC services (ANC1 + ANC2 + ANC3 + ANC4 + TT1 / TT2 + 180 IFA tablet) <b>Denominator:</b> Total PW expected for Service based on reporting period	Percentage	100%	100%	RCH Portal
65	Output	Implementation of RCH application Service Delivery Coverage of Child	<b>Percentage of Service Delivery Coverage of entitled Child [0-1Year] for Immunization services.</b> <b>Numerator:</b> Total No. of Child received All Immunization services (as per National Immunization Schedule) <b>Denominator:</b> Total child expected for Service based on reporting period	Percentage			RCH Portal

  
 J. B. Singh  
 15/8/2024

SI No.	Indicator Type	Indicator Statement	Indicator	Unit	Target 2024-25	Target 2025-26	Source of data
66	Output	Implementation of RCH application - Total Deliveries Reported	<b>Percentage of total Delivery reported of Pregnant Women.</b> <b>Numerator:</b> Total No. of Delivery reported <b>Denominator:</b> Total PW expected for Delivery based on reporting period	Percentage	100% Delivery reported	100% Delivery reported	RCH Portal
67	Output	Implementation of ANMOL application	<b>Health provider (ANM) using ANMOL application "for entering Data"</b> <b>Numerator:</b> Total No. of Users(ANM) doing data entry. <b>Denominator:</b> Total no. active" users (ANMs) registered in RCH Portal.	Percentage	90% Health Provider (ANM) are doing data entry on ANMOL	90% Health Provider (ANM) are doing data entry on ANMOL	RCH Portal
<b>2. NDCP Flexi Pool (National Disease Control Programme)</b>							
<b>Integrated Disease Surveillance Programme (IDSP)</b>							
68	Output	Weekly Reporting – S form	% of Reporting Units Reported in S form	Percentage	100	100	IDSP IHIP
69	Output	Weekly Reporting – P form	% of Reporting Units Reported in P form	Percentage	100	100	IDSP IHIP
70	Output	Weekly Reporting – L form	% of Reporting Units Reported in L form	Percentage	100	100	IDSP IHIP
71	Output	Weekly Reporting – Lab Access of Outbreaks	Lab Access of Outbreaks reported under IDSP excluding Chickenpox, Food Poisoning, Mushroom Poisoning	Percentage	100	100	IDSP IHIP
<b>National Tuberculosis Elimination Programme (NTEP)</b>							
72.	Output	Presumptive TB Examination	Presumptive TB examination / lakh population	Nos.	>3000	>3000	
73	Output	Expansion of rapid molecular diagnostics for TB	% Of TB patients tested for Rifampicin resistance	Nos.	70%	70%	State Report
74	Output	State TB Score	% Improvement in Annual TB Score Numerator: (State Annual TB Score in Current Yr- State Annual TB Score in last yr) Denominator: State Annual TB Score in last yr	Percentage	90	90	NIKSHAY Portal
75	Output	Nikshay Poshan Yojana	% of eligible patients receiving all benefit of DBT Numerator: No. of eligible patients receiving all benefit of DBT Denominator: No. of eligible patients	Percentage	100%	100%	NIKSHAY Portal
76	Output	Districts with TB free Status	No. of districts to achieve TB free Status # Bronze, # Silver, # Gold, #TB Free district/City	Nos.	8 district	10 district	State Report
77	Output	% Of Gram Panchayat/wards with TB free Status	% Of Gram Panchayat/ward to achieve TB free Status # Bronze, # Silver, # Gold, #TB Free	Percentage	20%	30%	
78	Output	% Of patients adopted by Ni-Kshay Mitra	% Of consented TB patients adopted by Ni-Kshay Mitra	Percentage	100%	100%	
79							
<b>National Rabies Control Program (NRCP)</b>							
80	Output	Availability of Rabies Vaccine and Rabies Immunoglobulins	<b>ARV available at the Health Facilities as per Essential Medical List</b> <b>Numerator-</b> Total No. of Health Facility till PHC level having stocks of ARV Source- DVDMS Portal/State Monthly report <b>Denominator-</b> Total No. of Health Facilities till PHC level (Source- Rural Health Statistic- MoHFW)	Percentage	Availability of Stock as per EML at 85% health Facilities till CHC Level	Availability of Stock as per EML at 90% health Facilities till CHC Level	DVDMS Portal/State Monthly report Rural Health Statistic- MoHFW)
81	Output		Rabies Immunoglobulins available at the Health Facilities as per Essential Medical List Numerator- Total No. of Health Facility till CHC level having stocks of ARS Denominator- Total No. of Health Facilities till CHC level (Source- Rural Health Statistic- MoHFW)	Percentage	Availability of Stock as per EML at 75% health Facilities till CHC Level	Availability of Stock as per EML at 80% health Facilities till CHC Level	DVDMS Portal/State Monthly report Rural Health Statistic- MoHFW)

*J. B. Singh*  
15/3/2021

SI No.	Indicator Type	Indicator Statement	Indicator	Unit	Target 2024-25	Target 2025-26	Source of data
<b>National Viral Hepatitis Control Programme (NVHCP)</b>							
82	Output	Management of Hepatitis C -under the program	Percentage of Hepatitis C Patients benefited i.e number who receivedtreatment against target.	Percentage	90%(256)	90%(256)	NVHCP MIS Portal
83	Output	Management of Hepatitis B -under the program	Percentage of Hepatitis B Patients benefited i.e number who receivedtreatment against target	Percentage	90%(458)	90%(476)	NVHCP MISPortal
84	Output	Pregnant women screened for hepatitis B	Percentage of pregnant women screened for hepatitis B (HBsAg) againstthe target (Institutional Deliveries)	Percentage	100%(665678)	100%(665678)	RCH Portal
85	Output	Administration of HBIG to newborns of HBsAg positive pregnant women	Percentage of new borns administered HBIG among new borns delivered to HBsAg positive pregnant women at health care facility	Percentage	100%(750)	100%(850)	RCH Portal
<b>National Leprosy Elimination programme (NLEP)</b>							
86	Output	Percentage of Grade II Disability (G2D) among new cases	No of Districts with Grade II Disability (G2D) percentage less than 2%among new cases	Nos	20	21	State Report
87	Output	Certification of Districts as Leprosy Free	No of Districts certified as Leprosy Free	Number	3	4	State Report
88	Output	Clearance of backlog of Reconstructive Surgeries (RCS)	Number of Reconstructive Surgeries (RCS) conducted during the F.Y./ Number of Patients Eligible for RCS during the F.Y.*100	Numbers	75	75	State Report
89		No of districts with Zero incidence of leprosy case in F.Y.	No of districts with zero new cases of leprosy in the current F.Y.		0	0	
<b>National Vector Borne Disease Control programme (NVBDCP)</b>							
90	Output	Malaria Reduction in API at District level	No. of districts with API <1	Numbers	To sustain in 25 Districts	To sustain in 25 Districts	MES report, NVBDCP
91.	Output		Annual blood Examination Rate (ABER)	Percentage	To sustain ABER>15%	To sustain ABER>15%	MES report, NVBDCP
92.	Output		%IRS population coverage in each round	I Round	>85%	>85%	IRS report, NVBDCP
93.	Output		II Round	>85%	>85%	IRS report, NVBDCP	
94.	Output		No. of Districts Certified as MalariaFree	Number	3	3	State & District, NVBDCP Data Base
95.	Output	Lymphatic Filariasis	The proportion of districts/IUs with coverage>65%for DA	Percentage	55 IUs (100% of MDA-DA Implimentin g unit)	48 IUs (100% of MDA-DA Implimentin g unit)	13 Table MDA report and WHO Post MDA report
96.	Output		and 85%forIDA of the total population (admin coverage/independent assessment)		197 IUs (100% of MDA-DA Implimentin g unit)	101 IUs (100% of MDA-DA Implimentin g unit)	13 Table MDA reportand WHO Post MDA report
97.	Output		Morbidity management and disease prevention (MMDP) services for hydrocele and Lymphedema cases	Number	100% MMDP services and kit distribution: 67117	100% MMDP services and kit distribution: 67117	13 Table MDA report/Monthly MMDP report
98.	Output		Cumulative number of endemic districtswhich achieved mf rate<1% verified byTAS1	Number	11	11	As per TAS plan
99.	Output		Cumulative number of districts to achieveDisease Free Status- LF as per TAS 3 Clearance	Number	9	9	Post TAS report
100.	Output	Dengue& Chikungunya	Dengue Case Fatality Rate at State level	Percentage	CFR <1%	CFR <1%	

*J. D. S.*  
15/3/2024

Sl No.	Indicator Type	Indicator Statement	Indicator	Unit	Target 2024-25	Target 2025-26	Source of data
101.	Output	Kala-azar	Number of blocks achieved Kala azar elimination i.e.<1 case per 10000population at block level	Number	NA	NA	
102.			Number of blocks sustained Kala-azar elimination	Number	NA	NA	
103.			%IRS population coverage in eachround	Percentage	NA	NA	
104.			%Complete treatment of KA Cases and HIV/VL	Percentage	NA	NA	
105.			%Complete treatment of PKDL Cases	Percentage	NA	NA	
<b>National Tobacco Control Programme (NTCP)</b>							
106	Output	Increase in availability of Tobacco Cessation Services available	No. of districts with Tobacco Cessation Centers	Number	30	30	MIS / NTCP portal
107	Outcome	Improved accessfor Tobacco Cessation Services	No. of People availed tobacco cessation services in2022-24	Number	65,000	70,000	MIS / NTCP portal
<b>National Mental Health Programme (NMHP)</b>							
108	Output	Improved coverage of mental health services	Percentage of districts covered District Mental HealthUnits operationalized.	Percentage	100	100	State Report
109	Output	Improved coverage of mental health services	Percentage increase Number of persons cateredthrough District Mental Health Units	Number/ Percentage	30% increase of previous year 2023-24	35 % increase of 2023-24	State Report
<b>National Programme for Health Care of Elderly (NPHCE)</b>							
110	Output	Provision of primary and secondary Geriatric healthcare services at District Hospitaland below	Numerator: No. of DH with Geriatric Unit (at least10beds) Denominator : No. of total DH in the state	Number	32/32	32/32	NPHCE QPR
111	Output	Provision of primary and secondary Geriatric healthcare services at District Hospitaland below	Numerator: No. of DH with physiotherapy unit forelderly Denominator : No. of total DH in the state	Number	32/32	32/32	NPHCE QPR
112	Output	Provision of primary and Secondary Generic Health Care Services at DistrictHospital and Below	Numerator: No. of CHCs with physiotherapy unit Denominator : No. of total CHC in the state	Number	278 (67%)	414 (100%)	NPHCE report
<b>National Programme for Non-Communicable Diseases (NP-NCD)</b>							
113	Input	population (30+) registered for NCD Services	% of population (30+) registered in the National NCD portal	Percentage	1,72,29,420	1,73,37,090	National NCD Portal
114	Process	population screened for NCD	% of population screened for Hypertension	Percentage	1,72,29,420	1,73,37,090	National NCD Portal
115	Process	population screened for NCD	% of population screened for Diabetes	Percentage	1,72,29,420	1,73,37,090	National NCD Portal
116	Output	Patient put on treatment	% of people on standard of care for Hypertension against target population	Percentage	16,35,152	17,98,667	National NCD Portal
117	Output	Patient put on treatment	% of people on standard of care for Diabetes against target population	Percentage	10,56,035	11,61,639	National NCD Portal
<b>National Programme for Control of Blindness and Vision Impairment (NPCB&amp;VI)</b>							
118	Output	Eye care servicesunder NPCB and VI provided at District level andbelow	Percentage achievement of Cataract operationsagainst targets	Percentage Number	465400	209400	District Reports

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15/3/2024

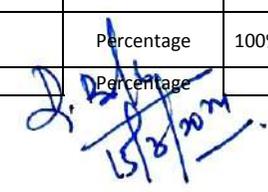
SI No.	Indicator Type	Indicator Statement	Indicator	Unit	Target 2024-25	Target 2025-26	Source of data
119	Output	Eye care services under NPCB and VI provided at primary, secondary at District level	Percentage achievement of Collection of donated eyes for corneal Transplantation against targets	Percentage Number	2000	2200	District Reports
120	Output	Eye care services under NPCB and VI provided at District level and below District level	No. of Free Spectacles to school children suffering from Refractive errors	Number	56000	60000	District Reports
121	Outcome	Cataract backlog Free Certification	No. of Districts Certified as Cataract backlog Free	Number	-	-	State Report
<b>Pradhan Mantri National Dialysis Program (PMNDP)</b>							
122	Output	Dialysis Facility in the District	No. of districts with dialysis facility under PMNDP Calculated as total number of districts having dialysis centres divided by the total number of districts in the state.	Number	30	30	State Report
123	Output	Number of sessions held in the month	Estimated number of dialysis sessions (monthly) Calculated as 10% increase over the previous year dialysis sessions	Number	0.2	0.21	State Report
124	Output	Peritoneal dialysis services under PMNDP	Estimated number of patients planned for peritoneal dialysis services	Number	100	150	
<b>National Programme for Prevention and Control of Fluorosis (NPPCF)</b>							
125	Outcome	Improvement in sample testing in fluoride affected districts	Percentage of water samples tested for Fluoride level against number of samples as per norms.	Percentage	40	100	NPPCD QPR
126	Outcome	Medical management of diagnosed fluorosis cases including supplementation, surgery, and rehabilitation.	Percentage of patients provided medical management to diagnosed fluorosis cases out of the total diagnosed cases.	Percentage	30	100	NPPCD QPR
<b>National Programme for Prevention &amp; Control of Deafness (NPPCD)</b>							
127	Output	Hearing Aid	Number of people with hearing problems rehabilitated.	Number	10% Increase	10% Increase	NPPCD QPR
128	Output	Audiometry Facilities	Number of people screened for deafness/hearing impairment.	Number	30	30	NPPCD QPR
<b>National Programme for Palliative Care (NPPC)</b>							
129	Output	Palliative care services under NPPC programme	Total no. of District Hospitals providing palliative care services	Number	32	32	MPR
<b>National Oral Health Programme (NOHP)</b>							
130	Output	Strengthening Oral Health Services	Percentage of PHFs providing dental care services upto CHC level against total PHFs upto CHC level (DH/SDH/CHC)	Number	100%	100%	HMIS (Dental OPD)/MPR
<b>National Programme for Climate Change and Human Health (NPCCH)</b>							
131	Output	Orientation/ Training/Capacity Building of healthcare staff	% of Medical officers in district trained on diagnosis and management of HRI and ARI surveillance in context of air pollution	Percentage	80	100	State report
132	Output	Heat Related Illness	% of DHs and SDH with operational min 5 bedded Heat Stroke Room (from 1st March – 31st July)	Percentage	25	50	State report
133	Output	Acute Respiratory Illness (ARI) in context of Air Pollution	% of Sentinel Surveillance Hospitals reporting daily ARI cases on IHIP portal	Percentage	75	100	State report
<b>Health System Strengthening (HSS)- Rural and Urban</b>							


  
 15/8/2024

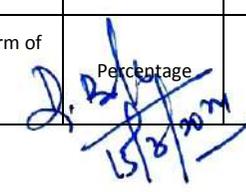
SI No.	Indicator Type	Indicator Statement	Indicator	Unit	Target 2024-25	Target 2025-26	Source of data
134	Output	Improving access to healthcare in urban India	Number of operational urban health facilities (UPHCs and UCHCs) increased. (a) UCHC% = Numerator: No. Of UCHC operationalized Denominator: No. of UCHC approved	Percentage	a) UCHC – 7	a) UCHC – 7	MIS-QPR/ Approved State RoPs
			(b) UPHC % = Numerator: No. of UPHC operationalized Denominator: No. of UPHC approved		b) UPHC- 116	b) UPHC- 116	
135	Output	Improving access to healthcare in urban India	No. of UPHCs converted to Ayushman Arogya Mandir Numerator: No. of UPHC converted to AAPs Denominator: Total No. of UPHCs approved	Percentage	116 Nos. (100%)	116 Nos. (100%)	AAP Portal/ Approved State RoPs
136	Output	Improving access to healthcare in urban India	% of UCHC and UPHC-AAPs offering specialist service Numerator: No. of UCHC and UPHC-AAM offering specialist services Denominator: No. of UCHC and UPHC-AAM approved	Percentage	123 Nos. (100%)	123 Nos. (100%)	AAP Portal/ Approved State RoPs
137	Output	Improving access to healthcare in urban India	<b>Annual utilization of urban health facilities (UPHC-AAM) increased with at least 50% visits made by women to be sustained</b> a) Urban Health Facilities Footfall: Numerator: No of UPHC- AAM reporting at least average footfall (60 footfalls per 1000 population) Denominator: No of operational UPHC-AAM b) % female footfall: Numerator: Female footfall in current year Denominator: Total footfall recorded in current year	Percentage	a-50 UPHCs b- 50%	a-55 UPHCs b- 50%	AAP Portal
138 A	Output	Improving access to healthcare in urban India	<b>%No of individuals screened for NCD at UPHC-AAM</b> a) For Hypertension Numerator: Individuals screened for NCD- Hypertension Denominator: Total 30 years and above, Urban population as on 1 <sup>st</sup> April (Beginning of FY) (b) For Diabetes: Numerator: No. of individual screened for Diabetes Denominator: Total 30 years and above urban population as on 1st April (Beginning of FY)	Percentage	50% 50%	60% 60%	AAM Portal
138 b			% of individual screened for NCD at UPHC-AAM (a) For Oral Cancer: Numerator: No. of individual screened for Oral Cancer Denominator: Total 30 years and above urban population as on 1st April (Beginning of FY) (b) For Breast Cancer: Numerator: No. of individual screened for Breast Cancer Denominator: Total 30 years and above urban women population as on 1st April (Beginning of FY) (C) For Cervical Cancer: Numerator: No. of individual screened for Cervical Cancer Denominator: Total 30 years and above urban women population as on 1st April (Beginning of FY)	Percentage	a-30% b-30% c-30%	a-40% b-40% c-35%	AB-AAM Portal
139	Output	Providing quality healthcare	% Urban pregnant women accessing 4 or more antenatal care at UPHC- AAM and UCHC- AAM and UCHC Numerator: Total urban PW accessing 4 or more ANC's Denominator: Total urban PW registered	Percentage	86%	86%	HMIS
140	Output	Providing quality healthcare services in Urban India	Percentage of Urban Health and Nutrition Day (UHND) held organized Numerator: Number of monthly UHND organized Denominator: Number of monthly UHND approved	Percentage	92%	95%	MIS / HMIS portal/Approved State RoPs

*J. B. Singh*  
15/8/2024

SI No.	Indicator Type	Indicator Statement	Indicator	Unit	Target 2024-25	Target 2025-26	Source of data
141	Output	Providing quality healthcare services in Urban India	<b>Number of patients treated for Diabetes and Hypertension at UPHC-AAM % of diagnosed patients put on treatment for Diabetes:</b> <b>Numerator:</b> Number of patients put on treatment for Diabetes <b>Denominator:</b> Number of patients diagnosed for Diabetes % of diagnosed patients put on treatment for Hypertension: <b>Numerator:</b> Number of patients put on treatment for Hypertension <b>Denominator:</b> Number of patients diagnosed for Hypertension	Number	a-98% b-98%	a-98% b-98%	AAM Portal
<b>DVDMS</b>							
142	Output	Implementation of DVDMS in AAM SHC	% of Health Facilities up to AAM SHC implementing the DVDMS	Percentage	100%	100%	State Report
<b>Quality Assurance (QA)</b>							
143	Output	NQAS certified public health facilities (National + State)	Cumulative Number of NQAS certified public health facilities	Number	(a) DH: 22 (70%) (b) SDH: 16 (50%) (c) CHC: 192 (50%) (d) PHC: 644 (50%) (e) UPHC: 45 (50%) (f) AAM SC: 1256 (40%)	(a) DH: 24 (75%) (b) SDH: 20 (60%) (c) CHC: 230 (60%) (d) PHC: 773 (60%) (e) UPHC: 53 (60%) (f) AAM SC: 1884 (60%)	NHSRC Quality Certification Unit
144	Output	Public health facilities with Kayakalp score greater than 70%	Number of public health facilities with Kayakalp score more than 70% (on external assessment)	Number	2653	2919	NHSRC Quality Certification Unit
145	Output	NQAS Certified public health facilities (National + State) in Aspirational Block	Percentage of NQAS Certified Facilities (%) in Aspirational Block	Percentage	45%	65%	State Report
<b>Free Diagnostic Service Initiative</b>							
146	Output	Free Diagnostic s Services	Number of diagnostic test available at DH/SDH/CHC/PHC as per NEDL 2019 Calculated as average of total number of diagnostics tests available at each level of health facility divided by the minimum number of diagnostics tests specified in FDSI (14/63/97/111/134) guidelines  <b>Numerator:</b> Number of Healthcare facility undertaking full menu of essential diagnostic tests prescribed in the FDSI guidelines  <b>Denominator:</b> Total number of Primary Healthcare Facilities available in the State (Upto DH level)	Percentage	50%	60%	HMIS/ State Reports/ Dashboards/ Assessment report
<b>Blood Services &amp; Disorders</b>							
147	Output	Number of District Hospitals having Blood Banks	Percentage(%)of District Hospitals having functional Blood Bank	Percentage	100%	100%	E -Raktkosh, Blood Cell
148	Output	Voluntary blood donation	Voluntary blood donation against the blood collection units targeted for replacement/ donation	Percentage	100%	100%	E -Raktkosh, Blood Cell
149	Output	Blood component separator	Percentage of blood banks having blood component separator	Percentage	37% (21 nos)	56% (32 nos)	Blood Cell
150	Output	No of ICHH centres in the state at high prevalence districts	Number of integrated centres for hemoglobinopathies & haemophilia in the district against no. of identified districts with high prevalence of hemoglobinopathies & haemophilia	Number	30	30	Blood Cell
151	Output	Sickle Cell Disease	Percentage of population screened for sickle cell disease against annual target	Percentage	100% (22,63,737)	100% (22,38,594)	Sickle Cell Portal
152	Output	Sickle Cell Disease	Percentage of people registered on Sickle portal with ABHA ID	Percentage	20%	30%	Sickle Cell Portal


  
 15/8/2024

Sl No.	Indicator Type	Indicator Statement	Indicator	Unit	Target 2024-25	Target 2025-26	Source of data
153	Output	Sickle Cell Disease	Distribution of Sickle cell Status card	Number	100% (22,63,737)	100% (22,38,594)	Sickle Cell Portal
<b>Comprehensive Primary Healthcare (CPHC)</b>							
154	Output	Number of functional Ayushman Arogya Mandir	Numerator: Total functional AAM in the state/ UT Denominator: Total primary healthcare facilities in State/UT as per the latest RHS	Percentage	100%	100%	AAM Portal
155	Output	AAM providing expanded service packages	Numerator: No. of AAM providing all 12 expanded range of services. Denominator: Total functional AAM in the state/ UT	Percentage	100%	100%	AAM Portal
156	Output	Footfall at AAM (Receiving services for Preventive, promotive, curative, rehabilitative and palliative care)	Numerator: No. of AAM reporting at least average footfall as per (norm of 60 footfalls per 1000 population): - Rural: SHC-AAM @ 300/month; PHC-AAM @ 1800/month - Urban: U-AAM @ 1200/month; UPHC-AAM @ 3000/month - Tribal: SHC-AAM @ 180/month; PHC-AAM @ 1200/month Denominator: Number of operational AAM in rural areas (SHC- AAM+PHC-AAM)	Percentage	95%	100%	AAM Portal
157	Output	Medicine at AAM	% of AAM where at least 80% of expanded range of medicines as per Essential list (Medicines: SHC-AAM- 105; PHC-AAM-171) against number of functional AAM.	Percentage	100%	100%	AAM Portal AS per UT essential Drug List for AAM- SC- 23 For AAM-PHC-71
158	Output	Diagnostic s at AAM	Percentage of AAM out of total functional AAM in State/UT with availability of diagnostics as per Essential list (Diagnostics: SHC-AAM-14; PHC-AAM-63) against number of functional AAM.	Percentage	100%	100%	AAM Portal
159	Output	Adoption of SASHAKT & Training of AAM primary health care teams on expanded service packages	Numerator: No of ABHA verified primary health care team members (ASHA, MPW, CHO, SN and MO) registered in SASHAKT portal Denominator: Total number of in position primary healthcare team members (ASHA, MPW, CHO, SN and MO) in State/UT	Percentage	50%	85%	SASHAKT portal
160	Output	NCD Screening	a) % of Individuals screened for NCD at AAM - Hypertension and Diabetes Numerator: Individuals screened for NCD- Hypertension and Diabetes Denominator: 30+ population of State/UT	Percentage	HTN-DM-	HTN-DM-	National NCD portal
161	Output		b) % of Individuals screened for NCD at AAM - Oral cancer, Breast Cancer and Cervical Cancer Numerator: Individuals screened for NCD- cancers Denominator: 30+ population of State/UT	Percentage	OC-BC-CC-	OC-BC-CC-	National NCD portal
162	Output	Wellness sessions at AAM	Numerator: Number of wellness sessions conducting a minimum of 10 wellness sessions per month Denominator: Total functional AAM in the state)	Percentage	100	100	AAM Portal
163	Output	Tele- consultations started at AAM	Numerator: Number of AAM conducting a minimum of 25 teleconsultations per month Denominator: Total functional AAM in the state)	Percentage	65	70	eSanjeevani portal
164	Output	JAS functioning	Numerator: Number of JAS constituted at AAM conducted at least 10 meetings in a year Denominator: Total no of JAS constituted AAM	Percentage	80	90	AAM Portal
165	Output	Functional AAM awarded Kayakalp Awards	Numerator: Number of AAM scoring more than 70% in Kayakalp peer assessment Denominator: Total number of functional AAM	Percentage	50%	70%	Kayakalp report
166	Output	Functioning of VHSNC(in Rural areas)	Numerator: Number of VHSNCs that conducted at least 10 meetings in the year (against the norm of minimum one meeting every month) Denominator: Total VHSNCs formed	Percentage	99	99	AAM Portal

  
 15/8/2024

SI No.	Indicator Type	Indicator Statement	Indicator	Unit	Target 2024-25	Target 2025-26	Source of data
167	Output	AAM primary healthcare team's incentives	a) Numerator: Number of AAM whose primary healthcare teams have received timely incentives (Performance Linked Payment and Team Based Incentives) minimum 10 times a year Denominator: Total number of functional AAM	Output	100	100	AAM Portal
<b>AYUSH</b>							
168	Output	Co- location of AYUSH facilities	Number of Public Health Facilities with Co-located AYUSH OPD Services	Number	1485	1485	State Report
<b>Human Resource for Health</b>							

*J. B. B.*  
15/8/2024

SI No.	Indicator Type	Indicator Statement	Indicator	Unit	Target 2024-25	Target 2025-26	Source of data
169	Output	NHM HR in place	% of HRH in Position out of total posts approved under NHM*	Percentage	90%	92%	NHSRC HRH Division
170	Output	HRH availability as per IPHS	% of HRH available as per IPHS (HR in Place/IPHS requirement x 100) for six key staff categories*	Percentage			NHSRC HRH Division
			o MPW (Male+Female)		72%	78%	NHSRC HRH Division
			o Staff Nurses		40%	50%	NHSRC HRH Division
			o Lab technicians** (**Reduction in gap% applicable only for those levels of facilities where lab services including HR for lab have been outsourced)		45%	50%	NHSRC HRH Division
			o Pharmacists		88%	90%	NHSRC HRH Division
			o Medical Officer-MBBS		75%	80%	NHSRC HRH Division
			o Clinical specialists		76%	80%	NHSRC HRH Division
<b>Biomedical equipment Management &amp; Maintenance Program (BMMP)</b>							
171	Output	Equipment CAMC/ AMC	% of Equipment Covered under Comprehensive Maintenance Contract/ Annual Maintenance Contract/ BMMP Calculated as total number of equipment covered under CMC/AMC divided by total number of equipment available at the facility (Average of all Facilities in percentage)	Percentage	77% under BEMP 10% under Warranty 1% under progress to include under BEMP 1% Not In BEMP scope 3% for Condemnation Total target Asset:63866	77% under BEMP 10% under Warranty 1% under progress to include under BEMP 1% Not In BEMP scope 3% for Condemnation Total target Asset:63866	BMMP Dashboard/ State Equipment Inventory Software (e- upkaran)
172	Output	Equipment Upkeep time	% upkeep time of of equipment uptime Calculated as average of upkeep time of all equipment at each level of facility against the specified uptime in BMMP (DH- 95%/CHC-90%/PHC-80%)	Percentage	A.DHH-97% B.CHCs & SDHs-95% C.PHCs-90%	A.DHH-97% B.CHCs & SDHs-95% C.PHCs-90%	BMMP Dashboard/ State Equipment Inventory Software (e- upkaran)
173	Output	AERB Compliance	% of Public Health Facility certified as per AERB compliance Calculated as average number of health facilities (having X- Ray related equipment) registered on eLORA portal for AERB license divided by the total number of health facilities having X-Ray related equipment.	Percentage	40%	100%	AERB Compliance certification dashboard
<b>Health Management Information System (HMIS)</b>							
174	Output	HMIS Reporting	Ensuring timely reporting of data by the State Data Manager/M&E/HMIS personnel by 20th of following month. <b>Numerator:</b> No. of health facilities reported data by 20th of following month. <b>Denominator:</b> Total no. of health facilities.	Percentage	99	99	HMIS IHIP Portal
<b>Public Health Infrastructure</b>							

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15/8/20

SI No.	Indicator Type	Indicator Statement	Indicator	Unit	Target 2024-25	Target 2025-26	Source of data
175	Output	Infrastructure (Rural and Urban health care facilities- a. DHH, b. SDH, c. CHCs, d. UCHCs, e. UPHCs, f. PHCs, g. Sub Health Centers, h. Others)	Number of new constructions completed and handed over against the projects sanctioned.	Number	(a) CHCs-20 (b) PHCs- 114 (C )Sub Health Centers- 430 (d) Others- 30 Total = 594	(a) CHCs-30 (b) PHCs- 170 (C) Sub Health Centers- 414 (d) Others-8 Total = 622	State Report
176	Output	IPHS compliance	% Of health care facilities achieved IPHS compliance.	Percentage	10	25	State Report
177	Output	GRS & Health Help Desk	Average calls received per day (output measurement by call efficiency): - numerator- Total calls received per day per call operator against the denominator - Average 130 call received per Call operator per day with avg. call handling time of 3 minutes.	Percentage	85	90	State Report
178	Output	GRS & Health Help Desk	% Of calls resolved out of calls received service wise a. Health Information, b. Counselling, c. SUMAN, d. ECD.	Percentage	100	100	State Report
179	Output	National Ambulance Services	% of Ambulances functional as per population norms (one BLS per 1 lakh Population and One ALS for every 5-lakh population)	Percentage	152	152	State Report
180	Output		Average response time per vehicle	Minutes	20min	20min	State Report
181	Output	MMU	Avg. no. of trips per MMU per month	Numbers	---	---	State Report
182	Output		Average no. of lab Number investigations per MMU per day.	Numbers	---	---	State Report
183	Process	DH Strengthening as knowledge Hub	% of District hospitals- initiated any of the following courses:-				
			(a) DNB courses	Percentage	100	100	State Report
			(b) Nursing courses -				
			ANM	Percentage	21	21	State Report
			GNM	Percentage	8	15	State Report
BSC NURSING	Percentage	10	15	State Report			
(C )Allied health care courses like CPS	Percentage	-	-	State Report			

*J. B. Singh*  
15/8/2024

### Conditionalities Framework 2024-26

Full Immunization Coverage (%) to be treated as the screening criteria. Conditionalities to be assessed only for those EAG, NE and hilly States which achieve at least 85% full Immunization Coverage. For rest of the States/UTs, the minimum full Immunization Coverage to be 90%.

Sl. No	Conditionalities	Indicators of 2024-26	Source of verification	% Incentive/ Penalty
		<b>Based on overall score of AAM conditionality (out of 100 marks)</b>		
1	AAM State/UT Score	a. Score more than 75: +25 b. Score more than 50 or less than or equal to 75: +15 c. Score more than 25 but less than or equal to 50: -15 d. Score less than or equal to 25: -25	AAM portal	+25 to -25
		<b>DVDMS implementation up to AAM-SC</b>		
2	Implementation of DVDMS or any other logistic management IT software with API linkages to DVDMS up to PHC level	a. In 100% AAM-SHC: +5 b. 80% or above but less than 100%: +3 c. 50% or above but less than 80%: 3 a. In less than 50%: -5	DVDMS Portal or Any other similar system with API linkages to DVDMS	+5 to -5
3	Registration of pregnant women and children (0-1) on RCH or equivalent portal	% Registration against estimated beneficiaries (Pregnant woman & Child registration 0-1 yr) on Pro- rata basis a. 100% Registration: +5 b. 80% or above but less than 100%: +3 c. 50% or above but less than 80%: No Penalty a. d. less than 50%: -5	RCH Portal or similar state portal	+5 to -5
4		<b>Human Resources for Health</b>		
4 (A)	A. Availability of regular service delivery HRH as per IPHS norms	Percent of service delivery HRH in-place in the regular cadre against IPHS norms for the six key categories as on 31st March 2025 and 31st March 2026 : MPW (Male + Female), Staff Nurses, Lab Technicians, Medical Officers (MBBS) and Specialists a. At least 80%: +7.5 b. At least 70%,, but less than 80%: +5 c. than 80%: +5 d. At least 60%, but less than	State notifications, advertisements and PIP, HRH Division of NHSRC	+7.5 to -7.5

*J. B. Singh*  
15/3/2024

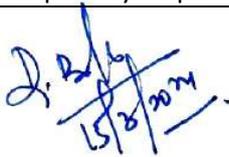
Sl. No	Conditionalities	Indicators of 2024-26	Source of verification	% Incentive/ Penalty
		70%: Nil d. Less than 60%: -7.5		
4 (B)	B. In-place contractual HRH against the approved posts	Percentage of in-place contractual service delivery HRH of MPW (Male and Female), Staff Nurses, Lab technicians, Medical Officers (MBBS) and Specialists as on 31st March 2025 and 31st March 2026: a. More than 90%: +7.5 b. More than 70% but up to 90%: +5 c. More than 60% but up to 70%: +3 d. 60% and below: -7.5	State notifications, advertisements and PIP, HRH Division of NHSRC	+7.5 to -7.5
5	District wise RoP uploaded on NHM website	District wise RoP uploaded on NHM website within 30days of issuing of RoP by MoHFW to Stateor by 31 <sup>st</sup> May 2024 (whichever is later) a. 100% districts whose ROPs forFY2022-24 are uploaded on state NHM website: +5 b. Fewer than 100% districts whose ROPs for FY 2022-24 are uploaded on state NHM website: -5	State NHM website and D.O.letter	+5 to -5
6		<b>Implementation of National Viral Hepatitis Control Programme (NVHCP)</b>		
6 (A)	A. Percentage put on treatment for hepatitis B against the target	a. More than 90%: incentive 3 points (+3) b. More than 60% upto 90%: incentive 1 points (+1) c. More than 30% upto 60%: penalty 1 points (-1) d. 30% or Less: penalty 3 points (-3)	Report from NVHCP Division, MoHFW	+3 to -3
6 (B)	B. Percentage put on treatment for hepatitis C against the target	a. More than 90%: incentive 3 points (+3) b. More than 60% to 90%: incentive 1 points (+1) c. More than 10% to 60%: penalty 1 points (-1) d. 10% or Less: penalty 3 points(-3)	Report from NVHCP Division, MoHFW	+3 to -3
6 (C)	C. Percentage of pregnant women screened for hepatitis B (HBsAg)	a. More than 90%: incentive 3 points (+2) b. More than 70% to 90%: incentive 1 points (+1)	Report from NVHCP Division, MoHFW	+2 to -2

*J. B. / 15/3/2024*

Sl. No	Conditionalities	Indicators of 2024-26	Source of verification	% Incentive/ Penalty
	against the target (Institutional Deliveries)	c. More than 50% to 70%: penalty 1 points (-1) d. 50% or Less: penalty 2 points(-2)		
6 (D)	D. Percentage of newborns administered HBIG among newborns delivered to HBsAg positive pregnant women at health care facility	a. More than 90%: incentive 2 points (+2) b. More than 70% to 90%: incentive 1 points (+1) c. More than 50% to 70%: penalty 1 points (-1) d. 50% or Less: penalty 2 points (-2)	Report from NVHCP Division, MoHFW	+2 to -2
7		<b>Implementation of National Mental Health Program (NMHP)</b>		
7 (A)	A. Actions taken for fulfilment of provisions under Mental Healthcare Act, 2017 (MHCA 2017)	State has established State Mental Health Authority: a. If Yes: +2 b. If not: -2  State has established Mental Health Review Boards: a. If Yes: +2 b. If not: -2  State has created State Mental Health Authority Fund: a. If yes: +1  If not: -1	Report from Mental Health division, MoHFW	+5 to -5
8		<b>National Tuberculosis Elimination Programme (NTEP)</b>		
8 (A)	A. Percentage of Districts achieving 90% of TB Notification targets	a. More than 80% of districts achieving 90% of target: +5 b. 60% to 80% of districts achieving 90% of target: +2.5 c. Less than 60% of districts achieving 90% of target: -2.5 d. Less than 40% of districts achieving 90% of TB Notification target: -5	NTEP Nikshay Portal & AAM Portal	+5 to -5
8 (B)	B. Percentage of Districts achieving more than 85% of treatment success rate	a. More than 80% of districts achieving 90% of target: +5 b. 60% to 80% of districts achieving 90% of target: +2.5 c. Less than 60% of districts achieving 90% of target: -2.5 d. Less than 40% of districts achieving 90% of target: -5	NTEP Nikshay Reports	+5 to -5
8 (C)	C. Percentage of AAM providing drugs	a. More than 80% of AAM providing drugs to TB patients: +5	AAM report	+5 to -5

*J. B. Singh*  
15/8/2024

Sl. No	Conditionalities	Indicators of 2024-26	Source of verification	% Incentive/ Penalty
	to TB patients	b. 60% to 80% of AAM providing drugs to TB patients: +2.5 c. Less than 60% of AAM providing drugs to TB patients: -2.5 d. Less than 40% of AAM providing drugs to TB patients: -5		
9		Implementation of National Quality Assurance Programme and LaQshya		
9 (A)	A. NQAS certification (against the target)	a. More than 80% of the targets achieved for the FY: Incentive 10 points (+10) b. Between 51-80% of the targets achieved for the FY: Incentive 5 points (+5) c. Between 25-50% of the targets achieved for the FY: Penalty 5 points (-5) d. Less than 25% of the targets achieved for the FY: Penalty 10 points (-10)  <i>* Target for percent of public health facilities certified under NQAS (as per level of the facilities) will be taken from the attached DO letter as Annexure-A</i>	Quality and Patient Safety Division, NHSRC	+10 to -10
9 (B)	B. LaQshya certification (Labour Room and Maternity Operation Theatre)	a. More than 80% of the targets achieved for the FY: Incentive 5 points (+5) b. Between 51-80% of the targets achieved for the FY: Incentive 3 points (+3) c. Between 25-50% of the targets achieved for the FY: Penalty 3 points (-3) d. Less than 25% of the targets achieved for the FY: Penalty 5 points (-5)	Quality & Patient Safety Division, NHSRC and	+5 to -5
10	Compliance to IPHS for infrastructure	<b>FY 2024-25</b> a. more than 15%: incentive: 20 points b. More than 10% up to 15%: 12 points c. More than 5% to 10%: Incentive 6 points d. Up to 5%: 3 points e. No increase: no penalty and no incentive: 0 f. Any decline: penalty 20 points	State Reports	+20 to -20


  
 J. B. / 15/8/2024

Sl. No	Conditionalities	Indicators of 2024-26	Source of verification	% Incentive/ Penalty
		<b>FY 2025-26</b> a. more than 30%: incentive: 20 points b. More than 20% up to 30%: 12 points c. More than 10% to 20%: Incentive 6 points d. Up to 10%: 3 points e. No increase: no penalty and no incentive: 0 f. Any decline: penalty 20 points  All facilities put together: SHC, PHC, CHC, SDH and DH, cumulative compliance would be taken		
11	Increase in State Health Budget	a. Increase in State health budget by 10% or more over previous year's budget: incentive 10 points b. Less than 10% increase: 0 For calculation of increase in budget, entire State budget for public health, medical education, and AYUSH would be considered	State reports State Health Budget	10 to 0
12		National Programme for Prevention and Control of Non Communicable Diseases (NP-NCD)		
12 (A)	A. % of annual screening for Hypertension of target population (30+)	a. >70%: +5 b. >60%: +4 c. >50%: +3 d. >40%: +2 e. >30%: +1 f. <30%: 0 g. <20%: -3 h. <10%: -5	National NCD Portal	+5 to -5
12 (B)	B. % of annual screening for Diabetes of target population (30+)	a. >70%: +5 b. >60%: +4 c. >50%: +3 d. >40%: +2 e. >30%: +1 f. <30%: 0 g. <20%: -3 h. <10%: -5	National NCD Portal	+5 to -5
12 (C)	C. % of people on standard of care for hypertension against the targeted population (target population: proportionate estimated)	a. >60%: +5 b. >50%: +4 c. >40%: +3 d. >30%: +2 e. <30%: 0 f. <20%: -3 g. <10%: -5	National NCD Portal	+5 to -5

*J. B. / 15/8/2024*

Sl. No	Conditionalities	Indicators of 2024-26	Source of verification	% Incentive/ Penalty
	population for target 75 million by 2025)			
12 (D)	D. % of people on standard of care for diabetes against the targeted population (target population: proportionate estimated population for target 75 million by 2025)	a. >60%: +5 b. >50%: +4 c. >40%: +3 d. >30%: +2 e. <30%: 0 f. <20%: -3 g. <10%: -5	National NCD Portal	+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.

*J. B. S.*  
*15/8/2024*

## Ayushman Arogya Mandir Scoring for NHM Conditionality FY 2024-25 and 2025-26

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

- Indicator for achieving State Level AAM operationalization Targets:
  - State level 100% of AAM operationalization against latest RHS – 15 marks
  - Creation of regular cadre of CHO - 10 marks
- AAM functionality - 75 marks, consists of 9 indicators – Average scoring of all the functional AAM will be taken to arrive at the same.

Sl. No	Proposed Indicator	Unit	FY 2024-25		FY 2025-26		Source
			Max Score for SHC-AAM/ U-AAM	Max Score for PHC-AAM	Max Score for SHC-AAM/ U-AAM	Max Score for PHC-AAM	
1	<b>HWC-01:</b> Functional AAM providing all 12 expanded range of services	%	10	5	10	5	AAM Portal
2	<b>HWC-02:</b> Functional AAM reporting at least average footfall as per (norm of 60 footfalls per 1000 population): – Rural: SHC-AAM @ 300/month; PHC-AAM @ 1800/month – Urban: U @ 1200/month; UPHC-AAM @ 3000/month – Tribal: SHC-AAM @ 180/month; PHC-AAM @ 1200/month	%	10	10	10	10	AAM Portal
3	<b>HWC-03:</b> AAM fulfilling expanded range of medicines and diagnostics as per Essential list of both (Medicines: SHC-AAM- 105; PHC-AAM- 171 & diagnostics: SHC- AAM- 14; PHC - AAM- 63)	%	10	5	10	5	AAM Portal
4	<b>HWC-04:</b> AAM providing a minimum of 10 Wellness sessions per month	%	10	10	10	10	AAM Portal
5	<b>HWC-05:</b> Functional AAM scoring more than 70% in Kayakalp peer assessment	%	10*		10*		Kayakalp report

*J. B. Singh*  
15/8/2024

Sl. No	Proposed Indicator	Unit	FY 2024-25		FY 2025-26		Source
			Max Score for SHC-AAM/ U-AAM	Max Score for PHC-AAM	Max Score for SHC-AAM/ U-AAM	Max Score for PHC-AAM	
6	<b>HWC-06:</b> Utilization of National NCD App for screening and tracking of all NCD patients.	%	5	10	5	10	National NCD Portal
7	<b>HWC-07:</b> % of operational AAM providing active Teleconsultation services	%	5*		5*		e-Sanjeevani application
8	<b>HWC-08:</b> Functional AAM with JAS constituted and conducted at least 10 meetings in a year.	%	10	10	10	10	AAM Portal
9	<b>HWC-09:</b> AAM whose primary healthcare teams have received timely incentives ( <i>Performance Linked Payment and Team Based Incentives</i> ) at least 10 times a year	%	5	10	5	10	AAM Portal

\* For Kayakalp and teleconsultation any AAM (SHC or PHC) fulfilling the criteria are scored.

*J. B. S.*  
15/8/2024





# NHM PIP

## 2024-26

Programme Implementation Plan

**RCH-1**  
**Maternal Health**



## RCH-1\_Maternal Health

S.No.	Scheme/ Activity	Approval in 2024-26						State's Remarks	
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	FY 2024-25		FY 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target		Budget (Rs. Lakhs)
<b>Total RCH-1 (Maternal Health)</b>						<b>2.27</b>	<b>2.27</b>		
<b>1</b>	<b>Village Health &amp; Nutrition Day (VHND)</b>					-	-		
<b>1.1</b>	<b>Monthly Village Health and Nutrition Days</b>					-	-	<p><b>Background:</b> VHSNDs are organised at AWC level once in a month on fixed days by ANM, AWW and ASHA. These platforms are to provide ANC registration, ANC check up and identification high risk pregnancies, identification SAM children counseling to ANC, lactating mothers and mothers of children within age group of 0-5 years. However there are some hard to reach areas in which the integrated - VHSND and RI sessions are held on quarterly basis.</p> <p><b>Proposal with justification:</b> Total Session Planned : 597879 Regular Sessions: 580223 Difficult area sessions to be held quarterly :17656 (From 4418 notified difficult villages )</p>	
<b>1.1.1</b>	Organisation cost for Regular sessions	Per session	100	0.00	0	-	0	<p><b>Ongoing Activity</b> Expected session to be held: 98% of total session planned i.e. 568619 Organization cost for sessions at urban areas have been proposed under NUHM PIP.</p>	
<b>1.1.2</b>	Organisation cost for Difficult Area Sessions	Per session	2000	0.02	0	-	0	<p><b>Ongoing Activity</b> <b>Total difficult to reach villages:</b> 17656 nos <b>Frequency of sessions planed:</b> Quarterly Budget: Rs. 2000/- (Mobility-Rs. 1500/- + Session organizing cost- Rs. 500/-) Budgeted: 10594 (60% of sessions)</p>	
<b>1.1.3</b>	Printing of reporting forms & formats	Lumpsum	562100	5.62	0	-	0	<p>Proposal1: Sub centre level monthly reporting by ANM (1 Booklet containing 100 pages with self carbonated duplicate pages) for all 6688 sub centers (@ Rs. 75/- X (6688+548)=7236 Proposal2: VHSND/UHSND monitoring format for BPMU/UPHC and DPMU /CPMU (1 Booklet containing 100 pages for 314 blocks, 30 DPMUs, 5 CPMUs (5 booklets) &amp; 116 UPHC) (@ Rs. 40 X 485(314+30+116+25)</p>	
<b>1.2</b>	ASHA Incentive for mobilising and attending VHSND	Per session	200	0.00	0	-	0	<p><b>Ongoing activity</b> - part of routine and recurring activity <b>Background:</b> ASHAs are involved in the activity to mobilize the beneficiaries to the session site for which they are incentivized. <b>Current Status:</b> In 98% of sessions ASHAs are involved in mobilization of all beneficiaries with deliverable : 85% targeted beneficiaries (PW, PNC mother, Children 0-5 years) mobilised to attend VHSND. <b>Proposal:</b> Total Sessions expected to be held at VHSND: 579213 Total Sessions expected to be held at UHSND: 52608 Total Session VHSND+UHSND: 631821 ASHA incentive proposed for 90% of VHSND &amp; UHSND sessions : 568640</p>	
<b>2</b>	<b>Pregnancy Registration and Ante-Natal Checkups</b>					-	-		

*J. D. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval in 2024-26						State's Remarks	
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	FY 2024-25		FY 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target		Budget (Rs. Lakhs)
2.1	Preparation of due list of ANC beneficiaries to be updated on monthly basis.	Per ASHA p.m	300	0.00	0	-	0	-	<p><b>Ongoing Activity-</b> Part of Routine and recurring Activities of ASHA</p> <p><b>Background:</b> ASHAs to prepare the list of ANC beneficiaries for regular follow up to attend VHSND, PMSMA and other HR pregnant women.</p> <p><b>Current Status:</b> ASHA with the support of ANM prepares the list. 100% of ASHAs prepares the ANC beneficiary list</p> <p><b>Proposal:</b> ANC due list is prepared by 49990 ASHAs. Budgeted 90%.</p>
2.2	Printing								
2.2.1	Mother & Child Protection Card (MCP Card- Revised)	Per Card	15	0.00	0	-	0	-	<p><b>Background:</b> Every registered pregnant woman is provided with MCP card which provides her information regarding the services she has received for her and her child including immuniation. This card is also used as IEC tool having information for both mother and baby.</p> <p><b>Current status:</b> MCP card is printed every year as per the expected number of ANC cases</p> <p><b>Proposal:</b> Mother &amp; Child Protection Card (MCP Card- Revised) : MCP Card for 665678 ANC cases (665678 ANC cases X 1 per case + 10% (66567) buffer stock = 732245 (@Rs. 15/- (recent tender rate)</p>
2.2.2	Family & Couple Counseling Booklet (Nirapada Matrutwa)	Per Case	10	0.00		-		-	<p><b>Background:</b> Every registered pregnant woman is provided with Family &amp; Couple Counseling Booklet (Nirapada Matrutwa) which used as IEC tool having information for both mother and baby, family planning methods, nutrition and various schemes for mother and child.</p> <p>Current status: Family &amp; Couple Counseling Booklet (Nirapada Matrutwa) is printed every year as per the expected number of ANC cases</p> <p><b>Proposal:</b> Family &amp; Couple Counseling Booklet (Nirapada Matrutwa) :Family &amp; Couple Counseling booklet for 665678 ANC cases (665678 ANC cases X 1 per case + 10% (66567) buffer stock = 732245 (@ Rs. 10/- To be met out of State specific scheme i.e. SAMPURNA</p>
3	Janani Suraksha Yojana (JSY)								<p><b>Total Expected Delivery - 732093</b></p> <p><b>Reported institutional delivery at Public facilities - 471652 (78.5%)</b></p> <p><b>Reported institutional delivery at Private facilities - 129088 (21.5%)</b></p> <p><b>Total reported institutional delivery - 600740</b></p> <p><b>Total reported home delivery - 7196</b></p> <p><b>Total reported delivery - 607936</b></p> <p><b>Source: HMIS</b></p>
3.1	Home deliveries	Per beneficiary	500	0.01	0	-	0	-	<p><b>Background:</b> Home delivery cases belonging to BPL category are incetivised @ Rs. 500/- under JSY</p> <p><b>Current Status:</b> 626 cases were paid during 2022-23</p> <p><b>Proposal:</b> Keeping in view the trend of achievement 10% of expected home deliveries are targeted for incentive</p> <p>Proposed for JSY benefit -10% of Expected home delivery : 719 (Proposed based on payment trend)</p>

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval in 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	FY 2024-25		FY 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
3.2	Institutional deliveries								<p><b>Background:</b> Institutional delivery in public health facilities and accredited private health facilities are incentivised @ Rs. 1400 for rural areas beneficiaries and Rs. 1000/- for Urban area beneficiaries</p> <p><b>Current Status:</b> During 2022-23, 471652 nos of deliveries conducted and reported in public health facilities &amp; 4715 delivery conducted in accredited private health facilities = 476367 delivery</p> <p><b>Proposal:</b> Target at Rural (Public facilities + accredited private health facilities) - 436367 Target at Urban (Public facilities + accredited private health facilities) - 40,000 (Reported 33,000 delivery during 2022-23)</p>
3.2.1	Rural	Per beneficiary	1400	0.01	0	-	0	-	
3.2.2	Urban	Per beneficiary	1000	0.01	0	-	0	-	
3.2.3	C-sections	Per case	3000	0.03	0	-	0	-	5 % of total C section delivery at public health facility
3.3	<b>JSY Incentive to ASHA</b>			-		-		-	
3.3.1	For Rural Areas	Per Case	600	0.01	0	-	0	-	Budgeted for 100% of targeted of rural ID
3.3.2	For Urban Areas	Per Case	400	0.00	0	-	0	-	Budgeted for 100% of targeted of urban ID
3.3.3	JSY Administrative Expenses	Lumpsum	-	-		-			<p><b>Total JSY Budget:</b> Rs.6705.86 lakhs (excluding ASHA incentive)</p> <p>- Administrative Cost: Rs. 33.19 Lakhs per each year (0.5% of total cost)</p> <p><b>Budget Shifted to HSS-7, SL No 194</b></p>
4	<b>Janani Shishu Suraksha Karyakram (JSSK) (excluding transport)</b>					1.87		1.87	
4.1	<b>Free Diet</b>	<b>Lumpsum</b>				1.87		1.87	<p><b>Ongoing Activity Proposal</b></p> <p>1.Diet to beneficiaries attending PMSMA (2022-23 status - 37% of reported ANC cases) - 50% of expected ANC beneficiaries i.e. 332839 (665678 x 50%) are expected to attend PMSMA @Rs.110/- per day x 1 day</p> <p>2.Diet to beneficiaries admitted at SC &amp; PHC (N) Delivery Points where sanctioned beds are not available (Delivery in SC &amp; PHC (N) in 2022-23: 44396) &amp; expected same number in 2024-25/2025-26</p> <p>Budget Proposed: 22198 (50% of expected delivery at that level) @Rs.110/- per day x 2 days</p> <p>3. Diet for other insts. having sanctioned bed strength has been provisioned under State budget.</p> <p>Justification for Targeted beneficiaries: Previous year achievement trend.</p> <p>Justification for unit cost: prevailing rate of diet in public health intuitions for general patients (GoO Notification No.18461 dtd.03.08.2023)</p>
4.1.1	For PMSMA beneficiaries	Per day	110	0.00	1700	1.87	1700	1.87	
4.1.2	Expected deliveries at SC & PHC(N) DP	Per day	110	0.00	0	0.00	0	-	

*J. B. Singh*  
15/8/2024

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		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	FY 2024-25		FY 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target		Budget (Rs. Lakhs)
4.2	Free Blood Transfusion							Proposal under the given head is dropped in view of free blood services in the state covering all population <b>Budget Proposed in HSS-2 Blood Services Sl. No-155.</b>	
4.3	Free Diagnostic Services	Per case	350	0.00	0	0.00	0	<p><b>Ongoing Activity</b>  <b>Background:</b> AS per mandate of PMSMA all ANC beneficiaries should have at least one ultrasound during the pregnancy period. In order to have maximum coverage for ultrasound, the private ultrasound units are empanelled for the purpose. These units will provide free of cost ultrasound services to beneficiaries and the funds @ Rs.350/- per beneficiary is reimbursed to the empanelled unit.  <b>Current Status:</b> During the year 2022-23, 200500 ANC cases have received ultrasound services in empanelled clinic  <b>Proposal:</b>  This activity will target coverage of ultrasound for all pregnant woman. The ultrasound facility is available in both public and private facilities. The budget provision is done for private empanelled ultrasound facilities . The referral cases from PMSMA clinic and from the public health facilities which do not have USG machines will be covered in the empanelled private USGs clinic. The unit cost per USG is proposed @ Rs. 350/- per case for private empanelled facilities only  Total expected pregnancies - 665678  Expected to be covered in private clinics 30% of ANC cases- 199703</p>	
4.4	Free Drugs and Consumables					0.00	0.00		

*J. B. Singh*  
15/8/2024

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		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	FY 2024-25		FY 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
4.4.1	IFA tablets for Pregnant & Lactating Mothers	Per tab	0.12	0.00		0.00			<p><b>Ongoing Activity</b>  <b>Background:</b> All pregnant woman will be given 1 tab IFA for 180 days from 2nd trimester and all PNC cases will be given 1 tab of IFA for 180 days after delivery as prophylactic dose . Incase of anemic pregnant woman or lactating mother double dose of IFA is provided.  <b>Current Status:</b> 95% of PW and 93% of PNC mothers are provided 180 IFA tabs during pregnancy and PNC period.  <b>Proposal:</b>            Drugs Specification (Revised in the current year) : 60 mg elemental Iron + 500 mcg Folic Acid            Level at which the item would be used : SC/ PHC/ CHC/ SDH/ DH            Total pregnant women - 665678            Total PNC - 607936  <b>Recommended as per NPCC comments follows:</b>            1. Procurement of 229250520 red IFA tablets for prophylactic treatment of 1273614 pregnant and lactating women            2. Procurement of 28916280 IFA tablets for therapeutic management of 160646 anemic pregnant and lactating women @Rs 0.12 per tablet  <b>Budget Shifted to RCH-7 Nutrition, SL NO. 52, as per recommendation of NPCC</b></p>
4.4.2	Calcium Tablets	Per tab	0.2	0.00	0	0.00	0		<p><b>Ongoing Activity</b>  <b>Background:</b> All pregnant woman will be given 2 tabs of calcium daily for 180 days from 2nd trimester and all PNC cases will be given 2 tab of calcium for 180 days after delivery as prophylactic dose .  <b>Current Status:</b> 96% of PW and 93% of PNC mothers are provided 360 calcium tabs during pregnancy and PNC period.  <b>Proposal:</b>  <b>Calcium supplementation</b> during pregnancy is implemented in all 30 districts.            - Training at all levels has been completed.            Drugs Specification : 500 mg elemental Calcium &amp; 250 IU Vitamin D3            Level at which the item would be used : SC/ PHC/ CHC/ SDH/ DH            Total pregnant women - 665678            Total PNC - 607936  <b>Total Beneficiaries</b> : 665678+607936=1273614            Provisioned of 2 for all PW &amp; all PNC mother for 180 days= 458501040 tabs.            Buffer 10%= 45850104            Total Requirement of Tablets:504351144 tabs.</p>

*J. B. Singh*  
 15/8/2024

S.No.	Scheme/ Activity	Approval in 2024-26						State's Remarks	
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	FY 2024-25		FY 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target		Budget (Rs. Lakhs)
4.4.3	Albendazole tablets	Per tab	1.5	0.00		0.00		<p><b>Ongoing Activity</b>  Background: De-worming during pregnancy is implemented in all 30 districts. Training at all levels has been completed.  All pregnant woman will be given one albendazole during 2nd trimester.  Current status: During 2022-23, 86.4_% of PW were provided deworming tablet during 2nd trimester</p> <p><b>Proposal:</b>  Drugs Specification : 400 mg , chewable  Level at which the item would be used : SC  Total pregnant women - 665678  <b>Provisioned of 1 tablet per PW for all PW (665678)</b>  <b>Budget Revised and shifted to RCH-7 , Nutrition SI No. 52 as per recommendation of NPCC</b></p>	
4.4.4	Other Drugs & Consumables			0.00		0.00		- To be met out of state supply	
5	Janani Shishu Suraksha Karyakram (JSSK) - Transport					0.00	0.00		
5.1	Free Referral Transport - JSSK for Pregnant Women	Per case	500	0.01	0	0.00	0	<p><b>Ongoing Activity</b>  <b>Background:</b> As mandate of JSSK all pregnant woman and Complicated PNC cases up to 42 days of delivery will be provided free referral transportation to the public health facility. Hence free transportation is provisioned as one of the entitlements under JSSK.  <b>Current status :</b> During the year 2022-23 , 376141 pregnant woman have availed free referral transportation from home to facility and 92133 have availed free referral for higher facility.  <b>Proposal:</b>  Targeted beneficiaries - 471652</p>	
6	Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)					0.00	0.00		

*J. B. Singh*  
15/8/2024

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					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target		Budget (Rs. Lakhs)
6.1	PMSMA activities at State/ District level					0.00	0.00	<p><b>Ongoing Activity:</b>  <b>Background:</b> PMSMA clinic day is organised 9th of every month with aim to ensure each pregnant woman must get at least one check up by O &amp; G Spl or trained MBBS doctor so that high risk condition can be screened and appropriate management of high risk condition can be done. Private practitioners are also encouraged under the programme as volunteer. All these services, investigations, ultrasound etc along with diet are provided free of cost. Extended PMSMA are the days organised for check up of high risk cases. Each high risk cases are provided support for maximum of three visits also with provision of ASHA to accompany.  <b>Proposed Budget:</b>  1. Rs.0.50 lakhs per dist with &lt;=5 blocks x 4 = Rs. 2.00 Lakhs  2. Rs.1.00 lakh with 6 to 10 block x 13 = Rs. 13.00 Lakhs  3. Rs.1.50 lakhs with 11 to 15 blocks x 10= Rs. 15.00 Lakhs  3. Rs.2.00 lakhs with &gt; = 16 blocks x 3= Rs. 6.00 Lakhs  <b>Total Proposed: Rs. 36.00 Lakhs,</b>  The fund will be released to institutions for taking of following activities as per need.  1. Transportation of private practitioners  2. Meeting with various stakeholders at State and District level  3. Award and refreshment to volunteers &amp; others  4. Mobility cost to doctors and paramedical staff those are deployed from other facilities for the Clinic day  5. IEC at institution level for wide publicity of the programme  <b>Activity for extended PMSMA</b>  1. Transportation cost to HRP for maximum 3 visits  2. ASHA Incentive for mobilizing HRPs to PMSMA Clinic for maximum 3 visits  3. Incentive to ASHA @Rs.500/-per HRP on achieving a healthy outcome for both mother and baby at 45th day after delivery.</p>	
6.1.1	At District level (<= 5 blocks)	Per dist	50000	0.50	0	0.00	0	- Ongoing Activity	
6.1.2	At District level (6 to 10 blocks)	Per dist	100000	1.00	0	0.00	0	- Ongoing Activity	
6.1.3	At District level (11 to 15 blocks)	Per dist	150000	1.50	0	0.00	0	- Ongoing Activity	
6.1.4	At District level (>=16 blocks)	Per dist	200000	2.00	0	0.00	0	- Ongoing Activity	
6.2	Activity for extended PMSMA							Ongoing Activity	
6.2.1	Transportation cost to High Risk Pregnancy (HRP)	per visit	100	0.00	0	0.00	0	<p><b>Ongoing Activity</b>  Total no. of pregnant woman- 665678  - 15% of expected HRPs – 99852  Each HRP will be supported for 3 visits = Total 299556 visits  Budget proposed @ Rs. 100/- per visit per HRP (40% expected no of visits) visits</p>	
6.2.2	ASHA Incentive for mobilizing HRPs to PMSMA Clinic	Per ASHA per visit	100	0.00	0	0.00	0	<p><b>Ongoing Activity</b>  Total no. of pregnant woman- 665678  - 15% of expected HRPs – 99852  Each HRP will be accompanied by ASHA for 3 visits = Total 299556 visits  Budget proposed @ Rs. 100/- per visit per ASHA</p>	

*J. B. Singh*  
15/8/2024

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					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
6.2.3	Incentive to ASHA @Rs.500/-per HRP on achieving a healthy outcome for both mother and baby	Per ASHA	500	0.01	0	0.00	0	0	<p><b>Ongoing Activity</b></p> <p>Incentive to ASHA @Rs.500/-per HRP on achieving a healthy outcome for both mother and baby at 45th day after delivery.</p> <p>Budget proposed: 40% of expected HRP cases, X Rs. 500/- per HRP</p>
7	Surakshit Matritva Aashwasan (SUMAN)					0.00		0.00	<p><b>SUMAN NOTIFICATION</b></p> <p><b>Background:</b> The SUMAN programme aims at zero preventable maternal and newborn death. Under SUMAN programme the facilities providing maternal and new born services are categorized under 3 packages, SUMAN Basic, SUMAN BEmOC and SUMAN CEmOC package. the facilities are notified as per the service availability.</p> <p><b>Total target upto 2023-24: 1907 Institutions (MCH-4, DHH-32, SDH-33, UCHC+CHC-384, PHC+UPHC+OH-1394, SC DP-60)</b></p> <p><b>Achievement upto Aug 2023: 1429 i.e CEmOC-95, BEmOC-300, Basic- 1034 (75% of total target and it is expected to achieve 100% by March 2024)</b></p> <p>Total target for 2024-25: 1000 Institutions for notification under basic package</p> <p>Total target for 2025-26: 1000 Institutions for notification under basic package</p>
7.1	<b>Self assessment and notification of SUMAN</b>								
7.2	Budget for self assessment and notification of CEmONC & BEmONC Facilities	Per institution	2000	0.02		0.00			- <b>Non Budgeted Activity</b>
7.3	Budget for self assessment and notification of Basic Facilities	Per institution	1000	0.01		0.00			- <b>Non Budgeted Activity</b>
7.4	Block level SUMAN volunteers training	Per person	850	0.01	0	0.00	0	0	<p><b>Ongoing Activity</b></p> <p><b>Background:</b></p> <p>The SUMAN volunteer program will be expanded by identifying and training more volunteers. Each village will ideally have one SUMAN volunteer. Presently, there is one volunteer per Sub center, i.e 6688 volunteers have been selected, and hence an additional two volunteers per sub centre is proposed for 6688 old sub centers and 8026 newly created SCs. For 2024-25 6688 volunteers and for 2025-26 8036 volunteers will be selected. Training will be provided for the newly selected SUMAN volunteers at block level.</p> <p>Current Status: 6688 volunteers from 6688 villages have been selected and trained at block level.</p> <p><b>Proposal for 2024-25: 6688 volunteers from additional 6688 villages</b></p> <p><b>Proposal for 2025-26: 6688 + 1338 (New SC) = 8026 volunteers from additional 8026 villages</b></p> <p>Participants- SUMAN volunteers are to be trained at block level in batch size of 30 (Max.)</p>

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval in 2024-26						State's Remarks	
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					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target		Budget (Rs. Lakhs)
7.5	ASHA incentive as first responder of maternal death under SUMAN	Per case	1000	0.01	0	-	0	-	<p><b>Ongoing Activity</b>  <b>Background:</b>            Incentive is allowed after confirmation of maternal death in case of community death and transit death case by first responder as per SUMAN 1st responder guideline.  <b>Current status:</b> 100% of community and transit death reported were incentivised  <b>Proposal:</b>            Provision for 30% expected maternal death</p>
7.6	CoE MH & SUMAN								<p>Ongoing Activity            Current Status: COE MH and SUMAN is functioning at O &amp; G deptt of SCB MCH.            Proposal:            Mentoring visit expenses (New activity): Mentoring visit will be given by mentors selected by CoE to FRUs/DPs and medical colleges for providing hand holding support to the service providers in the LR, MOT, ANC ward, OG OPD and PNC wards to improve the maternal health services. 66 nos of Mentors from various medical colleges, pvt practitioners/ medical officers and consultants are been selected who will visit facilities at district level.</p>
7.6.1	Mentoring visit expenses	Lumpsum	3399001	33.99	0	-	0	-	<p><b>Mentoring visit expenses</b>            • TA @ Rs. 4000/- per mentor per visit for quarterly visit= Rs. 4000/- X 66 x4 visits            • DA and accommodation@ Rs. 1625/- per mentor per day/per visit for 3 days = Rs 1625/- X 66 mentors X 3 days X 4 visits            • Honorarium @ Rs. 4000/-per mentor per visit X 66mentors X 4 quarterly visit            Mentoring Expenses Total requirement = 33.99 Lakhs per annum  <b>Budgeted 50%: for FY 2024-25</b>  <b>Budgeted 60%: for FY 2025-26</b></p>
7.6.2	Coordinating expenses for mentoring	Lumpsum	60000	0.60	0	-	0	-	- Coordinating expenses for mentoring: Rs.0.60 lakhs per year
8	Midwifery						0.00	0.00	<p><b>Proposal : Fictionalization of NMTI at SCBMCH, Cuttack</b>  <b>Nature of Proposal : New Proposal</b>  <b>Proposed batch/es of training in 2024-25- 1batch &amp; in 2025-26 - 1 Batch</b>  <b>Course duration - 6 months)</b></p>
8.1	NMTI (National Midwife Training Institute)								<b>Dropped as per NPCC Recommendation</b>
8.1.1	Strengthening of Training Sites for NMTI	Per inst	500000	5.00		-			- <b>Functionalisation of NMTI: NMTI, SCBMCH, Cuttack</b>

*J. B. Singh*  
 15/8/2024

S.No.	Scheme/ Activity	Approval in 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	FY 2024-25		FY 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
8.1.2	Contingency & Consumables for National Midwifery Training Institutes	Per inst/ Per Annum	351000	3.51		-			- Dropped as per NPCC Recommendation
8.1.3	Strengthening of Training sites for Midwifery education at MLCU	Per inst	2000000	20.00		-			- Dropped as per NPCC Recommendation
8.1.4	<b>Training for Midwifery Educator at NMTI</b>					0.00		0.00	Dropped as per NPCC Recommendation
8.1.4.1	Accommodation for the trainers/Educators	Per trainer/ educator	30000	0.30		-			- Dropped as per NPCC Recommendation
8.1.4.2	Food for trainers & trainees	Per trainer/ educator	45000	0.45		-			- Dropped as per NPCC Recommendation
8.1.4.3	Travel cost for participants (to & fro)	Per participant	5000	0.05		-			- Dropped as per NPCC Recommendation
8.1.4.4	DA to Participant for trainees during training	Per participant	74000	0.74		-			- Dropped as per NPCC Recommendation
8.1.4.5	Accommodation to participants	Per participant	92500	0.93		-			- Dropped as per NPCC Recommendation
8.1.4.6	Mentoring Visit by mentors	Per Mentor for 6 months	48000	0.48		-			- Dropped as per NPCC Recommendation
8.2	<b>Training of Nurse Practitioners in Midwifery</b>			0.00		0.00		0.00	Ongoing Activity Functional at SCB MCH Cuttack , MKCG Berhampur & VIMSAR Burla Proposed batch - 4 (1 each at MKCG Berhampur & VIMSAR Burla & 2 for SCB MCH Cuttack)
8.2.1	<b>Functionalisation of State Midwifery Training Institute (SMTI)</b>								
8.2.1.1	<b>Contingency &amp; Consumables for SMTI</b>					-		-	Ongoing Budget

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval in 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	FY 2024-25		FY 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
8.2.1.1.1	Consumables and contingencies for training/educational activities	Per Institution per Month	5000	0.05	0	-	0	-	Rs.5000/- per month per institution for 1 SMTI Rs. 5,000/- X 12months x 3 SMTIs =Rs.1,80,000/-
8.2.1.1.2	Uniform and trainee kit for trainee & trainer	Per participant	2500	0.03		-			Rs. 2500/- per participants for 18 ME and 90 Trainees, <b>provisioned under State budget.</b>
8.2.1.1.3	Organisational cost	Per month	1000	0.01	0	-	0		The cost of organising /arranging training venue printing and stationery cost @ Rs 1,000/- per month X 12 month x 3 SMTIs
8.2.1.1.4	Vehicle hiring cost & POL for visit (to & fro) Clinical sites	Per Month	15000	0.15	0	-	0		Travel Cost for Clinical practice for NPM & Midwifery Educator at delivery points/MLCU as per approved clinical rotation plan as prescribed by INC/MoH & FW, GoI : Vehicle hiring cost & POL for visit (to & fro) Clinical sites @ Rs 15,000 pm for 12 month x 3 SMTIs = Rs.5,40,000/-per year
8.2.1.1.5	Procurement of study materials , journals and referrence book etc	Per trainee	3000	0.03	0	-	0		Rs 3000/- per NPM trainee
8.2.1.1.6	ONMEB registration, examination charges & others for NPM Course	Per head Per NPM	3500	0.04	0	-	0		Rs. 3500/- per head per NPM
8.2.1.2	Honarium for other faculty	Per class	600	0.01		-			Honorarium for the faculties (HOD OB&G , peadiatric,speciality doctors /Sr. Nursing officers/Consultants) taking classes for min 1 hr . <b>Budget proposed under HSS-10</b>
8.2.1.3	Participatory Allowances to trainees during training	Per trainee per day	400	0.00	0	-	0		<b>Approval for F.Y. 2024-25:</b> Participatory Allowances to NPM Trainees @ Rs 400/- per day for 365 days for 90 participants =Rs 1,31,40,000 /- <b>Approval for F.Y. 2025-26:</b> 1.Participatory Allowances to NPM Trainees @ Rs 400/- per day for 185 days for 90 participants =Rs 66,,60,000 /- 2.Participatory Allowances to NPM Trainees @ Rs 400/- per day for 365 days for 30 participants =Rs43,80,000 /-
8.2.1.4	Accommodation to participants	Per trainee per day	500	0.01	0	-	0		<b>Proposal for F.Y. 2024-25:</b> Accommodation to NPM Trainees where hostel facility is not available @ 500/- per day for 365 days for 90 participants = <b>Proposal for F.Y. 2025-26:</b> Accommodation to NPM Trainees where hostel facility is not available @ 500/- 1.Accommodation to NPM Trainees @ Rs 500/- per day for 185 days for 90 participant 2.Accommodation to NPM Trainees @ Rs 500/- per day for 365 days for 30 participants
8.2.1.5	Food for participants	Per trainer/ educator per day	250	0.00	0	-	0		<b>Proposal for F.Y. 2024-25:</b> Food to participants @ Rs. 250/- per day for 365 days for 90 participants <b>Proposal for F.Y. 2025-26:</b> Food to participants @ Rs. 250/- per day 1.Fooding to NPM Trainees @ Rs.250/- per day for 185 days for 90 participants 2.Fooding to NPM Trainees @ Rs.250/- per day for 365 days for 30 participants

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval in 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	FY 2024-25		FY 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
8.2.1.6	Accommodation to trainers/educators	Per trainer/ educator per month	5000	0.05	0	-	0	-	<p><b>Proposal for F.Y. 2024-25:</b> Accommodation for the trainers/educators @ Rs 5000/- per trainer PM per educators (@ 6 educator per SMTI X 3 SMTI= 18 educator)  <b>Budget:</b> Rs. 5000/- PM X 12 month X 18 educator= Rs 10,80,000/-</p> <p><b>Proposal for F.Y. 2025-26:</b> Accommodation for the trainers/educators @ Rs 5000/- per trainer PM  <b>Budget:</b>  Rs. 5000/- PM X 12 months X 12 educator= Rs.7,20,000/-</p> <p><b>Condition:</b> This provision can may be given if not avail HRA from State Budget.</p>
8.2.1.7	Food for trainers/educators	Per trainer/ educator per day	250	0.00	0	-	0	-	<p><b>Proposal for F.Y. 2024-25:</b> Food for the trainers @ Rs. 250/- per trainer per day for 365 days ( includes breakfast , high tea, Lunch and dinner) (@ 6 educator per SMTI X 3 SMTI= 18 educator)  <b>Budget:</b> Rs.250/- x 365 days x 18 educators</p> <p><b>Proposal for F.Y. 2025-26:</b> Food for the trainers @ Rs. 250/- per trainer per day ( includes breakfast , high tea, Lunch and dinner)  <b>Budget:</b>  1.Rs.250/- X 185 days X 12 educators  2.Rs.250/- X 365 days X 6 educators</p>
8.2.1.8	Mentoring Visit by mentors	Per Mentor	288000	2.88	0	-	0	-	<p>Mentoring visit by mentors (Midwifery educator) @ 3 sites per mentor per month ( Unit cost is 8,000/-per visit which includes travel, accommodation , food &amp; Honorarium. (fund may be approved in 2024-25 PIP) in previous PIP it is proposed as Rs.6750/- per visit it may be increased to Rs.8000/- per visit as the mentoring site is so far from training institute.</p> <p><b>Proposal for F.Y. 2024-25:</b> For 3 SMTI for 18 mentor 12 months visit @ 3 visits PM ( Rs. 8000/- PM X 3 visits X 12 months X 18 mentor = Rs.51,84,000/- (Rs 17,28,000/- per SMTI)</p> <p><b>Proposal for F.Y. 2025-26:</b> For 1 SMTI for 6 mentor 12 months visit @ 3 visits PM Rs. 8000/- PM X 3 visits X 12 months X 6 mentor = <b>Rs. 17,28,000/- per SMTI</b></p> <p><b>Condition:</b> Tour diary &amp; tour report; a must condition for settling mentoring visit claims.</p>
8.2.1.9	Library strngthening at SMTI	Per unit		-		-		-	<b>Budget proposed under HSS-10</b>
8.2.1.10	Incentive to Midwifery Educator from the system	Per month	15000	0.15		-		-	<p>Incentives to 18 Midwifery Educators / Tutor for 3 SMTI @ Rs 15,000/- PM for 18 Midwifery Educators at SCB MCH Cuttack, MKCG MCH &amp; VIMSAR Burla  <b>Budget proposed under Programme Management HR</b></p>
8.2.1.11	Incentive for Programme Coordinator	Per month	5000	0.05		-		-	<p>Program coordinator ( Principal Nursing College) @ Rs 5000/- PM  Proposed target in 2024-25: 3  Proposed target in 2025-26: 3  <b>Budget proposed under Programme Management HR</b></p>
9	<b>Maternal Death Review</b>					-		-	
9.1	Maternal Death Review Trainings			0.00		0.00			- Integrated with MPCDSR training, budgeted under Child Health.

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval in 2024-26								State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	FY 2024-25		FY 2025-26			
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)		
9.2	Maternal Death Review (both in institutions and community)	Lumpsum		-		-		-		
9.2.1	Maternal Death Review	Per case	450	0.00	0	-	0	-		<p><b>Ongoing Activity</b>  <b>Background:</b> For every reported maternal death, community based verbal autopsy is to be done. A team of three members will visit the community and collect information as per the appropriate annexure and each of the member is provided with Rs. 150 for conducting verbal autopsy.  <b>Proposal:</b>  During each year (i.e. 2024-25 &amp; 2025-26), the total estimated deaths are 989 (SRS 119) and expected to be covered 90% i.e., 890 numbers.  Budget proposed for - Honorarium to investigators (@Rs.150/- per person x 3 persons) for Community based maternal death investigation</p>
9.2.2	State / District level meeting of Confidential enquiry and other MDR related meeting as per MDSR guideline.	Lumpsum	0	0.00	1	-	1	-		<p><b>Ongoing Activity</b>  <b>Background:</b> MDR at State and District level is held regularly as per MDSR guidelines.  Current Status: 93% of reported maternal deaths are reviewed at district level.  <b>Proposal:</b>  Budget Proposed @ Rs. 10,000 per district per year for 30 districts &amp; Rs.2,00,000 for State level per year as per MDSR guideline  <b>Justification For increasing provision for Rs.1.00 lakhs to Rs.2.00 lakhs for State level meeting:</b> 4 times confidential review meeting attended by Experts from MCHs/ Programme Officers etc., 4 times State Monitoring and Review Committee attended by Programme Officers, experts from MCH &amp; District MDR Nodal Officers and 1 State Task force meeting are being conducted with this provision of Fund.</p>
9.2.3	Mobility cost to Family Members of Maternal Death case to attend Collector Review Meeting	@Rs.200/- per person for 2 person	400	0.00	0	-	0	-		<p><b>Ongoing Activity</b>  <b>Background:</b> Sample maternal death cases are reviewed by District collector in the presence of family members  <b>Proposal:</b>  During each year (i.e. 2024-25 &amp; 2025-26) the total estimated deaths are 989 (SRS 119) and expected to be covered 90% i.e., 890 numbers.  Budget proposed for mobility cost to 2 nos. of family members (@200/- each) of deceased mother to attend Collector Review meeting at district level - (@Rs.200/- per person x 2 persons)</p>
9.2.4	ASHA incentive on confirmation of maternal death	Per case	200	0.00	0	-	0	-		<p><b>Ongoing Activity</b>  <b>Background:</b>Inorder to ensure 100% reporting of all maternal death cases, ASHAs are incentivised for reporting of maternal death cases. ASHA will inform all women death within the age group of 15-49 yrs and for confirm maternal death cases - ASHA will get incentive of Rs.200/-.  <b>Status:</b> During the year 2022-23, 495 cases have been informed by ASHAs.  <b>Proposal for 2024-25 &amp; 2025-26</b>  Total Expected Maternal Deaths 989 each year as per SRS data , budget proposed for 70% of total MDs : 692 cases will be informed by ASHA</p>

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval in 2024-26								State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	FY 2024-25		FY 2025-26			
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)		
9.3	Printing of MDR formats			-		-				Printing of Maternal Death Surveillance & Response (MDSR) formats are required to ensure regular and timely reporting from various levels
9.3.1	Annexure-4 for facility based investigation	Per Unit	3	0.00	0	-	0			Annexure-4 for facility based investigation (1 per facility maternal death) for 692 no. of deaths (70% of total expected death of 989 nos.) @ Rs. 3/- X 692nos.=Rs.2076/-
9.3.2	Annexure-5 for community level investigation	Per Unit	5	0.00	0	-	0			Annexure-5 for community level investigation for all maternal death for 989 no. of deaths (@ Rs. 5/- X 989 = Rs.4945/-
9.3.3	Annexure-6 for all maternal death	Per Unit	2	0.00	0	-	0			Annexure-6 for all maternal death for 989 no. of deaths (@ Rs.2/- X 989=Rs.1978/- ) Maternal Near Miss Review format
9.3.4	Annexure-1 for all near miss cases	Per Case	4	0.00	0	-	0			Annexure-1 for all near miss cases for 5000 formats (@ Rs. 4/- X 5000=Rs. 20,000/- )
9.4	MDR review by adjacent district MDR committee	Per visit per district p.m.	15000	0.15		-				Budget Dropped as per NPCC Recommendation. Required To be met out of State specific Scheme SAMpuRNA.
10	Comprehensive Abortion Care					0.00		0.00		Status : Presently 290 Public Health Facilities are in readiness with trained manpower, Drugs and Equipment to provide Services
10.1	Equipment (MVA /EVA) for Safe Abortion Services	Per unit	3000	0.03	0	0.00	0			MVA equipment for 2024-25: 30% of supplied MVA will be replaced which in non functional condition that is – 575 numbers + 75 numbers will be for newly trained CAC MOs (To be distributed in the training)= Total- 650 MVA equipment for 2025-26: 30% of supplied MVA will be replaced which in non functional condition that is – 575 numbers + 95 numbers will be for newly trained CAC MOs (To be distributed in the training)= Total- 670
10.2	Drugs for Safe Abortion (MMA)	Per pack	40	0.00	0	0.00	0			Ongoing Activity Drugs Specification : Misoprostol 4 Tablets (200 Mcg ) + Mifepristone 1 Tablet (200 mg) comb pack Level at which the item would be used : CHC/ SDH/ DH Total pregnant women - 665678 (reported) 10% of PW - 66567 (Expected for abortion) Expected Induced abortion (40% of expected abortion cases) - 26626 Expected abortion by Medical Method (MMA) 40% of Expected abortion = 10650
10.3	Training & Capacity Building									
10.3.1	TOT on Safe Abortion Services	Per person	8000	0.08	0	0.00	0			Ongoing activity Background: ToT for CAC training is conducted in designated training venue with batch size of 8 comprising of 4 O & G spl and 4 nursing officers who will provide 12 days CAC training in the district training venue. Status: State Level 3 days refresher on safe abortion services (CAC) for 4 O&G Spl. & 4 SNS. (4 Teams) . Proposal for 2024-25: 8 persons (1 batch) Proposal for 2025-26: 8 persons (1 batch)

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval in 2024-26						State's Remarks	
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	FY 2024-25		FY 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target		Budget (Rs. Lakhs)
10.3.2	CAC certification Training of MBBS Doctors (2 Doctors for 12 days + 2 SNs for 6 days per batch) twelve working days at 5 CAC Training Venues. (Regional Level)	Per Person	21000	0.21	0	-	0	<p>Background :CAC certification training of MBBS doctors As per key deliverable the State has prospective target for funtionalising 361 facilities. The target of up to 2022-23 is 290 facilities for providing CAC services with MVA, EVA &amp; MMA and trained providers is set as per key deliverables.</p> <p><b>Current Status:</b> 390 facilities are in readiness (with drugs, equipments &amp; trained manpower)</p> <p><b>Proposal:</b> Training for 60 MBBS doctors and 60 Nursing Officers from same facility.</p> <p><b>Proposed for the year 2024-25:60+60=120 Person</b></p> <p><b>Proposed for the year 2025-26: 80+80= 160 person</b></p>	
10.3.3	Refresher training (3 days) on CAC for already MTP Certified Doctors / OG Spl along with SNs including MVA /EVA/MMA - at 5 CAC Training Venues. (Regional Level)	Per Person	5000	0.05	0	-	0	<p><b>Background:</b> OG spl fare provided refresher training on CAC for confidence building and update in CAC programmed.</p> <p>Status:</p> <p><b>State load:</b> 572 ( 290 OG+ 172 MTP Trained MOs + 110 SNs- 2015-16)</p> <p>Target: 3 Doctors &amp; 3 SNs per batch. Duration 3 days.</p> <p>Proposed load for 2years: 60 persons</p> <p><b>Load of 2024-25: 30person (15 MO &amp;15 NO)</b></p> <p><b>Load of 2025-26: 30person (15 MO &amp;15 NO)</b></p>	
10.3.4	3 days MMA training of MBBS doctors from PHC level at State level	Per Person	7500	0.08	0	-	0	<p><b>Ongoing Activity</b></p> <p><b>Background:</b> MMA training will be provided to all MBBS doctors posted in PHC level in both Urban and rural facilities.</p> <p><b>Status:</b> 109 MBBS Doctors are trained in MMA</p> <p><b>Target for the year 2024-25:</b> 90 MBBS Doctors</p> <p><b>Target for the year 2025-26:</b> 70 MBBS Doctors</p>	
10.4	Incentive for accompanying MTP case for surgical intervention	Per ASHA	150	0.00	0	-	0	<p><b>Ongoing Activity</b></p> <p><b>Background:</b> ASHA is incentivized for accompanying the PW for MTP through surgical method.</p> <p><b>Status:</b> During 2022-23, 8806 number of cases have been accompanied by ASHA for Surgical MTP</p> <p>Proposal</p> <p><b>Total reported Pregnancy:</b> 665678</p> <p><b>Total expected abortion:</b> 66567 (10% of total reported pregnancy)</p> <p><b>Induced Abortion:</b> 26626 (40% of expected abortion)</p> <p><b>Surgical Abortion:</b> 15976 (60% of expected induced abortion)</p> <p><b>Medical Method:</b> 6390 (40% of expected induced abortion)</p> <p><b>Deliverables</b> - Accompanied by ASHA to CAC centers for MTP by trained doctor through MVA/EVA</p> <p>Estimating that 50% of the Surgical CAC cases i.e. 7988 will be accompanied by ASHA including Urban facilities.</p>	

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval in 2024-26						State's Remarks	
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					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target		Budget (Rs. Lakhs)
10.5	Incentive for accompanying for MTP case through medical method	Per ASHA for 2 visits	300	0.00	0	-	0	<b>Ongoing Activity</b> <b>Background:</b> ASHA is incentivized for accompanying the PW for MTP through medical method for two times i.e. Day-1 & 3 for MTP by MMA Status: During 2022-23, 6870 number of cases have been accompanied by ASHA Total reported Pregnancy: 665678 - Total expected abortion: 66567 (10% of total reported pregnancy) Induced Abortion: 26626 (40% of expected abortion) Surgical Abortion: 15976 (60% of expected induced abortion) Medical Method: 6390 (40% of expected induced abortion) Estimating that 3834 cases i.e. 60% of abortion through MMA (6390) will be accompanied by ASHA.	
10.6	<b>IEC/BCC activities under CAC Services</b>								
10.6.1	CAC poster (sun-board) on MMA (Medical Method of Abortion)	Lumpsum	1250000	12.50	0	0.00		<b>New Activity (Proposed as per Gol communication)</b> <b>Background:</b> In view of amendment of MTP act the singes and IEC materials have been revised which is to be printed <b>Proposal: 2024-25</b> 1. Signage's for CHC and above facilities: @1 per facilities (Odia and English) Budget: @Rs.400/- per unit X 500nos = Rs.2.00 lakhs 2. Sun board (2X3 feet) for PHC and above facilities: @1 per facilities (in Odia) Budget: @Rs.400/- per unit X 2000 nos = Rs.8.00 lakhs 3. Printing of Leaflet for ASHA: @1 per ASHA Budget: @Rs.5/- per leaflet X 50000 = Rs.2.50 lakhs	
10.7	<b>Printing under Comprehensive Abortion Care Services</b>								
10.7.1	Consent Form –C	Per Booklet	20	0.00	0	-	0	Consent Form –C (1 booklet 104 pages)-1692 booklets (To be printed in Odia & English both side)	
10.7.2	RMP Opinion Form	Per Booklet	50	0.00	0	-	0	RMP Opinion Form up to 20 weeks (1 booklet 104 pages)@Rs. 50/-/ unit - RMP Opinion Form (from 20 - 24 weeks: Form-E) for 94 FRUs & 6 MCH facilities (100) and for refresher trainees (15)=Total 115 (1 booklet 204 pages)- 115 booklets	
10.7.3	Form-II	Per Booklet	50	0.00	0	-	0	- 1 booklet 100 pages, 1 original page, 612 booklets (@Rs. 50/- per unit)	
10.7.4	Admission register Form-III	Per Booklet	75	0.00	0	-	0	- Admission register Form-III (1 booklet 150 pages, 1 original page)booklets (@ Rs. 75 per unit)	
10.7.5	Evacuation Register	Per Booklet	75	0.00	0	-	0	- Evacuation Register (1 booklet 210 pages, 1 original page)-1000 booklets (@ Rs. 75/-per unit)	
10.7.6	MMA card (In Odia)	Per Card	1	0.00	0	-	0	- MMA card (In Odia) - 25000 cards (@ Rs. 1/- per unit)	

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval in 2024-26						State's Remarks	
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	FY 2024-25		FY 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target		Budget (Rs. Lakhs)
10.7.7	Printing of CAC Service Delivery Guidelines	Per Unit	400	0.00	0	-	-	<p><b>New Activity</b>  <b>Background:</b> Keeping in view amendment in MTP Act, the modified CAC Guidelines is to be printed. This is to be used during trainings &amp; for reference by Programme Officers / Managers &amp; service providers.            Specification:            Pages: 112 + 4 covers pages            Size: 8.3" (w) X 11"(h), Letter close size            Printing: 4+4 colour            Paper: 250 gsm Sinar Matte (cover) &amp; 130 gsm (inside)            Fabrication: Cover normal Lamination matte finish, perfect binding, section sewing            Budget Proposed for 2024-25: @Rs.400/- per unit X 600 units = Rs.240000/-            Budget Proposed for 2025-26: Not proposed</p>	
10.7.8	Printing of Provider Manual	Per Unit	600	0.01	0	-	-	<p><b>New Activity</b>  <b>Background:</b> Keeping in view amendment in MTP Act, the modified CAC Guidelines is to be printed. This is to be used during trainings &amp; for reference by Programme Officers / Managers &amp; service providers.            Providers manual (English)            Pages: 182 text pages + 4 cover &amp; back pages            Size : 8.25" X 11.75"            Printing : 4+4 colour            Paper for inside pages: 130 gsm Sinar Matt            Paper Cover: 300 gsm art card Sinar Matte            Binding: Spiral binding and Matte lamination on cover and back            Budget Proposed for 2024-25: @Rs.600/- per unit X 600 units = Rs.360000/-            Budget Proposed for 2025-26: Not Proposed</p>	
10.7.9	Printing of MMA Provider manual	Per Unit	600	0.01	0	-	-	<p><b>New Activity</b>  <b>Background:</b> Keeping in view amendment in MTP Act &amp; MMA training, this provider manual is to be printed. This is to be used during trainings &amp; for reference by Programme Officers / Managers &amp; service providers.            No of pages: 56 (including Cover Page)            Printing: 4+4 colour digital printing            Binding: Section sewing and Perfect binding            Paper: 170 matt inside &amp; 300 matt cover page            Fabrication: Matt Lamination thermal            Size: 8.5 X 11.5 Inches            Budget Proposed for 2024-25: @Rs.600/- per unit X 200 units = Rs.120000/-            Budget Proposed for 2025-26: Not proposed</p>	

*J. B. Singh*  
 15/8/2024

S.No.	Scheme/ Activity	Approval in 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	FY 2024-25		FY 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
10.7.10	Printing of CAC Operational Guideline	Per Unit	150	0.00	0	-			<p><b>New Activity</b>  <b>Background:</b> Keeping in view amendment in MTP Act, the modified CAC Guidelines is to be printed. This is to be used during trainings &amp; for reference by Programme Officers / Managers &amp; service providers.  Pages: 16 nos.  - Size: 8.50 × 11.00 in (portrait) (inch)  Paper: 170gsm Sinar Matte  Printing: 4+4 (front &amp; back)  Lamination: All pages both side lamination and Centre stapled  Budget Proposed for 2024-25: @Rs.150/- per unit X 1000 units = Rs.150000/-  Budget Proposed for 2025-26: Not proposed</p>
11	MCH wings								<b>Non of the facilities are eligible as per Gol norms to have MCH wing, hence not proposed.</b>
12	FRUs					0.00		0.00	
12.1	Setting up of EmOC Training Centres	Per unit	350000	3.50		0.00			Status: 1 center functional at SCB MCH. - No new centers proposed in 2024-26
12.2	Setting up of Life saving Anesthesia skills Training Centres	Per inst.	500000	5.00		0.00			Status: 1 center functional at SCB MCH. - No new centers proposed in 2024-26
12.3	TOT for EmOC	Per Batch/8 person	89293	0.89	0	0.00			<p><b>Background:</b> Out of 94 designated FRUs, either O&amp;G Spls or CEmONC Trained Doctors are available in 89 FRUs. Another 5 MBBS Doctors / Surgery Specialists require to be trained in 24wks CEmONC or Surgery Specialist Training. As required by North Eastern states Tripura, Manipur and Meghalaya and allowed by Govt of India, Odisha is organised CEmONC Training for North Eastern States at Deptt of O&amp;G, SCB MCH, Cuttack. Due to expansion of MCH at Odisha only one Master Trainer is available at Deptt of G&amp;G SCB MCH, Cuttack. To ensure 1:2 ratio, it is proposed that 4 Asst/ Asso Professors to be provided TOT on CEmONC Training . To Accommodate 6wks hands on training it is proposed to provide ToT of O&amp; G Spl of DHH Bhadrak, DHH Puri, DHH Kendrapada &amp; DHH Jagatsinghpur.</p> <p><b>Proposal:</b>  To ensure the Master Trainers Pool, 4 Asst / Asso Professor of Deptt of O&amp;G SCB, MCH, Cuttack and 4 O&amp;G Specialists from above mentioned Districts Head Quarter Hospital. Total load: 8 person  <b>Duration: 3 days at Deptt of O&amp;G, SCB MCH Cuttack with existing RPs available at MCHs.</b>  <b>Proposed for 2024-25: 8 person (1batch)</b>  <b>No requirement for 2025-26.</b>  <b>Budget: Rs.89293/ batch of 8 person following OSH&amp;FW, Odisha Society</b></p>

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval in 2024-26						State's Remarks	
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					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target		Budget (Rs. Lakhs)
12.4	Training of Medical Officers in EmOC	Per participant	552000	5.52	0	0.00		<p><b>Background:</b> Out of 94 designated FRUs, 89 FRUs have either O&amp;G Spls or CEmONC Trained Doctors / Surgery Specialist in CS. So 94-89 FRUs = 5 FRUs. Total 5 MBBS Doctors to be provided 24 wks CEmONC training at Deptt. of O&amp;G SCB MCH, Cuttack.</p> <p>Current Status: Out of 94 designated FRUs, 89 FRUs have either O&amp;G Spls or CEmONC Trained Doctors / Surgery Specialist in CS.</p> <p><b>Proposal:</b> Requirement of 5 MBBS Doctors to be provided 24 wks CEmONC training at Deptt. of O&amp;G SCB MCH, Cuttack.</p> <p><b>Target for 2024-25: 5 MBBS Doctors (1 Batch)</b></p> <p><b>No Target for 2025-26</b></p> <p><b>Budget: 27.60 Lakh for 24 Wks (6month) of 8 person ( Rs.5,52,000/ person) following Govt of India 24 Wks CEmONC Norm.</b></p>	
12.5	TOT for Life Saving Anesthesia Skills training	Per Batch/8 person	89293	0.89	0	0.00		<p><b>Background:</b> Our of 94 designated FRUs 79 FRUs have Anesthesia Specialists or LSAS trained doctors. So 15 MBBS Doctors need to be trained in 24 Wks LSAS Training. Only Deptt of Anesthesiology &amp; Critical Care, SCB MCH, Cuttack is functional as LSAS training venue.</p> <p>Since 2007, Deptt of Anesthesiology &amp; Critical Care, SCB MCH, Cuttack is organising LSAS Training after TOT. Due to expansion of MCH at Odisha, 4 MTs have been transferred to new MCHs and PGIMER, BBSR, only 2 Master Trainers are available at Deptt of Anesthesiology &amp; Critical care, SCB MCH, Cuttack. To maintain 1:2 ratio of Master Trainers (MTs), Deptt of Anesthesiology &amp; Critical care, SCB MCH, Cuttack requests for another 4 MTs.</p> <p>At district level MTs for hands on training are transferred to different MCs. To accommodate 6 Wks Hands on Training at DHH level, following Anesthesia Specialists of DHH &amp; Capital Hospital BBSR need ToT.</p> <p><b>Current Status:</b> 2 Master Trainers are available at Deptt of Anesthesiology &amp; Critical care, SCB MCH, Cuttack.</p> <p><b>Proposal:</b> So total Load of the of the state- 2 Asst. Professors, 2 Asso. Professors of MCH &amp; 4 Anesthesia Specialists from Capital Hospital, BBSR, DHH Puri, DHH Bhadrak and DHH Kendrapada need to be created as MTs . Total Load: 8 Anesthesia Spl.</p> <p><b>Duration:</b> 3 days at Deptt. of Anaes. &amp; Critical Care SCB MCH Cuttack (state level Norm) with existing RPs available at different MCHs.</p>	

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval in 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	FY 2024-25		FY 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
12.6	LSAS training (24 weeks)	Per Participant	552000	5.52	0	-	0	<p><b>Total Load</b> - 30 FRUs ( Delivery having More than 300 pm) x 3 person=90 + rest 64 FRUs x 1 person- 64= 154 person.</p> <p><b>Existing:</b> Regular Anesthsist=22</p> <p><b>LSAS at FRU:</b> 72 LSAS trained available in 68 FRUs, out of 94 FRUs.</p> <p>Total Trained LSAS Doctors available in both FRUs &amp; Non FRUs= 94 persons.</p> <p>55 LSAS trained Doctors gone for PG, SR and Administrative post.</p> <p><b>Remaining training Load : 39</b></p> <p>Ach till Mar'23: 10 persons</p> <p>Projected Ach. 2023-24: 6 person</p> <p>Training load for 2024-26: 10 persons for 6 months.</p> <p><b>Load for 2024-25: 8 persons &amp;</b></p> <p><b>Load for 2025-26: 6 person</b></p>	
12.7	LSAS training (Refresher training of MOs)	Per participant	25000	0.25	0	-	0	<p>Two weeks refresher training of LSAS trained doctors along with intubation at MCHs - Deptt. of Anesthesiology MKCG &amp; SCB MCH.</p> <p>Justification: LSAS trained doctors posted at FRUs require hands-on training in integration to manage the patient in emergency situation at FRU level.</p> <p>Total requirement : 91 LSAS trained doctors are available at FRUs till Nov.2021. and 3 MBBS doctors are continuing 18 weeks LSAS training.</p> <p>Batch Size: @ 4 persons per Batch</p> <p>Load for 2024-25: 8 persons</p> <p>Load for 2025-26: 8 persons</p>	
12.8	CS & Management of Basic complication for Surgery Spl.( 24 working days)	2/batch	137500	1.38	0	-	0	<p>State is planning CS for surgery Spl. As per Gol Guideline at SCB, MCH Cuttack. In place of EmOC Trg.</p> <p><b>Status:</b></p> <p>Target 2022-24: 8 person (4 batches)</p> <p>Projected Ach. till March 2024: 4 persons</p> <p>Proposed for 2 years (2024-25 &amp; 2025-26: 4 person (2 batches)</p> <p>Load for 2024-25: 1 batch</p> <p>Load for 2025-26: 1 batches</p>	
<b>13</b>	<b>HDU/ICU - Maternal Health</b>					<b>0.00</b>	<b>0.00</b>		
13.1	Equipment for Obstetric ICUs/ HDUs (as per operational guidelines of ICUs and HDUs, 2017)	Lumpsum		0.00			0.00	<p><b>Background:</b></p> <p><b>Obstetric HDUs:</b></p> <p>Functional-5 ( DHH Keonjhar, DHH Kandhamal, DHH Bhawanipatna, Capital Hospital Bhubaneswar &amp; DHH Dhenkanal)</p> <p>(Obstetric HDUs proposed during 2023-24 i.e DHH Puri is under process).</p> <p>No New Proposal in this year</p> <p><b>Hybrid ICUs:</b></p> <p>Functional-2 ( SCB MCH and MKCG MCH)</p> <p>Target 21-22 - 2- (VSS MCH and FM MCH) are not yet functional</p> <p><b>No New Proposal in this year</b></p>	
13.2	Recurring cost for Obstratic HDU			0.00			0.00	- Recurring Cost of Obstetric HDUs to be met out of CCBH cost (PM ABHIM)	
<b>14</b>	<b>Labour Rooms (LDR + NBCCs)</b>					<b>0.40</b>	<b>0.40</b>		

*J. D. Singh*  
15/10/2024

S.No.	Scheme/ Activity	Approval in 2024-26						State's Remarks	
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	FY 2024-25		FY 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target		Budget (Rs. Lakhs)
14.1	Setting up of SBA Training Centres	Per inst.	300000	3.00		0.00		Current Status: 49 sites are functional across 30 districts. Another 16 sites need to be strengthened & thus proposed under NHM PIP 2024-25 (Proposed under FMR HSS.10 , SL. No-191)	
14.2	TOT for SBA	20/batch	100000	1.00	0	0.00		<p><b>Status:</b> Target 2022-23: 2 Batch (20/ batch) Ach. 2023-24: 1 batch (Proposed Ach.)</p> <p><b>New Proposal:</b> - To crate resource pool of SAB trainers at 64 SAB Training Venues 50 RPs of OG SPI, Paed Spl &amp; Sr Nurse Trainers pool may be required. So Total Load for 2 years: 2 batches</p> <p><b>Proposed for 2024-25 :2 batches (20 Person)</b> Requirement due to transfer and retirement.</p>	
14.3	21 days SBA training at District level	Per participant	26280	0.26	0	-	0	<p><b>Ongoing Activity</b> <b>Status:</b> 21 days SBA training of SNs, ANM, LHV &amp; AYUSH MOs have been saturated of all DHH, SDH &amp; CHC)</p> <p><b>Background:</b> As per the status till July 2023 total 4818 Nursing Officers (CHOs) have been posted at 5400 SHC- HWC and another 1288 CHOs will be posted at Head Quarter PHC- HWC during 2023-24 &amp; 2024-25.</p> <p><b>Total State load SC HWCs: 6688 Nursing Officers</b> (5400 CHOs+1288 CHOs of HQ PHC- HWC).</p> <p><b>Total State load of SNs of PHC HWCs= 1532 SNs</b> (1288 (R) + 116 (UPHC) + 128 UHWC)= 1532 SNs (@1 SN / PHC HWC).</p> <p><b>Status:</b> - Target for 2022-23: 1200 for 64 SAB trg Sites (@3 person Avg. / venue) Target for 2023-24: 1200 for 64 SAB trg Sites (@3 person Avg./ venue) Ach. during 2022-23: 826 (as of Mar'23). Projected ach. during 2023-24: 1000 person.</p> <p>Though there are limited SAB Trg. Venues at district level, Districts may conduct integrated 21 days SAB Training of Staff Nurses, CHOs, AYUSH Doctors, ANMs &amp; LHVs with 21 days SBA training of SNs at District level (FMR Code 9.5.1.6 ) as per the priority delivery load .</p> <p><b>Proposed load for 2 years: 1691 Persons ( Staff Nurses, CHOs, AYUSH Doctors, ANMs &amp; LHVs )</b></p> <p><b>Target for 2024-25: 874 for 64 SAB trg Sites (@3 person Avg. / venue)</b> <b>Target for 2025-26: 817 for 64 SAB trg Sites (@3 person Avg./ venue)</b> <b>Revised Unit Cost: 21 days structured in 3 phases (@7days / phase) including printing of training module</b></p>	

*J. B. Singh*  
15/8/2024

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		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	FY 2024-25		FY 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target		Budget (Rs. Lakhs)
14.4	3 days SBA refresher training for ANMs	Per batch	64896	0.65	0	-	0	<p><b>New Activity: proposed as per Gol remarks in NPCC</b></p> <p><b>No. of ANMs received SBA training till date: 8570</b></p> <p><b>ANM targeted for refresher training: 80% of trained ANM i.e. 6856 ANMs</b></p> <p><b>50% of ANM will be covered in FY 2024-25 &amp; rest will be covered in 2025-26</b></p> <p><b>Total Batches planned: 286 batches (24 ANMs per batch)</b></p> <p><b>Proposal for FY 2024-25: 143 batches</b></p> <p><b>Proposal for FY 2025-26: 143 batches</b></p>	
14.5	TOT for BEmOC training	Per institution		0.00		0.00		- BEmOC training centre is functional at 3 old MCHs. No new proposal in 2024-26.	
14.6	BEmOC training for MOs/LMOs	Per Person	25865	0.26	0	0.00	0	<p><b>Status:</b> Cummulative Trained Doctors 1481 till march 2023.</p> <p><b>Proposal :</b> 10 days BEmOC Training of MBBS Doctors from 1412 AB HWC of R+U</p> <p><b>Target:</b> 1412 Doctors</p> <p><b>Target for 2024-25:</b> 350 Doctors</p> <p><b>Projected Ach Till Mar'24:</b> 270 person</p> <p><b>Total target taken 700 MBBS Doctors for next 2 years in 5 Venues (3MCH, Cap Hospital &amp; PRM MCH Baripada)</b></p> <p><b>Load for 2024-25: 350 persons</b></p> <p><b>Target for 2025-26: 350 persons</b></p>	
14.7	TOT for Dakshata	15/batch	150000	1.50	0	0.00	0	<p>Proposal for 2024-25: 5 days ToT for Dakshata Training (@One ToT per MCH X 3 MCH) i.e. MKCG MCH, VIMSAR, MCH &amp; SLN MCH Total : 3 batches</p> <p>Proposal for 2025-26: 1 batch state level</p>	
14.8	DAKSHATA training	15/batch	60210	0.60	0	0.00	0	<p>3 days District level Training of MCH/DHH &amp; Facility level service providers (LR &amp; OG ward)</p> <p>- Proposed in 3 MCHs i.e. MKCG MCH, VIMSAR, MCH &amp; SLN MCH</p> <p><b>Load for 2024-25:</b> 6 batches ( 2 batch per MCH).</p> <p><b>Load for 2025-26:</b> 15 batches (in 15 districts)</p>	
14.9	Onsite Mentoring for DAKSHATA	per visit	2000	0.02	0	0.00	0	<p>Mentoring visit proposed for Non FRU CHC s having more the 120 delivery per annum. 243 facilities identified having more than 120 delivery per annum. Each facility given 4 visits in a year.</p> <p>Total facilities Identified :243</p> <p>- No of visits = 243 * 4 = 972 visits</p> <p>Cost for each visit @2000 = 972XRs.2000= 1944000, Budget proposed for 50% of visit i.e. 486* 2000 = Rs.9.72 lakhs</p> <p><b>Target for 2024-25:</b> 486 No. of visits</p> <p><b>Target for 2025-26 :</b> 486 No. of visits</p>	

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval in 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	FY 2024-25		FY 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
14.10	Disposable Kelley's Pad	Per Kelley's Pad	50	0.0005	-	0	-	0	<p><b>Proposal for 2024-25:</b> Not proposed as procurement of 2023-24 will be completed by Mar'24 &amp; the same stock will be used during 2024-25.</p> <p><b>Proposal for 2025-26:</b> Proposal for all institutional delivery cases i.e 681059 at public health institutions. Kelleys pad is one of the impartment labour requirement. The reusable Kelleys pad is not very convenient for decontaminating and cleaning as a result of which the purpose of use kelleys pad is often not fulfilled. However the disposable Kelleys pad can be provided for every delivery case which will satisfy the purpose of kelleys pad. it can be readily used for every delivery even in the busiest labour room. The disposal of kelleys pad will be done following the BMW rules. Total no. of expected delivery in public facility : 681059 Proposed for 50% of expected deliveries @1 per delivery : 340530</p>
14.11	Reusable patients gown for delivery cases	Per Gown	300	0.0030	0	-	0	0	<p><b>Ongoing Activity</b> Use of patients gown for all delivery cases will reduced incidence of sepsis as in many rural area the delivery cases usages old and turn out clothes due to risulalestic and cultural tabuoos. The provision of sterials / autoclave gown will at least provide asepsis clothing to the delivery cases during the stay at hospital. this will also reduced cross infection scope. Provision : Per day delivery of expected delivery (732093) : 2005 * 2 gown + 10% buffer = 4411 gowns</p>
14.12	<b>Logistics for Birth Companion Scheme</b>								<p><b>Ongoing Activity</b> 1. @Rs. 40,000/- per MCH (Reusable Gown - @ Rs 300X 100nos. = 30000, Slipper Rs. 10000/-) for 14 MCH = Rs. 5,60,000 2. @ Rs. 20,000/- per DHH (Reusable Gown - @ Rs 300X 50nos. = 15000, Slipper Rs. 5000/-)for 22 DHH = Rs. 4,40,000 3. @ Rs. 10,000/- per SDH and CHC (Reusable Gown - @ Rs 300X 20nos. = 6000, Slipper Rs. 4000/-) for 62 facilities = Rs. 6,20,000 <b>Total- Rs. 16.20 lakhs per Annum</b></p>
14.12.1	For MCHs	Per unit	40000	0.4000	1	0.40	1	0.40	
14.12.2	For DHHs	Per unit	20000	0.2000	0	-	0	-	
14.12.3	For SDHs & CHCs	Per unit	10000	0.1000	0	-	0	-	

*J. B. Singh*  
15/8/2024

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					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target		Budget (Rs. Lakhs)
14.13	Procurement of NASG kit	Per Kit	6000	0.06	0	-	0	<p><b>New Activity</b>  <b>Background:</b> NASG kits have been procured and supplied to delivery points, medical colleges and 102/108 ambulances. These kits are used for management of PPH and can be used during transportation of referral PPH cases to higher facilities.  <b>Current Status:</b>                      The NASG garment was procured during 2017-18 from State budget                      Distribution Status:                      Supplied to Health facilities /DPs- 770                      Supplied to Ambulances- 420  <b>Proposal for additional procurement:</b>                      No of facilities conducting delivery- 860                      Total number of ambulances- 1124                      Additional required for MCH (@ 3), DHH (@ 5) &amp; SDH (@2) = 172                      Requirement:                      Balance delivery point facilities to be supplied NASG kit- 860-770= 90                      No. of ambulances to be supplied NASG kit- 704                      Additional supply to high delivery load facilities - 172                      Total kits to be procured- 966                      Target for 2024-25- procurement of 483 kit @Rs.6000/- per kit                      target for 2025-26- procurement of 483 kit @Rs.6000/- per kit</p>	
14.14	Printing of Labour Room register	Per Unit	300	0.00	0	-	0	<p><b>Ongoing Activity</b>                      Labour Room register for delivery points as per MNH toolkit. Each register will cost @ Rs. 300 inclusive of binding. Each Register will have 500 pages. Printing proposal is given for 2052 Registers. (@ Rs. 300/-X 2052 = Rs. 615600/-)</p>	
14.15	Printing of Delivery Case sheet	Per Unit	7	0.00	0	-	0	<p><b>Delivery Case sheet :</b> Delivery Case sheet with partograph overleaf for all institutional delivery cases in public health institutions (681059 expected deliveries + 10% (68105) buffer= 749165) – (@Rs. 7/-X 749165 = Rs.5244154/-)</p>	
15	LaQshya						0.00	0.00	<p><b>Ongoing Activity:</b>  <b>Background:</b> To improve the quality of labour room and OT services, the LR and OT will be LaQshya certified. State has taken target of 98 facilities.  <b>Target for 2022-23: Labour Room- 51/ OT: 51</b>  <b>Target for 2023-24: Labour Room: 24/ OT: 24</b>  <b>Target for 2024-25: Labour Room: 23/ OT: 23</b>  <b>Target for 2025-26: Labour Room: 30/ OT: 30</b>  <b>Current Status:</b> Out of the target of 98 LR and 98 MOT, by August 2023, 24 LR and 23 MOT have been nationally certified.</p>
15.1	Mentoring visit by State team	Per Visit	9800	0.10					<p>Budget to be met out of Sl.No. 7_Surakshit Matritva Aashwasan (SUMAN) under CoE MH &amp; SUMAN</p>

*J. B. Singh*  
 15/8/2024

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					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
15.2	Mentoring by district coaching team	Per Visit	2700	0.03	0	0.00	0	0	<p><b>Background:</b> The district coaching team will visit the LaQshya targeted facilities atleast quarterly once.</p> <p><b>Current Status:</b> Last year 38 facilities have been visited more than once by district coaching team for providing mentoring support for LaQshya certification</p> <p><b>Proposal: 2024-25</b></p> <p>Total Targeted institutions: 23 and proposed one institution to be visited 4 times (two visits for LR &amp; MOT) in a year by mentor.</p> <p>Total visit per annum - 23*4 = 92</p> <p><b>Proposal: 2025-26</b></p> <p>Total visit per annum - 30*4 = 120</p>
15.3	Incentives as per LaQshya guideline					0.00		0.00	<p><b>Status of National level LaQshya Certification before 2023-24</b></p> <p>Total LR certified: 20 (DHH-15, SDH-3, CHC-2)</p> <p>Total OT certified: 19 (DHH-15, SDH-3, CHC-1)</p> <p><b>To be Certified during 2024-25</b></p> <p>Total LR : 24 (MCH-1, DHH-13, SDH-6, CHC-4)</p> <p>Total MOT :24 (MCH-1, DHH-13, SDH-6, CHC-4)</p> <p><b>Target of National level LaQshya Certification before 2025-26</b></p> <p>Total LR certified: 68 (MCH-4, DHH-32, SDH-18, CHC-14)</p> <p>Total OT certified: 67 (MCH-4, DHH-32, SDH-18, CHC-13)</p> <p><b>(As all the LR/MOT of co located DHH with MCH will be considered as LR/MOT of DHH not MCH because the MCH will function in separate building )</b></p>
	<b>Incentives for certification of current certified institutions:</b>								<p><b>Budgeted 60% in 2024-25</b></p> <p><b>Budgeted 60% in 2025-26</b></p>
	For MCH LR	Per LR	600000	6.00	0	0.00	0	0.00	MCH: @Rs.6.00 lakhs per deptt.
	For MCH OT	Per OT	600000	6.00	0	0.00	0	0.00	MCH: @Rs.6.00 lakhs per deptt.
	For DHH LR	Per LR	300000	3.00	0	0.00	0	0.00	LR: @Rs.3.00 lakhs per LR
	For DHH OT	Per OT	300000	3.00	0	0.00	0	0.00	OT: @ Rs. 3.00 lakhs per OT
	For SDH LR	Per LR	200000	2.00	0	0.00	0	0.00	LR: @Rs.2.00 lakhs per LR
	For SDH OT	Per OT	200000	2.00	0	0.00	0	0.00	
	For CHC OT	Per LR	200000	2.00	0	0.00	0	0.00	
	For CHC OT	Per OT	200000	2.00	0	0.00	0	0.00	OT: @ Rs. 2.00 Lakhs per OT
	<b>Incentives for certification of proposed institutions</b>			0.00				0.00	<p>Proposal for certification 2024-25:</p> <p>Total LR certified: 24 (MCH-3, DHH-4 SDH-9, CHC-8)</p> <p>Total OT certified: 24 (MCH-3, DHH-4 SDH-9, CHC-8)</p> <p>Proposal for certification 2025-26:</p> <p>LR : 30 ( SDH-10, CHC-20)</p> <p>M OT : 31 (SDH-10, CHC-21)</p> <p>Budgeted 60% in 2024-25</p> <p>Budgeted 60% in 2025-26</p>
	For MCH LR	Per LR	600000	6.00	0	0.00		0.00	MCH: @Rs.6.00 lakhs per deptt.
	For MCH OT	Per OT	600000	6.00	0	0.00		0.00	MCH: @Rs.6.00 lakhs per deptt.

*J. B. Singh*  
15/10/2024

S.No.	Scheme/ Activity	Approval in 2024-26							State's Remarks
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					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
	For DHH LR	Per LR	300000	3.00	0	0.00		0.00	LR: @Rs.3.00 lakhs per LR
	For DHH OT	Per OT	300000	3.00	0	0.00		0.00	OT: @ Rs. 3.00 lakhs per OT
	For SDH LR	Per LR	200000	2.00	0	0.00	0	0.00	LR: @Rs.2.00 lakhs per LR
	For SDH OT	Per OT	200000	2.00	0	0.00	0	0.00	OT: @ Rs. 2.00 Lakhs per OT
	For CHC LR	Per LR	200000	2.00	0	0.00	0	0.00	LR: @Rs.2.00 lakhs per LR
	For CHC OT	Per OT	200000	2.00	0	0.00	0	0.00	OT: @ Rs. 2.00 Lakhs per OT
15.4	<b>State and National assessment for LaQshya certification</b>								<b>New Activity Proposed after discussion with Quality Assurance Team</b>
15.4.1	State level assessment of MCH, DHH and SDH	Per MCH/ DHH/ SDH	89500	0.90	0	0.00	0	-	
15.4.2	State level assessment of CHCs	Per CHC	63000	0.63	0	0.00	0	-	
15.4.3	National level assessment of MCH, DHH and SDH	Per MCH/DHH/SDH	210000	2.10	0	0.00	0	-	
15.4.4	National level assessment of CHCs	CHC	146000	1.46	0	0.00	0	-	
15.5	<b>State level assessment for LaQshya surveillance</b>								
15.5.1	State level assessment of MCH, DHH and SDH	Per MCH/DHH/SDH	89500	0.90	0	0.00	0	-	
15.5.2	State level assessment of CHCs	Per CHC	63000	0.63	0	0.00	0	-	
16	<b>Implementation of RCH Portal/ANMOL/MCTS</b>	<b>Per ANM</b>	<b>850</b>	<b>0.0085</b>	<b>0</b>	<b>-</b>	<b>0</b>	<b>-</b>	<p><b>Budget Shifted from HSS-7 SI No.183</b></p> <p><b>Ongoing Activity</b></p> <p>Total ANM - 6688 Rural + 548- Urban = Total 7236</p> <p>Mobile / Tab / Internet charges per month @ Rs. 850/- per SC</p> <ul style="list-style-type: none"> <li>• ANMs are using their mobile for data update in different Apps &amp; portals (ANMOL, NCD, HWC, FPLMIS, IDSP, E ASHA, U WIN, NCD portal etc)</li> <li>• The tablet provided to ANMs during 2018-19 does not support due to low version of Android App. Again having 2 BG RAM, the device performance is poor.</li> <li>• Each ANM to be provided Rs.600/- as device allowance and Rs. 250/- internet charge subject to &gt; 85 % achievement in desired data fields.</li> <li>• The BDMs will validate the achievement % in each portal and approved for release of payment</li> </ul> <p><b>Detail proposal is placed at HSS-7 Other Initiatives write-up Annexure-8 : "Device allowance to ANMs"</b></p> <p><b>Budgeted 60% looking into expenditure trend (43% in 2022-23).</b></p>
17	<b>Other MH Components</b>								
17.1	<b>Incentive &amp; Other allowance</b>								

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval in 2024-26						State's Remarks	
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	FY 2024-25		FY 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target		Budget (Rs. Lakhs)
17.1.1	Transportation of HIV/ Syphilis combo kit to VHND sites by maintaining cold chain	Per case	75	0.00	0	-	0	<p><b>Ongoing Activity</b>  <b>Background:</b> Under universal screening of all PW for HIV and Syphilis, screening have been started in VHSND and UHSND sessions. Hence to maintain cold chain of the combo kit AVD system is adopted for carrying the combo kit in cold chain. Hence the person supporting in AVD is provided transportation cost per session.  <b>Status: 350773 (61%) VHSND sessions were supported with AVD volunteers transportation cost</b>  <b>Proposal:</b> Transportation of HIV/ Syphilis combo kit to VHND sites by maintaining cold chain.  Total Sessions expected to be held at VHSND: 579213  Total Sessions expected to be held at UHSND: 52608  Total Session VHSND+UHSND: 631821  AVD cost for HIV/ Syphilis Kit transportation proposed for 70% sessions : 442274  <b>Implementing Agency:</b> NGOs/ CBOs to be identified those have experience in such activity at district level.</p>	
17.1.2	ASHA incentive for supporting pregnant women to be in non-anemic status (HB% >11gm%)	Per case	200	0.00	0	-	0	<p><b>Ongoing Activity</b>  <b>Budget Not Approved</b></p>	
17.1.3	Mobilise and accompany suspected high risk pregnant women to ICTC or FICTC and ensure HIV and RPR testing during ANC (MH component)	Per case	100	0.00	0	-	0	<p><b>Ongoing Activity</b>  <b>Background:</b> Suspected pregnant women mobilized for testing at ICTC/FICTC for confirmation of HIV.  <b>Status:</b> 75% of suspected cases were provided transportation cost  Expected 1% (6656) of ANC (665678) will be suspected to be reactive with WBFP Test.</p>	
17.1.4	Incentive for distribution of Misoprostol to home delivery cases	Per Home Delivery	100	0.00		-	0	<p><b>Ongoing Activity</b>  <b>Background:</b> Misoprostol tablets are provided to home delivery cases in the SCs with high home deliveries. The programmed will be implemented in the SC having &gt;=20% home delivery in HPDs. As per HMIS data 2022-23 there are 76 SCs having &gt;=20% home deliveries.  <b>Proposal:</b>  For the implementation of misoprostol prog. the districts which are having &gt;=5 nos. of SC having &gt;=20% of home deliveries is considered. Hence, Total nos. of SC covered in 3 districts under the programmed having &gt;=5 SCs (Kalahandi, Nabarangpur &amp; Rayagada) with &gt;=20% home deliveries : 72.  Expected home delivery cases in the targeted SC - 2570  Targeted coverage - 80% i.e. 2056 <b>(In Principally approved in 2024-25 &amp; budget approved for 2025-26)</b></p>	

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval in 2024-26						State's Remarks	
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	FY 2024-25		FY 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target		Budget (Rs. Lakhs)
17.1.5	Incentive to ASHA for addressing high risk PNC	Per ASHA	250	0.00	0	0.00	0	<p><b>New Activity</b></p> <p>Proposal : The high risk PNC cases will be followed up by ASHA during HBNC and mobize them for facility check up. If the out come of mother and bay is healthy by 45th day then ASHA will be incentivized for her effort.</p> <p>Target for PNC Incentive to ASHA</p> <p><b>Budget proposed:</b></p> <ul style="list-style-type: none"> <li>• Total no. of deliveries- 607936</li> <li>• 30% of expected deliveries to be high risk- 182380</li> <li>• Budget proposed for 30% of HR PNC cases to be supported by ASHA i.e 54714 cases @Rs.250/- per case</li> </ul>	
17.2	<b>Drugs &amp; Supplies for Maternal Health</b>					-	-		
17.2.1	RTI /STI drugs and consumables	Per test		0.00		0.00		- Supply from State Budget	
17.2.2	Glucose pouch for Screening (GDM)	Per Pouch	10	0.00	0	-	0	<p>Implemented in all 30 districts. Training has been completed for all service providers</p> <p>Procurement -</p> <p>- Drugs Specification : 75gm/pouch</p> <p>Level at which the item would be used : SC/ PHC/ CHC/ SDH/ DH</p> <p>Expected Pregnancies- 665678</p> <p>Expected GDM Cases (14% of Expected ANC) - 93194</p> <p>No. of GDM cases requiring Metformin Tab &amp; Inj. Insulin (3% of GDM cases) - 2795</p> <p>Requirement of Glucose Pouch (75 gm) for screening (Expected PPW 665678 X 2) - 1331356</p> <p>Requirement of additional Glucose pouch for PW under Metformin Tab &amp; Inj. Insulin (@20 glucose pouch) - 55900</p> <p>Total Requirement of Glucose - 1387256 @Rs.10/- per Pouch</p> <p><b>Ongoing Activity</b></p>	
17.2.3	Cartridge for insulin therapy (GDM)	Per Cartridge	300	0.00	0	-	0	- 3ml cartridge of 100 IU/ml (No. of PW x 6 cartridge for 180 days):932 x 6=5592Nos	
17.2.4	Insulin pen (GDM)	Per pen	400	0.00	0	-	0	- Requirement of insulin pen (1 per beneficiary): 932 Nos	
17.2.5	Needles (GDM)	Per needle	13	0.00	0	-	0	- Requirement of needles (1 per day x 180 days per person): 932 x180=167760 Nos	

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval in 2024-26						State's Remarks	
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	FY 2024-25		FY 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target		Budget (Rs. Lakhs)
17.2.6	Misoprostol Tablet	Per Tab	1.65	0.00	-	-	-	<p><b>Ongoing Activity</b> The programmed will be implemented in the SC having &gt;=20% home delivery in 13 HPDs. As per HMIS data 2022-23 there are 76 SCs having &gt;=20% home deliveries. For the implementation of misoprostol prog. the districts which is having &gt;=5 nos. of SC having &gt;=20% of home deliveries is considered. Hence, Total nos. of SC covered in 3 districts under the programmed having &gt;=5 SCs (Kalahandi, Nabarangpur &amp; Rayagada) with &gt;=20% home deliveries : 72. <b>Expected home delivery cases in the targeted SC - 2570</b> <b>Targeted coverage - 50% i.e. 1285</b> <b>Total Requirement:</b> Provisioned for 3 tablets per home delivery which is 3855 + 20% of requirement to be kept with ASHA which comes to 771 tabs. = 4626 tablets <b>Drugs Specification : 200 Mcg</b> To be met out of State supply</p>	
17.2.7	Safe Delivery Kit for HIV	Per Kit	600	0.01	0	-	0	<p><b>Background:</b> Safe Delivery Kits are required to be kept in all functional delivery kits to meet the requirement and use by the health care service providers at DP while providing services to HIV positive mother approaches for delivery as per the protocol of labour room standardization. <b>Proposal:</b> - Specification : 1pkt/5 kit ( For 4 service providers , 1 for baby) Level at which the item would be used : SC/ PHC/ CHC/ SDH/ DH (DP only) Requirement is for 486 functional delivery point @ 3 kit per DP + 220 ICTCs @ 5 kit per ICTCs + @10 kits per MCH for 14 MCH &amp; @5 kit for BBSR Municipality Hosp.=2703 Kits The cost per kit will be around Rs 600/-</p>	
17.2.8	Inj. Ferric Carboxy Maltose	Per inj	400	0.00	0	-	0	<p><b>Ongoing Activity</b> <b>Inj. FCM (500mg.) will be provided to severe anaemic PNC cases after delivery under the programmed.</b> Total PNC - 607936 Proposed for expected severe anemic cases (2%) - 12158 @ 2 doses per case = 24316 Injections Initially proposed for severe anemic cases. FCM is not part of State EDL. <b>Budget requirement: Rs. 97.26 Lakhs as per estimation of PNC severe anaemic cases</b></p>	

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval in 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	FY 2024-25		FY 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
17.2.9	Disposable delivery kit	Per Kit	200	0.00	-	-	-	-	<p><b>Ongoing Activity:</b> The programmed will be implemented in the SC having &gt;=20% home delivery in HPDs. As per HMIS up to Oct.2021 there are 179 SCs having &gt;=20% home deliveries. For the implementation of misoprostol prog. the districts which is having &gt;=5 nos. of SC having &gt;=20% of home deliveries is considered. Hence, Total nos. of SC covered in 6 districts under the programmed having &gt;=5 SCs(Gajapati, Kalahandi, Malkangiri, Nuapada Nabarangpur &amp; Rayagada) with &gt;=20% home deliveries : 169 SCs. Expected home delivery cases in the targeted SC - 3823 Targeted coverage - 50% i.e. 1913 The disposable delivery kit will be provided to home delivery cases those covered under misoprosol programmed. these kits to be distributed by ASHA during the distribution of misoprostol tablets. Requirement : 1913 kits The cost per kit will be around Rs 200/- . <b>To be met out of State Supply</b></p>
17.3	<b>Training &amp; Capacity Building</b>					0.00		0.00	
17.3.1	TOT for RTI/STI training	30/Per batch	140000	1.40		0.00			<p>90 Master trainers pool created at district level. 3 batches (@ 3 per district- O&amp;G, Paed, Skin VD/ Med) Total 90 persons trained during 2022-23. Not proposed for 2024-26</p>
17.3.2	Field Training on RTI/STI	25/batch	30000	0.30	0	0.00	0		<p><b>Proposal : RTI/STI training for MOs</b> <b>Status:</b> Total Load - 439 (1 MO per inst x 439 inst) Cumm Trained MO - 902 till 2021-22, Projected Ach in Mar'24: 33 batches Load for 2024-26 : New load for 1404 MOs of PHC HWCs (R+U) Duration: 2 days <b>Load for 2024-25 : 14 batch (@ 1 batch per selected district)</b> <b>Load for 2025-26 : 9 batch (@ 1 batch for selected districts)</b> <b>Other training of LT &amp; SN have been saturated.</b></p>
17.3.3	Quality ANC and HRP management training for HW(F)	Lumpsum		0.00		0.00			- <b>Dropped as per Recommendation of NPCC</b>
17.3.4	Half yearly reorientation and refresher training on programmes updates on PMSMA, e PMSMA, anemia in pregnancy, GDM, hypothyroidism and maternal health indicators for ADPHO (FW), Dy Manager RCH, O G Spl at State level.	Per batch	74100	0.74	0	0.00	0		<p><b>New activity</b> <b>Background:</b> There is always some modification and change is various maternal health programmed guidelines which requires periodical update for the grass root level implementers. Hence reorientation and refresher training on PMSMA, e PMSMA, anemia in pregnancy, GDM, hypothyroidism and maternal health indicators is proposed for ADPHO (FW), Dy Manager RCH, O G Spl at State level. <b>Proposal:</b> No. of participants – 30 ADPHO FWs, 30 DMRCHs, 32 O G Spl of DHHS and 4 O &amp; G spl MCH, 4 HMs of MCH and 2 from PGI and RGH - Total participants- 102 participants from districts and 10 from State level No. of batches – 6 ; @ 30- 35 participants per batch</p>

*J. B. Singh*  
15/10/2024

S.No.	Scheme/ Activity	Approval in 2024-26								State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	FY 2024-25		FY 2025-26			
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)		
17.4	IEC/BCC activities under MH					0.00		0.00		
17.4.1	Mass Media Interventions								- Ongoing Activity	
17.4.1.1	Production & Advertisement through DD & local channels or scrolling	Per minute	172000	1.72	0	0.00	0		Timing: 1 minute per day for 24 days per year as per I&PR rates - Cost proposed as per revised I&PR, GoO norm Telecast for e-PMSMA, MH Care etc.	
17.4.1.2	Advertisement through AIR channels	Per minute	47000	0.47	0	0.00	0		Timing: 1 minute per day for 12 days in a year as per I&PR rates - Cost proposed as per revised I&PR, GoO norm Broadcast for e-PMSMA, MH Care etc.	
17.4.1.3	Advertisement through FM Channels	Per minute	20000	0.20	0	0.00	0		Timing: 10 minutes per day for 36 days per year - Cost proposed as per revised I&PR, GoO norm Broadcast for e-PMSMA, MH Care etc.	
17.4.1.4	Publicity through Print Media	Per day	100000	1.00	0	0.00	0		One time advertisement of Colour Quarter page in 2 newspaper for 12 days Cost proposed as per revised I&PR, GoO norm	
17.4.2	Mid Media Interventions								- Ongoing Activity	
17.4.2.1	Dynamic hoarding 4 times	Per hoarding	3000	0.03	0	0.00	0		- Change of matter for hoarding @ 4 no for each district HQ and for block)	
17.4.2.2	Folk show / street theater out reach pockets	Per show	5000	0.05	0	0.00	0		- Need regular intervention to sensitize at grassroots @1 show per block x 314 blocks	
17.4.2.3	Branding at SUMAN Facilities	Per Facility	4000	0.04		0.00			<b>Ongoing Activity</b> As per Gol Guideline following IEC materials are to be printed and displayed at SUMAN certified facilities. 1. Standee on Free services 2. Standee on Grievance 3. Banner on Free services 4. Hoarding on Free and RMC services 5. Hoarding on eligible beneficiary and free services 6. Posters 7. Hoarding on SUMAN charter on services 8. Glow board logo as Suman compliant facility (2.5 ft X 4ft) To be displayed in entrance <b>Costing proposed-</b> <b>Basic Facilities @ Rs. 4000/- per unit x 1000 facilities</b> <b>To be met out of State specific scheme AMA Hospital Initiative</b>	
17.4.2.4	Installation of New Dynamic Hoardings (Iron Frame)	Per Hoarding	25000	0.25		0.00			Covering 382 CHC/ UCHCs in the Year 2024-25 & 141 MC(17), DHH(32), SDH (32) & OH (60) in the Year 2025-26 To be met out of State specific scheme AMA Hospital Initiative	
17.4.2.5	Day celebration : Safe Motherhood Day (11 Apr), World Health Day (7 Apr) & International Safe Abortion Day (28 Sep)			-		-			<b>Ongoing activity</b> - Safe Motherhood Day (11 Apr), World Health Day (7 Apr) & International Safe Abortion Day (28 Sep)	
17.4.2.6	At State level	Per event	100000	1.00	0	-	0		-	
17.4.2.7	At Dist level	Per event per dist	15000	0.15	0	-	0		-	
17.4.2.8	At Block level	Per event per block	2000	0.02		-			-	
17.4.2.9	PHC/SC Level		3000			-			- Fund to be met out of IEC budget PHC/SC-HWC	

*J. D. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval in 2024-26						State's Remarks	
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	FY 2024-25		FY 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target		Budget (Rs. Lakhs)
17.4.2.10	Inter Personal Communication			0.00		0.00		- IPC done at VHND Session and during Home Visits. No additional budget proposed.	
17.4.3	Kilkari	Lumpsum	2122000	21.22	0	0.00	0	- Details at RCH-1 MH Write-up Annexure	
17.5	<b>Printing activities under MH</b>					-		-	
17.5.1	PNC ward register	Per Unit	90	0.00	0	-	0	- PNC ward register will comprise of two parts, one Mother & one Newborn. The mother & newborn register will be taken as one unit. (One for each SC DP and other DP will have register as per delivery load with each register having 300 pages). (@ Rs.90/- X 1767 = Rs.159030/-) PNC ward Register: Booklet @ 6 per MCH – 14 MCH X 6 = 84 Booklet @ 3 per DHH - 22 DHH X 3= 66 Booklet @ 2 per SDH - 32 SDH X 2=64 Booklet @ 2 per CHC - 374 CHC X 2 = 748 Booklet @ 2 per OH - 54 OH X 2 =108 Booklet @ 1 per PHC (Functional DP) - 102 PHC X 1=102 Booklet @ 1 per PHC (Promising DP) - 456 PHC X 1 = 456 Buffer (10%) -160 Total = 1628 + 162 = 1790	
17.5.2	Referral Slip Sub Centre per Booklet	Per Booklet	30	0.00	0	-	0	- Referral Slip Sub Centre per Booklet (100 pages) : Referral Booklet @ 1 per Sub Centre (rural+urban) - 6688 SC X 1 = 6688+548(urban sc)=7236 Buffer (10%) -723 Total = 7236+723=7959 (@ Rs. 30/- X 7959= Rs. 238770/-)	
17.5.3	Referral Slip Inter Facility per Booklet	Per Booklet	30	0.00	0	-	0	- Referral Slip Inter Facility per Booklet (100 pages): Booklet @ 6 per MCH – 14 MCH X 6 = 84 Booklet @ 3 per DHH - 22 DHH X 3= 66 Booklet @ 2 per SDH - 32 SDH X 2=64 Booklet @ 2 per CHC - 374 CHC X 2 = 748 Booklet @ 2 per OH - 54 OH X 2 =108 Booklet @ 1 per PHC (Functional DP) - 102 PHC X 1=102 Booklet @ 1 per PHC (Promising DP) - 456 PHC X 1 = 456 Buffer (10%) -162 Total = 1628 + 162 = 1790 (@ Rs. 30/- X 1790 = Rs. 53700/-)	

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval in 2024-26						State's Remarks	
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	FY 2024-25		FY 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target		Budget (Rs. Lakhs)
17.5.4	Referral out Register per Register (50 pages)	Per Booklet	50	0.00	0	-	0	<p><b>Ongoing activity</b>  <b>Background:</b> This register is to be maintained for all cases those are referred to higher facility with intimation for case management  <b>Proposal:</b>            Referral out Register per Register (50 pages) :            Register @ 2 per DHH/MCH - 36X2=72            Register @ 2 per SDH - 32X2=64            Register @1 per CHC (Functional DP) - 316X1 = 316            Register @1 per CHC (Promising DP) - 61X1 = 61            Register @ 1 per OH (Functional DP) - 24x1=24            Register @ 1 per OH (Promising DP) - 24X1=24            Register @1 per each Sub Centre (Functional DP) - 80X1=80            Register @1 per each Sub Centre (Promising DP) - 69X1 = 69            Register @ 1 per PHC(N) (functional DP) - 102X1 =102            Register @ 1 per PHC(N) (Promising DP) -456X1=456            Buffer (10%) - 126            TOTAL = 1268+126=1394 (@ Rs. 50/- X 1394 = Rs. 69700/-)</p>	
17.5.5	Referral In Register	Per Register	50	0.00	0	-	0	<p><b>Ongoing activity:</b>  <b>Background:</b> Referral In Register is to keep record of all referred cases so that proper priority can be give during treatment  <b>Proposal:</b>            Register @2 per DHH/MCH - 36X2=72            Register @ 2 per SDH - 32X2=64            Register @ 1 per CHC - 374X1 = 374            Register @ 1 per OH -54X1 = 54            Buffer (10%) - 56            Total = 564+56=620 (@ Rs. 50/- X 620= Rs. 31000/-)</p>	
17.5.6	Red Card	Per Card	5	0.00	-	-	-	<p><b>Ongoing activity</b>            Background: Red Card is provided to all identified high risk PW, PNC and children in the age of O-5 years. This card is provided with mark of high risk for priority treatment  <b>Proposal:</b>            Total reported PW : 665678            Expected High Risk PW : 99852 (15% of total Expected PW)            Red card for expected High Risk PW : 99852            Reported U5 as per F.I. data 2022-23: 3481602            Expected Sick U5 = 10% of 3481602= 348160  <b>Grand Total:</b> 99852+348160=448012            Buffer: 10% (44801)            Grand Total: 448012+44801= 49813 @ Rs. 5/-            To be met out of State specific scheme SAMPURNA</p>	
18	State specific Initiatives and Innovations					-	-		

*J. B. Singh*  
 15/8/2024

S.No.	Scheme/ Activity	Approval in 2024-26						State's Remarks	
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	FY 2024-25		FY 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target		Budget (Rs. Lakhs)
18.1	One week confidence building on ultrasonography training for OG spl.	2/ batch	34400	0.34	0	-	0	-	One week confidence building on ultrasonography training for OG spl. at 3 MCH & IGH, rourkela State load = 48 OG Spl .OG requires confidence building &USG machine available. Further load for 2024-26: 20 persons (10 batches) Target for 2024-25: 10 person (5 batches) Target for 2025-26: 10 person (5 batches)
<b>Total RCH-1 (Maternal Health)</b>						<b>2.27</b>		<b>2.27</b>	

*J. B. Singh*  
15/8/2024



# NHM PIP

## 2024-26

Programme Implementation Plan

**RCH-6**  
**Family Planning**



## RCH-6\_Family Planning

S.No.	Scheme/ Activity	Approval in 2024-26								State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	FY 2024-25		FY 2025-26			
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)		
	<b>Total Family Planning</b>					6.64		6.64		<b>Mandate: Provision of quality sterilization services upto block level (DHH/ SDH/ CHCs) by increasing availability of trained service providers &amp; increasing regularity of FDS for minilap, laparoscopic &amp; NSV sterilization.</b>
<b>42</b>	<b>Sterilization - Female</b>					<b>6.64</b>		<b>6.64</b>		<b>Expected Beneficiaries : 1,00,000</b>
42.1	Female sterilization fixed day services			-		-		-		Background: All facility upto CHC level are mandate to provide FDS (either through engaging trained Surgeons from the same facility or mobilizing from other facilities) Progress: 371 facilities are providing FDS Budget: As budget for FDS is already covered under Compensation package hence, no additional cost proposed. Expenditure Heads under compensation package: FDS organisation cost Drugs dressing = 100 , Anaesthist=50, Nurse/ANM=30, OT helper=30, Documentation=20, Refreshment=10, Misc-10 = Total FDS organization cost= Rs.250/-
42.2	<b>Compensation for female sterilization</b>			-		6.64		6.64		<b>Ongoing Activity</b> Budgeted proposed for 100000 cases Achievement for 2022-23: 92529 cases (out of 75000 targeted cases) <b>1. At Public Sector (Interval Female Sterilization): @Rs.1400/- X 62000 beneficiaries</b> <b>2. At Private Sector: @Rs.1000/- X 5000 beneficiaries</b> <b>3. For PPS at public sector: Rs.2200/- X 33000 beneficiaries</b> <b>Expenditure Analysis:</b> <b>As per FMR 2022-23, fund to the tune of Rs. 1790.35 lakhs has been spent. Hence budgeted 80% of estimated cost</b>
42.2.1	At Public Sector	Per beneficiary	2000	0.02	415	6.64	415	6.64		
42.2.2	At Private Sector	Per beneficiary	3000	0.03	0	-	0	-		
42.2.3	For PPS at public sector	Per beneficiary	3000	0.03	0	-	0	-		
42.3	Minilap kits	Per Kit	5000	0.05	0	0.00	0	0.00		5 sets of Minilap Kits for each of the 30 districts to replace old sets.

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval in 2024-26								State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	FY 2024-25		FY 2025-26			
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42.4	Laparoscopes	Per Machine	1500000	15.00	0	0.00			0.00	<p><b>Progress:</b> State has 21 laparoscopes functional in different sites and another 21 defective laparoscopes which needs repairing.</p> <p><b>Proposal 1:</b> 14 surgeons from Balasore, Bhadrak, Cuttack, Deogarh, Dhenkanal, Jagatsinghpur, Kendrapara, Khurdha, Koraput, Malkangiri, Mayurbhanj, Nayagarh, Puri and Sambalpur are performing more than 500 surgeries per year with only one laparoscope in their setup. They need to be reinforced with another 14 laparoscopes set as per Gol guideline.</p> <p><b>Proposal 2:</b> 12 surgeons are planned to be trained during 2024-25 who will be providing services in 10 new FDS sites, for them we need additional 10 Laparoscopes.</p> <p>Proposal 2025-26: Not proposed, as proposed in 2024-25</p>
42.5	Drop Back Services for sterilization clients	Per case	250	0.00	0	0.00	0		0.00	<p><b>Ongoing Activity</b> Cases targeted for female sterilization at public health inst- <b>100000</b> Budgeted for :<b>70000 (70%)</b> of the targeted cases as others may expected to use their own conveyance</p>
42.6	TOT on Laparoscopic Sterilization	4/ batch	40000	0.40	0	0.00			0.00	<p><b>Proposal:</b> 3 days TOT on laparoscopic sterilization <b>Justification:</b> For acceradation of new laparoscopic sterilization training center at Capital Hospital Bhubaneswar. Total Batch Proposed for 2024-25: 1 (4 per batch) Total Batch Proposed for 2025-26: Not proposed</p>
42.7	Laparoscopic Sterilization training for doctors (teams of doctor, SN and OT assistant)	3/ batch	87000	0.87	0	0.00	0		0.00	<p><b>Ongoing Activity</b> Total trg. Load : 72 (24 Surgeons + 24 Staff Nurses + 24 OT asst) <b>Progress:</b> Cumm. Trained till March 23 team 131*3=393 persons (Upto 2023) Remaining load 477 - 393 = 84 (9 batches) Target 2024-25: 4 batches (3 per teams) Target 2025-26: 4 batches (3 per teams) <b>Duration - 12 days training.</b></p>
42.8	TOT on Minilap	4/ batch	40000	0.40	0	0.00			0.00	<p>Proposal: 3 days TOT on Minilap ToT <b>Justification:</b> 1 batch TOT proposed for the functionalization of 2 new Laparoscopic training centers made functional during 2023 Total Batch Proposed for 2024-25: 1 (4 per batch) Total Batch Proposed for 2025-26: Not proposed</p>

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval in 2024-26							State's Remarks
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					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
42.9	Minilap training for Medical Officers	4 / batch	57000	0.57	0	0.00	0	0.00	<b>Ongoing Activity</b> Progress: 293 doctors trained in Minilap till 2023. Training proposed for the newly inducted MOs. Proposed for 2024-25: 12 MOs (3 batches) including New MBBS recruits during 2023-24 key priority under FP by GOI. Duration - 12 days training
42.10	Processing accreditation/empanelment for private facilities/providers to provide sterilization services	Per Meeting	2000	0.02	0	-	0	0.00	<b>New Activity</b> <b>Background:</b> A Meeting is required for coordination with private accredited facilities to ensure timely reporting and disposal of compensation of claims. A total of 117 private accredited institutions currently present in the State. Expected to accreditate 30 nos of private institutions in 2024-26. <b>Progress:</b> Newly proposed this year <b>Proposal for 2024-26:</b> 60 Meetings per year (twice a year for 30 districts)
42.11	Printing under Female Sterilization- Manuals & Guidelines/Register/ Documets	Per register	120	0.00	0	-	-	0.00	<b>Ongoing Activity</b> <b>Proposal for 2024-25:</b> Register for all operational fixed day facilities Total Requirements : 500 registers @ Rs.120/- per register <b>Budget: Rs.120/- per register X 500 register</b> <b>Proposal for 2025-26:</b> Already proposed in 2024-25, no new proposal proposed in 2025-26
43	<b>Sterilization - Male</b>					0.00		0.00	<b>Expected Beneficiaries for 2024-25 - 2100</b> <b>Expected Beneficiaries for 2025-26 - 2800</b>
43.1	Male Sterilization fixed day services	Per Case	150	0.00		-		0.00	<b>Ongoing Activity</b> Total No. of expected cases in 2024-25 & 2025-26: 2100 & 2800 (achievement April to March 2023 Male Sterilisation = 1537) Budget: As budget for FDS is already covered under Compensation package hence, no additional cost proposed. <b>Expenditure Heads:</b> FDS organisation cost Drugs dressing =50, Nurse/ANM=30, OT helper=30, Documentation=20, Refreshment=10, Misc-10 = Total FDS organization cost= Rs.150/-
43.2	Compensation for Male Sterilization/NSV	Per beneficiary	2700	0.03	0	-	0	0.00	<b>Ongoing Activity</b> Male Sterilization Achievement by 2022-23: 1537 Target for 2024-25: 1680 beneficiaries (80% of 2100 expected cases) based on the achievement trend of 2022-23 Proposed target 2025-26: 2240 beneficiaries
43.3	NSV kits	Per Kit	2000	0.02	0	0.00		0.00	<b>Ongoing Activity</b> 50 sets to be provided to the 8 proposed new NSV FDS centers
43.4	NSV Training- ToT & Other trainings	4/Per Batch	34600	0.35	0	0.00	0	0.00	<b>Ongoing Activity</b> <b>Proposal for 2024-25 &amp; 2025-26:</b> 5 days NSV training of MOs at Selected Dist. Level As per the case load one batch of NSV training proposed in 2024-25 & 2025-26 (@4 person per batch)

*J. D. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval in 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	FY 2024-25		FY 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
43.5	Incentives for Male Health Workers for Mobilizing clients for Vasectomy	Per Worker	750	0.01	0	-	0	0.00	<p><b>Ongoing Activity</b>  <b>Background:</b> In order to strengthen community mobilization activity for increasing acceptance of male sterilization, it is proposed to involve MPHWM to increase the level of acceptance to the desire level as well as to support ASHA in mobilization.  <b>Progress:</b> Achievement: 2022-23 (1537 cases)  <b>Proposal:</b> An incentive of Rs.750/- to be provided to each Male health Worker for motivating at least 3 clients for vasectomy.</p>
43.6	Involvement of GKS/ VHSNC for strengthening male engagement in family planning	Per meeting	300	0.00		-		0.00	<p><b>Ongoing Activity</b>  <b>Background</b>  It is seen that Male Health Workers are more effective in communicating FP messages to men especially regarding male sterilization operation as compared to ASHAs. For this reason GKS level meetings are proposed to be conducted by Male Health Workers for increasing awareness and client mobilization  -Selection of 20% GKS for the activity (selection will be based on 1. Acceptance of male sterilization procedure in the past. 2. Availability of trained service providers in nearby functional FDS. 3. Coordination between the GKS members)  Tracking performance of identified GKSs by Asst. Manager GKS with the support from BPMU.Best performing GKS to be identified &amp; felicitated in the subsequent meeting in the presence of block level officials  <b>Proposal</b>  (46162 GKS X 20%=9232 GKS)  Budget: @Rs.300/- per meeting X 2 meeting X 9232 GKS= Rs. 55.39 lakhs  To be met out of VHSNC Untied fund, hence not budgeted.</p>
43.7	Printing under Male Sterilization	Per booklet	200	0.00		-		0.00	<b>Not Proposed this year</b>
44	<b>IUCD Insertion (PPIUCD and PAIUCD)</b>					-		-	<b>Expected Beneficiaries - 1,41,000</b>
44.1	IUCD fixed day services					-		0.00	Not proposed.
44.2	Compensation for IUCD insertion at health facilities (including fixed day services at SHC and PHC)	Per case	75	0.00	0	-	0	0.00	<p><b>Ongoing Activity</b>  Total Achievement of IUCD insertion (April to March 2022-23): 104000 (Private Institutions -1741 in 2022-23 )  <b>Proposal :</b>  - At public health institutions - Not budgeted , met out of IMEP fund under State budget  - At private institutions - Budgeted for 5000 cases as per last years achievement</p>
44.3	PPIUCD Services: Compensation to beneficiary for PPIUCD insertion	Per case	300	0.00	0	-	0	0.00	<p><b>Ongoing Activity</b>  Achievement during 2022-23 - 75252  <b>Proposal /Target 2024-25:</b> 141000 (20% of expected delivery 705958)  <b>Budget proposed for 2024-25 &amp; 2025-26:</b> 98700 (70% of total target i.e 141000 )</p>

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval in 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	FY 2024-25		FY 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
44.4	PAIUCD Services: Compensation to beneficiary per PAIUCD insertion	Per case	300	0.00	0	-	0	0.00	<b>Ongoing Activity</b> Achievement during 2022-23 - 75252 Proposal /Target 2024-25: 141000 (20% of expected delivery 705958) Budget proposed for 2024-25 & 2025-26: 7000 (50% of total target i.e 141000 )
44.5	ASHA PPIUCD incentive for accompanying the client for PPIUCD insertion	Per ASHA	150	0.00	0	-	0	0.00	<b>Ongoing Activity</b> Target 2024-25: 141000 (20% of expected delivery 705958) Budgeted for 70% i.e. 98700 cases.
44.6	ASHA PAIUCD incentive for accompanying the client for PAIUCD insertion	Per ASHA	150	0.00	0	-	0	0.00	<b>Ongoing Activity</b> Achievement during 2022-23: 4959 Target 2024-25: 10000 cases Proposal 2024-25 & 2025-26: 7000 (70% of 10000 cases)
44.7	IUCD kits	Per Kit		0.00		0.00		0.00	Not Proposed
44.8	PPIUCD forceps	Per unit	2000	0.02		0.00		0.00	Not Proposed
44.9	TOT (IUCD insertion training)	10/ per batch	90000	0.90		0.00		0.00	ToT for IUCD Insertion training have been already saturated. No new proposal proposed this year.
44.10	Training of Medical officers (IUCD insertion training)	10 / batch	80500	0.81	0	0.00	0	0.00	<b>Background: Comprehensive IUCD Training :-</b> <b>Comprehensive IUCD Training :-As per Govt of India Comprehensive IUCD Module 2018 (Interval +PP+PA) is merged and training will be conducted for 5 days for MO MBBS and Paramedics SNS, ANM, LHV,AYUSH in 2:8 ratio (Medical: Paramedical), per batch irrespective of the Trained Service providers earlier. the training load to be included for Rural &amp; urban service providers @10/ batch.</b> <b>Progress: 186 doctors trained till 2023</b> <b>Proposal</b> <b>Training load for 2024-25 &amp; 2025-26: 10 batches as per the district requirement (MO MBBS and Paramedics SNS, ANM, LHV,AYUSH in 2:8 ratio). Newly inducted doctors and nurses training is proposed.</b>
44.11	Training of AYUSH doctors (IUCD insertion training)			0.00		0.00		0.00	Integrated with Comprehensive IUCD Training. No separate proposal.
44.12	Training of Nurses (Staff Nurse/LHV/ANM) (IUCD insertion training)	Per batch		0.00		0.00		0.00	Integrated with Comprehensive IUCD Training. No separate proposal.
44.13	TOT (PPIUCD Insertion Training)	10/Per batch	80500	0.81		0.00		0.00	Not Proposed
44.14	Training of Medical Officers (PPIUCD Insertion training)			0.00		0.00		0.00	Integrated with Comprehensive IUCD Training. No separate proposal.
44.15	Training of AYUSH Doctors (PPIUCD Insertion training)			0.00		0.00		0.00	Not Proposed as per Gol guideline
44.16	Training of Nurses (Staff Nurse/LHV/ANM) (PPIUCD Insertion Training)			0.00		0.00		0.00	Integrated with Comprehensive IUCD Training. No separate proposal.

*J. B. Singh*  
15/10/2024

S.No.	Scheme/ Activity	Approval in 2024-26								State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	FY 2024-25		FY 2025-26			
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)		
44.17	Printing Under IUCD Services: Manuals & Guidelines/ Register/ Documents						-		0.00	Ongoing Activity
44.17.1	Printing of IUCD Card	Per Card	2	0.00	0	-	0		0.00	Proposal-1: IUCD Card Printing IUCD card @Rs.2/- per card x 150000 = Rs.3.00 lakhs -
44.17.2	Printing of IUCD Register	Per Register	70	0.00	0	-	0		0.00	Proposal-2: IUCD register for facilities Per Register Rs.70/- X 1000 = 0.70 lakhs
45	ANTARA						0.00		0.00	Expected Beneficiaries for 2024-25 - 2,00,000 Expected Beneficiaries for 2025-26 - 2,50,000
45.1	Injectable contraceptive incentive for beneficiaries	Per Beneficiary	100	0.00	0	-	0		0.00	Achievement of MPA up to March 2023: 79484, Budget proposed for 2024-25: 50% of expected Beneficiary i.e. 200000 Budget proposed for 2025-26: 60% of expected Beneficiary i.e. 200000
45.2	ASHA incentive for accompanying the client for Injectable MPA administration	per Beneficiary	100	0.00	0	-	0		0.00	Achievement of MPA up to March 2023: 79484, Budget proposed in 2024-25: for 100000 cases Budget proposed in 2025-26: 120000 cases
45.3	TOT on Injectable Contraceptive Trainings			0.00			0.00		0.00	Not proposed. Already saturated the requirements
45.4	Training of Medical Officers on Injectable Contraceptive	30/batch	25000	0.25	0		0.00		0.00	Ongoing Activity Proposal for 2024-25: 4 batches of training proposed for Mos of Balasore & Gajapati districts as Subcutaneous ANTRA is Piloted in these districts. Proposal 2025-26: Already proposed in 2024-25 no new proposal proposed this year.
45.5	Training of Staff Nurse/LHV/ANM on Injectable Contraceptive	30/batch	25000	0.25	0		0.00		0.00	Ongoing Activity Proposal is for One day Training of SN/ LHV/ ANM on Newer Contraceptives at District level. Proposal for 2024-25: 6 batches of training proposed for Staff Nurses of Balasore & Gajapati districts as Subcutaneous ANTRA is Piloted in these districts. Proposal 2025-26: Already proposed in 2024-25 no new proposal proposed this year.
45.6	Printing under ANTARA						-		-	Ongoing Activity
45.6.1	Printing of MPA cards	Per Card	10	0.00	0	-	0		0.00	Proposal is for 2024-25 & 2025-26: Proposal-1: MPA Card Printing of MPA cards @Rs.10/- per card x 200000 cards = Rs.20.00 lakhs
45.6.2	MPA register	Per Register	250	0.00	0	-	0		0.00	Proposal-2: MPA register Printing of MPA Register: Rs.250/- per register X 2000 = Rs.5.00 lakhs
46	MPV(Mission Parivar Vikas)						0.00		0.00	
46.1	Procurement & supply of Nayi Pehl Kit	Per kit	200	0.00			0.00		0.00	Budget Shifted to SL No. 51.4, State specific Initiatives and Innovations as per Recommendation of NPCC

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval in 2024-26								State's Remarks
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46.2	ASHA Incentives for distribution of Nayi Pehl Kit	Per Beneficiary	100	0.00		-		0.00	<b>Budget Shifted to SL No. 51.5, State specific Initiatives and Innovations as per Recommendation of NPCC</b>	
46.3	ASHA incentive for updation of EC survey before each MPV campaign			-		-		0.00	ASHA Incentive for updation of Village Register has been provisioned under ASHA CPRC head . Hence , not proposed	
46.4	Other activities under Mission Parivar Vikas : Demand Generation (Saarhi, Saas Bahu Sammelan, Creating enabling environment)	Per Meeting	1600	0.02		-		0.00	<b>Proposal 1: for 2024-25 &amp; 2025-26: Saas Bahu Sammelan (Ongoing activity)</b> The activity will be taken up on half yearly basis at functional SC HWCs (5400) in 2024-26 <b>Budget: @Rs. 1600/- per Sammelan (Rs. 500/- for organizing Sammelan + Rs. 1000/- as token gift + Rs. 100 for ASHA incentive) x 5400 SC HWCs x 2 times= Rs. 172.80 Lakhs</b> <b>Proposal 2: Mobilisation campaign through IEC Van - dropped</b>	
47	<b>FPIS</b>					<b>0.00</b>		<b>0.00</b>		
47.1	Family Planning Indemnity Scheme	Per Case	50	0.00	0	-	0	0.00	<b>Ongoing Activity</b> 2022-23 FPIS Failure =402 , Death = 4 , Complication = 0, Expected cases = 450 failure * 60000=2.7 crores, death = 4*4.00 Lac=16.00 Lacs, Complication = 50000*5 = 2.5 Lacs Total number of expected sterilization cases in 2024-25 & 2025-26: 120000 & 125000 <b>Budget Proposed for 2024-25: @Rs.50/- per case X 90000 cases = Rs.45.00 lakhs</b> <b>Budget Proposed for 2025-26: @Rs.50/- per case X 90000 cases = Rs.45.00 lakhs</b> <b>Budget Revised as per Recommendation of NPCC</b>	
47.2	Printing under FPIS			-		-		0.00	Proposal: Printing of FPIS manual Already available, hence, not Proposed	
48	<b>FPLMIS</b>					<b>0.00</b>		<b>0.00</b>		
48.1	<b>FP-LMIS training</b>			0.00		<b>0.00</b>		<b>0.00</b>		
48.1.1	State level orientation / training	30/per batch	85000	0.85	0	-	0	0.00	Proposal: One day State level orientation of DVLMs, System In Charge,& Pharmacist on FP LMIS. State load 92. Target for the year 2024-25: 92 person (3 batches @30/batch). Target for the year 2025-26: 92 person (3 batches @30/batch).	
48.1.2	District level orientation / training	30/per batch	25000	0.25	0	-	0	0.00	Proposal: One day district level orientation to BPM,BDM & Block pharmacist on FPLMIS State load: 1236. (R+U) Target for the year 2024-25: 1236 person (45 batches @30/batch) Target for the year 2025-26: 1236 person (45 batches @30/batch)	
48.1.3	District level refresher Training	30/per batch	25000	0.25	0	-		0.00	<b>Proposal for 2024-25: One day district level refresher Training on FP LMIS for MPH W F &amp; PHC Pharmacist</b> Batch Size: 30 Total Batches: 300	

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval in 2024-26							State's Remarks
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48.1.4	Block level training	30/per batch	13185	0.13		-	0	0.00	Proposal: One day block level refresher training of ASHAs on FPLMIS, @2 Batch per Block Target for the year 2024-25: Not proposed this year Target for the year 2025-26: 628 batches proposed (@40/batch)
48.1.5	One day block level review Meeting	40/per batch	12600	0.13		-	0	0.00	Proposal: One day block level review Meeting of all ASHAs on FPLMIS, @2 Batch per Block Target for the year 2024-25: Not proposed this year Target for the year 2025-26: 628 batches proposed (@40/batch)
48.2	Printing of FPLMIS Manual	Per booklet	300	0.00		-		0.00	Printed & supplied in 2022-24. Not Proposed this year
49	<b>World Population Day</b>					0.00		0.00	
49.1	<b>IEC &amp; promotional activities for World Population Day celebration</b>	Lumpsum		0.00		0.00		0.00	<b>Ongoing Activity</b>
49.1.1	At State level	Lumpsum	300000	3.00	0	-	0	0.00	Additional budget proposed for felicitation of good performing providers, districts and facilities along with State level observation ceremony.
49.1.2	<b>At District level</b>								
49.1.2.1	District level function and documentation	Per dist	20000	0.20	0	-	0	0.00	Budget proposed for 30 district & 5 Municipal Corporation Cities
49.1.2.2	Publicity through IEC Van	Per block	20000	0.20	0	-	0	0.00	Budget proposed for @Rs. 20000/-for 314 Blocks & @Rs.60000/- per MC for 5 Municipal Corporation Cities
49.1.2.3	Hoardings, Posters and leaflets	Per block	10000	0.10	0	-	0	0.00	Budget proposed for @Rs. 10000/-for 314 Blocks & @Rs.30000/- per MC for 5 Municipal Corporation Cities
49.1.3	<b>At Block level</b>							0.00	
49.1.3.1	Block level function	Per block	3000	0.03		-		0.00	
49.2	<b>IEC &amp; promotional activities for Vasectomy Fortnight celebration</b>			0.00		0.00		0.00	<b>Ongoing Activity</b>
49.2.1	At State level	Lumpsum	200000	2.00	0	-	0	0.00	
49.2.2	<b>At District level</b>							0.00	
49.2.2.1	District level function and documentation	Per dist	15000	0.15	0	-	0	0.00	Budget proposed for 30 district & 5 Municipal Corporation Cities
49.2.2.2	Miking	Per block	10500	0.11	0	-	0	0.00	Budget proposed for @Rs. 10500/-for 314 Blocks & @Rs.31500/- per MC for 5 Municipal Corporation Cities Budget Breakup: Rs.1500/- per day for 7 days
49.2.2.3	Posters and leaflets	Per block	5000	0.05	0	-	0	0.00	Budget proposed for @Rs. 5000/-for 314 Blocks & @Rs.15000/- per MC for 5 Municipal Corporation Cities
50	<b>Other Family Planning Components</b>					0.00		0.00	

*J. D. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval in 2024-26							State's Remarks
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					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
50.1	Provisioning of Self Help Kit	Per Box	2000	0.02	0	-	0	0.00	<p><b>New Activity</b>  <b>Background</b> Client privacy is a major concern while providing reproductive health services. In this regard GoI has suggested installation of self help kit boxes in health facilities. These boxes will contain ECP, Chhaya and Condoms. Interested clients can collect the commodities as required from the boxes installed at the health facility themselves and at the same time maintaining anonymity.  <b>Proposal</b>  Budget for 2024-25: Rs.2000/- per box X 446 (32 DHH + 32 SDH + 382 CHC/UHC) facilities  Budget for 2025-26: Rs.2000/- per box X 1412 (1296 PHC/OH + 116 UPHC) facilities</p>
50.2	Mobilisation of Surgeons (Public/Private) for providing FDS	Per District	50000	0.50	0	-	0	0.00	<p><b>Ongoing Activity</b>  Mobilization of Surgeons (Public/Private) for providing FDS (Reimbursement will be done as per society norms) @Rs.50000/- per district x 30 district = Rs.15.00 lakhs  Expenditure incurred in 2022-23 - Rs.10.38 lakhs</p>
50.3	POL provision for transporting contraceptive commodities from State to district	Lumpsum	400000	4.00	0	-	0	0.00	<p><b>Ongoing Activity</b>  POL &amp; Loading Unloading provision for transporting contraceptive commodities from State to district- Supply chain management from state warehouse to district level will be ensured through this funding - Rs.4.00 lakhs (As per last years approval)  Expenditure incurred in 2022-23 - Rs.2.27 lakhs</p>
50.4	POL provision for transporting contraceptive commodities from District to Blocks	Per block	8000	0.08	0	-	0	0.00	<p><b>Ongoing Activity</b>  POL &amp; Loading &amp; Unloading provision for transporting contraceptive commodities from District to Blocks &amp; Block to Sub Centre - Supply chain management from state warehouse to district level will be ensured through this funding. Approx. cost for transportation from district to block = Rs.8000/-, Expected number of trips from district to block per year = 8 times.  Total Requirement : Rs.8000 per annum per block x 314 Blocks = <b>Rs.25.12 lakhs</b>  <b>Approx. (budgeted 79.6% )</b>  Expenditure incurred in 2022-23 - Rs.5.00 lakhs</p>
50.5	Delivery of FP contraceptives to districts by India Post	Lumpsum	400000	4.00	0	-	0	0.00	<p><b>Ongoing Activity</b>  Delivery of FP contraceptives to districts by India Post - Rs.4.00 lakhs for transportation of small quantities of commodities by parcel/courier services &amp; for emergency purposes  Expenditure incurred in 2022-23 - Rs.4.00 lakhs</p>
50.6	Incentive for FP Services								-

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval in 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	FY 2024-25		FY 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
50.6.1	ASHA incentive under ESB scheme for promoting spacing of births	Per ASHA	500	0.01	0	-	0	0.00	<b>Ongoing Activity</b> <b>Proposal for 2024-25 &amp; 2025-26:</b> 1. ASHA incentive under ESB scheme for delaying of first pregnancy after marriage (2years) <b>Budget:</b> 36031 cases X Rs.500/- 2. ASHA incentive under ESB scheme for promoting spacing of births between 2 children (3 years) <b>Budget:</b> 54393 cases X Rs.500/- <b>Budgeted 70% looking into expenditure trend.</b>
50.6.2	ASHA Incentive under ESB scheme for promoting adoption of limiting method up to two children	Per ASHA	1000	0.01	0	-	0	0.00	Target for 2024-25 & 2025-26: 34949 <b>Ongoing Activity</b> <b>Budgeted 70% looking into expenditure trend.</b>
50.6.3	ASHA Incentive for Preparation of due list of Eligible Couples for updation of RCH register on monthly basis.	Per ASHA p.m	300	0.00		-		0.00	<b>Budget Dropped as the same is proposed under HSS-3 Community Engagement Sl. No. 159.8</b> Budget Proposed for 2024-25 & 2025-26: @Rs.300/- per ASHA X 49990 ASHA X 12 months =Rs.1799.64 Lakhs Budgeted 70% looking into expenditure trend.
50.6.4	ASHA incentive for Supporting ANM in updating RCH register, maintaining due list for different beneficiary and EC Register	Per ASHA p.m		-		-		-	<b>Ongoing Activity- Part of Routine and recurring Activities</b> ASHAs are facilitating in ensuring records & providing data as required for RCH updation on regular basis. Deliverable - Provide data and assist ANM to update RCH Register.
50.6.5	Orientation/review of ASHAs (as applicable) for New Contraceptives, Post partum and post abortion Family Planning, Scheme for home delivery of contraceptives (HDC), Ensuring spacing at birth (ESB {wherever applicable}), Pregnancy Testing Kits (PTK)	Per Batch	10000	0.10		-		-	Budget not proposed
50.7	<b>Procurement of bio-medical and other equipment: FP</b>								<b>Not proposed</b>
50.8	<b>Family Planning Trainings</b>								<b>Not proposed</b>
50.9	<b>IEC/BCC activities</b>					0.00		0.00	<b>IEC for publicity of all components under Family Planning Services</b>
50.9.1	<b>Media Mix of Mid Media/ Mass Media</b>	Lumpsum				0.00		0.00	
50.9.1.1	<b>Mass Media Interventions</b>								<b>Ongoing Activity</b> New FP audio video messages on Newer Contraceptives, Sterilization, Oral Pills, Antara & IUCD, provided by GoI which have been dubbed in Odia will be broadcasted for increasing Family Planning Methods acceptance in the State. Proposed Broadcasting Plan April-May:- Sterilization, Antara June-July;- Antara, Chhaya August-September:- Vasectomy, PPIUCD October-November-- Newer methods, Condom, Mala-N Dec to March - Newer Methods, Antara, Chhaya, Sterilization

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval in 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	FY 2024-25		FY 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
50.9.1.1.1	Advertisement through DD & local channels or scrolling	Per minute	172000	1.72	0	-	0	-	Timing: 1 minute per day for 12 days per year as per I&PR rates
50.9.1.1.2	Advertisement through AIR channels	Per minute	47000	0.47	0	-	0	-	Timing: 1 minute per day for 6 days in a year as per I&PR rates
50.9.1.1.3	Advertisement through FM Channels	Per 10 minutes	20000	0.20	0	-	0	-	Timing: 10 minutes per day for 24 days per year
50.9.1.1.4	Publicity through Print Media	Per day	100000	1.00	0	-	0	-	Cost proposed as per revised I&PR, GoO norm Print media Advertisement on Newer Contraceptive & use of emergency contraceptive pills to be done through out the year except July (WPD) & November (WVF) One time advertisement of Color Quarter page in 2 newspaper for 12 days
<b>50.9.1.2</b>	<b>Mid Media Interventions</b>								
<b>50.9.1.2.1</b>	<b>District level</b>								
50.9.1.2.1.1	Folk show / street theatre out reach pockets	per show	3000	0.03		-		-	
<b>50.9.1.2.2</b>	<b>Block level</b>			-					
50.9.1.2.2.1	Village meeting involving all male members and PRI Members on advantages of male sterilisation with a model NSV successors		0	-	0	-	0	-	Budget integrated with GKS untied funds
50.9.1.2.2.2	Prize distribution at sector level to successful Male sterilisation acceptors ( in lottery basis)			-	0	-	0	-	
50.9.1.2.2.3	Inter Personal Communication			0.00		0.00		-	Activities integrated with population fortnight and vasectomy fortnights.
50.9.1.2.2.4	Any other IEC/BCC activities (please specify)			0.00		0.00		-	
<b>50.9.2</b>	<b>Other Printing activities under FP</b>					-		-	
50.9.2.1	Reference manual for OCPs			-		-		-	Not Proposed for 2024-25. 500- proposed for 2025-26
50.9.2.2	MEC Wheel			-		-		-	Not Proposed for 2024-25. 500- proposed for 2025-26
50.9.2.3	Printing of Oral Pills Register for CHC and above institution	Per register	120	0.00	0	-	0	-	Proposal for 2024-26: Each 500 registers @ Rs.120/-per register
50.9.2.4	Integrated poster on all FP methods	Per Poster	15	0.00	0	-		-	Poster on Basket of Choice & poster on all FP methods containing brief description of each method has been developed which is planned to be displayed at all
50.9.2.5	Poster on Basket of Choice of FP Methods	Per Poster	8	0.00	0	-		-	facilities up to PHC level. (32 DHHs +33 SDHs + 384 CHC/ UCHCs + 1378 PHCs)
<b>50.9.3</b>	<b>Planning &amp; M&amp;E</b>					<b>0.00</b>		<b>0.00</b>	<b>Budget Shifted to HSS-11, SI No. 194</b>
50.9.2.1	FP QAC meetings (Minimum frequency of QAC meetings as per Supreme court mandate: State level - Biannual meeting; District level - Quarterly)			-					<b>1. State level : Integrated with annual SQAC meeting - @Rs.25000/- per meeting x 1 = Rs.0.25 lakhs Per year</b>  <b>Ongoing activity</b>
50.9.2.1.1	State Level	Per Meeting	25000	0.25	0		0		
50.9.2.1.2	District Level	Per Qtr	1000	0.01					

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval in 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	FY 2024-25		FY 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
50.9.2.2	FP review meetings (As per Hon'ble SC judgment)	Per Meeting	100000	1.00	0		0		<b>Ongoing activity</b> 1. Exclusive review meeting proposed at State level, which will be attended by ADMO(FW), Dpty. Mng. RCH & Quality Consultant of 30 district level. <b>Budget:</b> @1.00 lakhs per Year
51	<b>State specific Initiatives and Innovations</b>						0.00	0.00	
51.1	<b>Establishment of Training Centre for Laparoscopic Sterilization</b>	Per Center	2000000	20.00			0.00		Not Proposed this year. Currently functional at City Hospital Cuttack, under process at Capital Hospital Bhubaneswar & DHH Koraput
51.2	<b>Establishment of Training Centre for NSV</b>	Lumpsum	966000	9.66	0		0.00		Background: Due to low numbers of NSV and conventional vasectomy providers it is suggested that at new NSV training center be established at SDH Gunupur, Raygada. SDH Gunupur is identified because of availability of master trainers as well as high case load for demonstration and practice purposes. Currently one NSV Training center at CHC Ghatagaon <b>Proposal</b> is for establishment of Training Centre for NSV at CHC Gunupur of Raygada District Total Budget: Rs.9.66 lakhs
51.3	<b>Strengthening Private Sector Engagement</b>	Per Person	1600	0.02					<b>Budget dropped as per recommendation of NPCC</b> <b>Background:</b> Most of the private hospitals in the urban areas provide permanent as well as spacing methods to desirable clients. However, the services are not reported and the existing benefits like compensation and incentives are not being claimed due to lack of coordination. Hence it is being proposed to develop an application dedicated for this which will facilitate the following actions. • Ensure real time reporting of services • Provide one platform for accreditation of private hospitals for sterilization services. • Provide a platform where incentives for the clients as well as hospitals can be settled. <b>Proposal:</b> An application will be developed for the same with support of UNFPA. It is proposed that after development of the application 5 batches of orientations be planned for the private hospitals for capacity building and sensitization. <b>Budget proposed for 2024-25 &amp; 2025-26:</b> @Rs.1600/- X 260 participants ( 2 from
51.4	Procurement & supply of Nayi Pehl Kit	Per kit	250	0.00	0		0.00	0	This gift kit is proposed to provide the newlyweds The kit consists of birth control pills, condoms, a mirror, two towels, handkerchiefs for both husband and wife, bindi, comb, nail cutter, and a glossy dossier educating the newlyweds about the need of it and ways for family planning. About 420000 New Eligible Couples regd. During 2022-23, Budgeted for newly wed couple : 200000 Unit cost revised from Rs.250/- to Rs.200/- as per tender rate. <b>Budget revised as per recommendation of NPCC</b>

*J. D. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval in 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	FY 2024-25		FY 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
51.5	ASHA Incentives for distribution of Nayi Pehl Kit	Per Beneficiary	100	0.00	0	-	0	-	About 420000 New Eligible Couples regd. during 2022-23, Budgeted for newly wed couple : 200000 <b>Budget revised as per recommendation of NPCC</b>
51.6	ASHA incentive for updation of EC survey before each MPV campaign			-		-			ASHA Incentive for updation of Village Register has been provisioned under ASHA CPRC head . Hence , not proposed
51.7	Other activities under Mission Parivar Vikas : Demand Generation (Saarhi, Saas Bahu Sammellan, Creating enabling environment)	Per Meeting	1600	0.02	0	-	0	-	<b>Proposal 1: for 2024-25 &amp; 2025-26: Saas Bahu Sammellan (Ongoing activity)</b> The activity will be taken up on half yearly basis at functional SC HWCs (5400) in 2024-26 <b>Budget: @Rs. 1500/- per Sammellan (Rs.500/- for organizing Sammellan + Rs. 1000/- as token gift + Rs. 100 for ASHA incentive) x 5400 SC HWCs x 2 times</b> <b>Proposal 2: Mobilisation campaign through IEC Van - dropped</b>
<b>Total Family Planning</b>						<b>6.64</b>		<b>6.64</b>	

*J. B. Singh*  
15/8/2024





# NHM PIP

## 2024-26

Programme Implementation Plan

**NDCP-1**  
**IDSP**



NDCP-1\_IDSP

Sl. No.	Scheme/ Activity	Approval in 2024-26							
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	FY 2024-25		FY 2025-26		State's Remarks
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
	<b>Total IDSP</b>					0.25		0.00	
63	<b>Implementation of IDSP</b>					0.25		0.00	
63.1	<b>Trainings &amp; Capacity Building</b>					0.25		0.00	
63.1.1	Medical Officers of peripheral health facilities	Per participant	2852.53	0.03	0	0.00	0	0.00	<p><b>Ongoing Activity</b>  <b>Proposal:</b> One-day refresher Training of Medical Officers at district level on IDSP-IHIP  <b>Justification:</b> MOs are need to be oriented on each year on IDSP-IHIP implementation as surveillance is required for emerging &amp; re-emerging diseases coming under different disease control programmes like zoonotic, water &amp; vector borne diseases.                      Batch size: 35, period - 1 day, district level training.                      Total Mos: 1858 MOs from 1412 PHC &amp; UPHCs, 382 CHC &amp; UCHCs, 32 SDH, 32 DHH (one from each facility)                      Unit cost approved as per societal norms.</p>
63.1.2	Medical Officers of Medical Colleges	Per Batch	25000	0.25	1	0.25		0.00	<p><b>Ongoing Activity</b>  <b>Background</b>                      IDSP paper-based weekly reporting is now migrated into real-time data entry in the IDSP-IHIP portal. The goal is to generate and take timely responses to unusual events.  <b>Current Status</b>                      All DHHs, SDHs, CHCs, PHCs, &amp; and SCs are mapped and reported in the IDSP-IHIP portal. However, mapping and data entry from the medical college is yet to be initiated, for which capturing real numbers of events is not possible.  <b>Proposal</b>                      As the faculties of Medicine, Paediatric, Casualty MO, etc. are not being oriented in IDSP-IHIP reporting / other health programmes, so 1 batch of training at their respective MCH by Deptt. of Community Medicine is highly essential. Batch Size - 30, period - 1 day, MCH level training. Proposal for all 11 Govt. MCHs.</p>
63.1.3	Hospital Pharmacists/Nurses Training	Per Batch							One day of training of pharmacists and Nurses is previously completed and the target is achieved. Moreover, MRA is now entering the data in the IDSP-IHIP portal. Hence no budget Proposed.
63.1.4	Lab. Technician	Per batch							Integrated with other program like NVHCP. Hence no budget proposed
63.1.5	Refresher Training of Microbiologist								Integrated with NVHCP Program. Hence no budget proposed.

*J. B. Singh*  
 15/8/2024

Sl. No.	Scheme/ Activity	Approval in 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	FY 2024-25		FY 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
63.1.6	Review cum training of Epidemiologist	Per Batch	69200	0.69	0	0.00	0	0.00	<b>Ongoing activity</b> <b>Justification:</b> One day review cum refresher training of Epidemiologist at State level is required to monitor & sensitize of different national programmes. Batch size: 30, period - 1 day, state level training.
63.1.7	Data Managers	Per batch	69200	0.69	0	0.00	0	0.00	<b>Ongoing activity</b> One day State Level Refresher Training of Data Managers on IDSP-IHIP Batch Size - 30, period - 1 day, State level training
63.1.8	One day Sensitization cum Orientation training for Data entry and analysis of Block Health Team (including Block Programme Manager)	Per Batch	32800	0.33	0	0.00		0.00	<b>Ongoing Activity</b> <b>Background</b> IDSP-IHIP real-time data analysis can direct the institution in identifying unusual events and taking prompt action. Block health team can respond to Outbreak timely. <b>Current Status</b> District-level training of block health team is initiated, but not completed in all the proposed districts. Training needs to be saturated among all block health team. <b>Proposal</b> Training will be conducted for IDSP-IHIP of BPM/ BDM/MRA, Pharmacist, PHEO, HQ MPHS 64 batches (Batch Size 35) of training is required to saturate one time training across the State. Unit cost approved as per societal norms.
63.1.9	ASHA & MPWs, AWW & Community volunteers								Integrated in ASHA Module Training. Hence no budget was proposed.
63.1.10	One day sensitization for PRIs			-					Integrated with VHSNC meeting. No additional cost proposed. Not proposed in PIP 2021-22.
63.2	<b>Operational cost of DPHL/IPHL</b>					-		-	
63.2.1	Non-recurring costs on account of equipment for District Public Health Labs requiring strengthening.			0.00		0.00		0.00	Already been supported from IDSP & PMABHIM.
63.2.2	Recurring Cost of Functional DPHL/IPHL (Recurring costs on account of Consumables, kits, communication, misc. expenses etc. at each district public health lab)	Per DPHL	4,00,000	4.00	0	0.00	0	0.00	<b>Ongoing Activity</b> <b>Background:</b> Total DPHL sanctioned under IDSP - 32. IPHL approved under PM-ABHIM - 30. <b>Proposal:</b> 2 DPHL which has established & made functional at Capital Hospital & RGH Rourkela.
63.2.3	Reference laboratory at MCHs	Per Unit	1,50,000	1.50	0	0.00	0	0.00	<b>Ongoing Activity</b> <b>Background:</b> MoU has been signed with 3 govt. MCHs i.e. SCB MCH, MKCG MCH & VSS MCH for functionalisation as State Reference laboratory for outbreak response. Head of Expenses: Expenditure made on account of consumables, operating expenses, office expenses, broadband cost, transport of samples, mobility, miscellaneous etc
63.3	<b>Planning and M&amp;E</b>					-		-	

*J. B. Singh*  
15/10/2024

Sl. No.	Scheme/ Activity	Approval in 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	FY 2024-25		FY 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
63.3.1	Review Meetings	Per meeting	70000	0.70	0	0.00	0	0.00	<b>Ongoing Activity</b> <b>Background:</b> Participants - DPHOs & ADPHOs DC and one among Microbiologist/ Epidemiologist/ Data Manager as per need. Frequency of meeting - Quarterly No of participants in each meeting - 90 Level of meeting - State
63.3.2	Mobility Cost at State level	Per annum	300000	3.00	0	0.00	0	0.00	<b>Ongoing Activity</b> Head of Expenses - Travel Cost, POL, etc. during outbreak investigations and field visits for monitoring programme activities.
63.3.3	Mobility Cost at District level	Per Block/ Per Annum	22930	0.23	0	0.00	0	0.00	<b>Ongoing Activity</b> Head of expenses - The District RRT will move for Disease Surveillance, Onsite Training of CHOs, Hands on Portal Entry, Monitoring & Supervision of CHC/PHC/SC and Outbreak preparedness and response Fund at district level 10 days on a month on day to day hire basis.
63.3.4	Officer expenses Cost at State level	Per SSU	260000	2.60	0	0.00	0	0.00	<b>Ongoing Activity</b> Head of expenses - telephone, fax, Broadband Expenses & Other Miscellaneous Expenditures
63.3.5	Officer expenses at District level	Per DSU	150000	1.50	0	0.00	0	0.00	
63.3.6	Minor repairs and AMC of IT/office equipment supplied under IDSP	Per DSU	10000	0.10	0	0.00	0	0.00	<b>Ongoing Activity</b>
<b>Total IDSP</b>						<b>0.25</b>		<b>0.00</b>	

*J. D. Singh*  
15/8/2024





# NHM PIP

## 2024-26

Programme Implementation Plan

**NCD-5**  
**NPCDCS**



## NCD-5\_NPCDCS

## FM MCH, Balasore

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	F.Y. 2024-25		F.Y. 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
	<b>Total NPCDCS</b>					<b>2.00</b>		<b>1.70</b>	
<b>107</b>	<b>NCD Clinics at DH</b>					<b>0.00</b>		<b>0.00</b>	<b>State's Mandate : Operationalise NCD Clinics at all DHHs, SDHs &amp; Block CHCs</b>
107.1	District NCD Clinic: Mobility, Miscellaneous & Contingencies			-		-			Status: Functional NCD clinic at DHH 32 - 27 contractual MO post sanctioned (8 in position) for District NCD clinic., in absence of contractual post dedicated medical officers from regular carder have been deployed to manage NCD clinic .
107.1.1	Recurring cost for NCD clinic at DHHs	Lumpsum	0	-	1	-	1	-	<b>Ongoing activities:</b> Proposed as approved last year 1. Recurring cost proposed @ Rs1.00 Lakh per DHH consists of >= 10 CHCs -16 DHH & Rs.0.60 lakhs for DHHs <= 10 CHCs- 16 DHH ( Capital Hospital & RGH included) <b>Financial implication:</b> Rs 25.60 Lakh 16 DHH NCD Clinic @1 Lakh X 16 DHHs= Rs. 16.00 Lakh 16 DHH NCD Clinic @ Rs 0.60 Lakh X 16 DHHs= Rs..9.60 Lakh
107.1.2	Non recurring cost for establishment of new NCD clinics at DHHs	Per unit	100000	1.00		-			NCD Clinics have been made functional at all DHHs, so no new proposal in the current year
107.1.3	Non-recurring: Equipment at District NCD clinic			0.00		0.00			Recommended equipment/ instruments are available at all DHHs NCD Clinics as per GoI guideline
107.1.4	Drugs & consumables for NCD management (includes Diabetes, Hypertension, Stroke, etc) for whole district	Per District	750000	7.50	0	0.00	0	-	<b>Ongoing activities:</b> <b>Requirement for entire 30 districts</b> Drugs and consumable for NCD management including diabetes, hypertension, & stroke care @ Rs. 7.50Lakhs per district (GoI norm @12.00 lakhs per districts) x 32 districts( 30 Districts)= <b>Rs. 225.00 Lakhs</b> <b>Status:</b> Currently NCD drugs & consumables worth about Rs.1500.00 lakhs is being procured from State budget for all Public Health Facility across the State as per the indent from districts. Proposal to contribute about 846 (Rs.225 lakhs for DHH Level & Rs.621 lakhs for 414 CHC & SDH Level= Rs.846 lakhs) of total cost out of NHM fund.
107.1.5	Diagnostics Services for NCD management (includes Diabetes, Hypertension, etc) for whole district			0.00		0.00		-	Funds met out of State specific scheme called NIDAN- Free Diagnostic Services, Hence no additional cost proposed under this head
107.1.6	Referral cost for District NCD Clinic			0.00		0.00		-	108 emergency ambulance services is operation in the state. Hence, no additional fund proposed under this head
107.1.7	PPP at District NCD Cell / Clinic			-		-		-	Programme implemented through system mode
<b>108</b>	<b>NCD Clinics at CHC/SDH</b>					<b>0.00</b>		<b>0.00</b>	

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	F.Y. 2024-25		F.Y. 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
108.1	SDH/ CHC level NCD Clinic: Mobility, Miscellaneous & Contingencies								
108.1.1	Recurring Cost for CHC NCD Clinic: Mobility , Miscellaneous & Contingencies	Per institution	12000	0.12	0	0.00	0	-	<b>Ongoing Activity</b> The amount @ Rs.12000/ per year for 414 CHC, UCHCs & SDH is proposed towards management of IT Cost (Internet & Other Consumables) for managing MO portal at SDH/CHC/UHC level, meeting cost, data validation , day to day NCD monitoring , Printing of NCD Programmes reports & referral slip etc. <b>Gol Norms @1.00 lakh per clinic per annum per unit</b>
108.1.2	Non recurring cost for establishment of new NCD clinics at SDH/ CHCs	Per institution	100000	1.00		-		-	Proposal: IT, Renovation / Refurbishing Budgeted previous year and provided to all CHC/SDH No new proposal for this year Gol Norms @1.00 lakh per SDH/CHC clinic
108.1.3	Non-recurring cost for SDH/ CHC NCD Clinic (Equipment/ Instrument at SDH/ CHCs	Lumpsum		0.00		0.00		-	Proposal: Lab equipment & instrument Budgeted Previous Year. No new proposal for this year Gol Norms @8.00 lakh per SDH/CHC clinic
108.1.4	Drugs & consumables for NCD management (includes Diabetes, Hypertension, Stroke, etc) at SDH/ CHCs	Per unit	100000	1.00	0	0.00	0	-	<b>Ongoing activities</b> Gol norms @Rs.2.00 lakhs per unit Proposed: @1.00 lakhs per unit
108.1.5	Diagnostics Services for NCD management (includes Diabetes, Hypertension, etc) at SDH/ CHCs			0.00		0.00		-	Funds met out of State specific scheme called NIDAN- Free Diagnostic Services, Hence no additional cost proposed under this head
108.1.6	Referral cost for CHC NCD Clinic			0.00		0.00		-	108 emergency ambulance services is in operation in the State. Hence, no additional fund proposed under this head
108.1.7	PPP at CHC NCD Clinic			-		-		-	Programme is being implemented through system mode
109	<b>Cardiac Care Unit (CCU/ICU) including STEMI</b>					<b>0.00</b>		<b>0.00</b>	Details of Critical Care Health Blocks approved under PM-Abhim is placed at <b>Detail proposal at NCD-5 NPCDCS Write-up annexure A</b> . Total CCHB approved at DHH - 20 (Approval accorded from Gol for all CCHBs from 2021-26)
109.1	Non-recurring: Equipping Cardiac Care Unit (CCU)/ICU	Lumpsum		0.00		0.00			<b>Proposal for CCU/ ICU:</b> Currently operational at 18 DHHs & expected to be made functional at all DHHs by March 2024. Established/ proposed through funding under NHM- 10 Funding Under State Budget- 8nos Funding Under ECRP-II/ PM-Abhim- 14nos Hence, there is no new proposal in the current year. <b>Detail proposal at NCD-5 NPCDCS Write-up Annexure- A "CCHB (DHH)"</b>

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	F.Y. 2024-25		F.Y. 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
109.2	Drugs & Diagnostics for Cardiac care	Per District	500000	5.00	0	0.00	0	-	<b>Ongoing Activity</b> As per NPCDCS Operational Guidelines, Rs. 5.00 Lakh per CCU is proposed (Rs. 5.00 Lakhs x 10 CCUs, refer annexure1). Rest to be met out of CCHB budget. <b>Gol norms Rs.5.24 lakhs per district</b>
109.3	STEMI Programme								<b>Ongoing Activity</b> <b>Detail proposal at NCD-5 NPCDCS Write-up Annexure B "STEMI"</b> <b>Estimated Budget for 2024-25:</b> Rs.3557.13 lakhs, budgeted 70% as expansion of activities will take time. <b>Estimated Budget 2025-26:</b> Rs.3403.58 lakhs, budgeted 70%. Additional fund required shall be proposed in supplementary PIP
109.3.1	Stemi Kit	Per unit	100000	1.00	0	0.00		-	Unit Cost- Rs 1 Lakh per Kit Proposal 2024-25: 1 Kit per for 27 New DHH (5 DHHs have been already been provided with STEMI kit in previous year.) Proposal 2025-26: Not proposed
109.3.2	PCI/Thrombolysis - rTPA	Per unit	18000	0.18	0	0.00	0	0.00	2024-25: For all 32 DHH @50 per DHH Spoke 2025-26: for all 32 DHH @70 per DHH Spoke
109.3.3	PCI/Thrombolysis - rTPA	Per unit	18000	0.18	0	0.00	0	0.00	2024-25: Total cases - 446 cases SDH Spoke @ 2 per case - 32 SDHs x 2 = 64 cases CHC Spoke @ 1 per case - 382 CHCs x 1 = 382 cases 2025-26: Total cases - 446 cases SDH Spoke @ 2 per case - 32 SDHs x 2 = 64 cases CHC Spoke @ 1 per case - 382 CHCs x 1 = 382 cases
110	<b>Other NPCDCS Components</b>					<b>2.00</b>		<b>1.70</b>	
110.1	Population Based Screening Programme (PBS)/ Universal health check-up and screening of NCDs			-		-		-	<b>Detail proposal at NCD-5 NPCDCS Write-up Annexure-C "PBS"</b>

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	F.Y. 2024-25		F.Y. 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
110.2	Non recurring: Equipment for Cancer Care					0.00		0.00	<p><b>Ongoing activities:</b>  <b>Ongoing Programmes/ Proposals:</b>  <b>1. Day Care Chemo Therapy Cancers: Supported &amp; maintained under State budget.</b>  <b>2. Strengthening Screening &amp; Services for facility based Breast Cancer &amp; Cervical Cancer program In Odisha</b>  <b>2.1. Status of Breast Cancer Programme</b> at DHH level- Procurement of equipment/ instruments required for diagnosis by True Cut Biopsy, Ultrasound Probe for Breast Cancer, lump size determination in screening &amp; Humanoid Model for Training on CBE/SBE is in process for 10 DHHs  <b>2.2. Status of Cervical Cancer Programme</b> at DHH level: Procurement of equipment/ instruments required i.e. Hand Held Colposcop, Biopsy Forceps &amp; Thermo coagulator etc. for 10 DHHs is in process.  <b>Proposal:</b> Same set of equipment/instruments proposed for rest 10 districts for Breast Cancer Programme &amp; Cervical Cancer Programme .            (Total DHH-32, Total Proposal Till 2022-24-20)</p>
110.2.1	Non Recurring Expenses for Cervical Cancer	Per DHH	854800	8.55	0	0.00			<p><b>Ongoing Activity (proposal for 3rd phase 10 additional districts - Bolangir, Baleswar, Boudh, Cuttack, Deogarh, Ganjam, Keonjhar, Koraput, Mayurbhanj, Sambalpur)</b>  <b>1. Digital Video Colposcope @ Rs. 5.00 Lakhs per unit x 10 DHHs = Rs. 50.00 Lakhs</b>  <b>2. Biopsy Forceps @ Rs. 2400 per unit x 2 per DHH x 10 DHHs= Rs. 0.48 Lakhs</b>  <b>3. Thermo coagulator @ Rs.3.50 Lakhs per unit x 10 DHHs= Rs. 35.00Lakhs</b></p>
110.2.2	Recurring Expenses for Cervical Cancer	Per case	40	0.00	0	0.00	0	-	<p><b>Ongoing for 3rd phase districts (30DHHs)</b>            Disposable plastic Cusco's speculum for Screening by VIA Test @ Rs. 40/ per unit for 100000 cases per year.</p>

*J. B. Singh*  
 15/8/2024

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	F.Y. 2024-25		F.Y. 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
110.2.3	Non Recurring Expenses for Breast Cancer								Revised as per NPCC Recommendation <b>Proposal for 2024-25:</b> <b>Ongoing Activity (proposal for 3rd phase 10 additional districts - Bolangir, Baleswar, Boudh, Cuttack, Deogarh, Ganjam, Keonjhar, Koraput, Mayurbhanj, Sambalpur)</b> <b>1. Biopsy Gun (30 Disposable Needles) @ Rs.2.05 Lakhs per unit x 10 units= Rs. 20.50 Lakhs</b> <b>2. 7.5 mhz Linear probe/transducer (adjunct to existing USG machine) for Breast cancer detection @ Rs.2.50 Lakhs per unit x 10 units = Rs. 25.00 Lakhs</b> <b>3. Vernier caliper @ Rs.260 per unit x 1500 units (150 per DHH)= Rs. 3.90 Lakhs</b> <b>Proposal for 2025-26:</b> <b>Ongoing Activity</b> <b>1. Biopsy Gun</b> <b>2. Vernier caliper @ Rs.260 per unit x 1500 units (50 per DHH)= Rs. 3.90 Lakhs</b>
110.2.3.1	Biopsy Gun	Per Unit	205000	2.05	0	0.00		-	
110.2.3.2	7.5 mhz Linear probe/transducer	Per Unit	250000	2.50	0	0.00		-	
110.2.3.3	Vernier caliper	Per Unit	260	0.00	0	0.00	0	-	
110.2.4	Recurring Expenses for Breast Cancer								Not proposed
110.3	<b>Any other equipment (Procurement of COPD &amp; CKD Equipment)</b>					0.00		0.00	
110.3.1	Non Recurring Equipment/ instrument for COPD & CKD	Per unit	500	0.01		0.00		-	<b>Proposal 1 (COPD):</b> Peak flow meter already procured for all health institution up to PHC level @one per each Health Institution as per COPD GoI Guidelines. No new proposal for this year. <b>Proposal 2 (PMNDP):</b> Proposed under PMNDP PIP.
110.3.2	COPD Drugs and Consumables	Per District	1200000	12.00	0	0.00	0	-	<b>Ongoing Activity</b> Drugs and consumable for COPD @ Rs. 12.00 Lakhs per dist ( <b>GoI norm @25.00 lakhs per district</b> ). Drugs to be procured centrally at State level through OSMCL
110.3.3	<b>Non-Alcoholic Fatty Liver Diseases (NAFLD)</b>								
110.3.3.1	Non Recurring Equipment/ instrument for NAFLD	Per machine	8000000	80.00	0	0.00		0.00	<b>Unit Cost &amp; Unit No. Revised as per NPCC Recommendation</b> Procurement of Equipment & Instrument for Diagnostic Services at District Head Quarters Hospital for Non- Alcoholic Fatty Liver Diseases (NAFLD) has been proposed. <b>Detail proposal at NCD-5 NPCDCS Write-up Annexure-D "NAFLD"</b>
110.3.3.2	Recurring cost for NAFLD								To be met out of State specific NIDAN Scheme

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	F.Y. 2024-25		F.Y. 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
110.4	Training & Capacity Building					2.00		1.70	
110.4.1	Training for Screening of Breast Cancer								<p><b>Ongoing Activity:</b>  <b>Background:</b>  Capacity building of all categories of health staff is important for successful implementation of Programme activities under NP-NCD. Under NP- NCD, the major diseases are Hypertension, Diabetes, Oral, Breast and Cervical Cancers, Cardiovascular Diseases and Stroke for which Screening of the 30+ aged population is carried out, and the diagnosed cases are put under treatment, and followed up.</p> <p><b>Current Status:</b>  <b>1. Cancer trainings:</b>  a) Cancer care programme was initiated first in 10 districts and further 10 districts were included for which the following trainings have been held: 180 OG specialists have been trained on PAP smear - Cervical cancer screening. 10 OG specialists trained on Colposcopy &amp; Thermo-coagulation for Cervical cancer, during 2022-24. 14 Pathologists/Surgery Specialists &amp; LTs trained on screening of cervical cancers in 2022-24. 11 Surgery specialists trained on Tru-cut biopsy for breast cancer in 2022-24. ToT of District Level Medical Officers on CBE/SBE, is completed in January 2023 – 16 trained.  <b>a) Now Cancer programme is to be implemented in all 30 districts of the State. Hence the same trainings are planned for Specialists, MOs and paramedical staff in the 10 remaining districts, namely Balangir, Balasore, Boudh, Cuttack, Deogarh, Ganjam, Keonjhar, Koraput, Mayurbhanj and Sambalpur.</b></p>
110.4.1.1	Training on True Cut Biopsy and CBE on Humanoid Model	Per Person	8000	0.08	0	0.00	0	-	<p><b>Ongoing Activity</b>  Training of Surgery Specialists from rest 10 DHH has been planr FY: 24-25: 10person form DHH Level (@5/ Batch), Duration : 3 days  Batch Size: 5 per batch  Batch- 2 Batch  <b>Target: FY 2024-25-2 Batch &amp; FY 2025-26- 2 batch</b></p>
110.4.1.2	Centralized District Level Trainings for Block level trainers on CBE/SBE	Per batch	70000	0.70		0.00		-	<p><b>Ongoing Activity</b>  State Level Training (ToT) for Training on CBE/SBE. 15 districts covered during previous years. Proposed One Surgery specialist/lady Medical Officer from rest 15 Districts.  Duration One day  Batch Size: 15 per batch  Batch-1 Batch  <b>Target: FY 2024-25-1 Batch &amp; FY 2025-26- Not proposed</b></p>
110.4.2	Training for Screening of Cervical Cancer								

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
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					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
110.4.2.1	Training On Colposcopy, Biopsy and thermo coagulation for doctors by hybrid training model	Per Person	8000	0.08	0	0.00	0	0	<b>Ongoing Activity</b> Training of OG Spl from remaining 10 DHH.(@5/Batch) Duration 3days Batch Size: 5 per batch Batch-2 Batch Target FY 2024-25-2 Batch FY 2025-26- 2 batch
110.4.2.2	Training for pathologists/surgery specialist/technicians from DHH	Per Batch	40000	0.40	0	0.00			<b>Ongoing Activity</b> Training for pathologists/surgery specialist/technicians from remaining 10 DHH (2 persons per districts) i.e. Total 20 participants Batch Size: 5 per batch Batch- 4 Batch Target FY 2024-25-4 Batch FY 2025-26- Not proposed
110.4.3	2 days State level Training of MOs of DHH Level NCD Clinic	30/ Batch	124000	1.24	0	0.00			<b>Ongoing Activity</b> Background:: Training is necessary for orientation of the DHH, SDH & CHC MOs on NCD programmes, and MO portal reporting. NCD clinics were established in all DHHs. Now, NCD Clinics have been established in all SDH and CHCs of the State with designated Medical Officers to manage them, as part of key deliverables. 74 MOs had been trained previously (Both contractual and Regular). Proposal: Training is necessary for orientation of the DHH & SDH MOs on NCD programmes, and MO portal reporting. Training of DHH & SDH NCD Clinic Mos One Batch-20/Batch, Duration 2days <b>Target</b> <b>Batch Size: 20 per batch</b> <b>Batch- 3 Batch</b> <b>Target</b> <b>FY 2024-25-3 Batch</b> <b>FY 2025-26- Not proposed</b>

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
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					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
110.4.4	Three months ICU case management training of Medical officer	Per Batch	3175000	31.75	0	0.00	0	0	<p><b>Ongoing Activity:</b>  <b>Back Ground :</b>  Critical care Case Management is essential for treatment of Critical cases, at the earliest. It is the mandate of the State government to establish ICUs/CCUs in all DHHS of the State, RGH Rourkela and Capital Hospital Bhubaneswar. They have already been established in 17 DHH and Capital Hospital, Bhubaneswar. Trained manpower is required for smooth functioning of the ICUs. Over the years, 155 numbers of Medical Officers and Paramedical staff have undergone ICU training. However, due to high levels of attrition and establishment of new ICUs, three months training on Critical care case management is an on-going process and 56 numbers of Medical Officers and Nursing staff have undergone training during 2022-24.</p> <p><b>Proposal:</b>  Further training is required to operationalize the newly established ICUs to deal with critical cases of cardiovascular diseases and Stroke. Total 4 batches of Medical Officers and Nursing Officers are planned at SCB MCH Cuttack / Govt. MCH in FY 2024-26.</p> <p>Three months ICU case management training of Medical officer &amp; Nursing Officers  Batch size: 20, 2 batches in 24-25 and 2 batches in 25-26</p> <p><b>Target</b>  Batch Size: 20 per batch  Batch- 4 Batch  FY 2024-25-2 Batches  FY 2025-26- 2 Batches</p>
110.4.5	Two days State level Training of Nodal Officers / Programme Managers on NCD Programmes	30/ batch	140000	1.40	0	0.00	0	0	<p>Ongoing Activity.  Programme Officers ( DPHO/ADPHO(DC) /ADPHO(lep))/  Epidemiologist/AM, NCD s need orientation on various NCD Programmes. State level two days training will be conducted for the Programme Officers</p> <p><b>Target</b>  State load: 150 person,  Duration 2days-30/Batch,  Batch Size: 5 batches  Target for 2024-25: 2 batch (@30/batch)  Target for 2025-26: 3 batch (@30/batch)</p>
110.4.6	Two Days Orientation training of NCD and NTCP Counselor at state level	25/batch	116000	1.16	0	0.00	0	0	<p><b>Ongoing Activity.</b>  State load: 67 Counselor</p> <p><b>Target</b>  Target for 2024-25: 1 Batch (@30/ Batch)  Target for 2025-26: 2 batch (@30/batch)</p>

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
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					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
110.4.7	District level cascade training on COPD for Block level Medical Officers	30/batch	30000	0.30	1	0.30			<p><b>Ongoing Activity.</b> Two new programmes have been included under NP-NCD, namely COPD and NAFLD, as they contribute to a large number of NCD Cases. State level TOTs for both have been completed. Under COPD 60 nos of TB &amp; Chest / Medicine Specialists &amp; under NAFLD 30 nos of Medicine Specialists were trained.</p> <p><b>Proposal:</b> It is now planned to have district level cascade trainings for Medical Officers /specialists of district and block level.</p> <p>One day State level training of SDH and CHC MOs on COPD. 7 batches, Batch size-30. Target for 2024-25: 7 batch (@30/batch) Target for 2025-26: Not proposed</p>
110.4.8	State level ToT on NAFLD for District level Medical Officers	30/batch	140000	1.40	1	1.40	1	1.40	<p><b>Ongoing Activity:</b> New programme to be implemented ToT for Medicine Specialists/Medical Officer &amp; DPHOs who will be the master trainers for block level Medical Officers of all SDHs &amp; CHCs at MCH Level. Batch size-30. Duration of Training- 1 days. FY- 2024-25 - 7 Batches FY - 2025-26- 7 Batches</p>
110.4.9	Training of MO on Cancer Chemotherapy	10 / batch	762000	7.62	0	0.00			<p><b>New Activity</b> Day Care Cancer Chemotherapy Centres are functioning in all DHH, RGH Rourkela and Capital Hospital Bhubaneswar where chemotherapy cycles are administered by trained Medical and Nursing officers. 36 MOs and 57 Nursing Officers have been trained previously.</p> <p>b) Due to transfers and attrition, there is a felt need for training of more Staff for the DCCCs. So, it is proposed to train 10 Medical Officers and 10 Nursing Officers during 2024-26. Batch size: 10 ,Duration of Training: 4 weeks Venue of Training: Sarvodaya Hospital, Faridabad, Haryana Unit Cost: No of Batch training: 2 FY 2024-25; 2 Batch &amp; FY 2025-26: Not proposed</p>

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	F.Y. 2024-25		F.Y. 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
110.4.10	District Level Training on VIA for CHOs & ANMs.	30/Batch	45000	0.45	0	0.00	0	-	<b>New Activity</b> VIA Training is essential for Cervical Cancer screening at Sub-Centre Level. CHOs /ANMs need to be trained on VIA by O&G Spl/MO at District Level. Duration of training 2days. Batch size-30. Duration of Training- 2days. FY- 2024-25: 60 Batches & FY-2025-26: 60 Batches
110.4.11	2 Days State level ToT on Stroke & STEMI for Medicine Specialist & DPHO	30/ batch	140000	1.40	0	0.00	-	-	<b>New Activity:</b> New programme to be implemented ToT for Medicine Specialists/Medical Officer & DPHOs who will be the master trainers for block level Medical Officers of all SDHs & CHCs. Batch size-30. Duration of Training- 2days. FY- 2024-25 - 2 Batches & FY -2025-26: Not proposed
110.4.12	Any other CME/Symposium/Plenary Session on NCD programmers	Per MCH	30000	0.30	1	0.30	1	0.30	<b>Ongoing Activity:</b> <b>CME/Symposium/Plenary Session on NCD programmers</b> for updating of knowledge of NPCDCS Programmes and technical input for implementation of Program in State specific. Participant-faculty of the concern dept of MCH Level of implementation at MCH level
110.4.13	State level one Day Training of FLCs	per batch	70000	0.70	-	0.00	0	-	<b>Ongoing Activity:</b> <b>Not proposal in FY 2024-25</b> <b>Proposal for 2025-26:</b> State level training of FLCs Batch Size:30, venue : State Level ,Cost per Batch: Rs 0.70 Lakh
110.5	PHC level: Mobility, Miscellaneous & Contingencies	Per HWC	9000	0.09	0	-	0	-	<b>Ongoing Activity</b> <b>Proposed for all functional PHC/ UPHC HWCs:to be taken up following activities</b> 1.Review of NCD Activities in sector meeting 2.Meeting of ASHA/ANM/MO PHC meeting Revalidation by BDM in NCD Application, NCD TB/NTEP co morbidity. 3. Monitoring of Screening Camp by MO & AYUSH MO conducted by ANM( each month two visit/month 4. Quarterly Patient network meeting at PHC HWC on Health Promotion 5. outreach activity for uncovered population & any other related NCD Screening 6.All NCD Day observation- fund from HWC 7. Any other activities as special drive, campaign,& innovation, special time base need, reporting format, register , other need base requirement <b>GoI norms @0.30 lakhs per annum per unit</b>

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	F.Y. 2024-25		F.Y. 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
110.6	Sub-Centre level: Mobility , Miscellaneous & Contingencies	Per HWC	3000	0.03		-			<p><b>Not Approved</b></p> <p><b>Ongoing activity</b></p> <p>CHOs have been engaged/ engaged at 5400 SC HWCs . Hence, to monitor the field activities under NCD component budget to the tune of Rs. 6000/- per month has been proposed.</p> <ol style="list-style-type: none"> <li>Review of NCD Activities in sector meeting</li> <li>Data Validation meeting at SC HWCs</li> <li>Outreached activity for uncovered population &amp; any other related NCD Screening</li> <li>Any other activities as special drive, campaign,&amp; innovation, special time base need, reporting format, register , other need base requirement</li> </ol> <p><b>GoI norms @0.60 lakhs per annum per unit</b></p>
110.7	<b>IEC/BCCat State level</b>					<b>0.00</b>		<b>0.00</b>	<b>Ongoing Activity</b>
110.7.1	Advertisement through DD & local channels or scrolling	Per minute	171000	1.71	0	0.00	0	-	Timing: 1 minute per day for 12 days per year as per I&PR rates
110.7.2	Advertisement through AIR channels	Per minute	60000	0.60	0	0.00	0	-	Timing: 1 minute per day for 12 days in a year as per I&PR rates
110.7.3	Advertisement through FM Channels	Per 10 minutes	20000	0.20	0	0.00	0	-	Timing: 10 minutes per day for 30 days per year
110.7.4	Publicity through Print Media	Per day Per paper	100000	1.00	0	0.00	0	-	One time advertisement of Color Quarter page in 2 newspaper for 6 days
110.7.5	Day Celebration	Per Unit	110000	1.10	0	0.00	0	-	Day Celebration with Media briefing and district performance appraisal : Observance of World Diabetics Day (14 Nov) /World Hypertension Day (17 May)/ World Cancer Day (4 Feb)/Stroke Day (29 Oct)/World Heart Day (29 Sep), COPD Day at State Level @Rs.100000/- per day X 6 days= Rs.6.00 lakhs
110.8	<b>IEC/BCC for District Level</b>					<b>0.00</b>		<b>0.00</b>	<b>Revised as per NPCC Recommendation</b> <b>Ongoing Activity</b>
110.8.1	Dynamic hoarding	Per Flex	3000	0.03		0.00		0.00	Change of flex for hoarding on NCD in strategic locations @Rs.3000/- per flex X 449 (Targeted Institution:32 DHH,33 SDH, 377 CHC, 7 UCHCs)= Rs.13.47 lakhs
110.8.2	Day Celebration	Per District	120000	1.20	0	0.00	0	0.00	Observance of World Diabetics Day (14 Nov) /World Hypertension Day (17 May)/ World Cancer Day (4 Feb)/Stroke Day (29 Oct)/ World Heart Day (29 Sep) at District Level: @Rs.20 000/- Per Designated Day X 6 days X 30 districts = Rs.36.00 lakhs

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
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					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
110.8.3	IEC/BCC activities for Universal Screening of NCDs	Lumpsum	3402000	34.02	0	0.00	0	0.00	<p><b>Target:</b> State has set target for reaching out 174 lakhs population in 2024-25 across the State</p> <p><b>Proposal:</b> Proposed to organize Poster campaign in the villages to be taken as preparatory initiatives before initiation of NCD campaign and distribution of leaflets during Universal Screening to intended beneficiaries (One per family)</p> <p>1. <b>Poster:</b> @Rs.5/- per poster X 6 posters per villages X 60000 villages = <b>Rs.18.00 lakhs</b></p> <p>2. <b>Leaflets:</b> @Rs.1/- per leaflet X 1000000 leaflets (4000000 / 4.3 is family size ) = <b>Rs.10.00 lakhs</b></p> <p>3. <b>Banner:</b> @Rs.100/- per banner X 6020 HWC = <b>Rs.6.02 lakhs</b></p>
110.8.4	Involvement of Community Institutions/ Groups/ Individuals in Behavior Change Communication at SC HWC level	Per SC-HWC	1500	0.02	0	0.00	0	0.00	<b>Detail proposal at NCD-5 NPCDCS Write-up Annexure-E "Community engagement at SC-HWC for NCD"</b>
110.9	<b>Printing activities under NPCDCS</b>					<b>0.00</b>		<b>0.00</b>	<b>Ongoing Activity</b>
110.9.1	Printing at PHC Level	Lumpsum	5	0.00	0	-	0	-	<p><b>Proposal: Printing of Patient Treatment and Referral Cards</b> PBS is now being conducted through out the State, The Screening Target for 2024-25 is 174.00 Lakh and screening target for 2025-26 is 175.00 Lakh .So it is expected that 10% of Screened population will be referred to higher facility for confirmation and treatment. Hence, printing proposed for 17.5 lakhs Treatment &amp; referral cards (5 lakh at PHC level and 12.5 Lakhs at SC level)</p>
110.9.2	Printing at SC Level	Per unit	5	0.00	0	-	0	-	<p><b>Proposal: Printing of Patient Treatment and Referral Cards</b> PBS is now being conducted through out the State, The Screening Target for 2024-25 is 174.00 Lakh and screening target for 2025-26 is 175.00 Lakh .So it is expected that 10% of Screened population will be referred to higher facility for confirmation and treatment. Hence, printing proposed for 17.5 lakhs Treatment &amp; referral cards (5 lakh at PHC level and 12.5 Lakhs at SC level)</p>

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	F.Y. 2024-25		F.Y. 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
110.9.3	Printing activities for Universal Screening of NCDs - printing of cards and modules	Per format	1	0.00	0	-	0	-	<p><b>Proposal: Printing of CBAC form</b>  Proposed Screening in CBAC form : 174.00 Lakhs(2024-25) and 175.00 Lakhs (2025-26)  Printing of CBAC format; 4.70 crore population (total States Population)  Revised CBAC- The amount proposed for All Population 4 crores.  CBAC forms were previously being filled up by ASHAs for the population above 30 years of age, to screen for common NCDs, as per Gol guidelines. Currently CBAC forms have been revised <b>to include other diseases like TB, Leprosy visual defects and Mental Health</b>. Many of these ailments effort persons of age groups below 30 years of age. Any suspected detected from the CBAC forms are referred to higher centres for early diagnosis and treatment. Keeping in view the above and Gol guidelines for enrolment of the total population of all age, the revised CBAC forms are now being filled for the total population of the State. From 2021-22, districts have already started using the revised CBAC forms. Hence during 2024-25, printing of 3.76 crore CBAC forms is proposed to cover the total population.( 80% proposed excluding 20% migration &amp; other reasons) The same number is proposed for printing in 2025-2026  Budgeted 80%</p>
110.9.4	Printing of Operational Guidelines on NCDs	Per unit	250	0.00	0	-	-	-	1. Operational Guidelines for NP-NCD -250 copies @ 400 Per copies-Rs1.00 Lakh

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	F.Y. 2024-25		F.Y. 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
110.9.5	Printing of Patient Tracking & Follow-up Register	Per Register	200	0.00	0	-	0	-	<p><b>Proposal: Registers will be printed for 6688 SCs, 1288 PHCs &amp; 106 UPHCs</b></p> <p><b>Justification for Printing of NCD Registers:</b>            State has planned to screen 40 Lakhs population during the year 2022-23 and 70 lakhs population during the year 2023-24 as per the key deliverable.            For capturing above data NCD screening register is highly required for following reasons            1. It is the mandate of GoI to maintain register.            2. For line listing &amp; follow up of the patients up to down the line.            3. Periodic Distribution of medicine/drugs under free drugs distribution of Diabetes and HTN drugs.            4. Proper &amp; correct monthly reporting.            5. Proper Supervision &amp; Monitoring of common NCDs.ASHA of respective village will monitor periodically at least twice a year. In this context state also providing incentive to ASHA in a package manner.            6. Validation of NCD reportings.The MO portal entry is in initial stage so it is essential to capture the data in black and white.            7. In the year 2016-17 NCD screening register have supplied partially but now Odisha is targeting 100% of PBS</p>
110.10	<b>Strengthening Screening &amp; Services For Breast Cancer</b>			-		-		-	Ongoing Activity (proposal for 3rd phase 10 additional districts - Bolangir, Baleswar, Boudh, Cuttack, Deogarh, Ganjam, Keonjhar, Koraput, Mayurbhanj, Sambalpur)
110.10.1	ASHA booklet on CBE/SBE	Per Booklet	20	0.00	0	-	0	-	On going activity: - Printing of ASHA book let : 14 Sheets, Multicolour both the side offset printing with laminated
110.10.2	ANM Job Aids in odia	Per unit	30	0.00	0	-	0	-	On going activity: - 1/2 demy with one fold , Multicolor both the side offset printing with laminated
110.11	<b>Strengthening Screening &amp; Services For Cervical Cancer</b>			-		-		-	Ongoing Activity (proposal for 3rd phase 10 additional districts - Bolangir, Baleswar, Boudh, Cuttack, Deogarh, Ganjam, Keonjhar, Koraput, Mayurbhanj, Sambalpur)
110.11.1	ASHA Booklet on Screening for Cervical Cancer	Per Booklet	20	0.00	0	-	0	-	on going activities : - Printing of ASHA book let : Multicolour both the side offset printing with laminated
110.11.2	ANM JOB AIDS – Flash cards for VIA	Per unit	250	0.00	0	-	0	-	On going activity: - 300 GSM Art paper ( Glossy finish) , Brightness-80 minimum ,
110.12	<b>Planning and M&amp;E</b>					-		-	<b>Budget Approved In Principle and Shifted to HSS-11_Planning and Programme Management _SI.No.194</b>

*J. B. Singh*  
15/10/2024

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	F.Y. 2024-25		F.Y. 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
110.12.1	Mobility, Miscellaneous, TA/DA & Contingencies for State NCD Cell	per State	1000000	10.00		-		-	<b>On going activity</b> <b>GoI norms State NCD Cell :Rs 10.00 Lakh</b>
110.12.2	Mobility, Miscellaneous, TA/DA & Contingencies for District NCD Cell	Lumpsum	10500000	105.00		-		-	<b>Ongoing activities with revised Unit cost</b> <b>1. Recurring cost proposed @ Rs4.00Lakh per DHH consists of &gt;= 12 CHCs -15 DHH</b> Rs 3.00 Lakh for DHHs <= 12 CHCs- 15 DHH <b>Financial implication: Rs 105.00Lakh</b> 15 District NCD Cell @4.00Lakh X 15 DHHs= Rs. 60.00 Lakh 15 District NCD Cell @ Rs 3.00Lakh X 15 DHHs= Rs..45.00Lakh <b>GoI norms District NCD Cell : Rs 6.00 Lakh</b>
110.13	Renovation and furnishing, furniture, computers, office equipment (fax, phone, photocopier etc.)					-		-	<b>New Activity</b>
110.13.1	State NCD Cell	Lumpsum	140000	1.40	0	-		-	A) Previously one photo copier was procured for State NCD Cell during 2011, as the work load is increasing day by day and it is highly essential for a new photo copier.
110.13.2	District NCD Cell	Lumpsum	60000	0.60	0	-		-	In 1st phase 5 districts NCD programme was implemented i.e. Bolangir, Nuapada, Koraput, Malkanagiri , Nabarangpur in FY 2011-12. So one time additional cost @ Rs 60,000/- may be proposed for computer & accessories. GoI norms Rs 1.00 lakh per district
110.14	<b>Excess Balance Amount Kept at State Level</b>	Lumpsum	4397600	43.98				-	
111	<b>State specific Initiatives and Innovations</b>					<b>0.00</b>		<b>0.00</b>	
111.1	Kidney Care on Wheels in Priority District of Odisha	Lumpsum	0	0.00	1	0.00	1	-	<b>Ongoing Activity</b> <b>Detail proposal at NCD-5 NPCDCS Write-upAnnexure-F"NP-NCD"</b>
111.2	Vaccination for Human Papilloma Virus (HPV) for prevention of Cervical Cancer among girls student of residential schools	Lumpsum	100000000	1000.00		0.00	0	-	<b>Ongoing Activity</b> Re proposed in 2025-26 <b>Detail proposal at NCD-5 NPCDCS Write-up Annexure-G"NP-NCD"</b>

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	F.Y. 2024-25		F.Y. 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
111.3	ECG InterPretation & Tele reporting by Agency								<p><b>Budget shifted from NCD-5_NPCDCS, SI.No.109</b></p> <p><b>Ongoing Activity Programme:</b></p> <ul style="list-style-type: none"> <li>• Implementation of a Time Bound System of ECG, Interpretation &amp; Tele-Reporting in an Outsourced Hub &amp; Spoke Model for Diagnosis of Patients STEMI.</li> <li>• Rs.175/- (Rupees One hundred &amp; Seventy Five only) per each ECG and it's Interpretation &amp; Tele-reporting costs for providing the Equipment (ECG machine/ Equipment, Communication Devices etc), Analytic Software (Dashboard) / Application Software as mentioned in technical specification at each hub &amp; spoke hospital, maintenance charges of the equipment, recurring internet cost, recurring consumables related to ECG (Thermal Paper rolls, Gel etc.) but excludes any manpower deployment and consumables required for treatment at the hub / spoke hospitals.</li> </ul> <p>Proposal: 2024-26: Approximately ECG Calculation: (Budgeted)</p> <ul style="list-style-type: none"> <li>• Per Hub: Average-30 ECG per day per MCH Hub i.e. (4*30*365=43800)</li> <li>• Per DHH: 20 ECG Per day per DHH Hub i.e. (32*20*365=233600)</li> <li>• Per SDH/ CHC: 3 ECG per day per spoke (SDH &amp; CHCs) (32*5*365=58400) &amp; (382*5*365=697150)</li> <li>• Per PHC &amp; UPHC: 4 ECG per week per spoke i.e. FY-2024-25: (183*4*52=38064), FY-2025-26: (378*4*52=78,624)</li> </ul> <p>A. FY 2024-25= (43,800+2,33,600+58,400+697150+38,064)=1071014* Rs.175= Rs. 1874.27 Lakhs B. FY 2025-26: (43,800+2,33,600+58,400+697150+78,624)= 1111574* Rs.175= Rs. 1945.25 Lakhs</p>
111.3.1	Medical College Hospital (MCH)	Per Case	175	0.00	0	0.00	0	0.00	
111.3.2	District Head Quarter Hospital (DHH)	Per Case	175	0.00	0	0.00	0	0.00	
111.3.3	SDH/ CHC	Per Case	175	0.00	0	0.00	0	0.00	
111.3.4	PHC/ UPHC	Per Case	175	0.00	0	0.00	0	0.00	
<b>Total NPCDCS</b>						<b>2.00</b>		<b>1.70</b>	

*J. B. Singh*  
15/8/2024



# NHM PIP

## 2024-26

Programme Implementation Plan

**NCD-7**  
**NPPCHH**



## NCD-7\_NPCCHH

## FM MCH, Balasore

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	F.Y. 2024-25		F.Y. 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
	<b>Total NPCCHH</b>					1.00		0.00	<b>Budget Shifted to respective heads as per NPCC Recommendation</b>
<b>114</b>	<b>Implementation of NPCCHH</b>					1.00		0.00	<b>To be implemented in all 30 districts with focus on selected districts for Green &amp; Climate Resilient Health Care measures</b>
<b>114.1</b>	<b>Infrastructure civil works (climate resilient healthcare facilities)</b>					0.00			
114.1.1	Retrofitting Health Care Facility Infrastructre(Climate/Disaster resilient)								Identified facilities of 60 % Districts (Cumulative 20 ) have been targeted to upgrade as Climate Resilient Health Care Facilities. Fund to be met out of State Budget.
<b>114.2</b>	<b>Capacity building including training</b>					0.00		0.00	
114.2.1	Capacity building of health professionals and health workers					0.00		0.00	
114.2.1.1	2 days training of DNO and Epidemiologists at state level on NPCCHH and preparation of DAPCCHH	30/ batch	120000	1.20	0	0.00	0	0.00	<b>Participants:</b> DNO and Epidemiologist from 30 districts <b>Target:</b> Total 2 numbers of batches(30 persons/batch) for 30 districts <b>Budget:</b> Rs.1.20 Lakhs *2=2.40 Lakhs
114.2.1.2	2 days training of Specialists on diagnosis and management of ARI and HRI including HRI surveillance and certification of Heat deaths	30/ batch	120000	1.20	0	0.00	0	0.00	<b>Participants:</b> Medical Officers from 30 districts <b>Target:</b> 1 batch consisting 30 Medical officers <b>Budget:</b> Rs.1.20 Lakhs*1=1.20 Lakhs
114.2.1.3	2 days training of Sentinel Surveillance Nodal Officers on ARI	26/ batch	100000	1.00	0	0.00	0	0.00	<b>Participants:</b> 2 persons from 13 Medical officers <b>Target:</b> 1 batch of training consisting 26 persons <b>Budget:</b> Rs.1 Lakh*1=1 Lakh
114.2.1.4	1 day Training of CHO on NPCCHH at district level			0.00		0.00		0.00	District has to integrate with CHO training package
114.2.1.5	1 day Training of ASHA, AWW on NPCCHH at block level			0.00		0.00		0.00	District has to integrate with ASHA sector meeting
114.2.1.6	1 day Training of PRI on NPCCHH			0.00		0.00		0.00	To be integrated with training of Panchayati Raj deptt.
114.2.2	<b>Foster partnerships to create synchrony/ synergy with other health programmes, missions, and departments</b>					0.00		0.00	
114.2.2.1	Jan Arogya Samiti (JAS) and Panchayats sensitized on NPCCHH			0.00		0.00			To be conducted by CHO in the existing platform
114.2.2.2	Schools/colleges in a district sensitized on Climate Change and Health			0.00		0.00			School Health & Wellness Ambassadors will be sensitized to take up this activity. Budgeted under RSKK programme.
<b>114.3</b>	<b>Other operating costs (green measures in healthcare facilities)</b>					1.00		0.00	
<b>114.3.1</b>	<b>Strengthening of the Health System</b>					0.00		0.00	

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	F.Y. 2024-25		F.Y. 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
114.3.1.1	Greening of health care facilities and maintenance of greening health care sector								Activities proposed as per Gol guideline 1. Plantation 2. Conversion lighting system to LED 3. Rain Water Harvesting Structure 4. Solar lighting system of Public Health Facilities 5. Energy Auditing Facilities DHH/SDH/CHC/UCHC have been targeted as per Govt. of India PIP guidance note for FY-2024-26 mentioned at Annexure 6:Unit Costs for Green & Climate Resilient Health Care Infrastructure Measures. <b>The cost plan in this category is based on the vulnerability mapping on climate change for 14 districts in terms of flood/cyclone/drought/heat/air pollution</b>
114.3.1.2	<b>LED Replacement</b>								Proposal :40% of the district in which 10% of the Health Care Facilities have to be undergone for LED replacement <b>Detail proposal at NCD-7 NPCCHH Write-up Annexure</b>
114.3.1.2.1	DHH/SDH								
114.3.1.2.2	CHC/UCHC	Per unit	75000	0.75	0	-	0	0.00	
114.3.1.2.3	PHC/UPHC								
114.3.1.3	<b>Energy Auditing</b>								Proposal for 2024-25:40% of the district in which 20% of the Health Care Facilities have to be undergone for Energy Auditing. District/ Facility. Proposal for 2025-26: 40% of the district in which 35% of the Health Care Facilities (Cumulative)have to be undergone for Energy Auditing. <b>Detail proposal at NCD-7 NPCCHH Write-up Annexure</b>
114.3.1.3.1	DHH/SDH	Per unit	100000	1.00	0	-		0.00	<b>Background:</b> Energy auditing is a major component to find out exact energy requirement for proper functioning of an institution. As per Gol guidance it can be done per institution in every 3 years interval.
114.3.1.3.2	CHC/UCHC	Per unit	30000	0.30	0	-	0	0.00	
114.3.1.3.3	PHC/UPHC								
114.3.1.4	<b>Installation of Solar Panels (With battery back up)</b>								<b>Proposal for 2024-25:</b> 45% of the district in which 5% of the Health Care Facilities have to be undergone for Solar System. <b>Proposal for 2025-26:</b> 45% of the district in which 10% of the Health Care Facilities (Cumulative)have to be undergone for Solar System <b>Detail proposal at NCD-7 NPCCHH Write-up Annexure</b>

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	F.Y. 2024-25		F.Y. 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
114.3.1.4.1	DHH/SDH	Per unit	1000000	10.00	0	-	0	0.00	<b>Background:</b> Health care system contributes 5% of carbon emission globally. By changing it to more renewable sources like solar or wind the burden of carbon foot print can be reduced in long run and provide a sustainable green environment.
114.3.1.4.2	CHC/UCHC	Per unit	500000	5.00		-	0	0.00	
114.3.1.4.3	PHC/UPHC					-		0.00	
114.3.1.5	<b>RWH Installation</b>								<b>Proposal for 2024-25:</b> 30% of the district in which 5% of the Health Care Facilities have to be undergone for RWH System . <b>Proposal for 2025-26 :</b> 30% of the district in which 10% of the Health Care Facilities (Cumulative)have to be undergone for RWH System <b>Detail proposal at NCD-7 NPCCHH Write-up Annexure</b>
114.3.1.5.1	DHH/SDH	Per unit	300000	3.00	0	-	0	0.00	
114.3.1.5.2	CHC/UCHC	Per unit	200000	2.00		-	0	0.00	
114.3.1.5.3	PHC/UPHC					-		0.00	
114.3.2	Effluent treatment plant (ETP)			-		-		0.00	To be met out of State budget. Plan already taken up
114.3.3	Installation of AQI monitors	Per unit	100000	1.00	1	1.00		0.00	Installation of 44 AQI monitors (30 DHHs & 14 Sentinel Hospitals ( 12 MCHs, Capital Hospital & RGH Rourkela)) <b>Background</b> The AQI monitor will be use full to track the air pollutants level like SO2, CO, H2S, NO2, ground level O3, temp., humidity & other harm full air pollutants. The diseases like COPD, Pulmonary disease, Hypertension, long term damage to kidney, liver & brain, heart attack & stroke disease burden in general population can be correlated with AQI information which will help in identification of disease burden projection in long run.
114.4	<b>IEC &amp; Printing, e-planning, Monitoring &amp; Evaluation</b>					0.00		0.00	
114.4.1	<b>General Awareness</b>					0.00		0.00	

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	F.Y. 2024-25		F.Y. 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
114.4.1.1	Observation of Important days								Days to be observed 1. World Water Day (22nd March) 2. World Health Day (7th April) 3. World Environmental Day (5th June) 4. International Day for Clean Air and Blue Skies (7th September) 5. International Day for Disaster Risk Reduction (13th October) 6. National Pollution Control Day (2nd December)
114.4.1.1.1	At State level	Per day observation	100000	1.00	0	0.00	0	0.00	The special days as mentioned above are to be observed at state
114.4.1.1.2	At District level	Per dist per day observation	15000	0.15	0	-	0	0.00	The special days as mentioned above are to be observed by 30 districts
114.4.1.1.3	At Village level	Per day observation	1000	0.01		-		0.00	The special days as mentioned above are to be observed at village level through VHSNC/GKS funds
<b>114.5</b>	<b>Statutory Meetings and Planning</b>					<b>0.00</b>		<b>0.00</b>	<b>Budget Approved In Principle and Shifted to HSS-11_Planning and Programmed Management _SI.No.194</b>
114.5.1	State Governing Body meeting (1/6 months)	Per meeting	5000	0.05	0		0		GoI mandate : Governing Body meeting are to be organized twice in a year
114.5.2	Quarterly State Task Force Meetings	Per meeting	3000	0.03	0		0		GoI Mandate : Task Force meeting are to be organized quarterly
114.5.3	Quarterly District Task Force Meetings	Per dist per qtr	1000	0.01	0		0		GoI Mandate : District Task Force meeting are to be organized quarterly (30 Districts*4=120)
114.5.4	District Action Plan on Climate Change and Human Health (DAPCCHH)	Per dist	5000	0.05	0		0		State has planned to take up District Action Plan & Budget on Climate Change(DAPCCHH) for all 30 districts
114.5.5	Monitoring, supervision & office contingency	Per annum	0	0.00	1		1		State Level : Rs.1.50 Lakhs per Annum District Level : Rs.4.50 Lakhs (Rs.15000/- per district X 30 Districts )
<b>114.6</b>	<b>Surveillance, Research, Review, Evaluation (SRRE)</b>					<b>0.00</b>		<b>0.00</b>	
114.6.1	Operational research on climate change and health	Per study	20000	0.20	0	0.00	0.00	0.00	<b>Research topic:</b> 1.Population based vulnerability health assessment for two districts (1 Urban and 1 rural) will be done as per the GoI Key deliverables guidance's.@ 20000 Rs per study=40000 Rs 2.A paper on best practice of community based intervention on climate change health 2 reports.@ 20000 Rs per paper=40000 Rs The above mentioned studies will be carried out by the Community medicine department of the selected Govt Medical colleges. Total budget proposed =80000 Rs per FY
<b>114.7</b>	<b>HR</b>					<b>0.00</b>		<b>0.00</b>	
114.7.1	HR for NPCCHH								Existing HR under other scheme to manage
<b>Grand Total</b>						<b>1.00</b>			

*J. B. Singh*  
15/10/2024



# NHM PIP

## 2024-26

Programme Implementation Plan

**HSS-1**  
**CPHC**



## FM MCH, Balasore

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	F.Y. 2024-25		F.Y. 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
	<b>Total CPHC</b>					24.96		24.96	
<b>150</b>	<b>Development &amp; Operation Health &amp; Wellness Centers - Rural</b>					1.20		1.20	<b>Target 2024-25 - 7316 (1296 PHC, 6020 SHC)</b> <b>Target 2025-26 - 7984 (1296 PHC, 6688 SHC)</b>
150.1	ICT for HWC- Internet connection			-		-		-	Funds proposed under old FMR head 17.2.1
150.2	Filling up of CBAC form and mobilizing for NCD screening			-		-		-	Proposed under NCD Component
150.3	Follow up of NCD patients for treatment initiation and compliance			-		-		-	Proposed under NCD Component
150.4	ASHA incentives for Ayushman Bharat Health & Wellness Centers (H&WC)	Per ASHA p.m	1000	0.01	0	-	0	-	<b>Ongoing Activity</b> <b>Team Based Incentives to ASHAs</b> <b>Background:</b> ASHAs are the backbone of the Primary Health Care Team - they are responsible for mobilising patients/clients to the HWCs. Based on the programmatic needs and GoI mandate - the ASHAs are incentivised under Team based incentives - (25 indicators). This activity was initiated from FY 2022-24. <b>Approval:</b> Rs.1000/per month will be paid to the ASHAs based on the HWC SHC team performance <b>Justification:</b> Incentives is being paid to ASHAs of rural areas for ensuring delivery of expanded range of services at SHC-HWC level on fulfilling set of deliverables mentioned under Team based incentives ( based on modified state guidelines placed in the writeup folder). Budgeted for 70% of total estimated cost. If required budget will be asked in supplementary stage.
150.5	Equipment for Rollout of B.Sc. (Community Health)			0.00		0.00		-	Not Proposed this year
150.6	<b>IT equipment for HWCs (PHC and SHCS)</b>					<b>0.00</b>		<b>0.00</b>	
150.6.1	Recurring Cost for PHC HWCs	Per facility	5000	0.05	0	0.00	0	-	<b>Ongoing Activity</b> Background: For the FY 2024-26 - the target PHC HWCs is 1296 and HWC SHC is 6688; approval for IT equipments already given for 1288 PHCs and 5400 SHCs through last PIPs <b>Detail Approval:</b> <b>For PHC HWCs:</b> FY 24-25: Target 1296 (Current Sanctioned 1288) I. Non Recurring: Procurement of IT equipments proposed for 8 PHC HWCs = 8x0.55=4.4 Lakhs II. Recurring cost @Rs 5000/ per annum for 1296 SHC-HWCs= 1296x 5000 = Rs. Rs.64.80 lakhs FY 25-26: Target 1296 (Expected to be fully operational by 24-25) I. Non Recurring: Not Applicable as 100% target achievement is expected by 24-25
150.6.2	Non Recurring: Procurement Desktop; software for PHC level H&WC (Rural)	Per facility	55000	0.55	0	0.00		-	

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	F.Y. 2024-25		F.Y. 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
150.6.3	Recurring Cost for SC HWCs	Per facility	5000	0.05	0	0.00	0	-	II. Recurring cost @Rs 5000/ per annum for 1296 PHC-HWCs= 1296×5000 = Rs. Rs.64.80 lakhs <b>For SHC HWCs:</b> FY 24-25: Target 6020 (Current Sanctioned 5400) I. Non Recurring: Procurement of IT equipments proposed for 620 SHC HWCs = 620×0.40=248 Lakhs II. Recurring cost @Rs 5000/ per annum for 6020 SHC-HWCs= 6020 × 5000 = Rs.301L.
150.6.4	Non Recurring: Procurement of Tablets; software for SC Level H&WC (Rural)	Per facility	40000	0.40	0	0.00	0	-	For 25-26: Target 6688 (Expected to be operational by 24-25: 6020) I. Non Recurring: Procurement of IT equipments proposed for 668 SHC HWCs = 668×0.40=267.2 Lakhs II. Recurring cost @Rs 5000/ per annum for 6688 SHC-HWCs= 6688 × 5000 = Rs.334.4L.
150.7	Tablets; software for implementation of ANMOL			0.00		0.00			<b>Tablet for Anmol device not proposed in current year. Only Device Allowance proposed at HSS-13</b>
150.8	<b>Drugs &amp; Supplies for Health &amp; Wellness Centres (H&amp;WC)</b>					0.00		0.00	<b>Ongoing Activity</b> Target till 2024-25: 7316 (1296 PHC, 6020 SHC) Target till FY 2024-25: 7984 (1296 PHC, 6688 SHC) Background: Non recurring cost under Lab strengthening of newly proposed SHC and PHC HWCs shall be met out of State budget & recurring cost for all SHC and PHC HWCs including newly proposed will be met out of XV FC Budget
150.8.1	<b>Lab strengthening for SHC - HWC</b>					0.00			<b>Detail Proposal for SHC HWCs:</b> FY 24-25: Target 6020 (Current Sanctioned 5400)
150.8.1.1	Non Recurring Cost for SC HWCs	Per HWC	50000	0.50		0.00		-	I. Non Recurring: lab strengthening for 620 SHC HWCs = 620×0.50=310 Lakhs
150.8.1.2	Recurring cost for SC HWCs	Per HWC	10000	0.10		0.00		-	For 25-26: Target 6688 (Expected to be operational by 24-25: 6020) I. Non Recurring: lab strengthening for 668 SHC HWCs = 668×0.50=334 Lakhs
150.8.2	<b>Lab strengthening for PHC - HWC</b>					0.00			<b>Detail Proposal for PHC HWCs:</b> FY 24-25: Target 1296 (Current Sanctioned 1288)
150.8.2.1	Non Recurring Cost for PHC HWCs	Per HWC	100000	1.00	0	0.00		-	I. Non Recurring: lab strengthening proposed for 8 new PHC HWCs = 8×1.0=8 Lakhs
150.8.2.2	Recurring cost for PHC HWCs	Per HWC	30000	0.30		0.00		-	FY 25-26: Target 1296 (Expected to be fully operational by 2024-25) I. Non Recurring: Not Applicable as 100% target achievement is expected by 2024-25
150.9	<b>Trainings for Ayushman Bharat Health &amp; Wellness Centre (AB-H&amp;WC)</b>					0.00		0.00	

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	F.Y. 2024-25		F.Y. 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
150.9.1	Training on CPCH for CHOs	Per student	80500	0.81	0	0.00	-	<p><b>CPCH Course:</b>  <b>Background:</b> Out of 5400 sanctioned, 4810 CHOs are trained in CPCH and are in position. The remaining 590 (from already sanctioned) + 1288 (new target for FY 24-26) CHOs are expected to be recruited from the integrated nursing course. (Pass outs from 2019-20 academic session – BSc (N) &amp; PBBSc (N)); how ever, as contingency plan arising out of non availability of integrated course pass out candidates – 180 (about 10%) is proposed for the CPCH course  <b>Target:</b> FY 2024-26 for 180 candidates. No new proposal proposed in 2025-26.</p>	
150.9.2	Multiskilling of MPW and ASHAs at HWCs (SHC and PHC)	Per inst.	14000	0.14	0	0.00	-	<p><b>1. Multi skilling training for MPWs</b> on newer programmatic needs as per the 12 package of services  <b>Background:</b> MPWs from 6688 HWCs are trained on expanded package of services through a 10 days module through last PIPs. FY 2024-25  <b>Approval:</b> 4 days Refresher training for MPWs (M&amp;F) on newer programmatic needs as per the 12 package of services will be given once in two years  Budget: @ 8000(Rs.1000 per person/day×2 MPWs×4 Days) per HWCs for 6688 SHC HWCs: 6688 × 8000 = 535.04L</p> <p><b>2. Multi skilling trainings for ASHAs</b> on newer programmatic needs as per the 12 package of services  <b>Background:</b> ASHAs from 6688 HWCs are trained on expanded package of services through a 14 days module through last PIPs. FY 2024-25  <b>Approval:</b> 3 days Refresher training (non residential) for ASHAs on newer programmatic needs as per the 12 package of services will be given once in two years  Budget: @ 6000(Rs.400 per person/day×5ASHAs×3 Days) per HWCs for 6688 SHC HWCs: 6688 × 6000 = 401.28L  Total Budget: 535.04+401.28 = 936.32L (<b>Budgeted 80% i.e. Rs.749.06 Lakhs as HR positions may not be 100% at all HWCs</b>)  <b>NB: even though the budget is approved FY 2024-25, the activity will</b></p>	

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	F.Y. 2024-25		F.Y. 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
150.9.3	Additional Training of CHOs - CHO Induction for newly inducted CHOs	Per Batch	262140	2.62	0	0.00	0	<p><b>CHO Induction Training</b>  <b>Background:</b> as per GoI mandate, the CHO once inducted should go through a 15 days induction program; the state has customized the induction to 6 days induction and orientation to IT applications and portal and other 6 days as Basic Package of Services  <b>Approval (30 in a batch at state level)</b>  <b>FY 2024-25:</b> Target 6020 (Current Sanctioned 5400, as of now 4810 have been trained, Rest from the sanctioned will be trained by March 2024)            CHO Induction for newly inducted CHOs - 620 SHC HWCs = 262140×21=55.05L  <b>For 2025-26:</b> Target 6688 (Expected to be operational by 24-25: 6020)            CHO Induction for newly inducted CHOs - 668 SHC HWCs = 262140×22=57.67L  <b>Allocation of the district for training:</b>            Districts with more number of CHOs will have the training within the district itself i.e. Cuttack, Balasore, Ganjam, Keonjhar, Puri, Mayurbhanj, Bhadrak &amp; Jajpur.            Districts with less number of CHOs will come together for the respective training:            A. Koraput will host CHOs from Koraput &amp; Malkangiri            B. Dhenkanal will host CHOs from Angul &amp; Dhenkanal            C. Bolangir will host CHOs from Bolangir &amp; Boudh            D. Sambalpur will host CHOs from Bargarh, Sambalpur, Jharsuguda, Nuapada &amp; Subarnapur.            E. Sundargarh will host CHOs from Deogarh &amp; Sundargarh            F. Rayagada will host CHOs from Gajapati &amp; Rayagada            G. Kendrapara will host CHOs from Jagatsinghpur &amp; Kendrapara            H. Kalahandi will host CHOs from Kalahandi, Kandhamal &amp; Nabrangpur            I. Khurda will host CHOs from Khurda &amp; Nayagarh</p>	
150.9.4	Additional Training of CHOs - Training on Basic Package Services	Per Batch	165810	1.66	0	0.00	0	<p><b>Training on Basic Package Services</b>  <b>Background:</b> New CHOs will be trained on 6 days Basic Package of services training which includes service from 1st - 7th package  <b>Approval (30 in a batch - residential @ dist level)</b>  <b>FY 2024-25:</b> Target 6020 (Current Sanctioned 5400, as of now 4810 have been trained, Rest from the sanctioned will be trained by March 2024)            Basic Package of services for newly inducted CHOs - 620 SHC HWCs = 165810×21=34.82L  <b>For 2025-26:</b> Target 6688 (Expected to be operational by 24-25: 6020)            Basic Package of services for newly inducted CHOs - 668 SHC HWCs = 262140×22=36.48L</p>	

*J. B. Singh*  
 15/8/2024

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	F.Y. 2024-25		F.Y. 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
150.9.5	Additional Training of CHOs - Training on Expanded Package Services	Per Batch	165810	1.66	0	0.00	0	-	<p><b>Training on Expanded Package of Service</b>  Background: as per Gol mandate the CHOs are to be trained in expanded range of services (8th - 12th package of services)  <b>Approval (30 in a batch - residential @ dist. level)</b>  <b>FY 2024-25:</b> Target 6020 (Current Sanctioned 5400, as of now 4810 have been trained, Rest from the sanctioned will be trained by March 2024)  Expanded Package of Service for newly inducted CHOs - 620 SHC HWCs = 165810×21=24.37L  <b>For 2025-26:</b> Target 6688 (Expected to be operational by 24-25: 6020)  Expanded Package of Service for newly inducted CHOs - 668 SHC HWCs = 262140×22=25.53L  <b>Allocation of the district for training:</b>  Districts with more number of CHOs will have the training within the district itself i.e. Cuttack, Balasore, Ganjam, Keonjhar, Puri, Mayurbhanj, Bhadrak &amp; Jajpur.  Districts with less number of CHOs will come together for the respective training:  A. Koraput will host CHOs from Koraput &amp; Malkangiri  B. Dhenkanal will host CHOs from Angul &amp; Dhenkanal  C. Bolangir will host CHOs from Bolangir &amp; Boudh  D. Sambalpur will host CHOs from Bargarh, Sambalpur, Jharsuguda, Nuapada &amp; Subarnapur.  E. Sundargarh will host CHOs from Deogarh &amp; Sundargarh  F. Rayagada will host CHOs from Gajapati &amp; Rayagada  G. Kendrapara will host CHOs from Jagatsinghpur &amp; Kendrapara  H. Kalahandi will host CHOs from Kalahandi, Kandhamal &amp; Nabarangpur</p>
150.9.6	<b>Any other (please specify)</b>			0.00		0.00		0.00	
150.9.6.1	<b>Multiskilling activities for HWC (ongoing)</b>			0.00		0.00		0.00	
150.9.6.1.1	Multiskilling of Mos	Per HWC		0.00		0.00		-	<p><b>Background:</b> At present out of 1296 PHC HWCs, there are 696 Mos are in position which have already received training under CPHC. However they need refresher traing on recent updates and developments. In addition 600 MOs who are expected to join at PHC HWCs need to be trained on CPHC.</p>
150.9.6.1.2	Refresher Training for Existing Mos	40/ Per batch	264660	2.65	0	0.00	0	-	<p><b>Approved:</b> 4 days of residential refresher training proposed for existing 696 MOs at State level  All existing MOS will be trained at state level @4 days/round . Each batch will consist of 40 participants.</p>
150.9.6.2	Multi Skilling of Newly recruited Mos							-	
150.9.6.2.1	Multiskilling of Mos on NCD & HWC	40 per Batch	214278	2.14	0	0.00		-	<p><b>Approved:</b> 3 days of NCD &amp; HWC training for newly to be joined 600 MOs at <b>State level</b> @40 participants in a batch. As per the current training calendar 400 new Mos will be trained by end of FY 23-24. Hence 5 batch training is proposed for rest MOs.(200 MOs)</p>

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
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					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
150.9.6.2.2	Multiskilling of Mos on EPS	40 per Batch	264660	2.65	0	0.00	0	-	<b>Approved:</b> 8 days of EPS training for newly joined 600 MOs at State level Of the 600 MOs - 300 will be trained in the year 2024-25 & 300 in year 2025-26. The MOS will be trained in 2 rounds @4 days/round . Each batch will consist of 40 participants.
150.9.6.3	Multiskilling of PHC SNs (Theory + Skill Based)							-	
150.9.6.3.1	Multiskilling of PHC SNs/ANMs(Theamatic)	30 Per Batch	103470	1.03	0	0.00	0	-	<b>Background:</b> SNs/ANMs of 1296 PHCs have received CPHC training. However they need to be given refresher training on recent updates under CPHC. <b>Approved:</b> Refresher Multiskilling training of SNs/ANMs working at PHCs on recent updates in various programs as per GoI and state govt. and as per different programmatic needs is proposed. Hence, 4 days of refresher training will be carried at district level for SNs/ANMs (43 batches @30 participants in a batch)23 batches in 2024-25 & 20 batches in 2025-26.
150.9.6.3.2	Skill based training for PHC SNs/ANMs on Cancer screening	10 Per Batch	85230	0.85	0	0.00	0	-	<b>Background:</b> As per GoI mandate the the HWC PHC should conduct Cancer screening at the facility level - for this initiative the HWC PHCs are provided with an additional manpower of one SN at each of the HWC PHCs <b>Current Status:</b> The Cancer Screening training for SNs from HWC PHCs is completed for 778 HWC PHCs <b>Approved:</b> 518 SNs to be trained in Skill Based Training - the SNs will be trained in screening of patients for VIA, OVE & CBE (6 Days residential), total parcipant 518/10 per batch = 52 batches at DHH (26 batches in each year)
150.9.6.4	Multiskilling of CHOs (Theamatic areas)	30 Per Batch	25867	0.26	0	0.00	0	-	<b>Background:</b> HWCs are envisaged to deliver expanded range services that of beyond maternal and child health care services to include care for NCDs, Palliative and Rehabilitative care, Oral, Eye and ENT care, Mental health and first level care of emergencies and trauma, including free essential drugs and diagnostics services. At present 4810 CHOs are trained on EPS. These 4810 CHOs will be provided refresher trauning in the FY 24-25 and the rest 1878 (Remaining from 6688) will be trained in FY 25-26. <b>Approved:</b> Refresher Multiskilling training of CHOs on different thematic areas as per the new programs introduced by the GoI and State govt. based on programmatic needs. It is approved that the thematic training will be carried out in two FYs at district level. 4810 will be trained in year 2024-25 i.e. 160 batches and other 1878 CHOs in 2025-26 i.e. 63 batches @ 30 in a batch
150.9.6.5	Skill based/ Refresher training for CHOs								<b>Revised as per NPCC Recommendation</b>

*J. B. Singh*  
15/10/2024

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
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					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
150.9.6.5.1	Skill based training on Cancer screening	Per Batch	85230	0.85	0	0.00	0	0.00	<p><b>Approval: Skill based training on Cancer screening</b>  <b>Background:</b> As per Gol and state mandate - the Cancer screening is a mandate at the HWCs (VIA, CBE &amp; OVE) and it is included in the diagnostic list of HWC SHCs. The Gol training for Ca. screening is for 12 days which the Govt of odisha is doing in two phases (6+ 6 days). The target for the State for NQAS certification of SC HWC is 963 by Fy 2024-26. Amongst them, 215 nos of CHOs have already completed their first phase of Training (6days).  <b>Current status:</b> Currently 215 CHOs are already completed 6 days of training.  <b>Approval:</b> The State proposes to complete the phase-2 training (6 days) of 215 nos of CHOs and train the rest of the 748 CHOs from NQAS targeted facilities (963-215) on the Skill based cancer screening training.  Phase -2 training of 215 nos of CHOs and Phase-1 training of 748 nos of CHOs, Total Target= 963 (96 Batches in 30 districts)  <b>Budget: @Rs.85230/- per batch X 48 batches = Rs.40.91 lakhs in each year.</b></p>
150.9.6.5.2	Skill based training on Computer literacy	Per CHO	500	0.01		0.00		0.00	<p><b>Not Approved: Skill based training on Computer literacy</b>  This initiative proposes that all the CHOs will be trained for basic computer skills. Along with the basic computer skills, they will also be trained in the existing portals- CPHC-NCD, RCH, Nikshay, IHIP, FPLMIS, UWIN and others  This training to be merged with refresher training of CHOs. Content on IT platforms &amp; computer literacy to be included in training module.  <b>Budgeted in 2024-25: @Rs.500/- per CHO X 3040 CHOs = Rs.15.20 lakhs</b>  <b>Budgeted in 2025-26: @Rs.500/- per CHO X 334 CHOs = Rs.1.67 lakhs</b>  <b>Budget shifted from Sub Line Item No. 150.29</b></p>
150.9.6.6	One and half day training on Eat Right India Movement for the HWCs	Per Batch		0.00		0.00		0.00	Trainings completed for all primary health care staff in FY 2023-24. So not proposed this year.
150.9.6.7	Establishment of study center for certificate course in community health	Per Unit		0.00		0.00		0.00	28 PSCs established across the state; no new proposal for FY 2024-25
150.10	<b>Printing activities for Ayushman Bharat H&amp;WC</b>			-		-		-	Printing of modules on all 12 services for the newly inducted Medical officers and CHOs ; this also includes the operational guidelines for reference
150.10.1	HWC SHC	Per module	38.16	0.00	0	-		-	<p><b>For CHOs:</b>  printing of induction modules and modules for the 12 services (Induction - 1, EPS-7, BPS - 8, OG - 7 = 23 modules)  <b>Approval:</b> 600+1288 = 1888 units × 23 modules = 43424 modules @ avg. unit cost Rs. 38.16 as per the previous tender placed</p>

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
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150.10.2	HWC PHC	Per HWC	216.85	0.00	0	-	-	-	For Medical Officers (EPS - 7 modules and NCD module -1) <b>Approval:</b> Printing of modules for MOs -600 MOs × 8 modules = 4800 modules @ avg. unit printing cost Rs.216.85 as per the previous tender placed
150.11	<b>Printing of eat right tool kit &amp; handbook</b>								
150.11.1	Printing of Eat right tool kit	Per tool kit	990	0.01		-		-	Budget Sanctioned for all HWCs in previous PIPs. Printing in process.
150.11.2	Printing Handbook for ASHA	Per Copy	150	0.00		-		-	Budget Sanctioned for all HWCs in previous PIPs. Printing in process.
150.12	Strengthening of diagnostic services of Ayushman Bharat H&WC through PPP			-		-		-	- Not proposed as it is being funded through XVFC.
150.13	<b>Independent Monitoring Cost for performance assessment of Health &amp; Wellness Centre (H&amp;WC)</b>			-		<b>1.20</b>		<b>1.20</b>	<b>Ongoing activity</b>
150.13.1	Concurrent monitoring of HWC	Lumpsum	3000000	30.00		0.00	0	0.00	Not Proposed in 2024-25. <b>Approved in 2025-26:</b> Concurrent monitoring of HWC activities is being done by various govt. agencies like NHSRC/NITI Ayog. In addition various development partners and academic institutions are also conducting independent studies in collaboration with State. Hence no separate budget is proposed.
150.13.2	Involving MCHs for mentoring	Per HWC/ Per Month	10000	0.10	1	1.20	1	1.20	Involving MCHs for mentoring of 10 selected functional HWCs of nearby districts Target: Seven MCHs of the State & AIIMS, Bhubaneswar will provide mentorship guidance to 10 HWCs each in the respective districts @10000/- per month TA/ DA & honorarium cost for field visits X 12 month x 8 = Rs.9.60 lakhs
150.14	Outsourcing of the services (Out Reach Activities) of selected Sub Center HWCs where the ANM position is vacant since long	Per SC	586000	5.86	0	0.00	0	0.00	Ongoing Activity, Approved only for existing 38 operational SCs covered under this initiatives. Detail modalities at Annexure B
150.15	House Rent for SC HWCs where Govt. building isn't available	Per SHC HWC p.m.	2500	0.03	0	0.00	0	0.00	<b>Ongoing Activity</b> <b>Approval for 2024-25:</b> <b>Proposal 1:</b> As per Portal 693 SHC HWC are operating in rented Buildings <b>Proposal 2:</b> Out of the proposed 1210 new SHC HWCs 968 are not having govt. buildings (Building Sanctioned construction going on) Total 1661(693+968) SHC HWC proposed for house rent @Rs.2500/- p,m, (including electricity) <b>Approval for 2025-26:</b> Out of 1661 SHC HWC,80% SCs shall have its own building and thus proposed house rent for 332 SC HWCs @Rs.2500/- p,m, (including electricity)

*J. B. Singh*  
15/10/2024

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
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150.16	e-Decision Support System for Community Health Officers(DSS) at Sub Center Health and Wellness Centers- CHO Sathi App	Per CHO	500	0.01	0	0.00	0	0.00	<b>Budget for FY 2024-25:</b> Training of Newly recruited CHOs on e-DSS: Rs 500/-x 620=3.10 Lakhs <b>Budget for FY 2025-26:</b> Training of Newly recruited CHOs on e-DSS: Rs 500/-x668=3.34 Lakhs Refresher training for all CHOs: Rs 500/-x6688= 33.44 Lakhs <b>Details at CPHC Write-up Justification at Annexure-C</b>
150.17	Award to best performing HWC at the state level	Lumpsum	250000	2.5	0	0.00	0	0.00	<b>State Level Award Ceremony for Best Performing SC-HWC on the UHC day. Detail modalities at CPHC Write-up Justification Annexure-D</b>
150.18	Award to best performing HWC at the district level	annually	30000	0.3	0	0.00	0	0.00	District Level Award Ceremony for Best Performing SC-HWC on the UHC day
150.19	District bi-annual Convergence Meeting with NHM & NAM	Bi annual	10000	0.1		0.00	0	0.00	<b>District level bi annual convergence meeting</b> =10000x30x2=6L
150.20	Quarterly Convergence Meeting at the Block level with NHM & NAM	quarterly	5000	0.05		0.00	0	0.00	<b>Quarterly Convergence Meeting at the Block level (the state has 314 block)</b> =5000x314x4= 62.8L
150.21	Implementation of AB-HWC Mobile App in 100% Health and Wellness Centers	Per participant	500	0.01	0	0.00	0	0.00	On going Activity: Approval for 2023-24- 4896 (3634 nos of CHOs from SC-HWC, 1228 nos of ANM from PHC-HWC, 106 nos of Staff Nurse from UPHC-HWC) . <b>Approval:</b> FY 24-25: 2464 (CHO-2386, ANM - 68, UPHC SN- 10) FY 25-26: 668 CHO <b>Detail modalities at Annexure-E</b>
150.22	Equipping the Sub-Centre/ PHCs -Health and Wellness Centers with essential equipment, Instruments and furniture (EIF) for the delivery of Comprehensive Primary Health Care Services. (Without Civil Cost)	Lumpsum		0.00		0.00		0.00	To be taken after due facility assessment.
150.23	<b>Incentives under CPHC</b>					<b>0.00</b>		<b>0.00</b>	
150.23.1	Performance incentive for Mid-level service providers							0.00	The CHOs' performance is tracked through 28 state customised indicators out of the 6020 SHCs - 4810 CHOs are already in position so they will be eligible to get their incentives for 12 months and the rest 1210 CHOs who are expected to join in FY 24-25 will be eligible for getting 8 months incentive
150.23.2	for Old CHOs	Per month	15000	0.15		0.00		0.00	As it is a performance linked incentive, budget has been proposed 70% of the total entitlement <b>(i.e. 4810x15000x12=865.8L)</b> <b>Budgeted under HSS-9_HRH, Sl.No.188</b>
150.23.3	for New CHOs	Per month	15000	0.15		-		0.00	As it is a performance linked incentive, budget has been proposed 70% of the total entitlement <b>(i.e. 1210x15000x8=145.2L)</b> <b>Budgeted under HSS-9_HRH, Sl.No.188</b>

*J. D. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks	
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					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)		
150.23.4	Team based incentives for Health & Wellness Centres (H&WC - Sub Centre)	Per HWC	36000	0.36					0.00	Proposal 2024-25: Team based incentive proposed for 6020 for ANM & MPW(M) under SC HWCs which is tracked through state customized 27 indicators Amount of Incentive @ 3,000/- per month per SC as team based incentives to ANM/MPW(M)= $6020 \times 12 \times 0.03 = \text{Rs. } 2407.68\text{L}$ Budgeted: As it is a performance linked incentive, budget has been proposed 70% of the total entitlement - Rs.1517.04 lakhs <b>Budgeted under HSS-9_HRH, Sl.No.188</b>
150.23.5	Team based incentives for Health & Wellness Centres (PHC-H&WCs)	Per Inst. Per annum	96000	0.96					0.00	Proposal: Team based incentive proposed for 1296 PHC HWCs Proposed incentive: i. MBBS MO @ Rs. 3000/- Per Month x 12 months = Rs. 36000 ii. AYUSH MO @ Rs. 2000/- Per Month x 12 months = Rs. 24000 iii. Paramedics @Rs. 3000/- Per month x 12 months = Rs. 36000 = 36000 + 24000 + 36000 = Rs. 96000 = 96000 x 1296 = Rs. 1244.16 Lakhs Budgeted: As it is a performance linked incentive, budget has been proposed 70% of the total entitlement - <b>Rs. 870.91 Lakhs</b> <b>Budgeted under HSS-9_HRH, Sl.No.188</b>
150.24	Strengthening primary EMO Eye Care by engagement of EMOs	Lumpsum	9618000	96.18		0.00			0.00	<b>Dropped as per NPCC Recommendation</b> Eye Mitra Optician (EMO) are rural entrepreneur, who are trained by OSELFunder Odisha Skill Development Scheme, on identification and correction of Refractive Errors. The proposal envisages strengthening primary eye care services involving EMOs at PHC/UPHC HWCs in 14 selected districts of Odisha. <b>Details Proposal &amp; budget is at CPHC Write-up Justification Annexure H</b>
150.25	Fixed Day Case Confirmatory cum Referral Camp at SHC HWC	Per HWC	1500	0.02		0.00			0.00	<b>New Activity: Not Approved</b> It is proposed to organize a 'fixed day' at SHC HWCs where fixed day camps (Mental, Dental & Eye Care) can be organized for confirmation of cases, providing basic primary care and referral to higher facilities (if required). <b>Details proposal &amp; budget budget is at CPHC Write-up Justification Annexure I</b>
150.26	Popularizing CPHC Services through mass media campgain	Lumpsum	4300000	43.00	0	0.00			0.00	<b>New Activity Recommended for One year only as per NPCC Recommendation</b> Its proposed to have an aggressive Mass media campaign to wide spread the awareness about services provided at HWCs and thereby improving its utilization. <b>Details proposal &amp; budget budget is at CPHC Write-up Justification Annexure J</b>

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	F.Y. 2024-25		F.Y. 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
150.27	Strengthening supply chain management at SHC HWC	Lumpsum	3001000	30.01		0.00		0.00	<p><b>Shifted to HSS-12_Sl.No.-196 as per NPCC Recommendation</b></p> <p><b>New Activity</b></p> <p>Its proposed to strengthen supply chain management at SHC HWC across state by creating login credentials of SHC HWCs in DVDMS, training CHOs on forecasting &amp; indenting through e-Niramaya &amp; supporting in transportation of drugs &amp; logistics. The transportation cost to the CHOs under this initiative is proposed under HSS-7 (Sl-180: free drug initiatives). Only training cost is proposed under CPHC.</p> <p><b>Details proposal &amp; budget budget is at CPHC Write-up Justification Annexure K</b></p>
150.28	Jan-Sambad at SC HWCs	Per HWC	2000	0.02		0.00		0.00	<p><b>New Activity: Not Approved</b></p> <p>Under this initiative, it is envisaged that the SC HWC along with JAS will conduct one public meeting involving with wider participation from the community under "Jan-Sambaad".</p>
150.29	Computer literacy training of the CHOs	Per CHO	500	0.01		0.00		0.00	<p><b>Budget Shifted to Sub Line item No. 150.9.6.5 as per NPCC Recommendation</b></p> <p>This initiative proposes that all the CHOs will be trained for basic computer skills. Along with the basic computer skills, they will also be trained in the existing portals- CPHC-NCD, RCH, Nikshay, IHIP, FPLMIS, UWIN and others</p> <p><b>This Training to be merged with refresher training of CHOs. Content on IT platforms &amp; computer literacy to be included in training module.</b></p> <p><b>Details proposal &amp; budget budget is at CPHC Write-up Justification Annexure M</b></p>
151	Wellness Activities at HWCs-Rural					0.00		0.00	

*J. B. Singh*  
15/10/2024

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	F.Y. 2024-25		F.Y. 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
151.1	Incentive/honorarium for Yoga instructor	Per HWC	60000	0.60		0.00		0.00	Budgeted under HSS-9_HRH, Sl.No.188
151.2	IEC activities for Ayushman Bharat Health & Wellness centre (H&WC)			0.00		0.00		0.00	Ongoing Activity
151.2.1	IEC Recurring Cost			0.00		0.00		0.00	IEC Recurring Cost : For FY :2024-25 1296 PHC HWC @ Rs 50,000/- for organising minimum 24 events in a year 6020 SHC HWC @Rs. 25,000 for organising minimum 24 events in a year For FY :2025-26 1296 PHC HWC @ Rs 50,000/- for organising minimum 24 events in a year 6688 SHC HWC @Rs. 25,000 for organising minimum 24 events in a year
151.2.1.1	IEC Recurring Cost PHC HWCs	Per HWC	50000	0.50	0	0.00	0	0.00	Observance of days and wellness activities at HWC - PHC - 1296 × 50000 = <b>Rs.648 Lakhs</b>
151.2.1.2	IEC Recurring Cost SC HWCs	Per HWC	25000	0.25	0	0.00	0	0.00	Observance of days and wellness activities at HWC - SHC - 6020 × 25000 = <b>Rs.1505 Lakhs</b>

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	F.Y. 2024-25		F.Y. 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
151.2.2	Day celebration	Lumpsum	0	0.00	1	0.00	1	0.00	<p><b>Proposal - Day celebration</b>  <b>State Level - @Rs.2.00 lakhs for State level Observation</b>  <b>1. HWC day - Rs. 1.00 lakhs</b>  <b>2. UHC day - Rs. 1.00 lakhs</b>  <b>District Level -</b>  <b>1. HWC day - Rs. 50000/dist. × 30 dist. = Rs.15.00 Lakhs</b>  <b>2. UHC day - Rs. 50000/dist × 30 dist. = Rs.15.00 Lakhs</b>  <b>Total= Rs. 30.00 lakhs + Rs.2.00 Lakhs =Rs. 32.00 Lakhs</b></p>
151.2.3	Incentive/honorarium for Yoga instructor	Per HWC	60000	0.60	0	0.00	0	0.00	<p><b>Budget Shifted from HSS-9_HRH, Sl.No.188</b>  <b>Background:</b>  This is an ongoing activity as per CPHC mandate. Budget is proposed based on increase in number of operational HWCs. Unit cost remains same. Considering the constraints of availability of trained Yoga teacher 50% of the total budget is proposed. As per GoI conditionality framework upto 10 Yoga sessions in a month will be conducted by a trained Yoga Teacher.  <b>Incentive/honorarium for Yoga instructor: @Rs.600 per yoga session</b>  <b>For FY 2024-25</b>  Total HWCs - 6020 SHC HWCs +1296 PHC HWCs = 7316 HWCs  Budget FY 2024-25: 500 x 10 x 7316x 12 months = Rs.4389.6 lakhs  Budget Proposed-50% of total cost- Rs.2194.80 lakhs  <b>For FY 2025-26</b>  Total HWCs - 6688 SHC HWCs +1296 PHC HWCs = 7984 HWCs  Budget FY 2025-26: 500 x 10 x 7984x 12 months = Rs.4790.4 lakhs  Budget Proposed-50% of total cost- Rs.2395.20 lakhs  NB:As per the state govt. Notification Yoga instructors are paid Rs.500 for facilitating one yoga session including travel cost, against the GoI norm of Rs. 250; this incentive includes travel expenses borne by the instructor as one instructor has to travel on an avg. 30 KMS to reach the facility. in addition getting yoga teachers in interior rural belts with low incentive is a real challenge.</p>
152	Tele-consultation facilities at HWC-Rural					23.76		23.76	

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	F.Y. 2024-25		F.Y. 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
152.1	Telemedicine/ teleconsultation facility under Ayushman Bharat H&WC			0.00		23.76		23.76	<p><b>Current status</b>  <b>Background/Current Status:</b>At present under e-sanjeevani eco system, state has 12 active Hubs,32 DHH Sub Hubs,19 SDH Sub Hubs,366 CHC Sub Hubs and 5742 spokes. These facilities are providing tele consultation services to the beneficiaries across state.  <b>Approval: New HUBs/Sub Hubs/Spokes are proposed in the following manner:</b>  <b>FY 2024-25:</b>  <b>A. Hubs:5 New (All New operational MCHs)</b>  I. Sri Jagannath Medical College and Hospital, Puri  II. Fakir mohan MCH , Baleshwar  III. Bhima Bhoi, Government Medical College &amp; Hospital, Bolangir  IV. Dharani Dhara Government Medical College, Keonjhar  V. Government Medical College, Sundargarh  <b>B. Sub Hubs: 29 New (100 % saturation of SDH (32)&amp; CHCs (382))</b>  <b>C. Spokes: 2242 New (All targeted PHC (1296)&amp; SHC HWC (6020))</b>   <b>FY 2025-26:</b>  <b>A. Hub: 3 (Saturation of all MCH expected to be operational)</b>  <b>I. Govt MCH Kalahandi</b>  <b>II. Govt. MCH Talcher,Anugul</b>  <b>III. Govt. MCH Jajpur</b>  <b>B. Sub Hubs: 0</b>  <b>C. Spokes: 668 (All targeted SHC HWC 6688)</b></p>
152.1.1	HUBs at Medical Colleges & Sub-hubs at DHHs					23.76		23.76	
152.1.1.1	Non Recurring Cost					-		-	
152.1.1.1.1	Telemedicine diagnostic kit:								State has planned to take-up this activity by providing Digital diagnostics devices at Spokes level, through the funding from XVFC. Hence no budget proposed
152.1.1.1.2	IT Equipment								

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	F.Y. 2024-25		F.Y. 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
152.1.1.1.3	Computer & other assessories including printer	Per MCH	70000	0.70	0	-	0	<p><b>IT Equipment:</b> Supply of IT Equipment (Computer, Web Camera, Microphone) is proposed for Existing Hubs, New Hubs &amp; new Sub Hubs. The State has planned to have 6 IT sets at Hubs (Existing 4 sets provided) , 2 IT sets at DHH Sub-Hubs (Existing 1 set provided), one IT set at the other Sub-Hubs (at SDH/CHC level)and spokes. Additional IT set are proposed at Hubs and DHH Sub-Hubs to reduce the waiting time and call drop.</p> <p><b>Budget:</b> To match the state norm IT equipments are proposed in the following manner: <b>FY 2024-25:</b> For Existing Hubs: 24 @Additional 2 per Hub for 12 Hubs - For Existing DHH Sub Hubs: 32 @Additional 1 per DHH Sub Hubs for 32 DHH Sub Hubs For Newly Approved Hubs: 30 @ 6 per new Hub for 5 Hubs Newly Approved Sub Hubs (SDHs/CHCs): 29 @1 per new Sub Hub for 29 Sub Hubs <b>Total Requirement for FY 2024-25: 115</b> <b>Total Budget for FY 2024-25: Rs 70000x 115=80.50Lakhs</b> <b>FY 2025-26:</b> For Newly Approved Hubs: 18 @ 6 per new Hub for 3 Hubs <b>Total Requirement for FY 2025-26:18</b> <b>Total Budget for FY 2025-26: Rs 70000x 18=12.60 Lakhs</b> NB: The proposal for requirement of IT equipment for new spokes is proposed under ICT head of the PIP.</p>	
152.1.1.2	Recurring Cost					23.76	23.76		
152.1.1.2.1	Human Resource							To be mobilised from system & to be hired from market on session basis	
152.1.1.2.2	Super Specialist session at Hub (Part Time) @ Rs 3,000 per session of 120 minutes	Per session	2500	0.03	312	7.80	312	7.80	6 sessions (duration - 120minutes per session) per week x 52 weeks p.a. x 17 Hubs = 5304 sessions
152.1.1.2.3	Specialist sessions at Hub & sub-hubs (Part Time) @ Rs 3,000 per session of 120 minutes	Per session	2500	0.03	520	13.00	520	13.00	<p><b>A.Hub</b> 10 sessions (duration - 120minutes per session) per week x 52 weeks p.a. x 17 hubs = 8840 sessions <b>B.Sub-Hub (All 32 DHHs are considered as sub-hubs)</b> 10 sessions (duration - 120minutes per session) per week x 52 weeks p.a. x 32 hubs = 16640 sessions Type of Specialist consultation - O&amp;G, Peadriatic, Ophthalmology, SNCU follow up consultations, etc. <b>Total consultations = 8840+16640=25480</b> <b>Budget Approved for 2024-25: @Rs.2500/- X 25480 = Rs.637.00 lakhs</b> <b>Budget Approved for 2024-25: @Rs.2500/- X 27039 = Rs.675.98 lakhs</b></p>

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	Approval 2024-26				State's Remarks
					F.Y. 2024-25		F.Y. 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
152.1.1.2.4	General consultation Sessions at Sub hub @Rs.1000 per session of 120 minutes	Per session	1000	0.01	0	-	0	-	6 sessions (duration - 120 minutes per session) per week x 52 weeks p.a. x 414 sub hubs = 129168 sessions Budgeted-70% of total cost- Rs.904.18
152.1.1.2.5	Tele-consultation Coordinator	Per person p.m.	19700	0.20	1	2.36	1	2.36	Engaged through outsource agency (Skilled labour rate @Rs.480/- per day for 26 days in a month = Rs.12480/- + ESI & EPF = Rs.19700/-)
152.1.1.2.6	Internet Charges	Per Month	2000	0.02	1	0.24	1	0.24	HUB(MCH) & SUB HUB (DHH) - Rs. 2000 / month = Rs. 11.76 L
152.1.1.2.7		Per Month	1000	0.01	0	-	0	-	SUB HUB(SDH & CHC) - Rs. 1000/month = Rs.49.68 L
152.1.1.2.8		Per Month	500	0.01	-	-	0	-	For Spokes Proposed in Recurring expenses
152.1.1.2.9	Miscellaneous Charges	Per Month	3000	0.03	1	0.36	1	0.36	Cost for printing of prescription, register etc
152.1.2	<b>Spokes for Model PHC HWCs</b>			0.00		-		-	
152.1.2.1	<b>Non Recurring Cost</b>			0.00		-		-	
152.1.2.1.1	Telemedicine diagnostic kit:			0.00					- Not proposed
152.1.2.1.2	IT Equipment			0.00					- Requirement saturated in previous years except printer
152.1.2.1.3	Printer	Per HWC		0.00		-		-	- Already Proposed in 2022-23
152.1.2.2	<b>Recurring Cost</b>			0.00		-		-	- Recurring cost for 5400 SHCs from all 30 districts.
152.1.2.2.1	Miscellaneous cost	Per HWC p.a.	5000	0.05	0	-	0	-	<b>Total HWCs - 1296 +6020 = 7316</b> • PHC HWCs - 1296 • SHC HWC - 6020 Total - 7316 × 0.05 = <b>Rs.365.8 Lakhs</b>
152.1.2.2.2	Internet connectivity charges	Per Month	500	0.01		-		-	<b>Dropped as per NPCC Recommendation</b> <b>Total HWCs - 1296 +6020 = 7316</b> • PHC HWCs - 1296 • SHC HWC - 6020 Total - 7316×0.01 = <b>Rs.438.96 Lakhs</b>
152.2	<b>Other IT Initiatives (please specify)</b>					-		-	
153	<b>CHO Mentoring</b>					0.00		0.00	
153.1	State Mentorship for the CHOs	Per CHO p.m.	5400	0.054	0	-	0	-	<b>Gov's mentorship initiative is initiated through CMC Vellore. At present state has 10 trained mentors. The state is expected to have 35 State mentors by end of FY 24-25. Each mentor will be tagged 36 CHOs each.</b>
153.2	Review cum Sensitization Meeting for HWC SHC team at the district level	quarterly	1200	0.012	0	-	0	-	<b>Quarterly District Level Review meeting</b> - Approved budget is Rs.300/CHO (Rs.200 for reimbursement of travel using public conveyance and Rs. 100/- for refreshment

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	F.Y. 2024-25		F.Y. 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
153.3	Review cum Sensitization Meeting for HWC SHC team at the block level	8 times in a year	2400	0.024	0	-	0	-	<b>Block Level Review meeting (eight times in a year)</b> - Approved budget is Rs.300/HWC team (Rs.300 will be utilised towards refreshment cost for the team)
153.4	Tickler Bag in SC-HWC for Effective Tracking and Follow up for NCD Patients	Lumpsum				-		-	<b>Not proposed. All aspirational districts saturated through last year PIPs.</b>
153.5	CHO Leadership Certification Program	Per CHO p.m.	150	0.00	0	-	0	-	<b>Ongoing activity:</b> With the support from JHPIEGO, by end of FY 2023-24, 1 CHO in each block to be certified as CHO peer leader/CHO buddy. They are expected to play the role of a peer mentor for the remaining CHOs of their block to accomplish assigned task under CPHC. The detail write-up is attached at annexure G
153.6	Nurse Mentor for SC HWC	Lumpsum	10240000	102.40		-	0	-	<b>New Activity: Budget Shifted to HSS-6, Sl.No. 175 in 2024-25</b> Under this initiative, for the Aspirational Districts & Blocks covered under aspirational block programme of Odisha, for every 20 SC HWC, one Nurse mentor will be empanelled and will be reimbursed based on their performance. There are 1667 nos of SC HWCs in the 10 Aspirational districts of Odisha and for them, 83 nos of Nurse Mentors will be engaged. These Nurse mentors will be basically GNM/BSc nurse who are available for freelance mentoring. These mentors once empanelled, will provide NQAS field mentoring to the CPHC team members on one to one basis. <b>Budgeted: 50%</b> as empanelment of nurse mentors may take time to rollout the programme.

*J. B. Singh*  
15/8/2024





# NHM PIP

## 2024-26

Programme Implementation Plan

### HSS-2

# Blood Services & Disorders



## FM MCH, Balasore

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	F.Y. 2024-25		F.Y. 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
	<b>Total Blood Services &amp; Disorders</b>					-		0.30	
154	<b>Screening for Blood Disorders</b>					-		0.30	
154.1	<b>Universal Screening of Sickle Cell at Field and Facility Level</b>					-		-	
154.1.1	Universal Screening	Per POCT	100	0.001	0	0.00	0	0.00	<p><b>Target &amp; Unit Cost Revised as per NPCC Recommendation</b></p> <p><b>Background: Kit Cost (Recurring Cost)</b></p> <p>Screening Cost: Rs.150/- per screening (cost may vary depending on tender)</p> <p>Target Beneficiary for the FY 2024-25: 2263737 (20 targeted Districts )</p> <p>Target Beneficiary for the FY 2025-26: 2238594 (20 Targeted districts)</p> <p>This fund shall be utilised for procurement of POCTs and reagent/ consumables used for screening through HPLC/ Capillary Electrophoresis etc..</p> <p><b>List of district wise targeted beneficiaries at Blood Services write-up justification Annexure A.</b></p> <p><b>Budget Approved 95%</b></p>
154.2	<b>Training, Capacity Building</b>					0.00		0.00	
154.2.1	Training of Service Providers for Universal Screening	Lumpsum				0.00		0.00	Detailed proposal at Blood Services write-up Justification Annexure-B
154.2.1.1	District ToT (1 day training)	Per Batch	94000	0.94	0	0.00		0.00	MOs of Larger Districts (No. of Blocks≥10): 6 Nos., MOs of Smaller Districts (No. of Blocks<10): 4 Nos. Batch Size: 40 Total batch: 3
154.2.1.2	Field level Training of Mos	Per Person	961	0.01	0	0.00		0.00	Training of MOs at MHT : 1 No. of MO per MHT, Total No. of MHT-416 nos Per Person: Rs.961/-
154.2.1.3	Field Level Training of CHOs	Per Batch	40000	0.40	0	0.00		0.00	Training of CHOs of SC HWCs: Total Nos of CHOs in SC HWC-3497 Batch Size: 40 Total batch: 87
154.2.1.4	Field Level Training of SNs	Per Person	1028	0.01	0	0.00		0.00	Training of SNs of 416 Nos. of MHT and facilities (240 CHC, 23 SDH and 21 DHH) in 20 targeted Districts: Total Nos of SN-700 Nos. Per Person: Rs.1028/- per person
154.2.1.5	Field Level Training of ANMs	Per Batch		0.00		0.00		0.00	This training will be provided to the ANMs in the Sector / Monthly Meeting. So no separate budget is proposed. Total ANM: 4266 Nos.
154.2.1.6	Field level training of ASHAs	Per Batch		0.00		0.00		0.00	This training will be provided to the ASHAs in the Sector / Monthly Meeting. So no separate budget is proposed. Total ASHA: 32230 Nos.

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	F.Y. 2024-25		F.Y. 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
154.2.1.7	Printing of Training modules for District ToT and Field	Per Piece	200	0.00	0	0.00		0.00	CHOs-3497 Nos, SN-700, MO-518, ASHA/MPW-240 Nos
154.2.2	Training for roll out of counselling and awareness module	Lumpsum		0.00		0.00		0.00	Proposed as recommended by MoTA <b>Detailed proposal at Blood Services write-up Justification Annexure-C</b> Proposal submitted to MoTA
154.3	IEC/BCC	Lumpsum						0.00	<b>Detailed proposal at Blood Services write-up Justification Annexure D</b> Proposal submitted to MoTA
154.4	Provisioning of Sickle Cell Status Cards	Per card	20	0.0002	0	0.00	0	0.00	<b>Target Revised as per NPCC Recommendation</b> <b>Target Beneficiary for the FY 2024-25: 2263737</b> <b>Target Beneficiary for the FY 2025-26: 2238594</b> <b>Budget for FY 2024-25: Rs.20/- X 2263737=Rs. 452.75 Lakhs (Approx.)</b> <b>Budget for FY 2025-26: Rs.20/- X 2238594= Rs. 447.72 Lakhs. (Approx.)</b> The actual amount to be paid as per the competitive bidding. District wise target beneficiary is at Budget Annexure. <b>This fund is proposed in NHM PIP FY 2024-26.</b> <b>Detailed proposal at Blood Services write-up Justification Annexure E</b> <b>Budget Approved 95%</b>
154.5	Sickle Cell Database Entry (Portal/Mobile app)	Per case	5	0.0001		-			<b>Dropped as per NPCC Recommendation</b> - The sickle cell database entry shall be done at the source those who will screen the case in the field (MHT/ANM/CHO/LT etc)
154.6	Screening / Management of Positive Sickle Cell Cases					0.00		0.30	<b>New Activity</b> <b>Detailed proposal is at Blood Services write-up Justification Annexure-F.</b> <b>Proposed in 2025-26</b> <b>Budget Approved 50%</b>
154.6.1	Recurring cost of CVS per case	Per case	2000	0.020		0.00	0	0.00	
154.6.2	Maintenance cost for CVS Centre	Per Center	60000	0.600		0.00	1	0.30	
154.6.3	Incentive to ASHA for motivation of ANC PW for screening	Per ASHA	20	0.000		0.00	0	0.00	
155	<b>Support for Blood Transfusion</b>					-		-	
155.1	Free user charges for blood transfusion of all cases treated at Public Health Facilities	Per Unit	400	0.00	0	-	0	-	Free Blood Issued in 2022: 4.56 lakhs Budget Approved for 2024-25: 4,60,000 units Budget Approved for 2025-26: 4,60,000 units
155.2	Establishment of New Blood Component Separation Units	Per unit	8548000	85.48		-	0	-	<b>Detailed proposal at Blood Services write-up Justification Annexure-G</b> <b>Proposed in 2025-26</b>
155.3	Lab Automation of Blood Grouping and Cross Matching Services	Per unit	175	0.00	0	-	0	-	<b>Detailed proposal at Blood Services write-up Justification Annexure-G</b> <b>Estimated Budget: Rs.1057.45 lakhs, budgeted 40% as rollout of activities may take time</b>

*J. B. Singh*  
15/10/2024

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	F.Y. 2024-25		F.Y. 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
155.4	Lab Automation of Antibody Screening			-		-		-	Detailed proposal at Blood Services write-up Justification Annexure-G To be taken up out of State budget fund
155.5	Other recurring cost for 3 Day Care Centers	Per Unit	100000	1.00	0	-	0	-	<b>Ongoing Activity</b> <b>For DHH Balasore, DHH Kandhmal &amp; RGH Rourkela.</b> <b>Head of expenses -</b> 1.1.HR proposed in Human Resource SD A. Staff Nurse:6nos B. Lab Tech: 3 nos C. Medical officer: 3 nos D. Counselor: Existing counselor are multitasked and engaged for the purpose. E. Attendant: Under State Budget Scheme 1.2.Other recurring cost @Rs.1.00 lakhs per unit x 3 unit = Rs.3.00 lakhs (Proposed as per last year approval)
<b>156</b>	<b>Blood Bank/BCSU/BSU/Thalassemia Day Care Centre</b>					-		-	
156.1	Equipment for Blood Banks/BSU/BCSU	Lumpsum		0.00		0.00		0.00	<b>To be met out of State Budget</b>
156.2	Equipment for Day Care Centre			0.00		0.00		0.00	No new Day Care Center proposed in this Year
156.3	Recurring Cost of BSUs	Per BSU	24000	0.24	0	0.00	0	0.00	Recurring expenses for Blood storage unit (BSU) :- Total FRU in the State - 94; Blood Bank functional in : 51 FRUs; BSU functional in 42 FRUs. Recurring funds approved 42 BSUs @24000/- per BSU per Annum x 42 BSUs =Rs.10.08 lakhs (On going activity)
156.4	E-rakt kosh	Lumpsum/ per annum	17035000	170.35	0	-	0	-	170.35 Lakhs (Including the Cost of Code Upgradation/Maintenance/Audit) <b>Current Status:</b> e-blood bank is operational at 72 Blood Bank (Govt. Blood Bank- 55, 16 Private Blood Banks & 1 Red cross Blood Bank). 65 Manpower Support has been provided to the Govt. and Red Cross Blood Centers (56 Blood Centers) @Rs20024 per person (Including 18% GST) <b>Justification:</b> NHM has supported for positioning of Technical Resources at all Govt. and Red Cross Blood Banks to operationalise e-Blood Bank since 2015-16. The application has already integrated with e-Rakt Kosh of GOI. Proposal for 2024-25 and 2025-26: Budget proposed with resource cost at par with the Techno-Managerial Skilled Labor Cost prescribed by H & FW Department, Govt. of Odisha adhering to the Minimum Wages Act. Budget also included the Application Maintenance, Change Request, Code Upgradation and Cyber Security Audit Cost of the Application.(Apprx @1 Lakh+GST per Month)

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	F.Y. 2024-25		F.Y. 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
156.5	Blood Bank/Blood Storage Unit (BSU) Training	20/batch	179000	1.79	0	0.00	0	0.00	<p><b>Ongoing Activity</b>  <b>Proposed as per last year approval</b>  Justification: Total FRU 94, out of 51 BB. BSU requirement 43. Training requirement 43 x 2 (MO 1 + LT 1) = 86. Total trained = 229, excess achievement due to transfer &amp; retirement. In view of transfer &amp; retirement every year.  Status:  Target for 2022-23: 1 batch (20/ batch)  Ach till Mar'23: 1 batch - 15 Participants  Target for 2023-24: 1 batch (20/ batch)  Projected achievement by Mar'24: 1 batch  <b>Approved for 2024-25: 2 batches (20/ batch)</b>  <b>Approved for 2025-26: 2 batches (20/ batch)</b>  <b>Budget: Rs. 161500 + Rs. 17,500 manual printing of 50 booklets= Rs. 1,79,000/ batch</b></p>
<b>157</b>	<b>Blood collection and Transport Vans</b>								
157.1	Mobile blood collection Vans - Non recurring	Per MBCV	6000000	60.00	0	-		-	<b>Approval Pended</b>
157.2	Mobile blood collection Vans - Recurring	Per unit p.a.	308880	3.09	0	-	0	-	<p><b>Activity Approved In-principle</b>  <b>Ongoing activity</b> : Proposed as approved last year.  Operational cost for Mobile blood collection vans:  1. POL/DOL @Rs.25000/- p.m. per unit  2. Contingency @Rs.740/- p.m. per unit (towards minor emergency repairs, stationary items (paper, pencil and pen), consumables (cotton, syringe, sanitizer, surgical spirit and band-aid), refreshment for staff and IEC materials such as banners and leaflets. )  HR proposed under HSS head</p>
<b>158</b>	<b>Other Blood Services &amp; Disorders Components</b>								
158.1	<b>IEC/BCC activities under Blood Services</b>								The proposed IEC/BCC activities will proposed to improve voluntary blood collection. Current status: 68% through voluntary blood donation.
158.1.1	<b>Mass Media Interventions</b>								
158.1.1.1	Publicity through Print Media	Per day	100000	1.00	0	-	0	-	One time display for Color Quarter page advt. in 1 paper for 2 newspaper for 6 days per year
158.1.2	<b>Mid Media Interventions</b>								
158.1.2.1	<b>Day celebration :</b>								Days planned to be observed: 1. Blood Donor Day (14 Jun) 2. National Voluntary Blood Donation Day (1st October)

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	F.Y. 2024-25		F.Y. 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
158.1.2.1.1	At State level	Per event	150000	1.50	0	-	0	-	Budget Breakup: 1. Launching Ceremony: Rs.30000/- 2. Mass Rally involving 600 participant (Pla Card, Banner, Snacks & launch) :Rs.90000/- 3. Prize to best performing blood banks & organisers of VBD camps : Rs. 30000/-
158.1.2.1.2	At Dist level	Per event per dist	15000	0.15	0	-	0	-	@Rs.15000/- per district per event X 2 event Unit cost proposed as approved in last year
158.2	Support to CoE, Sickle Cell, VIMSAR Burla			-		-		-	As per NPCC discussion, the proposal shall be proposed in Supplementary PIP, Once the guideline is developed by GoI. Detailed proposal at Blood Services write-up Justification Annexure-H & H.1
<b>Total Screening of Blood Disorders</b>								<b>0.30</b>	

*J. B. Singh*  
15/8/2024





# NHM PIP

## 2024-26

Programme Implementation Plan

**HSS-9**  
**HRH**



## HSS-9\_HRH

## FM MCH, Balasore

S.No.	Scheme/ Activity	Approval 2024-26							
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	F.Y. 2024-25		F.Y. 2025-26		State's Remarks
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
<b>Total HRH</b>						<b>20.22</b>		<b>21.19</b>	
<b>185</b>	<b>Remuneration for all NHM HR</b>					<b>20.22</b>		<b>21.19</b>	<b>Ongoing Activity Details calculation at HR writeup Annexure</b>
185.1	Remuneration of Service Delivery HR	Lumpsum		0.00		13.28		13.95	
185.2	EPF of Service Delivery HR	Lumpsum		0.00		0.22		0.20	
185.3	Remuneration of Programme Management HR	Lumpsum		0.00		6.56		6.88	
185.4	EPF of Programme Management HR	Lumpsum		0.00		0.16		0.16	
185.5	Balance Amount Kept at State Level	Lumpsum		0.00		-		-	
<b>186</b>	<b>Incentives(Allowance, Incentives, staff welfare fund)</b>					<b>-</b>		<b>-</b>	
<b>186.1</b>	<b>Incentives and Allowances</b>								
186.1.1	Performance based Incentive to LSAS & EmOC trained Doctors								<b>Division: Maternal Health Total LSAS trained doctors in the system: 175 LSAS trained doctors posted at FRUs: 73 Total EMOC trained doctors in the system: 38 EMOC trained doctors posted at FRUs: 17</b>
186.1.2	Incentivisation of LSAS Doctors	Lumpsum	0	-	1	-	1	-	70% expected to quality as per norms (at least 2 CS per month) and eligible to get @3000 per month (70% of 73 doctors posted in FRUs=51). Budget : 51 * @3000 * 12= Rs.18.36 lakhs  30% expected to quality for additional @2000 incentive per month ; 30% of 51 = 15 persons eligible for Rs.2000. Budget : 15* Rs.2000 * 12 =3.60 lakhs TOTAL : Rs.21.96 lakhs
186.1.3	Incentivisation of EMOC Doctors	Lumpsum	0	-	1	-	1	-	70% expected to quality as per norms (at least 2 CS per month) and eligible to get @3000 per month (70% of 17 doctors posted in FRUs=12). Budget : 12 * @3000 * 12= Rs.4.32 lakhs  30% expected to quality for additional @2000 incentive per month ; 30% of 12 = 4 persons eligible for Rs.2000. Budget : 4 * Rs.2000 * 12 = 0.96 lakhs TOTAL : Rs.5.28 lakhs
186.1.4	Pregnant women line listed & treated for severe anaemia			-		-			Budget dropped
186.1.5	Pregnant women line listed & treated for high risk pregnancies			-		-			Budget dropped
186.1.6	Home deliveries attended by SBA trained ANM			-		-			Budget dropped

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15/8/2024



S.No.	Scheme/ Activity	Approval 2024-26							
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	F.Y. 2024-25		F.Y. 2025-26		State's Remarks
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
186.1.7	Institutional deliveries at SCs designated as delivery points (DP) conducting >5* deliveries/month			-		-			Budget dropped
186.1.8	Institutional deliveries at APHCS/PHCs designated as delivery points (DP) conducting >15* deliveries/month			-		-			Budget dropped
186.1.9	Institutional deliveries at CHCs(Non FRU) conducting 50* deliveries/month			-		-			Budget dropped
186.1.10	C-sections per month at Sub district CHC/ FRUs.	Per case	3000	0.03	0	-	0	-	<b>Ongoing Activity: Davison MH</b> Provision is for FRU-SDH and CHC in 10 Aspirational districts Total number of FRU-SDH and CHC in 10 Ads - 14 Total Num of del. (April to March 23)- 16781 Exp del for 12 months- 24732 Exp C Section up to 12 months- 3676 Avg CS per month-306 Monthly max. Limit for incentivisation (C section up to 20% of Normal del)-352 Case load for incentivization for 12 months (Monthly maximum limit as per norm from 6th CS onwards)-3384 Budgeted 80% as per expenditure trend
186.1.11	C-sections per month at District Hospital FRUs	Per case	3000	0.03	0	-	0	-	<b>Ongoing Activity: Division MH</b> Provision is for FRU-DHH in 10 Aspirational districts Total number of DHH-10 nos Total Num of del. (April to march 2023) - 46776 Exp del for 12 months- 46776 Exp C Section up to 12 months- 13990 Avg CS per month- 1167 Monthly max. Limit for incentivisation (C section up to 20% of Normal del)- 545 Case load for incentivization for 12 months (Monthly maximum limit as per norm from 11th CS onwards)- 5340 Budgeted 80% as per expenditure trend
186.1.12	<b>Special incentive to service providers of SNCU for quality service delivery</b>	Per unit							<b>Not Approved</b>
186.1.13	For 12 bedded SNCUs	Per Unit	30,000	0.30	0	0.00	0	0.00	
186.1.14	For 24 bedded SNCUs	Per Unit	35,000	0.35	0	0.00	0	0.00	
186.1.15	For 36 bedded SNCUs	Per Unit	40,000	0.40	0	0.00	0	0.00	
186.1.16	For 72 bedded SNCUs	Per Unit	55,000	0.55	0	0.00	0	0.00	

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	F.Y. 2024-25		F.Y. 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
186.1.17	Honorarium for Specialists	Per visit	10000	0.10	0	-	0	-	<b>Ongoing Activity: Division RBSK</b> <b>Budget Proposed as per last year's approval</b> <b>Strengthening of universal Eye Screening under RBSK at District Hospitals:</b> <b>Background:</b> For ensuring universal eye screening as per RBSK mandate (including RoP) experts will be hired from empanelled Pvt. Hospitals/ Individual specialists. <b>Budget:</b> Rs.10,000 per visit per expert inclusive of all cost X 100 visits= Rs.10.00 lakhs
186.1.18	<b>Award to the Service Provider for FP Services</b>			-		-		-	<b>Ongoing Activity: Division FP</b> <b>Award to the Service Provider</b> 1. Top three best performing service providers for NSV, Female Sterilization <b>Budget: @Rs.10000/- X 6 = Rs.0.60 lakhs</b> 2. Top three ASHAs at district level for Male and Female Sterilization and PPIUCD <b>Budget: @Rs. 1000/- X 9 X 30 =Rs.2.70 lakhs</b> 3. Top three Male Health Workers at District Level for Male Sterilization <b>Budget: @Rs. 1000/- X 3 X 30 =Rs.0.90 lakhs</b> <b>Total Budget: Rs.4.20 lakhs</b>
186.1.18.1	Best performing service providers for NSV, Female Sterilization	Per Award	10000	0.10	0	-	0	-	
186.1.18.2	Best three ASHAs at district level for Male and Female Sterilization and PPIUCD	Per ASHA	1000	0.01	0	-	0	-	
186.1.18.3	Best three Male Health Workers at District Level for Male Sterilization	Per HW	1000	0.01	0	-	0	-	
186.1.19	Incentive to service provider for PPIUCD services	Per Service Provider	150	0.00	0	-	0	-	<b>Ongoing Activity: Division FP</b> Achievement during 2022-23 - 75252 Proposal /Target 2024-25: 141000 (20% of expected delivery 705958) Budget proposed for 2024-25 & 2025-26: 98700 (70% of total target i.e. 141000 )
186.1.20	Incentive to service provider for PAIUCD Services	Per Service Provider	150	0.00	0	-	0	-	<b>Ongoing Activity: Division FP</b> Achievement during 2022-23: 4959 Target 2024-25: 10000 cases Proposal 2024-25 & 2025-26: 7000 (70% of 10000 cases)
186.1.21	Others (please specify) including Welfare Fund for Staff	Lumpsum		-		-			
186.1.22	NHM Staff Welfare Fund	Lumpsum	10000000	100.00	0	0.00	0	-	Ongoing Activity <b>Details at HSS Write-up justification Annexure</b>
187	<b>Remuneration for CHOs</b>								

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	F.Y. 2024-25		F.Y. 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
187.1	Remuneration of CHOs	per month	10000	0.10	0	0.00	0	-	<p><b>Ongoing Activity: Division CPHC</b>  Target 2024-25 : 6020 CHO positions  As per the target, 6020 SCs are to be converted as HWCs by 2024-25. Accordingly, State Government has created 6020 post of Nursing Officers on contractual basis under regular Nursing cadre being deployed as CHOs after completion of CPCH training in phased manner. The remuneration of all CHOs is proposed as per State Govt. circular (Remuneration @Rs.10000/- p.m.) under NHM PIP. These Nursing Officers will be inducted into regular cadre after completion of 6 years.  Budgeted 80% due to expected vacancies</p>
188	<b>Incentives under CPHC</b>					-		-	
188.1	Performance incentive for Mid-level Service Providers								The CHOs' performance is tracked through 28 state customised indicators out of the 6020 SHCs - 4810 CHOs are already in position so they will be eligible to get their incentives for 12 months and the rest 1210 CHOs who are expected to join in FY 24-25 will be eligible for getting 8 months incentive
188.1.1	for Old CHOs	Per month	15000	0.15	0	-	0	-	<p>As it is a performance linked incentive, budget has been approved for 70% for F.Y. 2024-25 &amp; 80% for 2025-26.  <b>Total fund requirement: 4810×15000×12=Rs. 8658.00 Lakhs</b>  <b>Fund Approved for 2024-25: Rs. 6060.60 Lakhs</b> (70% of the total requirement)  <b>Fund Approved for 2024-25: Rs. 8668.80 Lakhs</b> (80% of the total requirement)  <b>Incentive may be given to CHOs as per the actual inposition Status</b></p>
188.1.2	for New CHOs	Per month	15000	0.15	0	-	0	-	<p>As it is a performance linked incentive, budget has been approved for 70% for F.Y. 2024-25 &amp; 6 months budget approved for 2025-26.  <b>Total fund requirement: 1210×15000×8=Rs. 1452.00 Lakhs</b>  <b>Fund Approved for 2024-25: Rs. 1016.40 Lakhs</b> (70% of the total requirement)  <b>Fund Approved for 2025-26: Rs. 601.20 Lakhs</b> (6 months budget approved for the total requirement)  <b>Incentive may be given to CHOs as per the actual inposition Status</b></p>

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval 2024-26							
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	F.Y. 2024-25		F.Y. 2025-26		State's Remarks
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
188.2	Team based incentives for Health & Wellness Centres (H&WC - Sub Centre)	Per HWC	36000	0.36	0	-	0	0	<p><b>Approval 2024-25 &amp; 2025-26:</b> Team based incentive proposed for 6020 &amp; 6688 for ANM &amp; MPW(M) under SC HWCs which is tracked through state customized 27 indicators</p> <p>- Amount of Incentive @ 3,000/- per month per SC as team based incentives to ANM/MPW(M)= 6020 x 12 x 0.03 = Rs. 2167.2 Lakhs (Budgeted 70% i.e. Rs.1517.04 lakhs) ANM/MPW(M)= 6688 x 12 x 0.03 = Rs. 2407.68 Lakhs (Budgeted 70%</p>
188.3	Team based incentives for Health & Wellness Centres (PHC-H&WCs)	Per Inst. Per annum	96000	0.96	0	-	0	0	<p><b>Approval:</b> Team based incentive proposed for 1296 PHC HWCs Proposed incentive: i. MBBS MO @ Rs. 3000/- Per Month x 12 months = Rs. 36000 ii. AYUSH MO @ Rs. 2000/- Per Month x 12 months = Rs. 24000 - iii. Paramedics @Rs. 3000/- Per month x 12 months = Rs. 36000 = 36000 + 24000 + 36000 = Rs. 96000 = 96000 x 1296 = Rs. 1244.16 Lakhs <b>Budgeted:</b> As it is a performance linked incentive, budget has been proposed 70% of the total entitlement - <b>Rs. 870.91 Lakhs</b></p>
188.4	Incentive/honorarium for Yoga instructor	Per HWC	60000	0.60	0	0.00	0	0.00	<p><b>Revised as per NPCC Recommendation Budget Shifted to HSS-1_CPHC, SI.No. 151</b></p> <p><b>Background:</b> This is an ongoing activity as per CPHC mandate. Budget is proposed based on increase in number of operational HWCs. Unit cost remains same. Considering the constraints of availability of trained Yoga teacher 50% of the total budget is proposed. As per Gol conditionality framework upto 10 Yoga sessions in a month will be conducted by a trained Yoga Teacher. <b>Incentive/honorarium for Yoga instructor:</b> @Rs.600 per yoga session <b>For FY 2024-25</b> Total HWCs - 6020 SHC HWCs +1296 PHC HWCs = 7316 HWCs Budget FY 2024-25: 500 x 10 x 7316x 12 months = Rs.4389.6 lakhs Budget Proposed-50% of total cost- Rs.2194.80 lakhs <b>For FY 2025-26</b> Total HWCs - 6688 SHC HWCs +1296 PHC HWCs = 7984 HWCs Budget FY 2025-26: 500 x 10 x 7984x 12 months = Rs.4790.4 lakhs Budget Proposed-50% of total cost- Rs.2395.20 lakhs NB:As per the state govt. Notification Yoga instructors are paid Rs.500 for facilitating one yoga session including travel cost, against the Gol norm of Rs. 250; this incentive includes travel expenses borne by the instructor as one instructor has to travel on an avg. 30 KMs to reach the facility. in addition getting yoga teachers in interior rural belts with low incentive is a real challenge.</p>

*J. B. Singh*  
15/8/2024

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	F.Y. 2024-25		F.Y. 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
188.5	Incentive to Physiotherapists	Per Session	750	0.01	0	-	0	-	<p><b>Ongoing Activity</b>  <b>Proposal:</b> Extended physiotherapy sessions for home bound geriatric &amp; other cases                      Approximately 30% of the home-bound patients may require the physiotherapy services once in a month. Targeted patients 3000  <b>Incentive to empanelled Physiotherapists:</b> @Rs.750/- per session x 900 patients x 12 sessions p.a.</p>
189	<b>Costs for HR Recruitment and Outsourcing</b>							-	
189.1	Ancillary Services at Major Public Health Facilities (i.e. FRUs)	Lumpsum		-					<p><b>Budget shifted from HSS-7, Sl.No. 183</b>  <b>Ongoing Activity:</b>  <b>A State Specific Initiative namely NIRMAL is being implemented in the State. The Services under the scheme has been extended from DHH to PHC Level. It is managed by outsourced agencies.</b>  <b>Areas of interventions include :</b>                      • Housekeeping and cleanliness services-                      • Hospital linen and laundry services-                      • Security services-                      • Patient Attendant services-                      • Gardener Services                      • Lift Services                      • Patient Attendant Services                      Annual Cost Estimate of the project is more than Rs.50000.00 lakhs. The total cost of Ancillary Services at FRUs only is about Rs. 17213.46 Lakhs out of which Rs.2000.00 lakhs has been proposed under NHM and rest to be met out of State Budget.  <b>Detail proposal is placed at HSS-7_ Other Initiatives write-up Annexure-10 : "Ancillary Services"</b></p>
190	<b>Human Resource Information Systems (HRIS)</b>							-	<b>Not proposed, provisioned in previous years</b>

*J. B. Singh*  
 15/8/2024

FM MCH, Balasore

Details of Service Delivery HR Approved in NHM PIP 2024-25

Category	Pool	Position Name	Base salary Approved in 2023-24	New / Dropped Positions proposed in FY 24-25	Total Positions proposed in FY 24-25	Base salary Proposed in PIP 2024-25 (5% increment on base 23-24)	PI (25%)	KBK Incentive	Total salary p.m.	No of months salary proposed	Total budget	
SD	NTEP	Lab technician (for MCHs) - LT shifted to LT at all facilities	17967		1	18865	4716	0	23581	12	2.66	2.66
SD	NTEP	Medical Officers DTC / Sr. MO-DRTB Centre	74296		1	78011	19503	0	97514	12	11.70	11.70
SD	NTEP	TBHV- Govt. Medical college 10 positions TBHV shifted from urban areas	20688		1	21722	5431	800	27953	12	3.35	3.35
<b>Grand Total (Estimated Budget)</b>				<b>0</b>	<b>3</b>						<b>17.71</b>	
Budget Proposed is 75% of the total estimated cost (However, the estimated budget has been finalised based on the requirement including 3% of rationalisation fund to be deposited in the Treasury)											<b>13.28</b>	

*J. B. Singh*  
15/8/2024

Details of Service Delivery HR Approved in NHM PIP 2025-26

Category	Pool	Position Name	Positions proposed in FY 24-25	Base salary proposed in 2024-25	New / Dropped Positions proposed in FY 25-26	Total Positions proposed in FY 25-26	Base salary Proposed in PIP 2025-26 (5% increment on base 24-25)	PI (25%)	KBK Incentive	Total salary p.m.	No of months salary proposed	Total budget	
SD	NTEP	Lab technician (for MCHs) - <b>LT shifted to LT at all facilities</b>	1	18865	0	1	19808	4952	0	24760	12	2.79	2.79
SD	NTEP	Medical Officers DTC / Sr. MO-DRTB Centre	1	78011		1	81912	20478	0	102390	12	12.29	12.29
SD	NTEP	TBHV- Govt. Medical college	1	21722		1	22808	5702	800	29310	12	3.52	3.52
<b>Grand Total (Estimated Budget)</b>			<b>3</b>		<b>0</b>	<b>3</b>						<b>18.59</b>	
Budget Proposed is 75% of the total estimated cost (However, the estimated budget has been finalised based on the requirement including 3% of rationalisation fund to be deposited in the Treasury)												<b>13.95</b>	

*J. B. Singh*  
15/8/2024

Details of Programme Management HR Approved in NHM PIP 2024-25

Category	Pool	State/ District/ Block	Position Name	Positions proposed in FY 23-24	Base salary proposed in 2023-24	New / Dropped Positions proposed in FY 24-25	Total Positions proposed in FY 24-25	Base salary Proposed in PIP 2024-25 (5% increment on base 23-24)	PI (25% (SHSRC PI 10%))	KBK Incentive	Total salary p.m.	No of months salary proposed	Total budget		
PM	NPCDCS / HSS	District/ State	Fin. Cum Logistic Consultant - 2 new	1	48969	0	1	51417	12854	0	64271	12	7.71	7.71	
<b>Grand Total (Estimated Budget)</b>				<b>1</b>		<b>0</b>	<b>1</b>						<b>7.71</b>		
Proposal for SHSRC, budgetd under HSS-11, SI-193														<b>0.00</b>	
Balance estimated Budget														<b>7.71</b>	
Proposed Budget 85% as per last year's expenditure i.e. 80% approx. expenditure reported in 2022-23 (proposed under HSS-9, SI-185.3)														<b>6.56</b>	

*J. B. Singh*  
15/8/2024

Details of Programme Management HR Approved in NHM PIP 2025-26

Category	Pool	State/ District/ Block	Position Name	Positions proposed in FY 25-26	Base salary proposed in 2024-25	New / Dropped Positions proposed in FY 25-26	Total Positions proposed in FY 25-26	Base salary Proposed in PIP 2025-26 (5% increment on base 24-25)	PI (25% (SHSRC PI 15%))	KBK Incentive	Total salary p.m.	No of months salary proposed	Total budget	
PM	NPCDCS / HSS	District/ State	Fin. Cum Logistic Consultant - 1 new	1	51417	0	1	53988	13497	0	67485	12	8.10	8.10
<b>Grand Total (Estimated Budget)</b>				<b>1</b>		<b>0</b>	<b>1</b>						<b>8.10</b>	
Proposal for SHSRC, budgetd under HSS-11, SI-193														0.00
Balance estimated Budget														8.10
Proposed Budget 85% as per last year's expenditure i.e. 80% approx. expenditure reported in 2022-23 (proposed under HSS-9, SI-185.3)														6.88

*J. B. Singh*  
15/8/2024



**Mission Directorate  
National Health Mission  
SIH&FW (O) Annex Building  
Nayapalli, Bhubaneswar**