

NATIONAL RURAL HEALTH MISSION

JAMMU AND KASHMIR - RECORD OF PROCEEDINGS -

2008-2009

Draft Record of Proceedings of the National Programme Coordination Committee (NPCC) held under the Chairmanship of Shri G.C. Chaturvedi, Additional Secretary and Mission Director, NRHM for approval of NRHM Programme Implementation Plans of States and UTs for the year 2008-09.

A meeting of the NPCC of NRHM was held under the Chairmanship of AS & MD, NRHM, to approve the PIP of Jammu & Kashmir on 27th March 2008. The list of members who attended the meeting is placed at Annex. I. The NPCC meeting was convened after the Pre- Appraisal meeting for the State with written and oral comments provided to the State to modify the proposal before the NPCC.

It was clarified to the States that the proposal of the State under NRHM 2008-09 would comprise of the following resources:

- (A) Likely Unspent (Committed and uncommitted) balance under NRHM in the State on 1 April 2008.

- (B) Resource Envelope for the State under NRHM from the Ministry of Health and Family Welfare, GOI, as communicated by the Ministry to the States.
- (C) 15% State contribution to NRHM made as a grant to the State Health Society. The 15% contribution will be against the overall Resource envelope of NRHM listed at "B" above.
- (D) 10-15% over and above A+B+C, above, assuming some carry over of works at the end of the financial year 2008-09.

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

Unspent Balance under NRHM on 1.4.2008	As per FMR for the quarter ending March 2008. Approximate assessments of unspent / uncommitted funds under NRHM in the State has been incorporated in respective programmes.
GOI Resource Envelope for 2008-09 under NRHM	Rs. 90.60 Crores
15% State share	Rs. 14 Crores
10-15% over and above the resources	Rs. 16 Crores
Total	Rs. 120.60 Crores

The tentative Resource Pool wise break up of total NRHM resources indicated to the State for preparation of PIP was as follows:

(In Rs. Crores)

Sl No.		Likely Unspent/Uncommitted balance on 1.4.2008	GoI Resource Envelope under NRHM
1	RCH Flexible Pool	5.53	Rs. 20.09
2	NRHM Flexible Pool	89.52	Rs. 17.50
3	Immunization		Rs. 3.38
4	NVBDCP(incl kind grants)		Rs. 0.34
5	RNTCP		Rs. 2.52
6	NPCB		Rs. 3.00
7	NIDDCP		Rs. 0.18
8	IDSP(incl kind grants)		Rs. 0.63
9	NLEP (incl kind grants)		Rs. 0.65
10	Director & Admn. (Treasury route)		Rs.42.30
11.	PPI Oper. Cost		Rs. 3.38
	Total		Rs. 90.60
12	15% State share (Could be against any activity as the State desires)		Rs.14.00
13	10-15% for over planning (To be used against any approved activity)		Rs. 16.00
14	Total size of the PIP	93.20	Rs. 120.60

GRAND TOTAL - Rs. 213.80

Based on the State's PIP and deliberations thereon the Plan for the State is approved as per the detail of Annexure II (RCH Flexible Pool), Annexure III (NRHM Flexible Pool), Annexure-IV (Immunization) & Annexure -V (National Disease Control Programmes). The unspent/uncommitted figures have been taken as indicated by States. Any modification in that figure will have implications for the size of the PIP. The activities from uncommitted resources will reduce to the extent that there is lower than the indicated amount with the State. It is also clarified that core activities for decentralized management of the health system like untied grants to Village Health and Sanitation Committees,

Sub Centres, PHCs, CHC, District Hospitals, RKS grants have to be fully provided for and it is not permitted to divert any savings from these core activities under NRHM.

A. The following general conditions will apply:-

1. All posts under NRHM are on contract and based on local criteria. These should be done by the Rogi Kalyan Samiti / District Health Society. Residence at place of posting is mandatory. All such appointments are for a particular institution and non transferable.
2. Blended payments comprising of a base salary and a performance based component, should be encouraged.
3. State Government must fill up its existing vacancies against sanctioned posts, preferably by contract.
4. Transparent transfer and career progression systems should be implemented in the State, for established cadres.
5. Delegation of administrative and financial powers should be completed during the current financial year.
6. State shall set up a transparent and credible procurement and logistics system on the lines of the Tamil Nadu Medical Services Corporation. State agrees to periodic procurement audit by third party to ascertain progress in this regard.
7. The State shall undertake institution specific monitoring of performance of Sub Centre, PHCs, CHCs, DHs, etc.
8. The State shall operationalize an on-line HMIS in partnership with MOHFW.
9. The State shall take up a massive capacity building exercise of Village Health and Sanitation Committees, Rogi Kalyan Samits and other community /PRI institutions at all levels.
10. The State shall ensure regular meetings of all community Organizations /District /State Mission with public display of financial resources received by all health facilities.
11. The State Govts. Shall also make contributions to Rogi Kalyan Samits besides seeking public donations/charges wherever feasible.
12. The State shall endeavour to bring the Budget of Health facility under the supervision of Rogi Kalyan Samiti/Hospital Management Committee, etc.

13. The State shall prepare Essential Drug lists of generic drugs and Standard treatment Protocols, and give it wide publicity.
14. The State shall focus on the health entitlements of vulnerable social groups like SCs, STs, OBCs, Minorities, Women, migrants etc.
15. The State shall ensure timely performance based payments to ASHAs/Community Health Workers.
16. Incentives for ASHAs will be booked under the respective programmes.
17. The State shall encourage in patient care and fixed day services for family planning.
18. The State shall ensure effective and regular organization of Monthly Health and Nutrition Days, including record-keeping (to monitor utilization of services), and linking them to regular services for antenatal care, postnatal care, immunization etc.
19. All performance based payments/incentives should be under the supervision of Community Organizations (PRI)/RKS.
20. The State agrees to follow all the financial management systems under operation under NRHM and shall submit Audit Reports, FMRs, Statement of Fund Position, as and when they are due. State also agrees to undertake Concurrent Audit of District Health Societies and periodic assessment of the financial system.
21. The State agrees to fast track physical infrastructure up-gradation by crafting State specific implementation arrangements. State also agrees to external evaluation of its civil works programmes.
22. The State Govt. agrees to co-locate AYUSH in PHCs/CHCs, wherever feasible.
23. 15% of the State share would have to be credited to the account of the State Health Society
24. The state should improve implementation of JSY by ensuring that:
 - a) Payment is made to the beneficiary at the time of delivery through bearer cheque;
 - b) Referral package is as per guidelines;
 - c) Monitoring of JSY is as per directives of GOI;
 - d) Grievance redressal mechanism for JSY is set up at the local level;

- e) Quality of services for deliveries at public health facilities is monitored; private sector facilities are accredited and monitored;
- f) Two days stay after delivery is adhered to and newborn care essentials (counseling and basic equipment) are focused upon in the facilities;
25. The State Government shall ensure optimal utilization of funds under National Health programmes and for Disease Surveillance with appropriate support from the NRHM for these programmes
26. By June 2008, the state shall provide list of FRUs and 24-hour PHCs fully operationalised as at March 31, 2008 and planned for the year 2008-09.

SUMMARY OF APPROVAL
(Details provided in respective Annexes)

	Scheme/Programme	Approved Amount (In Rs. Crores)
1.	RCH Flexible Pool	Rs. 63.65
2.	NRHM Flexible Pool	Rs. 91.25
3.	Immunization (from the RCH Flexible Pool)	Rs. 6.64
4.	NVBDCP	Rs. 0.35
5.	RNTCP	Rs. 1.42
6.	NPCB	Rs. 1.49
7.	NIDDCP	Rs. 0.18
8.	IDSP	Rs. 0.63
9.	NLEP	Rs. 0.97
10.	Infrastructure Maintenance	Rs. 42.30
	TOTAL	Rs. 208.88

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

ANNEX - I

List of participants for the meeting of the National Programme
Coordination Committee held on 27.3.08 to consider the PIPs 2008-
09 of Jammu & Kashmir

1. Shri G C Chaturvedi, Mission Director (NRHM), M/o HFW
2. Shri Amarjeet Sinha, JS(AS)
3. Dr Sunil Khaparde, DC(ID)
4. Dr MS Jayalakshmi, DC(RSS)
5. Shri P K Aggarwal, Dir (NRHM-Fin)
6. Dr Asha Thomas, Dir(RCH)
7. Dr Ravender Singh, Dir(NCP)
8. Shri Amardeep Bhatia, Dir(NE)
9. Dr Tarun Seem, Dir (NRHM-II)
10. Dr Aakash Shrivastava, IDSP
11. Shri A K Puri, DADG(L)
12. Ms Archana Varma, DS(NRHM-I)
13. Dr Sharat Chauhan, DS
14. Ms Aparna Sharma, DS(ID)
15. Dr B K Tiwari, Adv (Nutrition)
16. Dr A Raghu, Astt. Advisor (Ay)
17. Dr P K Srivastava, Jt Director, NVBDCP
18. Dr Geetanjali Sharma, CTD
19. Dr S K Chaturvedi, CTD
20. Dr Keerti Malviya, AC(FP-II)
21. Dr S K Sikdar, AC
22. Dr Dinesh Baswal, AC(Trg)
23. Dr Sandeep Sharma, SSO(NE)
24. Dr Sandeep Sachdeva, Consultant, NPCB
25. Dr Savita Mehta, Consultant, Training
26. Dr Pritha Biswas, Consultant, NIHFW
27. Dr Ravish Behal, PMSG
28. Ms P Priyadarshi, MSG
29. Ms Jhimly Baruah, Consultant, MSG
30. Dr T Bir, Reader, NIHFW
31. Dr D K Mangal, UNFPA
32. Shri Aravind Pulikkal, EPOS, New Delhi

List of participants from States:

33. Shri K B Jandial, Secretary (H&ME), Govt. of J & K
34. Dr Hameed, Dir(FW/RCH), Govt. of J & K
35. Dr Yogeshwar, Nodal Officer, NRHM, J & K

PART A: RCH II 2008-09

JAMMU & KASHMIR

S. No	Activity proposed by state	Amount Proposed		Amount Permissible		Remarks
		Rs. lakhs	%	Rs. lakhs	%	
1	Maternal Health	287.18	7.9	287.18	8.6	For activities not approved, please see Attachment "A".
2	Child Health	287.94	7.9	116.94	3.5	
3	Family Planning	178.64	4.9	178.64	5.3	
4	ARSH	61.45	1.7	61.45	1.8	
5	Urban Health	134.94	3.7	134.94	4.0	
6	Tribal Health	29.20	0.8	29.20	0.9	
7	Vulnerable groups	16.80	0.5	16.80	0.5	
8	Innovations/PPP/ NGO	275.80	7.6	275.80	8.2	
9	Infrastructure and HR	868.00	23.9	868.00	25.8	
10	Institutional strengthening	0.00	0.0	0.00	0.0	
11	Training	183.00	5.0	154.39	4.6	
12	BCC/ IEC	117.80	3.2	117.80	3.5	
13	Procurement	1000.00	27.5	1000.00	29.8	
14	Program Management	194.87	5.4	116.82	3.5	
	Total base flexipool	3635.62	100.0	3357.96	100.0	
	JSY	2807.30		2807.30		
	Sterilisation compensation	200.00		200.00		
	NSV camps					
	Total RCH Flexipool	6642.92		6365.26		

1. State needs to prioritise its activities in line with the approved budget. The state may consider the following (while re-prioritising within the approved budget ceiling):

- Establishment of QA cell for all MCH activities, including ensuring monitoring the quality of trainings.

- Could also include 'dissemination of manuals on standards and quality assurance on sterilization services'.
 - Training in IUD insertion to MOs, ANMs etc.
 - Could propose budget for procuring low value and low volume NSV instruments and Minilap sets.
2. Classification of budget heads under RCH II should be in line with the budget heads specified in the Operating Manual (Annex 3e of Operating manual) and the FMR format (see examples in Attachment "A"). e.g.
- Training of frontline workers ANM, AWW & ASHA on infant and Young child feeding practices in Non IMNCI Districts @ 500 per District (Integrated training of FBNC, HBNC, IYCF and Malnutrition management has been wrongly booked under Child Health, it should be booked under Training budget head).
 - Establishment of Tertiary Training Centre one each at GMC, Jammu/ Srinagar with support from FOGSI. Funds to be transferred to FOGSI as per GoI guidelines. One time cost has been wrongly booked under Maternal Health, it should be booked under Training budget head.
 - Training of 4 Medical Officers at District level during camps @ Rs. 28000.00/ training/ batch of 4 trainees where Rs. 5000.00 is for IEC activities has been wrongly booked under family Planning, it should be booked under Training budget head.
 - Procurement of equipment of blood storage facility has been wrongly booked under Maternal Health; it should be booked under procurement budget head.
 - Procurement of MVA Kits having (Canula No. 6,7,8,9), Procurement of Laparoscopes, Procurement of NSV kits have been wrongly booked under family Planning, it should be booked under Procurement budget head.

Similarly there are other budget heads in RCH II PIP which state needs to revisit.

3. Program management costs need to be within 6% of the approved allocation for base flexipool (refer Attachment "A").
4. Funds for procurement for the State were released in February '08, amounting Rs. 68.78 lakhs. Balance amount for Procurement is to be adjusted against this year's proposal.
5. The funds for procurement of RCH Drugs and Kits have already been sanctioned for the year 2007-08. It has been observed that process of procurement and actual receiving of supply at the facilities takes almost 6 to 9 months, so even if we process the supply for 08-09, this will actually be utilized in 09-10. The same cycle is likely to continue till the procurement system in the states are strengthened enough to handle timely supply of drugs to health facilities. Very soon, a decision in this regard will be taken, till then the reflection of cost in the PIP for 2008-09 is required.
6. Purchase of vehicles, construction of new facilities, and payment of salaries to government employees are not permissible.
7. Activities carried over from 2007-08, and funds (and activities) from non-NRHM sources (State funds, Development Partners, etc.) should be reflected in the work plan and budget for 2008-09 in order to have a holistic PIP.
8. A revised work plan, detailed activity wise budget and physical targets for intermediate indicators (refer Annex 3d, 3e and 3b respectively of the Operating Manual), in line with the above and detailed comments in Attachment "A" should be communicated to GoI by May 31st, 2008. In addition, state should provide a list of FRUs and 24-hour PHCs operationalised as at April 1, 2008.
9. The state should ensure that the underlying systems for reporting and analysing variances (physical and financial) against the district plans and state PIP are developed. This is particularly important, since the state is expected to prepare quarterly progress reports in line with Annex 4a and 4b of the Operating Manual.

ATTACHMENT "A"

DETAILED COMMENTS TO REVISED BUDGET

Non-permissible items:

Intervention	Total (Rs. Lakhs)	REMARKS
Child Health		
Mobilization of Children for Complete Immunization by ASHA (Left out/ Drop out only)	171.00	Not permissible under RCH II flexipool. May be shifted to Immunisation (NRHM Part C)/ Mission flexipool.
Training		
MDP Training for State, District/ Block level officers including Program Officer of Disease Control Programs including AIDS Officer at Jmu/Sgr	7.14	Not permissible under RCH II flexipool. May be shifted to Mission Flexipool/ respective disease control programs.
Block level Training of Village Health & Sanitation Committees Members.	17.87	
MDP in HMIS in Public Health Management at Divisional level (batch of 20 Composite group of State level officer/ District Level officers and Data officer including Programme Officer T.B., Leprosy, AIDS, Immunization etc under NRHM) (Outsourcing) three days	3.60	

Intervention	Total (Rs. Lakhs)	REMARKS
Program Management	78.05	Program management cost reduced by Rs. 78.05 lakhs to bring it to Rs. 116.82 lakhs (6% of allocation of GoI of Rs. 1947.00 lakhs) for RCH II base flexipool.

Annexure III

NRHM ADDITIONALITIES DETAILED BUDGET 2008-09					
Sno	Budget head	Number of Units	Rate	Total Amount in lakh	Remarks
Untied Funds					
1	Community Health Centres	85	50000	42.5	Approved. Ref Note 1
2	Primary Health Centres	375	25000	93.75	
3	Sub Centres	1907	10000	190.7	
4	Village Health & Sanitation Committees	1000	10000	100	
Sub Total				426.95	
Annual Maintenance Grant					
5	Community Health Centres	85	100000	85	Approved. Ref Note 2
6	Primary Health Centres	375	50000	187.5	
7	Sub Centres	644	10000	64.4	
Sub Total				336.9	
RKS (Corpus Funds)					
8	District Hospitals	22	500000	110	Approved. Ref Note 3
9	Community Health Centres	85	100000	85	
10	Primary Health Centres	375	100000	375	
Sub Total				570	
Training of ASHAs and Procurement of Drug Kits including ASHA Mentoring Groups					
11	Drug Kits	9500	600	57	Approved. Ref Note 4
12	Trainings of ASHA Module III	9500	570	54.15	
13	Establishment of ASHA Mentoring Group	9500	2500	237.5	
Sub Total				348.65	
Innovation					
14	Incentive to AWWs for organizing Village Health & Nutrition Days @ Rs. 200/month	180960	75	135.72	Approved. Ref Note 5
Sub Total				135.72	
Infrastructural Development Plan					
16	Strengthening of 10 District Hospitals to IPHS	7	20000000	1400	Approved Ref Note 6
17	Upgradation of Selected CHCs.	10	10000000	1000	
	Upgradation of Selected SDHs	7	5000000	350	

18	Upgradation of existing health facilities at selected Tehsil HQ to 50 bedded Hospitals			1000	Approved Ref Note 6
19	Establishment College of Nursing in GMC, Jammu	1	10000000	100	
Sub Total				3850	
Mobile Health Units Districts and Advanced Mobile Medical Units for Blocks Level					
20	Mobile Medical Units at District Level	4	2500000	100	Approved. Ref Note 7
21	Advanced Mobile Medical Units for Blocks Level	8	3075000	246	
22	Running Cost @ Rs. 23.15 / Mobile unit/year for 4 MMUs and 8 Advanced Mobile Medical Units for 9 months	12	2.78 cr for full year, 2.08 for nine months	208	
23	Mobile Health Services Tracking System		2000000	20	
Sub Total				574	
Procurement of Ambulances					
24	Procurement of 440 Ambulances. To reach the norm of 4 ambulances each for DHs, 3 for SDHs, 2 each for CHCs and 1 for PHC @ Rs. 8.00 / ambulance. <i>Already approved in ROP 2007 could not procured.</i>	440	800000	1000	Approved as part of EMRI like initiative, Ref Note 8
Sub Total				1000	
Establishment of HRD & Quality Assurance Cell					
25	Office setup cost	1	100000	1	Approved
26	Recurring cost of Salary for 5 Consultants Part time (HRD, Child Specialist, Gynecologist, Public Health Specialist, Nurse plus Secretarial Assistance	1	684000	6.84	
27	Recurring Cost for office expenses including communication.		7984000	15.68	
28	Travel and Stay of consultants to place outside HQ as & when deputed, like District Hospitals and Trainees workplace among others		300000	12	
Sub Total				35.52	
MIES					
29	GIS/MIES		3000000	30	Approved
30	Printing of MIES formats		500000	5	
Sub Total				35	

Human Resources					
34	Remuneration of New ANM Rs. 5000 pm i.e 60000 pa	500	60000	300	Approved
35	Remuneration of Doctors Rs. 12,000 pm i.e 144000 pa	150	144000	216	
36	Remuneration of SN Rs. 8000 pm i.e 96000 pa	200	96000	192	
37	Remuneration of O.T. Tech. Rs. 6000 pm i.e 72000 pa	100	72000	72	
38	Remuneration of X- ray Tech Rs. 6000 pm i.e 72000 pa.	100	72000	72	
39	Remuneration of Lab. Tech. Rs. 6000 pm i.e 72000 pa	100	72000	72	
40	Remuneration of ISM Doctors Rs. 9000 pm i.e 108000 pa	100	108000	108	
41	Remuneration of Dawasaz Rs. 5000 pm i.e 60000 pa	100	60000	60	
Sub Total				1092	
Programme Management					
42	Stationary, Communication, & Office Exp.				Approved
43	State Level @50,000 per quarter	1	200000	2	
44	District Level Workshops for convergence @ 25,000 per quarter	6	100000	6	
45	Block Level @10,000 per quarter	28	40000	11.2	
48	Block Managers @ Rs. 30000 per quarter)	100	120000	120	
Sub Total				139.2	
49	Strengthening of State Health Society by deputation from Government				
50	Director Finance	1	600000	6	Approved
51	State Nodal Officer	1	600000	6	
52	Divisional Nodal Officer	2	600000	12	
53	Annual Performance based increase of contract fee @ 5% for all contractual persons.		250000	2.50	Approved
Sub Total				26.50	
Intersectoral convergence					
Convergence with AYUSH/Amchi					
54	Training of AYUSH Doctors / AMCHI practitioners on National Programmes etc	22	35000	7.7	Approved
55	Training of Dawasaz etc	22	25000	5.5	

Convergence with ICDS/SW, Rural Development, Public Health, Education & Other related departments.					
56	Training of all AWWs for Strengthening of NRHM	176	25000	44	Approved
57	State Level Workshops convergence	2	200000	4	
58	Periodic District Level Workshops for convergence	44	30000	13.2	
Sub Total				74.4	
Other Innovations					
59	Bio Medical Waste through PPP			50.00	Approved Ref Note 10
60	Piloting Health Insurances in the State			50.00	
61	Providing Annual Maintenance Grant for Telemedicine Equipment already installed			7.00	
62	Concurrent evaluation of NRHM Rs. 50 lakh for the year			50.00	
63	Establishment of Handicap Centre at Leh			55	
64	Printing of Modules Documents, Charts, News letters etc Rs. 50 lakh for the year			50	
65	Pending payment for procurement of Drug Kits. Procured from funds of 2005-06			150	
66	Preparation of District Action Plan @ Rs. 2.00 Lakh	20	200000	40	
67	MDP Training for State, District/ Block level officers including Program Officer of Disease Control Programs including AIDS Officer at Jmu/Sgr			7.14	Approved. Ref Note 10
68	Block level Training of Village Health & Sanitation Committees Members.			17.87	
69	MDP in HMIS in Public Health Management at Divisional level (batch of 20 Composite group of State level officer/ District Level officers and Data officer including Programme Officer T.B., Leprosy, AIDS, Immunization etc under NRHM) (Outsourcing) three days			3.6	
Sub Total				480.61	
Grand Total				9125.45	

Notes

1. These funds should be routed through the Rogi Kalyan Samiti of the respective facility (PHC/CHC). In case of the Sub Centre and the VHSC, the funds should be released into the joint account of ANM and Pradhan.
2. The funds should be routed as per same protocol as the Untied funds
3. The RKS is a registered society, the statutory audit of which should be conducted as per the rules.
4. The setting up of mentoring structures for ASHA should be accelerated by the state.
5. The determination and payment of incentives should be decentralised and through the VHSCs to whom untied funding is separately provided. The allocation of incentives to AWW should be aligned to similar incentives to the ASHAs for mobilizing the community for Village health & Nutrition Days. The amount of Rs. 200 proposed by the state is accordingly approved to the extent of Rs. 75 per VHND.
6. Detailed DPR for upgradation of physical infrastructure should be prepared and facility surveys completed before starting the upgradation process. A comprehensive, long term plan in this regard may be prepared by the state and phasing done on basis of the available / sanctioned funds.
7. The detailed model for management of the MMUS should be finalised by the state. The resource mapping of mobile medical units and Ambulances should be undertaken to ensure optimal spread to all underserved areas and periodic review of the service rendered by these units should be undertaken.
8. The state should ensure that appropriate book keeping of the vehicles and utilisation there of is maintained at all levels. The state should strive to establish EMRI (Andhra Pradesh) like models for providing emergency medical relief and referral transport after incorporating locally appropriate adaptations. The approval for FY 08-09 is restricted in view of funding required for other activities. The state may accordingly phase the procurement of ambulances.
9. The contractual recruitment should be decentralised and facility specific. It should strictly follow the local residency criteria. The remunerations should not be normative and the ground conditions at the place of work should be taken into account while determining remunerations or giving other incentives.
10. The state should finalise a detailed plan of action for operationalising these activities and share the same with the GoI.

ANNEX IV

IMMUNIZATION STRENGTHENING PROGRAMME JK (2008-09)

S · N o .	Activities	Amount Propose d (Rs. In Lakhs)	Amount Admiss ible (Rs. in Lakhs)	Remark s
1	Mobility support for alternate vaccine delivery	245.26	122.63	Source -wise breaku p of funds is given below in the notes
2	Mobilization of children by ASHA, AWW and link workers.	91.60	91.60	
3	Expenditure on strengthening monitoring and supervision and surveillance in normal areas and difficult areas	136.08	12.00	
4	Computer Assistant to DIOs	18.48	18.48	
5	Immunization Cards/Immunization Registers	22.50	22.50	
6	Vehicle for distribution of vaccines in remote areas(for POL)	713.88	356.94	
7	POL & maintenance for vaccine delivery van at district level	39.60	39.60	
	Total	1267.4 0	663.75	

Comments:

1. The situational analysis should always have a component of qualitative analysis as it contributes to getting a comprehensive bird's eye view of the routine immunization situation in the state.
2. In view of the diverse and difficult terrain of the state, activities to reach the unreached and underserved areas need to form an important part of the plan.
3. Status report of existing activities and future plans for Cold chain, trainings, AEFI surveillance, RIMS upload status, and newer interventions started under NRHM, help get an overview of the efforts being put in to improve routine immunization.
4. Support from other sources:
 - a. All immunization programmes carried out by the NGO's should be mentioned.

The States needs to :

1. The State should project budget as per actual number of session planned during the year in every activity. The state should furnish the details of sessions held during the year.
2. The State should project budget in details giving full justification for the proposed budget with respect to last year expenditure on every activity.
3. The training should be carried out on alternate year basis for those who have not attended during last year conducted, if any. The State should project for training activity for the target number of persons actually proposed to be trained during the year. The training and expenditure should be incurred as per GoI norm for training under RCH. The State should furnish the details of persons trained during the year.
4. Printing of Immunization Cards & other Reporting Formats required for Immunization activities should be done as per GoI norm and the expenditure should be incurred as per state procedure.
5. The State should follow the GoI norm for incurring expenditure under the activity Mobilization of children through AWW/ASHA
6. The State has not furnished any funds for Cold chain maintenance.
7. The state should furnish the details of supervisory visits made by the officers during the year.
8. The State should furnish the details of review meetings conducted during the year and their outcomes.
9. The state should furnish Physical and financial quarterly progress report on the above activities

<u>Items not permissible under Immunization PIP</u>	
1. Special IEC sessions to be dovetailed with the VHDs	Rs 6.72 Lakhs
2. Mobility support to ANMs	Rs 327.02 Lakhs
3. Construction of 5 clinic at districts hospital with vaccine storage facilities and holding immunization sessions	Rs 110.00 Lakhs
4. Mobility support for MOP up campaign	Rs 66.10 Lakhs

5. Mobility support (pony charges) to unreachable villages +survival support kit inclusive of accessories	Rs 44.00 Lakhs
6. solar refrigerator for sub centre's in difficult to reach areas(will be supplied by GoI)	Rs 44.00 Lakhs
7. POL & maintenance for vaccine delivery van at district level	Rs 26.40 Lakhs
(Funds have been provided above. it is not clear why the State has proposed this budget twice.)	
Total	Rs 624.24 Lakhs

ANNEX V

**APPROVALS UNDER NATIONAL DISEASE CONTROL PROGRAMMES
REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME**

Activity proposed	Amount Proposed	Amount approved
1. Civil Works-a- Maint.	26.15	1.37
b- one time		20.15
2. Laboratory Materials	15.75	9
3. Counselling Charges (Honorarium	3.48	0.4
4. IEC/Publicity	9.5	4.75
5. Equip. Maintenance	5.24	3.42
6. Training	21.2	8.48
7. Vehicle Maintenance	13	8.8
8. Vehicle Hiring	15	6
9. NGO/PP Support	2.05	0.51
10. Medical Colleges	11.66	8
11. Office Operations (Miscellaneous)	10.89	9.03
12. Contractual Services	57.51	50
13. Printing	7.5	5.5
14. Res. and Studies	6.1	0
15. Proc. of Vehicle	28.5	6
16. Proc. of equipments	1.05	0.6
Total	234.58	142.01

National Vector Borne Disease Control Programme

(Rs. In lakhs)

Sr.No.	Activity Proposed	Amount Proposed (Cash + Commodity)	Amount Approved (Cash assistance)	Amount Approved (Commodity assistance)	Remarks
1	Malaria	13.68	0.00	13.68	Approval for allocated amount + likely unspent balance as on 1.04.08 i.e. Rs.4.35 lakh
2	GFATM	0.00	0.00	0.00	
3	World Bank (including training & IEC)	4.00	4.00	0.00	
4	Kala-azar	0.00	0.00	0.00	
5	ELF	0.00	0.00	0.00	

6	J.E.	0.00	0.00	0.00	for utilization may be approved
7	Dengue & Chikungunya	17.10	17.10	0.00	
Total:		34.78	21.10	13.68	

Integrated Disease Surveillance Project

S.No.	Head	Amount Proposed	Amount Approved
1	Civil Work		5.26
2	Lab Equipments		15.87
3	Office Equipments		3.18
4	Furniture & Fixture		3.86
5	Lab Supplies		4.87
6	Personnel Costs		10.71
7	IEC Costs		7.20
8	Training Costs		3.53
9	Operational Costs		8.90
11	Total Approved (Rs. in lakh)		63.38
12	Total proposed by State		

National programme for Control of Blindness

(Rupees in lakh)

Activity proposed	Amount proposed	Amount approved	Remarks Remarks/comments of Programme Division
Grant-in-aid for free catops	330.00	54.00	The allocation is to meet expenditure on cataract operation in Govt. hospitals and NGO hospitals.
Grant-in-aid for School Eye Screening	14.00	10.00	Training of teachers, detection of children for refractive errors and provision for free glass to poor school children are covered under this activity.

GIA for Ophthalmic Equipments to Distt. Hospitals	8.00	12.00	Provision for approved Ophthalmic equipments to Distt. Hospitals in state.
GIA for Ophthalmic Equipments to Sub-Distt. Hospitals	0	3.00	Provision for approved Ophthalmic equipments to Sub-Distt. Hospitals in state
Non-recurring GIA to Vision Centres	0	5.00	Provision for setting up Vision Centres in state.
Recurring GIA to Eye Banks	0	1.00	Provision for recurring GIA to Eye Banks.
Non-recurring GIA to Eye Donation Centres	0	1.00	Provision for setting up two eye donation centres.
Recurring GIA to Eye Donation Centres	0	1.00	Provision for recurring GIA to Eye Donation Centres.
Training	75.00	2.00	Provision to meet expenditure on training of PHC Medical Officers, PMOAs, nurses and other para ophthalmic staff.
IEC	63.00	4.00	Provision to meet expenditure on IEC activities by state government.
Remuneration of State Blindness Control Society, other activities & contingency	5.00	6.00	Provision to meet salaries and operational expenses and contingency
Salary support of State Ophthalmic Cell and existing posts.	40.00	50.00	Provision to meet salary of State Ophthalmic Cell.
Total	535.00	149.00	

National Iodine Deficiency Diseases Control Programme

	Activity Proposed	Amount Proposed	Amount Approved 2008-09	Remarks
1	Establishment of IDD Control Cell	4.50	6.00	Only one IDD Monitoring lab may be set up
2	Establishment of IDD Monitoring Lab	7.50 (3 labs)	3.50	

3	Health Education and Publicity	5.50	6.00	as per allocation. There is no provision for additional fund for training of personnel.
4	IDD surveys * Additional fund for training of personnel	4.00	2.50	
Total		21.50	18.00	

National Leprosy eradication Programme

S. No.	Activity proposed	Amount proposed	Amount for J & K approved	Amount approved Jammu	Amount approved Kashmir	Remarks
1)	Contractual Services	21.7	18.2	11	7.2	
	State - BFO cum AO, DEO, SMO, Administrative Assistant, Driver					
	District - Driver, TA/DA to SMO/Drivers					
2)	MDT management	-	-			
	Honararium to ASHA					
3)	Office expenses & consumables	8	5.9	3	2.9	
4)	Capacity building	7.43	12	7	5	Under budgeted. For giving more emphasis, budget has been increased for training.
	4 days training of newly appointed MO&HW/HS,					
	2 days refresher training of MO,					

	5 days training of newly appointed Lab. Tech.,					
	2 days training of Private Practitioners, RMP & Dermatologists					
5)	Communication for Behavioral Change	17.14	18	8	10	
	Wall painting, Rallies, Quiz, folk show, IPC workshop, Hoardings,					
	Meeting of opinion leaders, Half day sensitization of ASHA					
6)	POL/Vehicle operation & hiring	8.34	10	5	5	
	2 vehicles at state level & district level					
7)	DPMR	11.07	11.07	5	6.07	
	Supportive medicines, MCR footwear, Aids and appliances, Lab. Reagents/equipment, Printing forms, Incentive to BPL patients for RCS, Support to institutions for RCS					
8)	Urban Leprosy Control Programme	25.64	2	1	1	Highly budgeted, As urban areas are very few, budget may be curtailed .
9)	NGO - SET Scheme	12.05	-	-	-	No NGO approved by GOI is

						receiving funds
10)	Review meeting & workshop	2	2	1	1	
	TOTAL	113.37	79.17	41	38.17	
11)	Cash assistance	-	17.77	8.89	8.88	
	TOTAL		96.94	49.89	47.05	

NIDDCP- RECORD OF PROCEEDINGS (ROPs) Under NRHM

JAMMU & KASHMIR

	Activity Proposed	Amount Proposed	Amount Approved 2008-09	Remarks
1	Establishment of IDD Control Cell	4.50	6.00	Only one IDD Monitoring lab may be set up as per allocation. There is no provision for additional fund for training of personnel.
2	Establishment of IDD Monitoring Lab	7.50 (3 labs)	3.50	
3	Health Education and Publicity	5.50	6.00	
4	IDD surveys * Additional fund for training of personnel	4.00	2.50	
	Total	21.50	18.00	