

DEPARTMENT OF HEALTH & FAMILY WELFARE  
GOVERNMENT OF ODISHA



CONCEPT NOTE ON SETTING UP M & E CELL IN SOUTH ODISHA

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## List of Abbreviations and Acronyms

<b>ABER</b>	Annual Blood Examination Rate
<b>ACT</b>	Artemisinin Combination Therapy
<b>ADMO- PH</b>	Additional District Medical Officer - Public Health
<b>AES</b>	Acute Encephalopathy Syndrome
<b>AMC</b>	Annual Maintenance Contract
<b>API</b>	Annual Parasitic Incidence
<b>ASHA</b>	Accredited Social Health Activist
<b>BCC</b>	Behavior Change Communication
<b>BSC</b>	Blood Slides Collected
<b>BSE</b>	Blood Slides Examined
<b>CDMO</b>	Chief District Medical Officer
<b>DA</b>	Dearness Allowances
<b>DFID</b>	Department for International Development, Government Of UK
<b>DOHFW</b>	Department of Health and Family Welfare
<b>DMO</b>	District Malaria Officer
<b>EDCT</b>	Early Diagnosis and Complete Treatment
<b>FTD</b>	Fever Treatment Depot
<b>ICMR</b>	Indian Council of Medical Research
<b>IEC</b>	Information Education Communication
<b>IPC</b>	Interpersonal Communication
<b>IRS</b>	Indoor Residual Spray
<b>JE</b>	Japanese Encephalitis
<b>KBK</b>	Koraput, Kalahandi, Bolangir cluster of districts
<b>LLIN</b>	Long Lasting Insecticidal Nets
<b>LQAS</b>	Lot Quality Assurance Sampling
<b>LSTM</b>	Liverpool School of Tropical Medicine
<b>M &amp; E</b>	Monitoring and Evaluation
<b>MTS</b>	Malaria Technical Supervisor
<b>NVBDCP</b>	National Vector Borne Disease Control Programme
<b>OHSP</b>	Odisha Health Sector Plan
<b>Pf</b>	Plasmodium falciparum
<b>PIP</b>	Project Implementation Plan
<b>SOMERU</b>	South Odisha Monitoring Evaluation And Research Unit
<b>SPR</b>	Slide Positivity Rate
<b>TMST</b>	Technical and Management Support Team
<b>TA</b>	Travel Allowances
<b>VBD</b>	Vector Borne Disease
<b>VBDCP</b>	Vector Borne Disease Control Programme
<b>VCRC</b>	Vector Control Research Centre

## 1. EXECUTIVE SUMMARY

Odisha is one of the leading states of India in terms of Malaria burden, accounting for about a quarter of its cases. The majority of Odisha's load of Malaria is contributed by 8 districts (Koraput, Malkangiri, Rayagada, Nawarangpur, Kandhamal, Kalahandi, Nuapada and Gajapati) located in the southern part of the state; an area which is poor in human development indicators and health indicators. These 8 districts also share a substantial burden of other Vector Borne Diseases like Filariasis, Dengue and Chikungunya. Geographically, this region has difficult terrain, is affected by left wing extremism and is located about 600 km on average from the state capital; thereby making monitoring of programme interventions a challenge.

The rate of reduction in caseload of malaria in the 8 districts over the last three years (2009 to 2011) has been a tenth of the state's overall reduction - evidence that focussed local interventions are required. Programme Intervention being similar across all 21 high burden districts, there is a strong need for intensive monitoring, evaluation and research in the Southern Odisha region. Since the 8 southern districts contribute to 66% of cases and about 60% of deaths reported in 2011, the impact of improved programme monitoring and research is expected to bring about a substantial reduction in malaria morbidity and mortality in the state.

The Government of Odisha has acknowledged the need for strong local interventions - in 2012, a decision has been taken to saturate all the high burden areas of four of the 8 districts - Koraput, Nawarangpur, Malkangiri and Rayagada - with Long Lasting Insecticidal Nets. There has been an intervention using Forest Department staff as first-point of contact for rapid diagnosis and treatment of malaria in select forest areas. There is a need to evaluate some of these innovations and interventions for effectiveness and cost effectiveness.

The state has introduced Artemisinin Combination Therapy (ACT) since 2009; and there is a need to have stronger surveillance for identifying possible emergence of resistance to ACT.

There is a felt need, therefore, to have a semi-independent unit of the NVBDCP positioned in South Odisha primarily to address monitoring, evaluation, research and behaviour change communication for the 8 south Odisha districts. The objective of this unit would be to provide technical support to the district VBD (Vector Borne Disease) control teams of the 8 districts, to strengthen monitoring, evaluation and supervision of VBD interventions, and to actively generate evidence for programmatic needs and to guide programme direction.

The broad areas where the South Odisha Unit is expected to contribute are Integrated Vector Management, Improved Surveillance, Capacity Building, Research, Quality Assurance, Data Management, and Behaviour Change Communication. The Unit will work in close coordination with the State VBDCP office, and with the VBD units of the 8 districts. It will be led by a Project Coordinator, and will have Consultants for Vector Control, Training and BCC, Research, a Finance and Logistics Officer, Insect Collectors, Laboratory Technicians, Data entry personnel and an attendant. The Unit is expected to help mobilise funds from Year 2 onwards, which would gradually increase - this would ensure some degree of independence from State VBD, as well as ensure long term sustainability.

## 2. BACKGROUND

The National Vector Borne Disease Control Programme (NVBDCP) envisages and implements different strategies in Odisha towards achieving Target 6.c of the Millennium Development Goals: to have halted by 2015 and begun to reverse the incidence of Malaria and other major diseases.

NVBDCP covers the following six Vector Borne Diseases (VBD): Malaria, Filariasis, Kala-azar, Japanese Encephalitis (JE), Dengue and Chikungunya. Kala-azar has not been reported so far in Odisha. The first reports of Japanese Encephalitis have been reported from two districts of South Odisha in November 2012. Chikungunya and Dengue have been reported since 2005. Dengue morbidity and mortality have been a cause for particular concern in the last 2 years, especially since 33 deaths occurred in 2011. Reports of Japanese Encephalitis have started coming in, thereby necessitating stronger surveillance and monitoring. Lymphatic Filariasis continues to be endemic in a number of districts of the state, including southern and western districts.

Malaria and Filariasis have been reported since decades and are highly prevalent diseases in Odisha, All these diseases have seasonal fluctuations and are influenced by geo-ecological factors.

**Table 1: Disease Burden (as reported) of Vector Borne Diseases in 2010 and 2011**

Year	Malaria Cases	Malaria Deaths	Dengue Cases	Dengue Deaths	Chikungunya Cases	AES/JE Cases	AES/JE Deaths	Microfilaria Rate
2010	395651	247	29	5	0	0	0	0.31
2011	303555	100	1833	33	6	0	0	0

Odisha is responsible for around 23% of the country's Malaria cases and around 13% of its deaths in 2011 - as per the most recent NVBDCP data (Table 2) However, historically the contribution to deaths has been higher Nationally, there is recognition that Malaria incidence and deaths are substantially under-reported, and the same can be expected to a large extent in Odisha. While there has been improvement in diagnosis, treatment, surveillance, monitoring and evaluation since 2009; and the programme has shown overall state level impact, there are regions within the state which need stronger focus and local program management and research support.



### **3. RATIONALE OF SOUTH ODISHA MONITORING, EVALUATION AND RESEARCH UNIT (SOMERU)**

The southern districts of Rayagada, Koraput, Malkangiri, Nawarangpur, Kandhamal and Gajapati and districts like Kalahandi and Nuapada are part of the KBK+ cluster of 11 districts which have low human development indices, poor health indicators and poor infrastructure. These districts have a high proportion of tribal population and development work is often impeded by left wing extremism. Vast hilly tracts and dense forests, forest fringed areas and valleys provide diverse ecosystems for breeding of a large variety of vectors. A study by the Vector Control Research Centre, Pondicherry, has identified that majority of serotypes of Anopheline mosquitoes that could host the Malaria parasite are available in Malkangiri and Koraput districts. The difficult terrain and relative lack of infrastructure makes environmental vector control extremely challenging.

Availability of and access to health care services in the KBK+ districts is lower than in the rest of the state, and so is utilization of services. In most of these districts, Government is often the only health service provider in the organised sector - majority of population continue to depend on the unorganised sector - traditional tribal health practitioners are often the first point of seeking care. Multiplicity of tribal dialects and different channels of tribal communication make behaviour change campaigns (aimed at influencing health seeking behaviour) in these districts a greater challenge than that in other districts. Relative lack of local research evidence of approaches and interventions that have worked or failed has been a limitation for the State VBD Programme Unit.

It is also important to understand that the nearest of the southern districts of Odisha are approximately 600 km away from the State's capital, Bhubaneswar, and the poor road conditions translate into travel time of 10-12 hours on average to these districts. Thereby, monitoring from the state level unit of NVBDCP becomes difficult, and often, time of programme staff spent in travel to these districts becomes relatively higher than time spent on programme monitoring. Monitoring by district level staff of the Health Department is a challenge in many of these districts due to large number of vacancies and higher load on government clinical services due to the relative lack of private sector health care facilities. While the Department of Health and Family Welfare is taking steps to fill in these vacancies, in many instances, there is a clear supply-demand gap; which can be addressed in the medium term. In many instances, staff posted may not join, or may join and then go on unauthorised leave, thereby making it difficult to ensure continuity of services. Often, vacancies among staff in administrative positions at the district level, like the Assistant district medical officers may lead to one person being in charge of multiple divisions, as a result of which it becomes difficult for such persons to go on field monitoring visits. Thus, there is a strong need for a separate south Odisha Unit of the VBDCP, which has been acknowledged by the State govt. as well as development partners and research agencies working in this sector. The Vector Control Research Centre, Pondicherry has a unit based in Koraput for Vector Research activities, and this unit has, in the past, actively collaborated with State VBDCP. Some public health programmes including VBDCP have put in place consultants at the district level who perform monitoring functions among other programme activities.

While understanding the need for looking at surveillance, monitoring and capacity building for all vector borne diseases in South Odisha, the predominant vector borne disease that needs to be addressed on priority in the region is Malaria; due to its sheer burden. The following section therefore focuses on justifying the selection of districts and the location of the South Odisha Unit based on analysis of Malaria data.

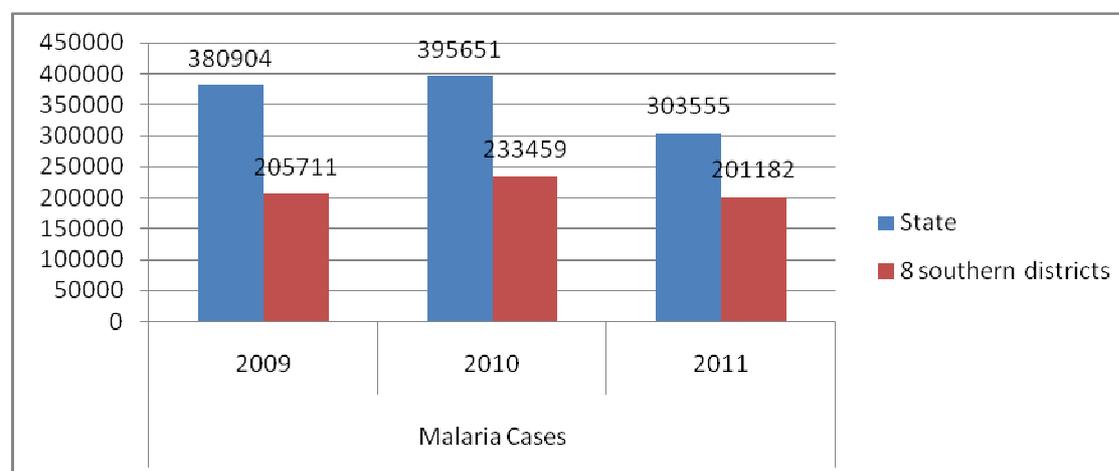
The 8 southern districts constitute only 18 % of state’s population, but the contribution to the state's Malaria morbidity is 66.3% and mortality is 59%. The API of the southern districts is 26.53 which are nearly four times that of the state average (7.13) (Table 3). The need for focusing Malaria interventions in the southern districts becomes essential in view of this epidemiological picture.

**Table 3: State versus Southern Districts: to State In 2011**

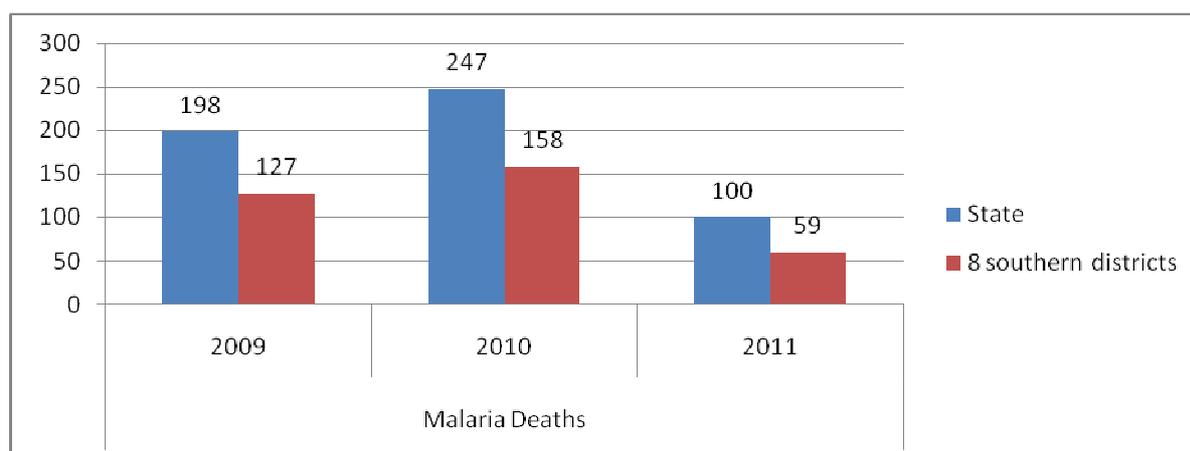
Indicator	State	Proposed Southern District	% in southern districts
Population	4.22 crore	0.76 crore	18.01
To. No. of cases	303555	201182	66.34
Pf	277529	189134	68.23
ABER	11.04	17.87	
Death	100	59	59.00
API	7.13	26.53	

The trends for both cases and deaths across the state and for the southern districts show an increase between 2009 and 2010, and a sharp decrease between 2010 and 2011. While the number of cases of Malaria across the state have reduced by 20% between 2009 and 2011, the reduction has been only 2% for the 8 southern districts. However, the percentage reduction in deaths during the same period has been higher in South Odisha - a fall of 54% compared to the state average of 50%.

**Figure 1: Trends in Malaria cases**



**Figure 2: Trends in Malaria deaths**



It is important to note that the trend of cases and deaths of Malaria in the State shows that the major contribution of cases and deaths of Malaria is by the proposed southern districts.

The SOMERU is expected to provide leadership, coordination, data analysis support and the evidence base to the VBD units of the 8 south Odisha districts.

**Table 4: Epidemiological Data of Southern Districts of Odisha**

NVBDCP- EPIDEMIOLOGICAL SITUATION FOR THE YEAR 2011 (Odisha)										
Sl. No	Name of the Districts	During the Year								
		BSC	BSE	Total Positive	Total PF	Total Death	Population	API	SPR	ABER
1	Gajapati	87110	87110	11687	11238	2	591059	19.77	13.42	14.74
2	Kalahandi	244309	244309	21116	18658	17	1577813	13.38	8.64	15.48
3	Kandhamal	232683	232683	26492	25553	4	765769	34.59	11.39	30.39
4	Koraput	144576	144576	34424	33538	9	1164578	29.56	23.81	12.41
5	Malkangiri	136764	136764	22094	20613	9	611386	36.14	16.15	22.37
6	Nawarangpur	163234	163234	17881	17213	3	1205648	14.83	10.95	13.54
7	Nuapada	79544	79544	11437	7195	4	647691	17.66	14.38	12.28
8	Rayagada	266661	266661	56052	55126	11	999395	56.09	21.02	26.68

#### 4. OBJECTIVES OF SOMERU

The Basic Objectives for setting up of SOMERU are:

- To provide technical support to the district VBD teams of the 8 Districts on Programme components including support for implementation of certain programme areas;
- To strengthen surveillance, case management, monitoring and supervision of programme components, especially vector control; and
- To conduct action research/ operations research studies to gather evidence for local level interventions.

The activities of the M&E Unit are envisaged to cover the following aspects:

**a) Integrated Vector Management:**

- Monitoring quality of IRS;
- Studies on use of LLIN;
- Technical support for designing vector control strategies;
- Capacity Building;
- *Entomological studies - Vector mapping, insecticide susceptibility, geo-physical variations in parasite behaviour, etc.*

**b) EDCT and Surveillance:**

Routine surveillance:

- Improve quality of testing by improving systems of quality assurance of RDT and microscopy, especially under field conditions;
- Strengthen capacities of ASHAs/ other FTDs in these tribal districts for diagnosis and treatment (based on monitoring feedback), where required, through short duration refresher courses or orientation sessions on emerging VBDs;
- Reduce delay in getting laboratory- confirmed reports through IT enabled mechanisms;
- Improve referral systems for severe and complicated Malaria cases, suspected Dengue and JE cases;
- Initiate data validation mechanisms for reported data;
- *Treatment efficacy studies;*
- *Community level prevalence surveys/ studies on Malaria;*

Sentinel surveillance:

To strengthen sentinel site laboratories with improved equipment, develop sentinel site database, and strengthen data quality and analysis at sentinel sites.

**c) Capacity building:**

- Strengthen capacities of all levels of staff involved in VBD programme in the catchment districts;
- Over the medium to long-term, evolve into a Regional centre of excellence in capacity building catering to the Malaria endemic region of central India;
- Capacity building on LQAS data collection, tabulation, analysis and interpretation with support of the Liverpool School of Tropical medicine (LSTM);

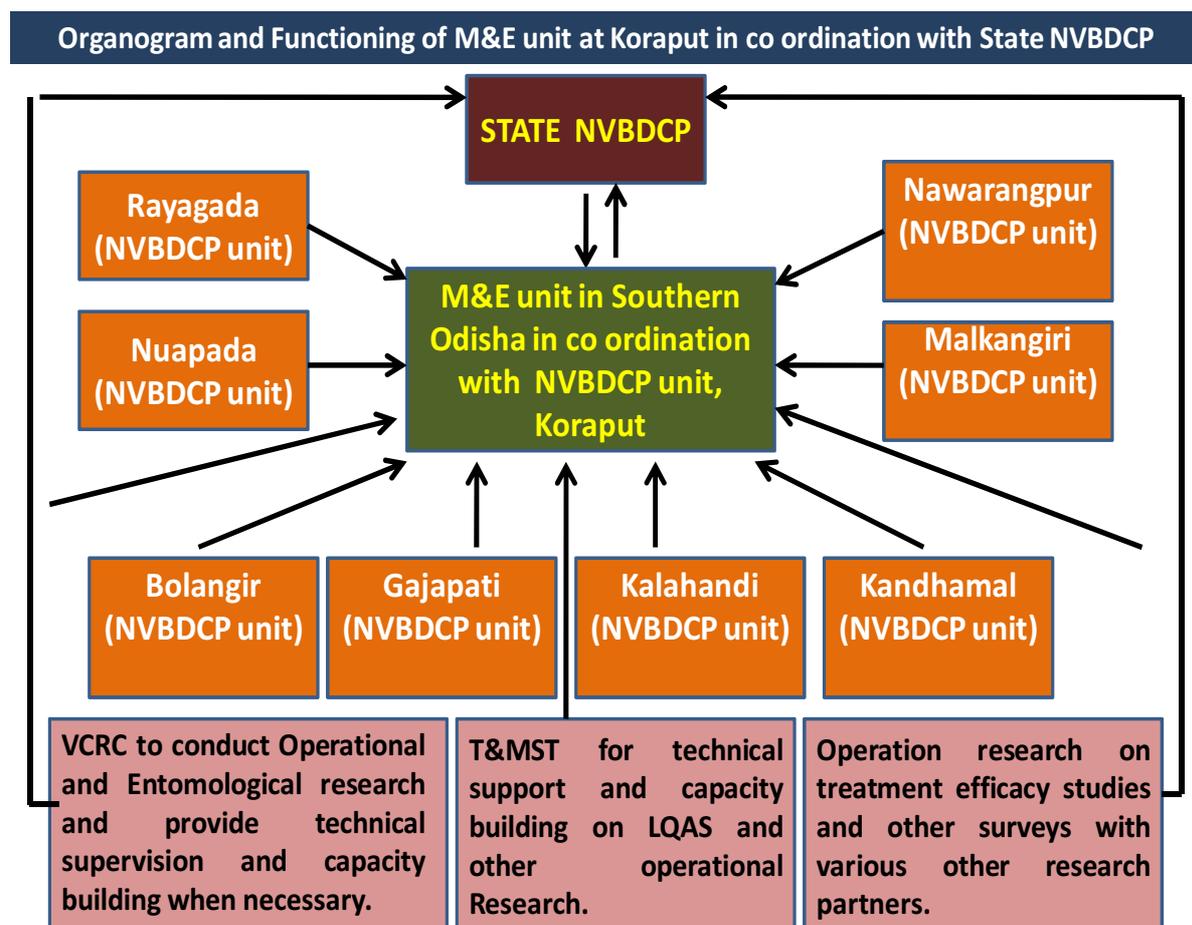
d) **Advocacy/Awareness:** To strengthen IEC and BCC activities based on local needs of the community and to establish inter-sectoral coordination through advocacy.

- To increase awareness in community through IPC;
- To develop/ translate IEC materials etc. in local dialects;
- To enhance community awareness in vulnerable and tribal Area in local dialect, involving local community members.
- Support to and ensuring sustainability of LQAS as a monitoring mechanism, initially in coordination with LSTM and subsequently, independently (after March 2015).

## 5. FUNCTIONING OF SOMERU

The SOMERU will work in complete coordination with the state VBDCP. SOMERU will function with the NVBDCP units of all the 8 high endemic districts - Koraput, Gajapati, Kalahandi, Kandhamal, Malkangiri, Nabarangpur, Nuapada, and Rayagada. SOMERU will also function in close coordination with VCRC and other research institutes, other non-governmental partners and academic institutions for operational research and technical guidance.

**Figure 3: Organogram of SOMERU**



The district unit of VBDCP consists of:

The ADMO-PH (Nodal officer)  
District Malaria Officer  
VBD Consultant  
Malaria Technical Supervisors (MTSs) at block level

A technical Committee would be set up at state level for approval and review of activities of SOMERU. An annual plan will be developed for SOMERU which will be approved by the technical Committee. Monthly reporting to NVBDCP and quarterly review of activities by the Technical Committee will be ensured. The Technical Committee will comprise of members from NVBDCP, VCRC, TMST and Medical colleges. Technical Experts could be co-opted either on a regular basis or based on the meeting agenda. Ethical clearance for research will be routed through collaborating research partners (for e.g. VCRC for vector research) and ethical committees of the government (including medical colleges). All financial transactions of SOMERU will be routed through the state VBDCP.

#### Roles and responsibilities of Human Resources for SOMERU:

##### **Project Coordinator:**

Helps develop the vision for the unit, develop and be responsible for overall implementation of work plans, manage and delegate responsibilities among staff; overall financial and operational management of the SOMERU, coordinate with NVBDCP state office, coordinate with other partners/ stakeholders, help mobilise funds, guide research projects, assess need for capacity building of staff and ensure that required skillsets are developed, develop monitoring frameworks and guidelines for various VBD control strategies and coordinate with District Collectors, CDMO, DMO and VBD consultant of the 8 south Odisha districts.

##### **Vector Control Consultant:**

Develops region-specific vector control strategies, coordinates with Vector Control Research Units of ICMR (Indian Council of Medical Research) and with the Vector Control Consultant of State VBDCP, generates evidence in South Odisha region for effective vector management, works in collaboration with other units of SOMERU to improve demand for and acceptance of evidence based vector control interventions, develops strategies, action plans and tools for monitoring of vector control interventions, analyses data pertinent to vector control to enable better action, and actively participates in outbreak management of VBDs in South Odisha region. He/she will coordinate with the VBD consultants of the 8 districts and provide evidence based solutions to vector control issues.

**Research Consultant:**

Develops Research Work plans and research proposals in coordination with different units of SOMERU and State VBDCP, coordinates with research wings of ICMR and other research organisations, actively engages with Ethical committees for obtaining clearances for research, identifies areas of research relevant to the South Odisha region, analyses inputs from M & E units and from surveys relating to VBDS, and triangulates research data/ survey data with routine reported data.

**Training and BCC Consultant:**

Conducts training need assessment of the SOMERU staff as well as staff of VBDCP posted in the 8 South Odisha districts, identifies need for capacity building both on technical and managerial components, plans and organises capacity building interventions (including workshops, cross-learning visits, field demonstrations, etc.). Helps develop and upgrade a knowledge management hub at SOMERU. Identifies communication needs and gaps for VBD control in 8 districts, coordinates with VBD units to develop and implement effective communication plans routinely as well as during outbreaks. Provides monitoring support to the BCC campaigns planned by NVBDCP. Provides documentation support to SOMERU.

**Finance and Logistics Consultant:**

Overall financial and logistics management at SOMERU, reviews budgets for proposals developed at SOMERU, provides inputs into the SOMERU PIP, maintenance of accounts of SOMERU, complies with required recording and reporting protocol. Develops guidelines for local procurements and tendering in coordination with State VBDCP procurement unit, does necessary procurement based on the guidelines, and documents procurement and financial processes.

**Insect Collector:**

Collects insects based on a scheduled roster. Prepares roster based on inputs from Vector Control consultant. Complies with appropriate recording and reporting. Participates in vector control activities and outbreak management activities.

**Laboratory Technician:**

Collects and tests blood for malaria, filariasis, dengue, chikungunya and other vector borne diseases. Performs haematological, biochemical and microbiological tests. Maintains laboratory records and updates them, complies with reporting and quality assurance protocol. Responsible for logistics management for laboratory supplies, and cleanliness of laboratory set-up.

**Office Assistant-cum-Data Entry Operator:**

Support in documentation, filing, secretarial assistance and data entry for various units of SOMERU.

**Office Attendant:**

Responsible for overall cleanliness of the office, waste management, photocopying, faxing, maintenance of mail diary and despatch, basic pantry services and general logistics assistance.

The detailed proposal for SOMERU will include a Logical Framework for activities, detailed Terms of Reference for all the positions and well defined monitor-able indicators for the unit as a whole. This would include (but not limited to) indicators like, number of staff selected, working and trained; number of field visits undertaken by the staff; number of therapeutic efficacy studies undertaken; number of vector bionomics studies undertaken and LQAS and other such studies done / monitored.

**6. SUSTAINABILITY OF SOMERU**

NVBDCP envisages that SOMERU will take up the role of a regional Malaria sub-unit eventually, with inputs from various partners. Based on the initial success of the unit, it is proposed to include various components into the NVBDCP PIP in a phased manner. Funds will also be actively mobilized from other stakeholders from Year 2 onwards, with support from state VBDCP. Advocacy for the unit and enabling external linkages will be the responsibility of state VBDCP. External funds support and linkages are currently expected in the areas of capacity building and research. Funding support from OHSP is proposed till March 2015, which will be phased out each year as in the Table 5 below.

**Table 5: Proposed funding support for SOMERU:**

Year	OHSP Support	NVBDCP/ State Budget Support	Support from other Stakeholders
2012-13 (Jan-March 2013)	100%		
2013-14	70%	20%	10%
2014-15	40%	40%	20%
2015-16	0%	70%	30%
2016-17	0%	70%	30%
2017-18 (April - Dec 2017)	0%	70%	30%

CDMO Koraput has already identified a building for the purpose of the M & E unit. This has been agreed by the District Collector and Rs 5 lakh has also been allotted for repairs and renovation of the building. The building is located close to the Koraput field office of VCRC.

This proposal also envisages need for additional repairs/ maintenance costs which has been budgeted.

## 7. TARGETS OF SOMERU

The inputs provided by SOMERU are expected to improve programme outcomes in the long term and improve process indicators over the period over the short term (from 2013 to 2015).

The increased focus on monitoring and surveillance by SOMERU is expected to increase number of cases (and possibly deaths - similar to the increase experienced in 2010 over 2009 figures) in the 1st year (2013), and intensive efforts would lead to reduction in case load and deaths thereafter. However, efforts by the programme will be geared to reduce the number of deaths. ABER will be maintained above 15% for all years, in view of the need to maintain a strong surveillance. The percentage increase/decrease shown in the Table 6 below is based on the previous years' figures.

**Table 6: Expected change in cases and deaths of the 8 southern districts**

Indicators	Base (2011)	2013	2014	2015	2016	2017	Overall percentage of reduction between 2011 and 2017
<b>Cases - percentage of change</b>	201182	10% increase	20% decrease	20% decrease	10% decrease	10% decrease	43
<b>Cases - expected numbers</b>		221300	177040	141632	127469	114722	
<b>Deaths - percentage of change</b>	59	no increase	20% decrease	20% decrease	20% decrease	20% decrease	59
<b>Deaths - expected numbers</b>		59	47	38	30	24	

## 8. CONCLUSION

The establishment of a monitoring, evaluation and research unit in Southern Odisha is highly essential for efficient and timely monitoring of the NVBDCP activities in the key southern zone. It is also required to give extra inputs and importance to these districts to reduce the disease burden in the districts as well as in the State. At a minimal cost of Rs 250 per case of malaria saved, and creation of the evidence base generated for further reduction of cases and deaths across the state and the region, the SOMERU is envisaged to develop into a Centre of Excellence for research, monitoring and evaluation.

## 9. ANNEXURES

### ANNEX 1: Budget:

BUDGET OF SOUTH ODISHA MONITORING, EVALUATION AND RESEARCH UNIT (SOMERU) FROM 2013-17									
Particulars	Unit	Cost per month (in INR)	Cost per year (in INR)	Type of cost - Capital/ Recurring	2013	2014	2015	2016	2017
<b>1. Human resource (8 % increment per year)</b>									
Project Coordinator	1	45000	540000	Recurring	540000	583200	629856	680244	734664
Vector control Consultant	1	30000	360000	Recurring	360000	388800	419904	453496	489776
Research Consultant		30000	360000	Recurring	360000	388800	419904	453496	489776
Training and BCC Consultant	1	30000	360000	Recurring	360000	388800	419904	453496	489776
Finance and Logistics Consultant	1	25000	300000	Recurring	300000	324000	349920	377914	408147
Insect Collector	2	15000	360000	Recurring	360000	388800	419904	453496	489776
Laboratory Technician	2	10000	240000	Recurring	240000	259200	279936	302331	326517
Office Asst. Cum Data Entry Operator	2	12000	288000	Recurring	288000	311040	335923	362797	391821
Office Attendant	1	4000	48000	Recurring	48000	51840	55987	60466	65303
<b>Sub-total for HR</b>					<b>2856000</b>	<b>3084480</b>	<b>3331238</b>	<b>3597737</b>	<b>3885556</b>
<b>2. Office Set up</b>									
Computers, UPS	7	40000	280000	Capital	280000				
Fax, Telephone, Printer, software		100000	100000	Capital	100000				
Furniture and fixtures			100000	Capital	100000				
Office Renovation			200000	Capital					

**BUDGET OF SOUTH ODISHA MONITORING, EVALUATION AND RESEARCH UNIT (SOMERU) FROM 2013-17**

Particulars	Unit	Cost per month (in INR)	Cost per year (in INR)	Type of cost - Capital/ Recurring	2013	2014	2015	2016	2017
Office and equipment maintenance including AMCs		15000	180000	Recurring	180000	180000	180000	180000	180000
Microscope	1		35000	Capital	35000				
Dissecting Microscope	2		30000	Capital	30000				
<b>Sub-total for Office Set-up</b>					<b>725000</b>	<b>180000</b>	<b>180000</b>	<b>180000</b>	<b>180000</b>
<b>3. Mobility Support (expected increase @ 10% per year)</b>									
Vehicle rent and fuel		40000	480000	Recurring	480000	528000	580800	638880	702768
TA/DA			360000	Recurring	360000	396000	435600	479160	527076
<b>Sub-total for mobility support</b>					<b>840000</b>	<b>924000</b>	<b>1016400</b>	<b>1118040</b>	<b>1229844</b>
<b>4. Operational Research</b>			500000	Contributions from stakeholders expected from Year 2	<b>500000</b>	<b>500000</b>	<b>500000</b>	<b>500000</b>	<b>500000</b>
<b>5. Office stationeries and contingency</b>		15000	180000	Recurring	<b>180000</b>	<b>180000</b>	<b>180000</b>	<b>180000</b>	<b>180000</b>
<b>Grand Total</b>					<b>5101000</b>	<b>4868480</b>	<b>5207638</b>	<b>5575777</b>	<b>5975400</b>

## ANNEX 2: Steps and timelines of setting up SOMERU:

S. No	Steps	Responsibility	Timeline
1	Development of the Concept Note on SOMERU	Sector Lead - Health, TMST and NVBDCP M & E unit	October 2012
2	Approval of the Concept Note on SOMERU by Govt. of Odisha Technical Committee	NVBDCP M & E unit	November 2012
3	Sharing with Govt of India and other stakeholders	NVBDCP M & E unit	November 2012
4	Approval by DFID, DOHFW budget and HR approval on file	TMST, NVBDCP Joint Director	December 2012
5	Development of the detailed proposal and work plan	Sector Lead - Health, TMST and NVBDCP M & E unit	January 2013
6	Development of detailed ToRs for HR	TMST	January 2013
7	Establishment of a Technical Committee for SOMERU	NVBDCP Joint Director	January 2013
8	Approval of the detailed proposal by Technical Committee for SOMERU	NVBDCP Joint Director	February 2013
9	Approval of detailed proposal by DOHFW	NVBDCP Joint Director	March 2013
10	Inclusion into Budget approval through PIP (OHSP)	NVBDCP Deputy Director, M& E consultant	March 2013
11	Infrastructure for the M & E unit handed over, renovated, and made ready for use	NVBDCP Deputy Director	May 2013
12	Recruitment processes initiated	TMST, NVBDCP	April 2013
13	Recruitment processes completed	NVBDCP	May 2013
14	Orientation on the work plan and timelines to newly recruited staff	NVBDCP	June/ July 2013