

Ministry of Health & Family Welfare

RECORD OF PROCEEDING ASSAM

2021-2022

National Health Mission


15/06/2021

Preface

Record of Proceedings (RoP) document has the budgetary approvals under NHM for the financial year and serves as a reference document for implementation. The approvals given by NPCC are based on the State PIP and discussions with the State officials.

Through the last year, our country has fought fiercely against COVID. We have performed even better than many developed countries in limiting the impact of COVID. In past few months we have strived to maintain the essential services and most of the States have now achieved the pre-COVID levels of essential services. The pandemic has taught us many lessons which must be used for developing resilient Health Systems, which are not only able to fight any sudden calamity like COVID but be sustainable and consistent in reaching our health indicators and goals.

COVID pandemic has made us appreciate our frontline workers even more and has reminded us again of the driving role that motivated and adequate skilled human resources play in the health systems. The States have shown utmost diligence in timely recruitment of requisite human resources from doctors and nurses to paramedics during the last year which must continue in a sustainable manner. Ensuring high quality recruitment, skill assessment of the clinical HR using OSCE (Objective structured clinical examination) is the first step towards bringing quality HR. We need to have in place a regular specialist cadre to ensure PGMO recruitment at entry level. As a short term measure to overcome the shortage of Gynecologists and Anesthetists, EmOC and LSAS training and their proper posting and mentoring is equally important. The 8 broad speciality Diploma courses (of 2years post MBBS) granted by NBE will help you overcome the short-supply of specialist and provide additional HR to improve service quality in our secondary care health facilities.

We are always striving to increase Public Health expenditure for strengthening our Public Health System. The 15th Finance Commission has reiterated the goal set by NHP 2017 of increasing PHE to 2.5% of the GDP. Furthermore, we have PM ASBY, which would provide Comprehensive Primary Health Care, strengthen the surveillance capacities at all levels, research and digital health services. PM- ASBY will also facilitate pandemic preparedness. The States should leverage these provisions for extending comprehensive care at all levels.

As we go to Cabinet for the extension of NHM, it is important to evaluate our work in order to build on our strengths and work on the aspects where we still lag. We have a good report in the form of NITI Aayog's Evaluation Report on NHM. It clearly shows how far we have come and how much we have achieved in terms of crucial indicators like IMR, MMR, Life expectancy at birth along with integrating various health programmes. However, in view of the achievements, our focus on Mother and Child should not get diluted. LaQshya, availability of basket of contraceptive choices, training and formation of a cadre of midwives for quality delivery services are critical under RMNCH+A. We are well poised to move mother and Child care to an Entitlement based framework under Surakshit Matritva Abhiyan with robust grievance redressal systems and effective community participation using multisectoral approaches.

The States have done well in providing drugs and diagnostics services in times of this pandemic. Putting in place a system with robust procurement system, effective quality monitoring, IT backed supply chain management which has quality monitoring, service guarantee and awareness generation is the need of the hour, so that we can keep the OoPE in public health facilities as low as possible.

We are well on our path to eliminating TB by 2025, despite the fact that our efforts could not be what we wanted it to be in the initial months of COVID Pandemic. In NTEP, we have to focus on bridging the gap in estimated and detected cases through expansion of diagnostics services, Universal Drug Susceptibility Testing and active case finding. We also have to focus on comprehensive capturing of

data of TB patients accessing care in private sector. We need to maintain treatment success rates in excess of 85%. Another area that needs urgent attention is identifying and treating drug resistant TB.

As is evident from NHM Evaluation report by NITI, we have made substantial progress in control of vector borne diseases especially Malaria. We have now introduced certification of disease free status at state and district levels for incrementally moving towards elimination of Kala Azar, Lymphatic Filariasis, Malaria, TB and Leprosy, with monetary and non-monetary awards for achieving the certifications. Under the National Viral Hepatitis Control Program, we need to understand the huge disease burden of Hepatitis and the associated mortality and morbidity and must ensure at least one model treatment centre in every State and at least one treatment centre in each district.

We must also remain focused on tackling NCDs. Among NCDs, CVD has been the leading cause of death worldwide, and ischemic heart disease (IHD) and stroke are the major contributors to CVD. Ischemic heart disease has emerged as one of the major reasons of premature deaths which can be averted and reduced. Similarly, accidents and injuries contribute significant DALYs as younger generation are more prone to accidental injuries. Good emergency and trauma care facilities and an integrated approach would therefore help us to significantly reduce the DALYs on account of accidents and injuries.

With increasing complexities of modern life and stress, mental health too has emerged as a big challenge. Mental Health Act provides for assured mental health care services to all who seek such care. States would have to adopt innovative approach to scale up the mental health services not only at district hospital level but also in facilities down below. Short term courses using IT platforms should be utilized to quickly scale up the capacities.

We will be failing in our duty towards our future generation if we don't do everything in our capacity to give opportunity to every child to grow to their fullest potential. Early Childhood Development (ECD) is an evidence based step in this direction and all the States must ensure its speedy implementation. ECD needs to be enshrined as a philosophy in our mothers, parents and health workforce and should become essential part of child bearing and child rearing in households.

With the recent boost of 15th Finance Commission's recommendation of health grants amounting to Rs. 70,051 crores for urban health and wellness centres (HWCs) and other block-level healthcare units, AB-HWCs along with the PMJAY will be the principal vehicles to achieve the Universal Health Coverage. We must recognize that even if we achieved essential health coverage and financial protection, health outcomes could still be poor if services are low-quality and unsafe. Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes. Quality should be in the DNA of the entire health system to be able to deliver UHC. To ensure we will need to simultaneously work on several fronts: a high-quality health workforce; quality services across all health care facilities; safe and effective use of medicines, devices and other technologies; effective use of health information systems; compliance to standard treatment guidelines; and financing mechanisms that support continuous quality improvement and right incentives to service providers to provide patient-centered care. In this direction, our endeavour should be to get maximum number of health facilities National Quality Assurance Standards (NQAS) certified. State specific Quality Plan may be developed so that maximum number of facilities acquire NQAS and LaQshya Certifications and ensure the sustenance of achieved quality standards. Since, satisfaction of patient has an important bearing on utilization of health facilities and promotes healing; the States should ensure that all the public health facilities are integrated on Mera-Aspatal portal.

As highlighted by the 15th Finance Commission, Public Private Partnerships can be leveraged for providing health infrastructure at all levels and to the last mile. We have many States using this

mechanism to provide telemedicine services, which can be further explored by other States based on their need and context.

The performance indicators and benchmarks for all major HR posts were shared with the States/UTs. I hope that the states are implementing it despite the focus being shifted to the pandemic situation and would be carrying out the final assessment in March and share the action taken on such assessment with us.

In the coming years, we have to leverage the focus and finance that health has received. I can assure you that we are always there to support you in all your endeavours to make the health system and service delivery stronger.

Vandana Gurnani
Additional Secretary & Mission Director, NHM

F.No.- M-11016/7/2021-NHM-II
Government of India
Ministry of Health and Family Welfare
(National Health Mission)

Nirman Bhawan, New Delhi
Dated: 15 June, 2021

To,
Mission Director (NHM),
D/O Health & Family Welfare
Government of Assam,
Saikia Commercial Complex,
Christian Basti, Guwahati,
Assam-781005.

Subject: Approval of NHM State Program Implementation Plan for the State of Assam for the Financial Year 2021-22

This refers to the Program Implementation Plan (PIP) for financial year 2021-22 submitted by the State of Assam and subsequent discussions in the NPCC meeting held on 23rd January 2021 at Nirman Bhawan, New Delhi. Also, refer to the addendum for HR proposals in PIP 2021-22 vide letter No.NHM-31025/1/2020-HRD-NHM/5011 dated 25th May 2021, appraised along with PIP 2021-22.

2. Against a Resource Envelope of **Rs. 1925.16 Crore** (calculated assuming State Share of 10%), an administrative approval is conveyed for an amount of **Rs. 2428.86 Crore**. Any unspent balance available under NHM with the State as on 01.04.2021, would also become a part of the Resource Envelope, and depending on the expenditure and requirement, the State may propose Supplementary PIP and take approvals from MoHFW. Details of Resource Envelope are provided in Table A and B below:

Table 'A' - Resource Envelope

(Rs. in Crore)

Particulars	Rs. in crore
(a) GoI Support (Flexible Pool allocation including Cash and Kind)	1,262.76
(b) GoI Support for Incentive Pool based on last year's performance (assuming no incentive/ reduction on account of performance)	222.78
(c) GoI Support (under Infrastructure Maintenance)	247.10
Total GoI support (a+b+c)	1732.64
State Share (90%/10%)	192.52
Total Resource Envelope	1925.16

TABLE 'B' - Breakup of Resource Envelope

(Rs. in Crore)

Sl.No.	Particulars	GoI Share (including Incentive Pool)	State Share (90:10)
1	RCH Flexible Pool (including RI, IPPI, NIDDCP)	415.50	192.52
1 (i)	RCH Flexible Pool (including RI, IPPI, NIDDCP) Cash	306.07	

Sl.No.	Particulars	GoI Share (including Incentive Pool)	State Share (90:10)
	Grant Support		
1(ii)	RCH Flexible Pool (Kind Grant Support under Immunisation)-Provisional assuming 50% of Cash Grant allocation 1(i) above	109.43	
2	Health System Strengthening (HSS) under NRHM	938.52	
2 (i)	Other Health System Strengthening covered under NRHM	810.96	
2(ii)	Comprehensive Primary Health Care under HSS	99.01	
2(iii)	Additional ASHA Benefit Package including support to ASHA facilitators	28.55	
	Total NRHM-RCH Flexible Pool	1,354.02	
3	NUHM Flexible Pool	19.15	
3 (i)	Other Health System Strengthening covered under NUHM	14.36	
3 (ii)	Comprehensive Primary Health Care under NUHM	4.79	
4	NDCP Flexible Pool (RNTCP, NVHCP, NVBDCP, NLEP, IDSP, NRCP, NPCL)	71.87	
i	NVBDCP (Cash & Kind)	15.29	
ii	RNTCP (Cash & Kind)	48.28	
iii	NVHCP (Cash & Kind)	3.53	
iv	NLEP	1.20	
v	IDSP	2.40	
vi	NRCP	1.02	
vii	NPCL	0.15	
5	NCD Flexible Pool (NPCB, NMHP, HCE, NTCP, NPCDCS)	40.50	
6	Infrastructure Maintenance (including Direction and Administration)	247.10	
	Total Resource Envelope	1,732.64	192.52

3. The State Share of Rs. 192.52 Crore could be added to any pool depending on the approvals and requirement of the State. The total funds provided to NHM should be equal to 10%, as applicable.

4. The support under NHM is intended to supplement and support and not to substitute State expenditure. All the support for HR will be to the extent of positions engaged over and above the regular positions as per IPHS norms and case load. NHM aims to strengthen health systems by supplementing and hence it should not to be used to substitute regular HR. All States/UTs are encouraged to create sanctioned regular positions as per the IPHS requirements. HR should only be engaged when infrastructure, procurement of equipment etc. required to operationalize the facility or provide services, are in place. Moreover, HR can only be proposed and approved under designated FMRs. HR under any other FMRs or in any lump sum amount of other proposals, would not be considered as approved. Please refer to AS&MD's letter dated 17th May 2018 in this regard (copy enclosed as Annexure I). All approved HR have been listed in Annexure-II for ease of reference.

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

- Compliance with conditionalities as prescribed by Department of Expenditure (DoE), Ministry of Finance.

- Ensuring timely submission of quarterly report on physical and financial progress made by the State/UT.
 - Pendency of the State share, if any, based on release of Central Grants.
 - Transfer of Central Grants from the Treasury to the State Health Society Bank Accounts.
 - Timely submission of Statutory Audit Report for the year 2020-21 and laying of the same before the General Body and intimation to the Ministry.
 - Before the release of funds beyond 75% of BE for the year 2021-22, State/UT needs to provide Audited Utilization Certificates against the grants released to the State/UT up to 2020-21 duly signed by Mission Director, Auditor, Director -Finance and counter signed by Principle Secretary (Health).
 - State/UT to open accounts of all agencies in PFMS and ensure expenditure capturing through REAT module of PFMS.
6. 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.
7. State/UT should adhere to the clauses mentioned in the MOU signed and achieve the agreed performance benchmarks. The agreed targets and deliverables for priority programmes/schemes have been given as Annexure – III.
8. There are certain other essential mechanisms which need to be set up in all the States/UTs such as Robust Health Helpline (doctor on call, grievance redressal, scheme dissemination) and formulation of State HRH Policy.
9. The Conditionalities Framework for 2021-22 is given as Annexure-IV. It is to be noted that Full Immunization Coverage (FIC)% will be treated as the screening criteria and Conditionalities for 2021-22 would be assessed for only those States/UTs which achieve 90% Full Immunization Coverage. For EAG, NE and Hilly States, the FIC criteria would be 85%.
10. State/UT must ensure timely submission and updation of quality and accurate data (as applicable) in digital mode for indicators pertaining to the Central Health Dashboard/ National Health Profile as per fixed timelines.
11. The RoP document conveys the summary of approvals accorded by NPCC based on the State PIP. The details of approved proposals have been given in the Framework for Implementation of RoP for facilitating implementation which is enclosed. We would also be sharing the excel sheets later for facilitating implementation and reviews.

12. Finance

- State/UT should convey the district approvals within 15 days of receiving the State/UT RoP approvals.
- The State/UT 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 approved for all activities including procurement, printing etc. are only indicative for purpose of estimation. However, actuals are subject to transparent and open bidding process as per the relevant and extant purchase rules.
- 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.
- The annual audited accounts of the State Health Society must be placed before the Governing Body for acceptance.
- State/UT to ensure regular meetings of State/UT 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.
- 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; while the ceiling could go up to 14% for small states (NE) and UTs.
- The accounts of State/ 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.
- State/UT shall ensure submission of details of unspent balance indicating inter alia, funds released in advance & funds available under State Health Societies. The State/UT shall also intimate the interest amount earned on unspent balance. This amount can be spent against approved activities.
- To avail the 2nd Tranche of release under NHM, the State/UT should ensure that at least 10% increase in State Budget over last year and where such increase over last year is less than 10%, then the average of last 3 years would be considered and the same should be > 10 %. Further, out of the total allocation to health in the State/UT budget, it is recommended that at least 2/3rd should be on Primary Health Care.
- Increase the share of expenditure of State/UT on health to more than 8% of their total budgetary expenditure.
- The additional grants received from Incentive pool based on performance shall be utilized against the approved activities only.
- States/UTs should ensure that fund transfer and expenditure are made electronically and through PFMS.
- Ensure transfer of Central Grants from State/UT treasury to State Health Society Bank Account.

13. Human Resources for Health

- Remuneration of existing posts has been given on the basis of the salary approved in FY 2020-21, 5% annual increment and approved experience bonus or other allowances (if any) for 12 months. The budget proposed by the State for remuneration of existing staff has been approved for 12 months *in principle*. This is to save the efforts of State in sending the supplementary proposals to MoHFW. If there are funds left in HR budget it could be used to pay the approved HR at the approved rate for rest of the months.

- This year instead of writing the salary of each post we have approved the salary in major heads. States/UTs are expected to administer salary as per the norms of NHM.
- Additional 5% of the total HR budget is approved as increment and an additional 3% of the total HR budget is approved for HR rationalization and experience bonus (as per eligibility) with the condition that the maximum increase in remuneration of any staff is to be within 15% (in total based both on performance and rationalization). In case performance appraisal of NHM staff is not carried out by the State, only 5% increase on the base salary can be given.
- The total salary, increment and rationalization must not exceed 8% of total HR budget. HR rationalization exercise (to be done only in cases where HR with similar qualification, skills, experience and workload are getting disparate salaries) and its principles including increments to be approved by SHS GB under overall framework and norms of NHM. In cases where the salary difference is more than 15%, salary rationalization was to be done in installments. Increase in salary beyond 15% in any year for any individual will have to be borne by State from its own resources.
- The rationalization amount to the States/UTs has been given to States/UTs since 2016-17. It is expected that the States/UTs would have rationalized the salaries by now and hence from next year onwards i.e. 2021-22 it will be given only on State/UT specific proposals and on case to case basis.
- States/UTs must ensure that achievement of performance above minimum performance benchmark, as guided by MoHFW and finalized by state health society, is included as a condition in the contract letter of every HR engaged under the NHM. Before renewal of the contract each employee must be appraised at least against these benchmarks. Mission Director must certify carrying out appraisal and the State/UT should share the report by 30th April 2021.
- As we move towards making the approvals more flexible, we expect the States/UTs to follow the broad guidelines and administer the HR functions well. To ensure that it is done properly and to document the good practices HRH team will undertake HR monitoring of a set number of States/UTs every year.

14. Infrastructure

- The approval for new infrastructure is subject to the condition that States/UTs will use energy efficient lighting and appliances.
- State/UTs to submit Non-Duplication Certificate in prescribed format.
- State/UT to review quarterly performance of physical & financial progress of each project and share the progress report with MoHFW.

15. Equipment

State/UTs to submit Non-Duplication Certificate in prescribed format.

16. IT Solutions

All IT solutions being implemented by the State/UT must be EHR compliant. In cases where there is Central software and the State/UT is not using it, the State/UT must provide APIs of its State/UT software for accessing/viewing data necessary for monitoring.

17. Mandatory Disclosures

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

18. JSSK, JSY, NPY and other entitlement scheme

- State/UT must provide for all the entitlement schemes mandatorily. No beneficiary should be denied any entitlement because of these cost estimates. If there are variations in cost, it may be examined and ratified by the RKS.
- State/UT 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.

19. Resources Envelope and approvals

The amount approved for the State of Assam stands at **Rs. 2428.86 Crore** including IM (Rs 247.10 Crore) and Immunization Kind Grants (Rs 109.43 Crore). Since the State has exhausted its Resource Envelope for the Financial Year 2021-22, the approval of the PIP for the FY 2021-22 is accorded with the condition that there would be no increase in Resource Envelope and the State will have to undertake the approved activities under the existing RE for the FY 2021-22. However, any modification subsequent to approval of continuation of NHM at appropriate level, if any, shall be communicated separately.

Yours' sincerely,


(Elangbam Robert Singh)
Director (NHM III)
15/06/2021



Manoj Jhalani

Additional Secretary & Mission Director, NHM
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भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110011
GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
NIRMAN BHAVAN, NEW DELHI - 110011

D.O.No.10(36)/2017-NHM-I
17th May 2018

Dear colleague,

Subject: PIP and HR Approvals

MoHFW with the aim of strengthening and simplifying the planning process, has brought in major changes in the PIP budget sheet in FY 2018-19. Adopting health system approach, the PIP has been categorised into 18 heads required for implementation of any programme.

As mentioned in PIP guidelines any programme/ initiative planned were to be broken and budgeted in 18 given heads, as applicable. However, appraisal of PIPs show that few states have clubbed many activities together thereby defeating the very purpose of budget revamp. As informed in the NPCC meetings, any human resource (Programme Management or Service Delivery) proposed in the clubbed activities, which has not been proposed under dedicated heads for HR will not be considered for appraisal. Even if the lump sum amount is approved unknowingly by the programme divisions, **no HR would be considered as approved.**

Further, to initiate HR integration and ensure rationalization of salaries of staff with similar qualification, workload and skills, additional budget (3% of the total HR budget) was approved by NPCC in FY 2017-18 as per state's proposal. **This budget was approved with the condition that the exact amount of individual increase should be decided by state in its EC and HR rationalization exercise and its principles including increases to be approved by SHS GB. States were directed to ensure that increases are approved in such a way that it smoothens the process of HR integration. In cases where the salary difference among similar category position with similar qualifications and experience is very high (say more than 15%), it was to be done in parts as it may take 2-3 years to rationalize it fully.** The same principle applies to the approvals of FY 2018-19. Therefore, we continue to approve additional 3% of the total HR budget in FY 2018-19 for HR integration, subject to the states asking for it.

स्वच्छ भारत—स्वस्थ भारत

Salaries of all staff have been approved in the ROP (FY 2018-19) as proposed by the state assuming that any increase/ decrease of salary has been approved by the EC and GB. In case, **any of the proposed salary has not been approved by the State EC and GB, the individuals will not be eligible to receive higher salary as approved in the ROP FY 2018-19** and only 5% of annual increase is to be provided on base salary approved in FY 2017-18. Any additional amount already paid would have to come from state budget. States must undertake HR integration process using the additional budget approved last year and this year. The details are to be submitted to MoHFW along with a signed letter from Mission Director and a copy of minutes of meeting held with EC and GB based on which decision has been taken.

Any deviation from the above would be treated as contravention of Record of Proceedings of NPCC and would apart from inviting audit objection would be flagged to Chief Secretary for disciplinary action.

With regards,

Yours sincerely,



(Manoj Jhalani)

Principal Secretary (Health) / Secretary (Health)/Commissioner (Health) of all States / UTs

Copy to:

Mission Director (NHM) of all States / UTs

HR Annexure: Assam (FY 2021-22)**Principles for calculation of remuneration**

1. The amount available for remuneration of existing posts has been calculated considering the maximum eligible budget as per budget approved in FY 2020-21.
2. In case the budget proposed for remuneration of existing staff is within the available limit, the same has been approved as lump sum for 12 months in principle. In case, any position has been dropped by the state, the available limit excludes the budget approved for those positions in the previous FY.
3. Budget proposed for any new position has been calculated separately over and above the available limit.
4. Additional 5% of the total HR budget is approved as increment and 3% of the total HR budget is approved for HR rationalisation, correction of typographical errors and experience bonus (as per eligibility and principles of rationalization) with the condition that:
 - 4.1. Only those who have completed minimum one year of engagement under NHM and whose contract (in case of annual contract) gets renewed will be eligible for annual increment.
 - 4.2. The maximum increase in remuneration of any staff is to be within 0% to 15% (based on performance and rationalization). The total budget used in increment and for rationalization should not exceed 8% of total HR budget. HR rationalization exercise and its principles including increments to be approved by SHS GB.
 - 4.3. In cases where the salary difference is more than 15%, salary rationalization may be done in parts as it may take 2-3 years to rationalize it fully.
 - 4.4. In case performance appraisal of NHM staff is not carried out by the state, only 5% increase on the base salary is to be given.
 - 4.5. In case any amount out of the 3% rationalization amount is used for correcting typographical error in approvals (if any), details for the same is to be shared with MoHFW/ NHSRC HRH division.
 - 4.6. If any state disburses flat 8% increment to all irrespective of performance and salary disparity, or gives salary increases beyond 15% without approval of MoHFW the amount of 3% will be deducted from HR budget. Any decrease of salary resulting from this will have to be borne from the State budget.
5. Expenditure against budget approved for annual increment/ rationalization/ EPF is to be booked under the salary heads of respective staff posts.
6. The budget approved as remuneration/ hiring of specialists may be utilised as per guidance provided via AS&MD's letter dated 30 June 2017 (D.O.No.Z.18015/6/2016-NHM-II (Pt. III)).
7. State will implement Minimum Performance Benchmark for all NHM staff shared by MoHFW and will link it to renewal of contract.
8. State will share the minimum, maximum and weighted average salary of all staff category approved under NHM with MoHFW/ NHSRC HRH division.
9. In any case (without written approval of MoHFW), NHM funds cannot be used to support staff over and above the requirement as per IPHS.

Summary of Approvals

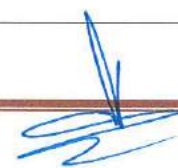
FMR Code	Name of Posts	NHM HR Annexure			Total budget approved
		No. of ongoing posts approved in FY 2021-22	No. of new posts approved in FY 2021-22	Avg remuneration for new positions	
8.1.1.1	ANM	4755			25370.97
8.1.1.2	Staff Nurse	4437			
8.1.1.3.1	Psychiatrist Nurse	28			
8.1.1.3.3	Community Nurse	28			
8.1.1.5.1	Lab technician	940			
8.1.1.8	Pharmacist	543			
8.1.1.9	Radiographer	50			
8.1.1.10	Physiotherapist	26			
8.1.1.10	Rehabilitation Worker	54			
8.1.1.11	Dieticians	30			
8.1.1.12	Para Medical Worker	11			
8.1.2.1	OBGY	40			
8.1.2.2	Paediatricians	30			
8.1.2.3	Anaesthetists	35			
8.1.2.4	Surgeons	25			
8.1.2.5	Radiologists	10			
8.1.2.6	Pathologists	12			
8.1.3.1	Consultant Medicine	20			627.77
8.1.3.2	Psychiatrists	10			
8.1.3.3	Orthopaedic	5			
8.1.3.4	ENT Surgeon	10			
8.1.3.5	Ophthalmic Surgeon	10			
8.1.3.6	Dermatologist	6			
8.1.3.8	Microbiologist (MD)	16			
8.1.3.10	Community Medicine Specialist	11			
8.1.4.1	Dental Surgeon	52			263.27
8.1.5.1	Medical Officers	1067			5961.56
8.1.6.1	Medical Officers - AYUR	252			1790.47
8.1.6.1	Medical Officers - Homeo	50			
8.1.7.1.1	Medical Officers- AYUR	259			4178.99
8.1.7.1.1	Medical officer - Homeo	200			
8.1.7.1.1	Dental surgeons	153			
8.1.7.1.4	ANM	306			
8.1.7.1.5	Pharmacist	306			
8.1.7.2.1	Paediatricians	10			
					808.66



FMR Code	Name of Posts	NHM HR Annexure			Total budget approved
		No. of ongoing posts approved in FY 2021-22	No. of new posts approved in FY 2021-22	Avg remuneration for new positions	
8.1.7.2.2	Medical Officers, MBBS	27			
8.1.7.2.3	Dental Surgeon	27			
8.1.7.2.4	Staff Nurse	27			
8.1.7.2.5	Physiotherapist	27			
8.1.7.2.6	Audiologist & speech therapist	27			
8.1.7.2.7	Psychologist	27			
8.1.7.2.8	Optometrist	27			
8.1.7.2.9	Early interventionist cum special educator	27			
8.1.7.2.10	Social Worker	10			
8.1.7.2.11	Lab technician	6			
8.1.7.2.12	Dental technician	27			
8.1.8.2	Staff Nurse	124			
8.1.8.3	Cook -NRC	Lumpsum 30 (INR 26.32 Lakhs)			
8.1.8.3	Caretakers-NRC	Lumpsum 60 (INR 59.90 Lakhs)			
8.1.8.6	Cleaner-NRC	lumpsum 30 (INR 26.32 Lakhs)			
8.1.9.3	Staff Nurses	605			1374.02
8.1.9.6	Computer Assistants	Lumpsum 29 (INR 35.30 Lakhs)			
8.1.9.6	Support staff	lumpsum 84 (INR 77.61 Lakhs)			
8.1.13.1	Nutritional Counsellors	158			958.11
8.1.13.2	Clinical Psychologist	32			
8.1.13.4	Microbiologist (M. Sc. In Medical Microbiology)	6			
8.1.13.5	Audiologist	19			
8.1.13.8	Psychiatrist Social Worker	28			
8.1.13.8	Social Worker	8			
8.1.13.10	TBHV	36			
8.1.13.11	Lab Assistant Regular	1			

FMR Code	Name of Posts	NHM HR Annexure			
		No. of ongoing posts approved in FY 2021-22	No. of new posts approved in FY 2021-22	Avg remuneration for new positions	Total budget approved
8.1.13.12	OT attendant	Lumpsum 1 (INR 1.17 Lakhs)			
8.1.13.15	VCCM	27	6	24000	
8.1.13.15	Cold Chain & Vaccine Logistic Assistant/ Regional Vaccine and Logistic Manager	0	5	31000	
8.1.13.16	Ophthalmic Assistant	15			
8.1.13.18	Audiometric Assistant	23			
8.1.13.19	Instructor for Hearing Impaired Children	9			
8.1.14.1	Medical Officer - Mobile blood van	5			
8.1.14.4	Lab technician	82			183.10
8.1.15.1	Hospital Administrators	32			
8.1.15.7	Record Keeper	12			
8.1.15.7	Case Registry Assistant	15			
8.1.15.8	Accountants	13			
8.1.16.2	Cold Chain Handler (UIP)	0	12	15000	271.73
8.1.16.3	incentive for Immunization Field Volunteer (UIP)	Lump sum 66 (INR 79.20 Lakhs)	Lump sum 48 (INR 57.60 lakhs)		
8.1.16.4	Hospital attendants	Lumpsum 54 (INR 47.26 Lakhs)			
8.1.16.5	Sanitary Attendants	Lumpsum 54 (INR 47.26 Lakhs)			
9.1.4.1	Clinical Instructor - Skill Lab	5			
9.1.4.1	DEO-Skill Lab	Lumpsum 1 (INR 1.22 Lakhs)			
9.1.4.1	Support Staff	Lumpsum 1 (INR 0.97 Lakhs)			
9.1.4.2	Training Consultant-SIHFV	3			357.23
9.1.4.2	Sr. Consultant-	1			

FMR Code	Name of Posts	NHM HR Annexure			
		No. of ongoing posts approved in FY 2021-22	No. of new posts approved in FY 2021-22	Avg remuneration for new positions	Total budget approved
	Training-SIHFW				
9.1.4.2	Management Expert	1			
9.1.4.2	Consultant - MH (PG MO)	1			
9.1.4.2	Consultant - Paediatrics & Neonatal Service (PG MO)	1			
9.1.4.2	Demographer-SIHFW	1			
9.1.4.2	Midwifery Educators (Master Trainer)	2			
9.1.4.2	Nursing Midwifery Tutor (1 Master Trainer from Ob&G, 1 from Paediatrics/Community Medicine)	2			
9.1.4.2	Midwifery Educators	4			
9.1.4.2	Sr Consultant (Nursing)	1			
9.1.4.2	Jr Consultant (Nursing)	1			
9.1.4.2	Clinical Instructors	79			
9.1.4.2	Outsourcing of Support Staff-SIHFW	Lumpsum 2 (INR 2.91 Lakhs)			
9.1.4.2	Outsourcing of DEOs-SIHFW	Lumpsum 2 (INR 3.33 Lakhs)			
9.1.4.2	State Project Coordinator	1			
9.1.4.2	State Assistant Nursing Coordinator	1			
9.1.4.2	Administrative cum Account Assistant	1			
14.1.1.1	Drug Store Manager	4			
14.1.1.1	District Drug Store Manager, District Level	27	1	24000	
14.1.1.1	Pharmacist - Drug warehouse	27			
14.1.1.1	Pharmacist - State level	3			
14.1.1.1	Data Entry Operators	Lumpsum 30 (INR 52.70 Lakhs)			



FMR Code	Name of Posts	NHM HR Annexure			
		No. of ongoing posts approved in FY 2021-22	No. of new posts approved in FY 2021-22	Avg remuneration for new positions	Total budget approved
14.1.1.2	Pharmacist - SDS	1			4.62
14.1.1.2	Store Assistant (SDS)	1			
16.2.1	Legal Advisor	1			24.60
16.2.1	Consultant-PC PNDT (Consultant (PG MO))	1			
16.2.1	Legal Advisor-District	1			
16.2.1	Computer Assistant	Lumpsum 6 (INR 13.95 Lakhs)			
16.4.1.1	Mission Director	1			36.29
16.4.1.1	Executive Director	1			
16.4.1.1	Director, F&A	1			
16.4.1.3.1	State Programme Manager	1			687.70
16.4.1.3.1	State ASHA Coordinator	1			
16.4.1.3.1	District Programme Manager HQ	1			
16.4.1.3.2	Special consultant	1			
16.4.1.3.2	Consultants - CH	2			
16.4.1.3.2	Consultants - MH	1			
16.4.1.3.2	Consultants - BCC	1			
16.4.1.3.2	Consultants - Media Expert	1			
16.4.1.3.2	Consultants - Community Processes	1			
16.4.1.3.2	Consultants - HRD	1			
16.4.1.3.2	Consultants - Procurement	1			
16.4.1.3.2	Consultants - Biomed Eng	1			
16.4.1.3.2	Consultants - Planning	1			
16.4.1.3.2	Consultant (ARSH/WIFS/RBSK)	1			
16.4.1.3.2	Consultants - Nutrition	1			
16.4.1.3.2	Consultant (RKSK)- Facility based AFHS	2			
16.4.1.3.2	Additional Consultants	2			
16.4.1.3.2	State Quality Consultant	1			
16.4.1.3.2	State Consultant Quality Monitoring	1			

FMR Code	Name of Posts	NHM HR Annexure			
		No. of ongoing posts approved in FY 2021-22	No. of new posts approved in FY 2021-22	Avg remuneration for new positions	Total budget approved
16.4.1.3.2	State Coordination officer (Blood cell)	1			
16.4.1.3.2	Addl Consultant (HRD)	1			
16.4.1.3.2	Consultant (FP)	1			
16.4.1.3.2	Consultant, Diagnostics	1			
16.4.1.3.2	Technical Officer (Surveillance, M&E and Research) Hep C	1			
16.4.1.3.2	State Vaccine & Logistics Manager	1			
16.4.1.3.3	Consultant (Civil)	1			
16.4.1.3.3	Superintending Engineer (Civil)	1			
16.4.1.3.3	Superintending Engineer (Electrical)	1			
16.4.1.3.3	Project Engineer	6			
16.4.1.3.3	Assistant Engineer (Civil)	15			
16.4.1.3.3	Junior Engineer (Civil/Electrical)	2			
16.4.1.3.3	Structural Engineer	1			
16.4.1.3.3	Architect	1			
16.4.1.3.3	Draftsman	1			
16.4.1.3.5	Program Executives	10			
16.4.1.3.5	Prog Exec for MH cell	1			
16.4.1.3.5	Superintendent - HRD	1			
16.4.1.3.5	HR Executives	3			
16.4.1.3.5	District Media Expert HQ	1			
16.4.1.3.5	Assistant Engineers (Instrumentation)	2			
16.4.1.3.5	State Family Planning Coordinator	1			
16.4.1.3.5	State Community Mobilizer	1			
16.4.1.3.5	State Coordinator for Clinical Establishment Act	1			
16.4.1.3.5	State Documentation Coordinator	1			
16.4.1.3.6	State Data Manager	8			
16.4.1.3.6	Statistical investigator	1			

FMR Code	Name of Posts	NHM HR Annexure			
		No. of ongoing posts approved in FY 2021-22	No. of new posts approved in FY 2021-22	Avg remuneration for new positions	Total budget approved
	(SHP)				
16.4.1.3.6	Programmer/ Software Coordinator (SNCU Software Coordinator)	1			
16.4.1.3.6	State MIS Manager	1			
16.4.1.3.6	Additional Consultant (M&E)	1			
16.4.1.3.6	Data Analysts	4			
16.4.1.3.6	System Administrator	1			
16.4.1.3.6	GIS Expert	1			
16.4.1.3.6	Programmers	3			
16.4.1.3.6	System Assistant	1			
16.4.1.3.6	State Data Manager (ASHA Cell)	1			
16.4.1.3.8	Cashiers	2			
16.4.1.3.8	State Accounts Manager	4			
16.4.1.3.8	State Finance Manager	1			
16.4.1.3.8	Consultants - Finance Advisor	1			
16.4.1.3.8	Consultants - Audit	1			
16.4.1.3.8	Consultant (Finance and Accounts)	1			
16.4.1.3.8	Assistant (Finance and Accounts)	1			
16.4.1.3.8	Accountants	8			
16.4.1.3.8	Accounts Officer	1			
16.4.1.3.8	Audit Officers	4			
16.4.1.3.8	Assistant Cashier	1			
16.4.1.3.9	PA to MD	1			
16.4.1.3.9	Office Managers	3			
16.4.1.3.9	Stenographers	2			
16.4.1.3.9	Administrative Assistants	27			
16.4.1.3.9	Administrative Assistant-Quality Assurance	1			
16.4.1.3.9	Program Assistant (SHP)	1			
16.4.1.3.10	Computer Assistant	Lumpsum 1 (INR 2.42			

FMR Code	Name of Posts	NHM HR Annexure			
		No. of ongoing posts approved in FY 2021-22	No. of new posts approved in FY 2021-22	Avg remuneration for new positions	Total budget approved
		Lakhs)			
16.4.1.3.10	DEO	Lumpsum 1 (INR 1.22 Lakhs)			
16.4.1.3.11	Peon / Support Staff	Lumpsum 33 (INR 31.59 Lakhs)			
16.4.1.3.12	Refrigerator Mechanics - State	1			
16.4.1.4.2	State Epidemiologist	1			106.48
16.4.1.4.2	State Leprosy Consultant (SMO)	1			
16.4.1.4.2	State Microbiologist	1			
16.4.1.4.2	State Veterinary Consultant	1			
16.4.1.4.2	Consultant - Training/ Technical	1			
16.4.1.4.2	Entomologists	1			
16.4.1.4.2	M& E Consultant	1			
16.4.1.4.2	State Public Health Consultant	1			
16.4.1.4.2	IEC consultant	1			
16.4.1.4.2	Consultant Proc. & Supply Chain	1			
16.4.1.4.2	State ACSM Officer/IEC Officer	1			
16.4.1.4.2	Technical Officer - Procurement & Logistics	1			
16.4.1.4.5	State Data Manager	1			
16.4.1.4.5	Data analyst	1			
16.4.1.4.7	Consultant - finance/ procurement	1			
16.4.1.4.7	Finance & Accounts Consultant	1			
16.4.1.4.7	Statistical Assistant	1			
16.4.1.4.7	Budget & Finance Officer cum Administrative Officer	1			
16.4.1.4.7	Finance cum Logistic Consultant/ Administrative	1			

FMR Code	Name of Posts	NHM HR Annexure			
		No. of ongoing posts approved in FY 2021-22	No. of new posts approved in FY 2021-22	Avg remuneration for new positions	Total budget approved
	Assistant				99.72
16.4.1.4.7	Accounts Officer /State Accountant	1			
16.4.1.4.9	Secretarial Asst. cum DEO	2			
16.4.1.4.9	DEO	Lumpsum 4 (INR 8.20 Lakhs)			
16.4.1.4.10	Driver	Lumpsum 2 (INR 3.45 Lakhs)			
16.4.1.5.2	Consultant (NCD Pool)	2			
16.4.1.5.2	State Consultant, NTCP	1			
16.4.1.5.2	Consultant, NPPCD	1			
16.4.1.5.2	Epidemiologist/ Public Health specialist	1			
16.4.1.5.3	Programme Assistant	1			
16.4.1.5.3	Secretarial Asst	1			
16.4.1.5.4	State Program Coordinator, NCD	1			
16.4.1.5.4	State Programme Coordinator-CPHC	1			
16.4.1.5.4	Tele Consultation Coordinator	1			
16.4.1.5.4	TB/HIV Coordinator	1			
16.4.1.5.5	Statistical Assistant	1			
16.4.1.5.7	Budget & Finance Officer	1			
16.4.1.5.7	Legal Consultant or Finance Consultant	1			
16.4.1.5.7	Fin. Cum Logistic Consultant	1			
16.4.1.5.8	Administrative Assistant (CEA)	1			
16.4.1.5.8	LDC cum Typist	1			
16.4.1.5.8	Administration Assistant	1			
16.4.1.5.9	Data Entry Operator	Lump sum 4 (INR 6.67 Lakhs)			
16.4.1.5.10	Multitask Workers	Lump sum 5 (INR 4.37			

FMR Code	Name of Posts	NHM HR Annexure			
		No. of ongoing posts approved in FY 2021-22	No. of new posts approved in FY 2021-22	Avg remuneration for new positions	Total budget approved
		Lakhs)			
16.4.2.1.1	District Programme Manager	33	1	30000	1650.93
16.4.2.1.2	District Media Experts	27			
16.4.2.1.2	District Quality Consultant	27			
16.4.2.1.2	DEIC Managers	27			
16.4.2.1.4	Jr Engineers (Electrical/ Instrumentation)	27			
16.4.2.1.4	Assistant Engineer (Civil)	42			
16.4.2.1.4	Junior Engineer (Civil)	27			
16.4.2.1.4	ARSH/ WIFS/ RBSK Coordinators	27	6	24000	
16.4.2.1.4	District Coordinator (Clinical Establishment Act)	27			
16.4.2.1.4	District FP Coordinators	27			
16.4.2.1.4	District Community Mobilizer	33	1	24000	
16.4.2.1.5	District Data Manager	33	1	24000	
16.4.2.1.5	Assistant District Data Manager	27			
16.4.2.1.7	District Accounts Manager	33	1	24000	
16.4.2.1.7	Asstt. Accounts Manager (Accountants)	27			
16.4.2.1.9	Computer Assistants support	Lumpsum 27 (INR 43.67 Lakhs)			
16.4.2.1.9	Data Entry Operator	lumpsum 6 (INR 7.88 Lakhs)			
16.4.2.1.10	Support staff - UHC	lumpsum 26 (INR 14.99 Lakhs)			
16.4.2.1.11	Refrigerator Mechanics	16	3	20000	
16.4.2.2.2	District	4			775.15

FMR Code	Name of Posts	NHM HR Annexure			
		No. of ongoing posts approved in FY 2021-22	No. of new posts approved in FY 2021-22	Avg remuneration for new positions	Total budget approved
	Epidemiologists MBBS				
16.4.2.2.2	District Epidemiologists BHMS, MPH	1			
16.4.2.2.2	District Epidemiologists BHMS	1			
16.4.2.2.2	District Epidemiologists (M. Sc. In Life Science)	18			
16.4.2.2.2	District Epidemiologists (MBBS/MBBS, MD)	3			
16.4.2.2.2	DVBDC (DVPO)	27			
16.4.2.2.2	District Leprosy Consultant	3			
16.4.2.2.4	District PPM/ ACSM coord.	27			
16.4.2.2.5	District Data Manager	27	6	24000	
16.4.2.2.6	Senior DOTS plus TB - HIV Supervisor	27			
16.4.2.2.7	Accountant	27			
16.4.2.2.8	DR TB Statistical Assistant	5			
16.4.2.2.9	DEO	Lump sum 60 (INR 101.62 Lakhs)			
16.4.2.2.9	Secretarial Asst. cum DEO	Lump sum 27 (INR 34.15 Lakhs)			
16.4.2.2.10	Driver	Lump sum 27 (INR 47.86 Lakhs)			
16.4.2.3.1	District Programme Manager	6			375.34
16.4.2.3.2	District Consultant, NPPCF	3			
16.4.2.3.2	District Consultant, NTCP	8			
16.4.2.3.2	Epidemiologist/ Public Health specialist	5			
16.4.2.3.4	District Program	33			

FMR Code	Name of Posts	NHM HR Annexure			
		No. of ongoing posts approved in FY 2021-22	No. of new posts approved in FY 2021-22	Avg remuneration for new positions	Total budget approved
	Coordinator (NCD & HWC)				
16.4.2.3.6	Field Investigator	Lump sum 3 (INR 2.67 Lakhs)			
16.4.2.3.7	Fin. Cum Logistic Consultant	27			
16.4.2.3.9	Data Entry Operator	Lump sum 28 (INR 34.11 Lakhs)			
16.4.3.1.1	Block Programme Manager	160			3443.67
16.4.3.1.3	Program Assistants	128			
16.4.3.1.4	Block Community Mobilizer	149			
16.4.3.1.5	Block Data Manager	153			
16.4.3.1.7	Block Accounts Manager	219			
16.4.3.1.7	PHC Accountants	650			
16.4.3.2.6	STS	153			1063.20
16.4.3.2.6	STLS	78			
16.4.3.2.6	VBD Technical Supervisor (MTS)	153			
16.4.3.2.9	Data Entry Operator	Lump sum 155 (INR 196.91 Lakhs)			

FMR Code	Name of Posts	NUHM HR Annexure			
		No. of ongoing posts approved in FY 2021-22	No. of new posts approved in FY 2021-22	Avg remuneration for new positions	Total budget approved
U.8.1.1.1	ANM	190			361.44
U.8.1.2.1	Staff Nurse	117			265.81
U.8.1.3.1	Lab technician	39			101.05
U.8.1.4.1	Pharmacist	39			108.20
U.8.1.1.1	Medical Officers, MBBS - Full time	39			226.96
U.8.1.8.1.2	Medical Officers, MBBS - Part time	39			74.64

FMR Code	Name of Posts	NUHM HR Annexure			
		No. of ongoing posts approved in FY 2021-22	No. of new posts approved in FY 2021-22	Avg remuneration for new positions	Total budget approved
U.8.1.10.1	Support staff	Lumpsum 78 (INR 65.27 Lakhs)			65.27
U.8.1.10.2	Accountant cum secretarial staff	39			100.99
U.16.4.1.1	State Urban Health Planning Consultant	1			13.17
U.16.4.1.1	Accounts Manager	1			
U.16.4.1.1	State Data Manager	1			
U.16.4.2.1	Urban Health Coordinator	14			45.17

Key Deliverables for FY 2021-22

Key RoP Deliverables for FY 2021-22						
S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
RMNCAH+N						
Reproductive Health/Family Planning						
1	Modern Contraceptive Prevalence Rate	Percentage of women of reproductive age who are using (or whose partner is using) a modern contraceptive method at a specific point in time. Numerator: Women of reproductive age who are using (or whose partner is using) a modern contraceptive method Denominator: Women in the reproductive age group (15-49 years)	38.9 (as per FPET)	45.5 (NFHS-5)	0.3% annual increase	FP Division, MoHFW based on FPET Estimation tool
2	Increase in Injectable MPA performance	Percentage increase in Injectable MPA performance. Numerator: Difference in MPA performance between 2019-20 and 2020-21 Denominator: Performance in 2019-20	20%	-35.5%	20%	HMIS, FP Division, MOHFW
3	PPIUCD Acceptance Rate	PPIUCD Acceptance Rate against institutional deliveries in public health facilities: Numerator: No. of PPIUCD inserted Denominator: Institutional Deliveries in Public health facilities	15.8	20.3%	22%	HMIS, FP Division, MOHFW
4	Operationalization of FP-LMIS	Percentage of public health facilities (up to PHC level) where FP LMIS has been rolled out. Numerator: No. of public health facilities where FP-LMIS has been rolled out Denominator: Total no. of public health facilities (up to PHC level)	50%	11.6%	50%	FP LMIS, FP Division, MoHFW
Maternal Health						
5	Maternal Mortality Ratio	Number of maternal deaths per 1,00,000 live births	215	215	180	SRS

Key RoP Deliverables for FY 2021-22						
S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
	(MMR)					
6	Pregnant women given 180 Iron Folic Acid (IFA) Tablets	Percentage of Pregnant Women received 180 Iron Folic Acid (IFA) tablets against total pregnant women registered for ANC from 1st April 2021 to 31st March 2022. Numerator: Number of Pregnant Women who have been given 180 Iron Folic Acid (IFA) tablets Denominator: Total no. of Pregnant Women registered for ANC	86 % minimum	98.3	98.5	HMIS
7	Institutional Deliveries	Percentage of institutional deliveries out of total reported deliveries from 1st April 2021 to 31st March 2022. Numerator: Total number of institutional deliveries reported Denominator: Total number of deliveries reported	Atleast 95%	88.85	Atleast 96%	HMIS
8	Skilled Birth Attendant [SBA] deliveries	Percentage of SBA (Skilled Birth Attendant) deliveries to total reported deliveries (1st April 2021 to 31st March 2022) Numerator: Total No. of Institutional Delivery + home delivery attended by SBA. Denominator: Total No. of Delivery reported (institutional + Home)	Atleast 96%	92.2	Atleast 95%	HMIS
9	Public health facilities notified under SUMAN	Total Number of public health facilities notified under SUMAN from 1st April 2021 to 31st March 2022.	69	0	200 (To cover in 1st phase all DH, SDH & CHCs)	State report
10	Public health facilities Nationally certified under LaQshya	Total number of nationally certified labour rooms against total number of LRs in identified LaQshya facilities and Total number of nationally certified Maternity Operation Theaters against total number of Maternity OTs in identified	60	0	60 (30 LR & 30 Maternity OT)	State report

Key RoP Deliverables for FY 2021-22

S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
		LaQshya facilities (high caseload facilities-CHC & above) from 1st April 2021 to 31st March 2022.				
11	JSY Beneficiaries	Total Number of JSY Beneficiaries against the ROP estimated targets Numerator: Total Number of JSY Beneficiaries Denominator: Estimated number of targets beneficiaries given in RoP	3,38,000	2,94,472	3,34,782	State report
Comprehensive Abortion Care (CAC)						
12	CAC Training of Medical Officers	Number of Medical Officers trained in CAC as approved in RoP 2021-2022 Numerator: Total Number of Medical Officers trained in CAC Denominator: Total Number of Medical Officers to be trained in CAC as approved in RoP	90	57	99	State Report
13	Implementation of CAC	Number of public health facilities CHC and above providing CAC Services [ensuring availability of three components - Drugs (MMA), equipment (MVA/EVA) & trained provider] Numerator: Number of public health facilities CHC and above providing CAC Services [ensuring availability of three components - Drugs (MMA), equipment (MVA/EVA) & trained provider] Denominator: Total number of public health facilities (CHC and above)	81	81	150	State Report
Child Health & Nutrition						
14	Neonatal Mortality Rate (NMR)	Number of Neonatal deaths per 1000 live births.	19	21	20	SRS
15	Infant Mortality Rate (IMR)	Number of infant deaths per 1000 live births.	37	41	38	SRS
16	Under 5 Mortality Rate (U5MR)	Number of under 5 children deaths per 1000 live births.	40	47	44	SRS
17	Functional SNCU at DH in all Aspirational	Number of Aspirational Districts having functional SNCU at DH.	Already approved in all 7	All the SNCUs in 7 Aspiration	All the SNCUs in 7 Aspiration	SNCU Online

Key RoP Deliverables for FY 2021-22						
S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
	districts	Numerator: Total no. Aspirational districts having functional SNCU at DH. Denominator: Total no. of SNCU approved for Aspirational districts in RoP 2021-22.	Aspirational Districts	al Districts are functional	al Districts should be functional	
18	Functional NBSU at CHC-FRU in all Aspirational districts	Number of Aspirational Districts having functional NBSU at CHC-FRU. Numerator: Total no. Aspirational districts having functional NBSU at CHC-FRU in F.Y. 2021-22. Denominator: Total no. of NBSU approved for Aspirational districts in RoP 2021-22.	Already approved in all 7 Aspirational Districts. Out of 43 functional NBSU in all 7 Aspirational Districts 29 NBSU functional at CHC and FRU level	All the approved NBSUs are functional in 7 Aspirational Districts	29	State Report
19	Newborn visited under HBNC	Percentage of newborns visited under Home Based Newborn Care (HBNC). Numerator: No. of newborns received scheduled home visits under HBNC by ASHAs. Denominator: Target no. of newborns as approved in RoP 2021-22.	90%	343718/476157 (72% upto Nov'2020) 108% if we Calculate the Denominator for 8months i.e upto Nov'2020	559462	State Report
20	Implementation of HBYC Program	Percentage of HBYC training (ASHA/ASHA facilitator/ANMs) batches conducted against approved in RoP 2021-22. Numerator: No. of HBYC training (ASHA/ASHA facilitator/ANMs) batches completed in F.Y. 2021-22. Denominator: Total no. of	388	105/388 (27%)	180 batches	State Report

Key RoP Deliverables for FY 2021-22

S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
		HBVC training batches approved in RoP 2021-22.				
21	Implementation of RBSK	Percentage of 0-3 years screened biannually at community level by Mobile Health Teams (MHTs) in last year. Numerator : Number of 0-3 years screened biannually at community level by MHTs Denominator: Number of 0-3 years to be screened biannually at community level by MHTs	1683345	0.0121	4638130	State Report
22	Operationalisation of DEICs	Percentage of DEICs made functional cumulatively out of total approved in the State/UT. Numerator- Number of DEICs cumulatively made functional (with separate details on HR, Equipment and Training of HR for qualifying as fully functional) Denominator-Number of DEICs approved in RoPs cumulatively till date	10	50%	5	State Report
23	Bed Occupancy Rate at Nutrition Rehabilitation Centres (NRCs)	Bed Occupancy Rate at Nutrition Rehabilitation Centres (NRCs) Numerator- Total inpatient days of care from 1st April 2021 to 31st March 2022 Denominator- Total available bed days during the same reporting period	75%	38%	75%	State Report
24	Cure Rate at Nutrition Rehabilitation Centres (NRCs)	Cure Rate at Nutrition Rehabilitation Centres (NRCs) Numerator- Total number of under-five children discharged with satisfactory weight gain for 3 consecutive days (>5gm/kg/day) from 1st April 2021 to 31st March 2022 Denominator-Total No. of under-five children exited from the NRC during the same reporting period	85%	86.40%	90%	State Report
25	Implementation	Percentage of delivery points	100%	100%	100%	State

Key RoP Deliverables for FY 2021-22						
S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
	n of Mothers Absolute Affection (MAA) programme	completely saturated with 4 days IYCF training under 'MAA' programme Numerator: No. of delivery points in the State/UT already saturated with 4 days IYCF training Denominator: Total no. of delivery points in the State/UT		(35% SNs & MOs & 15% ANMs)		Report
26	Percentage of children 6-59 months given 8-10 doses of IFA syrup every month	Percentage of children 6-59 months given 8-10 doses of IFA syrup every month Numerator: Total number of children 6-59 months given 8-10 doses of IFA syrup in the reporting month Denominator: Number of children 6-59 months covered under the programme (Target Beneficiaries)	60%	13.40%	40%	HMIS report
27	Percentage of children 5-9 years given 4-5 IFA tablets every month	Percentage of children 5-9 years given 4-5 IFA tablets every month Numerator: Total number of children 5-9 years given 4-5 IFA tablets in the reporting month Denominator: Number of children 5-9 years covered under the programme (Target Beneficiaries)	55%	8.70%	40%	HMIS report
28	Percentage of children 10-19 years given 4-5 IFA tablets every month	Percentage of children 10-19 years given 4-5 IFA tablets every month Numerator: Total number of children 10-19 years given 4-5 IFA tablets in the reporting month Denominator: Number of children 10-19 years covered under the programme (Target Beneficiaries)	55%	11%	40%	HMIS report
Immunization						
29	Full immunization (children aged between 9 and 11 months)	Percentage of fully immunized children aged between 9 and 11 months. Numerator: Number of children aged between 9 and 11 months fully immunized	Atleast 85%	84.33 % (As on 13th May 2021)	Atleast 85%	HMIS, Immunization Division MOHFW

Key RoP Deliverables for FY 2021-22						
S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
		from 1 April 2021 to 31 March 2022 Denominator: Estimated number of surviving infants during the same time period.				
Adolescent Health						
30	Client load at AFHC	Client load of at least 150 Clients / AFHC/month in PE Districts at DH/SDH /CHC level. (HMIS) Numerator : Total footfalls at AFHC Denominator: Number of AFHCs divided by no. of months (per AFHC per month)	150	31	150	HMIS
31	Selection of Peer Educators (PEs)	100% selection of the targeted Peer Educators (PEs) Numerator- Total no PEs selected Denominator- Total No. of PEs to be selected	7184	80%	100% (23275 PEs)	State Report
32	Coverage of Menstrual Hygiene Scheme	Distribution of Sanitary napkins to the adolescents girls under MHS: 60% coverage of the targeted AGs / month under Menstrual Hygiene Scheme Numerator- Total no, of adolescent girls receiving sanitary napkins under MHS Denominator- Total No. of adolescent girls to be covered	344451	53552	60% coverage per month (192412 AG s per month) State must make efforts to reach 100% coverage this year and cover 320687 AG s as only 8% population is being covered.	HMIS/State Report
33	Implementation of Ayushman Bharat-School Health and Wellness Ambassador initiative	Implementation of SHP in selected districts against target: 100% of Districts implementing School Health Programme as per approvals in RoP 2021-22 Numerator- Total no districts implementing SHP Denominator- Total No. of	7	Implementation commenced in all 7 districts.	100%	State Report

Key RoP Deliverables for FY 2021-22						
S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
		District selected for SHP				
PC&PNDT						
34	Implementation of PC-PNDT Act	Percentage of State & District where statutory bodies (SAA, SSB, SAC, DAA, DAC) are constituted as mandated by PC-PNDT Act. Numerator- Number of districts where statutory bodies (SAA, SSB, SAC, DAA, DAC) are constituted Denominator- Total number of Districts in the State	100%	100%	100%	State Quarterly Progress Report
Communicable Diseases						
National Tuberculosis Elimination Programme (NTEP)						
35	Total TB cases notified (Both public and private sectors)	% of cases notified against target Numerator: No. of TB cases notified (public+private) Denominator: Target approved by GoI in ROP 21-22	59800	58% (34862/59800)	62100	NIKSHAY
36	State TB Score	% improvement in Annual TB Score over 2020 Numerator: (State Annual TB Score in 2021- State Annual TB Score in 2020) Denominator: State Annual TB Score in 2020	NA	68.41%	80%	NIKSHAY
37	Nikshay Poshan Yojana (NPY) -	% of eligible patients receiving at least first instalment of DBT Numerator: No. of eligible patients receiving at least first instalment of DBT Denominator: No. of eligible patients	100%	78%	100%	NIKSHAY
38	No. of districts to achieve TB free Status # Bronze # Silver # Gold #TB Free district/City	(Mention names of districts)	NA	NA	Bronze: Goalpara & Majauli	MIS NTEP division MoHFW
National Vector Borne Disease Control Programme (NVBDCP)						
39	Kala- Azar	Number of endemic blocks reporting < 1 Kala Azar case per 10,000 population at block level against total endemic blocks	Not applicable. Kala-azar is not endemic in the State.			MIS, NVBDCP division, MoHFW

Key RoP Deliverables for FY 2021-22

S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
40	Lymphatic Filariasis	1. Number of districts where MDA was conducted against total no. of endemic districts	1	1	Proposed of 3 new districts. For MDA (Tinsukia, Biswanath & Sonitpur)	
		2. Number of endemic districts with <1% Mf rate validated by TAS against total no. of endemic districts	To conduct TAS-3 in 6 districts (Darrang + Udalguri, Dhemaji, Nalbari + Baksa, Kamrup (R), Dhubri, and Sibsagar) and TAS-1 in 1 district, Dibrugarh	Nil (TAS postponed due to COVID-19)	State to sustain <1% Mf rate. To conduct TAS-3 in 6 districts and TAS-1 in 1 district	
41	Malaria	1. Number of districts to achieve Disease Free Status - Malaria (mention names)	5 (Dibrugarh, Lakhimpur, Sibsagar, Golaghat, Dhemaji)	1 (Dibrugarh)	11 (Dibrugarh, Golaghat, Lakhimpur, Sibsagar, Jorhat, Dhemaji, Nalbari, Darrang, Baksa, Bongaigaon, Hailakandi)	
		2. Percentage reduction in API	70%	65%	65%	
42	Reduction in Dengue	1. Reduce/sustain case fatality rate for Dengue at <1%	CFR <1%	CFR 0%	To sustain CFR <1%	

Key RoP Deliverables for FY 2021-22						
S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
		2. Number of Sentinel site hospital (SSH) set up (1 per district) against total no. of districts	29	29	29	
43	Reduction in Japanese Encephalitis	Vaccination coverage for JE under Routine Immunization in %	>80%	1 st dose- 91% 2 nd dose- 84.55%	>85%	
National Leprosy Elimination Programme (NLEP)						
44	Reduction in prevalence of leprosy to less than 1/10,000 population at district level	No. of districts with prevalence rate of leprosy less than 1/10,000 population at district level against total no. of identified districts	1 districts	26 districts achieve the target	PR<1/10,000 population	MIS (MRP, AR, Nikusth portal), CLD-NLEP Division, MoHFW
45	Reduction in Grade II disability rate per million population to less than 1/million population at district level	No. of districts with Grade II disability rate of less than 1 per million population against total no. of identified districts	3 Districts	24 districts achieve the target	Bring down to less than 1/million population	
46	Reduction in Grade II disability percentage among new cases as per districts' category below:					
46.1	Districts having Grade II disability percentage less than 2 %	No. of districts with Grade II disability percentage of less than 2% rate against total no. of identified districts	0 districts	27 districts achieve the target	Bring down to ZERO	
46.2	Districts having Grade II disability percentage between (2-10) %	No. of districts with Grade II disability percentage between 2-10% against total no. of identified districts	6 districts	21 districts achieve the target	Bring down to less than 2 %	
46.3	Districts having Grade II disability percentage more than 10 %	No. of districts with Grade II disability percentage of more than 10% against total no. of identified districts	12 districts	15 districts achieve the target	Bring down to less than 10 %	
47	Reduction in Child Grade II disability cases to ZERO cases at district level	No. of districts with zero Child Grade II disability cases against total no. of identified districts	3 district	Total 24 districts achieve the target	Bring down to ZERO	
Integrated Disease Surveillance Project (IDSP)						

Key RoP Deliverables for FY 2021-22						
S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
48	% of Reporting Units Reported In S form	Cases are reported on the basis of signs & symptoms by health workers	99%	66%	99%	IDSP Portal, MoHFW
49	% of Reporting Units Reported In P form	Cases are diagnosed and reported based on typical history and clinical examination by Medical Officers	100%	58%	100%	
50	% of Reporting Units Reported In L form	Clinical cases are confirmed by an appropriate laboratory test	100%	58%	100%	
51	Lab Access of Outbreaks reported under IDSP excluding Chickenpox, Food Poisoning, Mushroom Poisoning	An outbreak is the occurrence of disease or syndrome clearly in excess (or more than expected) in a given area (such as clustering of cases), over a particular period of time or among a specific group of people. Laboratory confirmation is identifying the cause or agent of the outbreak.	86%	94%	86%	
National Viral Hepatitis Control Programme (NVHCP)						
52	To establish at least one Treatment site in each district	No. of MTC or TC established in the districts against total no. of districts	27/27	27/27	100% (33 districts)	MIS, NVHCP division
53	Screening during ANC for HBsAg (Hepatitis B surface antigen) of 100% pregnant women subjected to ANCs	% of pregnant women screened for Hepatitis B Numerator: No. of pregnant women tested for HBsAg Denominator: Total no. of registered pregnant women	-	4,51,720	100%	
54	To ensure 100% institutional delivery of HBsAg positive pregnant women who test during ANCs	% of institutional deliveries among Hepatitis B positive pregnant women Numerator: No. of HBsAg positive pregnant women who had institution delivery Denominator: Total no. of HBsAg positive pregnant women	-	-	100% of all HBsAg positive pregnant women	
55	Administration of Hepatitis B	% of Hepatitis B birth dose vaccination among newborns	-	No. of newborns	100% of all	

Key RoP Deliverables for FY 2021-22						
S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
	birth dose to all Newborns	Numerator: No. of newborns administered Hepatitis B vaccine (birth dose) Denominator: Total no. of live births		administered Hepatitis B vaccine (birth dose)= 219532 / Total no. of live births= 372867 = 59%	newborns of Hepatitis B positive mothers. For others target to be followed as per UIP	
National Rabies Control Programme (NRCP)						
56	Strengthening of Rabies Post Exposure Prophylaxis Services	Cumulative Number of Model Anti Rabies Clinics Established against the numbers sanctioned in the RoPs since 2020-21	0	Nil	40	State Report/ National Rabies Control Program
57	Improved Capacity of States and district level manpower for prevention and control of rabies	Number of training workshops conducted at State and District level against approval in ROP 21-22	29	27	2 training at State level and 2 training at 33 nos. district level	
Program For Prevention and Control of Leptospirosis (PPCL)						
58	Improving capacity of health professionals with respect to diagnosis, case management, prevention & control of Leptospirosis	Number of training workshops conducted at State and District level against approval in ROP 21-22	NA	NA	2 training at State level and 2 trainings in each district at district level	State report/ Program For Prevention & Control of Leptospirosis
59	Strengthening Diagnostic services for Leptospirosis	Number of Districts having available diagnostic capacity for Leptospirosis against total no. of endemic districts	NA	NA	100%	
Non Communicable Diseases						
National Oral Health Programme (NOHP)						
60	Strengthening Oral Health Services	Cumulative no. of functional dental care units at public health facilities till PHC level against total public health facilities till PHC level (DH/SDH/CHC/PHC)	68	68	82	NOHP division

Key RoP Deliverables for FY 2021-22						
S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
National Tobacco Control Programme (NTCP)						
61	Strengthening NTCP services	No. of educational institutes (public/ private schools/ colleges) made tobacco free against total no. of institutes	50000	48000	53000	Tobacco Control Division, MOHFW
62	Setting up of Tobacco Cessation Centres	Cumulative number of District Tobacco Cessation Centres (TCCs) functional against total no. of district hospitals	27	21	33	Tobacco Control Division, MOHFW
National Programme for Prevention and Control of Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)						
63	Screening for NCDs	Number of persons screened for high blood pressure per 30+ population as on 31st March 2021	964000	409961	964000	AB-HWC Portal (Apr 20 to Mar 2021) As the target for 20-21 was not achieved, the target for FY 21-22 is kept the same as that of FY 20-21
64		Number of persons screened for high blood sugar per 30+ population as on 31st March 2021	843000	376701	843000	
65		Number of persons screened for three common cancers per 30+ population as on 31st March 2021				
65.1		• Oral	827000	357498	827000	
65.2		• Cervix	6000	8706	6000	
65.3		• Breast	449900	181869	449900	
66	Setting up of NCD clinics	Number of NCD Clinics set up at district hospitals against total no. of NCD clinics at district hospitals approved in ROP 21-22	27	25	33	MIS, NPCDCS division, MoHFW
National Programme for Health Care for the Elderly (NPHCE)						
67	Strengthening NPHCE services	1. No. of District Hospitals where Geriatric OPD Services has been rolled out against total no. of DHs	27	27	27	MIS, NPHCE division, MoHFW
68		2. No. of District Hospitals where 10 bedded Geriatric ward established against total no. of DHs	27	27	27	
69		3. No. of District Hospitals where Physiotherapy Services has been rolled out against total no. of DHs	27	14	27	
70		4. No. of CHCs where Bi-weekly Geriatric OPD Services has been rolled out against total no. of CHCs	153	107	198 CHCs/SDH	
71		5. No. of CHCs	115	0	120	

Key RoP Deliverables for FY 2021-22						
S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
		where Physiotherapy Services has been rolled out against total no. of CHCs				
72		6. No. of CHCs where Physiotherapy services has been rolled out, have worked out mechanism for regular home visits by the designated personnel in their catchment areas	0	0	30	
National Mental Health Programme (NMHP)						
73	Strengthening NMHP service	Cumulative number of districts covered under NMHP and providing services as per framework against total no of districts approved under DMHP	27	27	33	Quarterly Reports from the States/UTs
74	Fulfillment of provisions under Mental Healthcare Act, 2017	1. Whether the state has established State Mental Health Authority (Yes/No)	Yes	Yes	Already Done	Quarterly Reports from the States/UTs
75		2. Whether the state has established State Mental Review Board (Yes/No)	Yes	No (File is in process, will be completed in next few months)	Yes	
76		3. Whether the state has created State Mental Health Authority fund (Yes/No)	Yes	Yes	Already Done	
National Programme for Control of Blindness and Visual Impairment (NPCB&VI)						
77	Reduce the prevalence of blindness and the disease burden of blindness and visual impairment	Number of cataract operations against targeted beneficiaries	153590	37738	168940	Monthly Reports from the States/UTs
78		No. of donated cornea collected for corneal transplant against targeted beneficiaries	250	84	300	
79		Number of free spectacles distributed to school children suffering from refractive errors against targeted beneficiaries	31000	5621	32000	
National Programme for Palliative Care (NPPC)						
80	Strengthening palliative care service	Cumulative number of districts covered and providing services under NPPC, as per framework, against total no of districts approved under the program	10	0	10	Quarterly Reports from the States/UTs
National Programme for Climate Change and Human Health (NPCCHH)						

Key RoP Deliverables for FY 2021-22

S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
81	Strengthening of State level organizational structure	1.1. Whether the State has appointed State Nodal Officer-Climate Change (SNO-CC) (Yes/No)	Yes	Yes	-	State progress report
82		1.2. Whether the State has constituted Governing Body under Hon'ble Health Ministers of State (Yes/No)	No	Under Process	1	
83		1.3. Whether the State has set up multi-sectoral Task Force under Principal Secretary (Health) (Yes/No)	No	Under Process	1	
84		1.4. Whether the State has established Environment Health Cell (Yes/No)	Yes	Yes	1	
85	Surveillance in context of Air pollution with priorities in non-attainment cities identified under National Clean Air Programme and also in polluted cities identified by Central Pollution Control Board/State Pollution Control Board	4.1. Whether the State has shortlisted hospitals for initiation of surveillance in context of air pollution (Yes/No)	Yes	0	5	State progress report & Surveillance report
86		% of sentinel hospitals that have initiated the air pollution related surveillance Numerator: No. of hospitals initiated the surveillance Denominator: No. of hospitals identified in State	No	0	5	
87	State Action Plan Climate Change and Human Health (SAPCCHH) inclusive of air pollution and heat action plans	a. Whether the State has submitted the First draft of SAPCCHH? (Yes/ No) b. Whether the State has published the approved version of SAPCCHH? (Yes/No)	No	Draft Stage	-	State progress report
Pradhan Mantri National Dialysis Programme (PMNDP)						
88	Roll out of Hemodialysis	Cumulative number of Districts where hemodialysis has been rolled out against total no. of districts	20	19	29	State MIS
89	Utilization of	% utilization of hemodialysis	utilizatio	54898	77400	

Key RoP Deliverables for FY 2021-22						
S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
	Hemodialysis machines	machines Numerator: Number of hemodialysis sessions conducted Denominator: Maximum number of hemodialysis sessions that can be performed as per installed capacity of hemodialysis machine (ideal capacity @ 40 sessions per machine per month)	n: 44544 Denominator: 45360=101.83%	(upto 31.12.2020)		
90	Roll out of Peritoneal dialysis	Cumulative number of Districts where peritoneal dialysis has been rolled out against total no. of districts	NA	NA	2	
91	Utilization of Peritoneal Dialysis	No. of patients to whom peritoneal dialysis services are provided against approvals in ROP 21-22	NA	NA	50	

Key RoP Deliverables for FY 2021-22						
S. No.	Major Milestones	Definition	Target for 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
Health Systems Strengthening						
DVDMS						
92	Strengthening DVDMS up to PHC level	Number of public health facilities active on DVDMS or any logistic management IT software with API linkages to DVDMS up to PHC level against total number of PHCs in the State/UT	Implementation of DVDMS at State, District, store, Medical Colleges and DHs	Implementation of DVDMS at State, District, store started	Implementation of DVDMS up to PHC level.	DVDMS/ State Portal
Comprehensive Primary Health Care (CPHC)						
93	Operationalization of AB-HWCs	Cumulative number of AB-HWCs to be made operational by 31st March 2022	2209	1482	3477	AB-HWC Portal
94	Roll out of teleconsultation	Cumulative number of AB-HWCs where teleconsultations have been rolled out against the target set for March 2021	2209	389	2952	AB-HWC Portal/ e-sanjeevani portal
95		Total no. of teleconsultations conducted at AB-HWCs @ at least 25 consultations per month	65025	72	73800	AB-HWC Portal/ e-sanjeevani portal

Key RoP Deliverables for FY 2021-22

S. No.	Major Milestones	Definition	Target for 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
		per HWC for the no. of AB-HWC at Sr. No. 94				
96	CBAC Enrolment	% population enrolled (CBAC) Numerator: Target population enrolled through CBAC Denominator: Target 30+ population identified	8750000	52.04%	1523574	AB-HWC Portal
97	CPHC Screening	% of CPHC screenings at AB-HWCs Numerator: No. of CPHC screenings at AB-HWCs Denominator: 30+ population enrolled	964000	107511	1523574	AB-HWC Portal
98	Roll out of NCD application	Cumulative number of AB-HWCs where NCD application has been rolled out against the target set for March 2021	1865	257	1087	AB-HWC Portal/ NCD portal
99	Number of AB-HWCs where disbursement of Team Based Performance Incentives has been started	Cumulative number of AB-HWCs where disbursement of Team Based Performance Incentives has been started against the target set for March 2021	2368	786	3898	AB-HWC Portal
100	Wellness/ Health promotion at AB-HWCs	Cumulative number of AB-HWCs where Wellness sessions have been organized against the target set for March 2021	2368	672	2952	AB-HWC Portal
101	Capacity building of primary health care teams at AB-HWCs	% of primary health care team members trained on NCDs against the number in position at AB-HWCs -ASHA -MPW -CHO -SN -MO	MO- 618 CHO- 1865 SN- 946 MPW (M/F)- 4418 ASHA- 11045	MO- 600 CHO- 799 SN- 636 MPW- 2917 ASHA- 11512	MO- 318 CHO- 1202 SN- 318 MPW (M/F)- 3040 ASHA- 7600	AB-HWC Portal
102		% of primary health care team members trained on new services against the number in position at AB-HWCs -ASHA	N/A	0	MO- 318 CHO- 1202 SN- 318 MPW (M/F)-	AB-HWC Portal

Key RoP Deliverables for FY 2021-22						
S. No.	Major Milestones	Definition	Target for 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
		-MPW -CHO -SN -MO			3040 ASHA- 7600	
103	Roll out of Fit Health Worker campaign	% of health workers (staff at SC/PHC/UPHC including ASHA/MAS) whose health check-up was done against the total no. of health workers as on 31st March 2022	100%	20699 (40%)	100%	State report
104	Quality certification of functional AB-HWCs	% of functional AB-HWCs with:				State report
		1. Kayakalp score more than 70% Numerator: No. of SC/PHC/UPHC-HWCs with kayakalp score more than 70% Denominator: Total no. of AB-HWCs made functional (SC/PHC/UPHC)	N/A	N/A	70	
		2. NQAS certified at national level Numerator: No. of NQAS certified SC/PHC/UPHC-HWCs Denominator: Total no. of AB-HWCs made functional (SC/PHC/UPHC)	N/A	N/A	N/A	
105	Number of Nursing colleges which have adopted the CHO related Integrated B.Sc. Nursing curriculum	Cumulative number of nursing colleges which have adopted the CHO related Integrated B.Sc. Nursing curriculum against total number of nursing colleges (public & private) available in the State	17	11	17	State Report
106	Eat Right	Cumulative no. of AB-HWCs with Eat Right Kits against total no. of AB-HWCs made functional (SC/PHC/UPHC)	1177	0	700	State Report
Community Processes						
107	Social Security schemes for ASHAs and AFs	% of ASHAs and AFs enrolled in PMJJBY, PMSBY and PMSYM against the number of eligible ASHAs and AFs for PMJJBY, PMSBY	All Eligible ASHAs & ASHA	ASHA: PMSBY: 1123 (3.4%)	All Eligible ASHAs & ASHA Supervisor	State Report

Key RoP Deliverables for FY 2021-22

S. No.	Major Milestones	Definition	Target for 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
		and PMSYM	Supervisors	PMJJBY: 766 (2.3%) PMSYM: 1316 (4.04%) ASHA Facilitator: PMSBY: 238 (8.9%) PMJJBY: 156 (5.8%) PMSYM: 135 (5.07%)	s	
108	Training of ASHAs	% of ASHAs trained in all four rounds of Module 6&7 against the total number of ASHAs in position	510 replaced ASHAs. Induction and 6th & 7th Round module training is completed for all the ASHAs.	63.72%	587	State Report
Quality Assurance						
109	Number of NQAS certified public health facilities	Cumulative number of NQAS certified public health facilities against total no. of public health facilities	30	4	50	State report
110	Number of public health facilities with Kayakalp score >70%	Cumulative number of public health facilities with Kayakalp score >70% against total no. of public health facilities	300	215	400	State report
111	Strengthening quality assurance	Cumulative number of District Hospitals	0	0	24	State report

Key RoP Deliverables for FY 2021-22						
S. No.	Major Milestones	Definition	Target for 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
	through Mera Aspataal	implementing Mera Aspataal application against total no. of District Hospitals in the State/UT				
OOPE Reduction						
112	Increase utilization of public health facilities	% increase in OPD in current FY over previous FY	At least 5% over last year	OPD: 2019-20 (Apr-Nov) = 2,90,23,335 2020-21 (Apr-Nov) = 1,40,35,989 51.6% Decline due to COVID pandemic	At least 5% over last year	HMIS
113		% increase in IPD in current FY over previous FY	At least 5% over last year	IPD: 2019-20 (Apr-Nov) = 11,51,098 2020-21 (Apr-Nov) = 6,89,384 40% Decline due to COVID pandemic	At least 5% over last year	HMIS
Blood Services						
114	Number of FRUs having Blood Banks/ Blood Storage Units	Cumulative number of FRUs (including DHs) having Blood Banks/ Blood Storage Units against total no. of FRUs (DH/SDH/CHC)	72	72	75	NHM. MIS, eraktkosh
115	Voluntary blood donation	Voluntary blood donation against the blood collection units targeted for		Total Blood Collected	Total Blood Collection	Blood cell division, MoHFW,

Key RoP Deliverables for FY 2021-22

S. No.	Major Milestones	Definition	Target for 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
		replacement / donation		79252 Voluntary Blood Donation- 55476 (70 %)	-192771 Voluntary Blood Donation: 144578 (75 %)	eraktkosh
116	Number of patients requiring blood transfusion	No. of patients received blood transfusion against the no. of patients requiring blood transfusion at FRUs (DH/SDH/CHC)	-	-	-	Blood cell division, MoHFW, eraktkosh
117	No of ICHH centres in the state	Number of integrated centres for hemoglobinopathies & hemophilia in the district against no. of identified districts with high prevalence of hemoglobinopathies & hemophilia	2	0	2	Blood cell division, MoHFW
Others						
118	Number of districts with District Health Action Plans.		27	27	33	State report
119	Number of district hospitals initiated training courses for Doctors/ nurses/ paramedics (DNB/ PGDHHM / Specialty nursing courses etc.)		3	0	3 (2 DH for FCPS (Medicine) and 1DH for FCPS (Mid. & Gynae.))	State report
120	Number of district hospitals initiated LSAS/CEmONC courses.		0	0	0	State report
121	Percentage of grievances resolved out of total grievances registered.		100%	84%	100%	State report

Key RoP Deliverables for FY 2021-22						
S. No.	Major Milestones	Definition	Target for 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
122	Percentage of IPHS compliant facilities by levels (DH/SDH/CHC/PHC/SC).	Number of IPHS compliant facilities against total no. of public health facilities 1. DH 2. SDH 3. CHC 4. PHC 5. SC	-	DH- 9, CHC-11, PHC-5	50% DH & SDH, 25% CHCs and 10% PHCs & SCs	State report
123	Number of districts having defined red and yellow emergency beds available in the district hospital.		24	3	24	State report
124	Number of districts which have reviewed maternal and child deaths by the District Collector (MDSR/CDR)		27	27	33	State report
125	Population coverage of BLS and ALS ambulances per district	No. of ALS and BLS ambulances available as per population norms	ALS:0 BLS:705(surface ambulance: 696, boat ambulance: 9) (for all 33 districts)	ALS:0 BLS: 702 (695 surface ambulance , 7 boat ambulance) (for all 33 districts)	ALS:0 BLS:802 Boat ambulance : 7	State report
126	No. of meetings of State/District Health Mission / Society	No. of meetings of State Health Mission	1	It will be held in the month of February 2021	2 (biannually)	
127		No. of meetings of District Health Mission	0	0	66 (biannually)	
128		No. of meetings of State Health Society	2	1, another 1 will be held in the month of February 2021	4 (quarterly)	
129		No. of meetings of District Health Mission	27	27	396 (monthly)	

Human Resource							
130	Create regular posts as per IPHS and case load for service delivery HR						
	Category	Required no. of posts as per IPHS	Current no. of positions in 2020-21		Target for creation of new posts in 2021-22		
			Regular	NHM	Regular	NHM	
	ANM/ MPW (F)	11605	5177	5005	-	0	
	MPW (M)	4621	2662	0	-	0	
	Staff Nurse	8855	1174	4739	-	0	
	MBBS MO	1924	726	1028	-	0	
	Lab Technician	3252	1221	529	-	0	
	Pharmacist	5164	2505	1117	-	0	
Specialists	0						
131	Reduction in vacancies						
	Category	Current no. of positions in 2020-21		Total Positions Filled		No. of posts targeted to be filled in 2021-22	
		Regular	NHM	Regular	NHM	Regular	NHM
	ANM/ MPW (F)	5177	5005	-	0	-	6026
	MPW (M)	2662	0	-	0	-	0
	Staff Nurse	1174	4739	-	0	-	2231
	MBBS MO	726	1028	-	86	-	785
	Lab Technician	1221	529	-	0	-	1467
	Pharmacist	2505	1117	-	157	-	3805
Specialists							

Key RoP Deliverables for FY 2021-22						
S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
NHM Finance						
132	Quarterly Cumulative Expenditure Target against the available funds in respect of each flexible pools of NHM (Available fund = Op Bal + Central Release + State share Release + Interest earned)	Quarter I -20% of the available funds	1042.52 Cr (Op. balance + Fund Received + State Share Received + Bank Interest)	(40%) 418.17 Cr as expenditure reported	-	
		Quarter II - 40% of the available funds	1181.01 Cr (Op. balance + Fund Received + State Share Received)	(70%) 828.13 Cr as expenditure reported	-	

Key RoP Deliverables for FY 2021-22						
S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
			+ Bank Interest)			
		Quarter III -65% of the available funds	1382.40 Cr (Op. balance + Fund Received + State Share Received + Bank Interest)	(84%) 1167.78 Cr as expenditure reported	-	
		Quarter VI- 90% of the available funds	-	-	-	
133	Timely implementation of Concurrent Audit on Quarterly basis	1. Whether auditor has been appointed? (Yes/No)	Yes (for 27 nos of District Health Society & 1 no. of State Health Society for the FY 2019-20 & FY 2020-21)	Yes (for 27 nos of District Health Society & 1 no. of State Health Society for the FY 2019-20 & FY 2020-21)	-	
134		2. Quarter up to which Concurrent Audit has been completed.		Upto 30th Sept. 2020 at State Health Society	-	
135		3. Quarter up to which consolidated Quarterly findings have been shared with MoHFW		Upto 31st March 2020 alongwith Statutory Audit Report for the FY 2019-20	-	
136	Implementation of Statutory Audit on Annual basis and sharing of report before due date 31st July of the next financial year	1. Whether auditor has been appointed? (Yes/No)		Yes, Statutory Auditor for the FY 2019-20 has been appointed on 16-06-	-	

Key RoP Deliverables for FY 2021-22						
S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
137		2. Audit status- Started/Completed/Report sent to GOI		2020 Statutory Audit Report for the FY 2019-20 has been sent to GoI on 05/11/2020	-	
138	Simultaneous credit of State share along with Central share to receive Central release on time.	Pendency of State share as on date	Fund Received as on 24th Dec. 2020 - Rs. 1137.73 Cr (Including Kind Grant and IM)	Rs. 148.30 Cr - State Share Received as on 24th Dec. 2020	-	

Conditionality Framework FY 2021-22

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

S. No.	Conditionalities [1]	Incentive/Penalty	Source of verification	% Incentive/ Penalty [2]
1.	Incentive or penalty based on NITI Aayog ranking of states on 'Performance on Health Outcomes'	<p>Based on the ranking which will measure incremental changes over the base:</p> <p>a. States showing overall improvement to be incentivized: +30</p> <p>b. States showing no overall increment get no penalty and no incentive: 0</p> <p>c. States showing decline in overall performance to be penalized: -30</p> <p>% of incentive/penalty to be in proportion to overall improvement shown by the best performing state and the worst performing state: +30 to -30 points</p>	NITI Aayog report	+30 to -30
2.	AB-HWCs State/UT Score	<p>Based on overall score of HWC conditionality (out of 100 marks)</p> <p>a. Score more than 75: +25</p> <p>b. Score more than 50 or less than or equal to 75: +15</p> <p>c. Score more than 25 but less than or equal to 50: -15</p> <p>d. Score less than or equal to 25: -25</p>	AB-HWC portal	+25 to -25
3.	Implementation of Ayushman Bharat-School Health and Wellness Ambassador initiative	<p>Percentage of Health and Wellness Ambassadors (HWAs) trained to transact weekly activities in schools in the selected districts</p> <p>a. >75% HWAs trained: 5 points incentive (+5)</p> <p>b. 50%-75% HWAs trained: 4 points incentive (+4)</p> <p>c. 25%-50% HWAs trained: 3 points incentive (+3)</p>	AH division, MOHFW	+5 to 0

S. No.	Conditionalities [1]	Incentive/Penalty	Source of verification	% Incentive/ Penalty [2]
		d. 10%-25% HWAs trained: 2 points incentive (+2) e. <10% HWAs trained: no incentive (0)		
4.	Implementation of DVDMS or any other logistic management IT software with API linkages to DVDMS up to PHC level	DVDMS implementation up to PHC level* a. Implemented in over 80% of PHC/ UPHC: +5 b. Implemented in over 50% but less than or equal to 80% of PHC/ UPHC: +3 c. Implemented in over 25% but less than or equal to 50% of PHC/ UPHC: -3 d. Implemented in fewer than or equal to 25% of PHC/ UPHC: -5 *Target as per ROP 2021-22	DVDMS Portal	+5 to -5
5.	Increase in proportion of 'in-place' regular service delivery HR	Increase in proportion of service delivery cadres of MPW, Staff Nurses, laboratory technicians, and specialists 'in-place' in regular cadre as on 31 st December 2020 against 31 st March 2020. a. More than 10% increase in proportion over previous year : incentive of +10 b. 5-10% increase in proportion over previous year : Incentive of +5 c. Up to 5% increase in proportion over previous year : Incentive of +3 d. No change in proportion over last year : No incentive , no penalty e. Up to 5% decrease over previous year : penalty of -3 f. 5-10% decrease over previous year : penalty of -5 g. More than 10% decrease over	State notifications, advertisements, and PIP	+10 to -10

S. No.	Conditionalities ^[1]	Incentive/Penalty	Source of verification	% Incentive/ Penalty ^[2]
		<p>previous year: penalty of -10</p> <p>*Addition over and above IPHS in any cadre would not be taken into consideration.</p> <p>**States having more than 90% of the posts in regular cadre against the IPHS will get an incentive of 10 points.</p>		
6.	District wise RoP uploaded on NHM website within 30 days of issuing of RoP by MoHFW to State	<p>a. 100% districts whose ROPs for FY 2021-22 are uploaded on state NHM website: +5</p> <p>b. Fewer than 100% districts whose ROPs for FY 2021-22 are uploaded on state NHM website: -5</p>	State NHM website and D.O. letter	+5 to -5
7.	Implementation of National Viral Hepatitis Control Programme (NVHCP)			+10 to -10
7.A	Percentage of districts having treatment sites for provisioning of services under NVHCP	<p>a. At least 80% Districts having Hepatitis treatment sites: incentive 2 points (+2)</p> <p>b. At least 50% Districts having Hepatitis treatment sites: incentive 1 point (+1)</p> <p>c. Less than 30% Districts having Hepatitis treatment sites: penalty 1 point (-1)</p> <p>d. Less than 10% Districts having Hepatitis treatment sites: penalty 2 points (-2)</p>	Report from NVHCP Division, MoHFW	(+2 to -2)
7.B	Percentage screened for hepatitis B and hepatitis C against the proposed target	<p>a. At least 80% screened for hepatitis B and hepatitis C against the proposed target: incentive 4 points (+4)</p> <p>b. At least 50% screened for hepatitis B and hepatitis C against the proposed target: incentive 2 points (+2)</p> <p>c. Less 30% screened for hepatitis B and hepatitis C against the proposed target: penalty 2 points (-2)</p>	Report from NVHCP Division, MoHFW	(+4 to -4)

S. No.	Conditionalities ^[1]	Incentive/Penalty	Source of verification	% Incentive/ Penalty ^[2]
		d. Less than 10% screened for hepatitis B and hepatitis C against the proposed target: penalty 4 points (-4)		
7.C	Percentage of pregnant women screened for hepatitis B (HBsAg) against the proposed target	<p>a. At least 80% percentage of pregnant women screened for hepatitis B (HBsAg) against the proposed target: incentive 4 points (+4)</p> <p>b. At least 50% percentage of pregnant women screened for hepatitis B (HBsAg) against the proposed target: incentive 2 points (+2)</p> <p>c. Less than 30% percentage of pregnant women screened for hepatitis B (HBsAg) against the proposed target: penalty 2 points (-2)</p> <p>d. Less than 10% percentage of pregnant women screened for hepatitis B (HBsAg) against the proposed target: penalty 4 points (-4)</p>	Report from NVHCP Division, MoHFW	(+4 to -4)
8	Implementation of National Mental Health Program (NMHP)			+10 to -10
8.A	% districts covered under Mental health program and providing services as per framework	<p>a. 100% of the districts covered: incentive 5 points (+5)</p> <p>b. 70% districts in Non-EAG and 60% districts in EAG states covered: incentive 3 points (+3)</p> <p>c. Less than 60% districts in EAG states and less than 70% districts in Non EAG states covered: penalty 3 points (-3)</p> <p>d. If less than 40% districts covered: penalty 5 points (-5)</p>	Report from Mental Health Division, MoHFW	(+5 to -5)
8.B	Actions taken for fulfilment of provisions under Mental Healthcare Act, 2017 (MHCA 2017)	<p>State has established State Mental Health Authority:</p> <p>a. If Yes: +2</p> <p>b. If not: -2</p> <p>State has established Mental Health Review Boards:</p>	Report from Mental Health division, MoHFW	(+5 to -5)

S. No.	Conditionalities ^[1]	Incentive/Penalty	Source of verification	% Incentive/ Penalty ^[2]
		a. If Yes: +2 b. If not: -2 State has created State Mental Health Authority Fund: a. If yes: +1 b. If not: -1		

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

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

HWC Scoring for NHM Conditionality FY 21-22

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

1. Indicator for achieving State Level Targets of HWCs:
 - a. 10 marks for achieving the targets
 - b. 15 marks for achieving more than the targets
2. Seven indicators for HWC Scoring – max 85 marks – Average scoring of all the functional HWCs will be taken to arrive at the same.

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

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

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

Preparatory actions	Provision of services till 7th Packages
<ol style="list-style-type: none">1) HR availability2) Infrastructure Strengthening/Branding3) Availability of Essential Medicines4) Availability of Diagnostics5) Completion of CBAC enumeration for NCDs and CDs (till 7th packages)6) Capability building of primary healthcare team on 7 basic services	<ol style="list-style-type: none">1) Maternal (ANC) and Child Birth2) Neonatal and Infant care services3) Childhood and Adolescent Health services4) Family Planning, Contraceptive services and other Reproductive Health Services5) Management of Communicable Diseases of National Health programmes such as NVBDCP, etc6) General outpatient care for acute simple illnesses and Minor ailments7) NCDs and CDs<ol style="list-style-type: none">a. Screening and management of NCDs such as Hypertension, Diabetes, three common cancers of Oral, Breast and Cervical Cancerb. Screening and management of chronic communicable diseases such TB and Leprosy

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

Preparatory actions	Provision of services till 7th Packages
<ol style="list-style-type: none">1) Capacity Building of primary healthcare team for expanded package of services2) Completion of CBAC enumeration for NCDs and CDs (till 7th packages)	<ol style="list-style-type: none">1. Basic Oral Health Care2. Care for common ENT problems3. Care for common Ophthalmic problems4. Geriatric Health Care5. Palliative / Rehabilitative Healthcare6. Screening and basic management of basic Mental Health ailments7. Primary Emergency medical services including Burns and Trauma8. Tele-consultation services

HWC-04: Criteria for Wellness Indicator

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

Budget Summary

FMR		Budget Head	Total Proposed Budget 2021-22 (Rs. In Lakhs)		Total Approved Budget 2021-22 (Rs. In Lakhs)	
			NHM	NUHM	NHM	NUHM
1	U.1	Service Delivery - Facility Based	12664.24	119.73	12022.20	97.22
1.1	U.1.1	Service Delivery	2396.06	32.51	2365.33	10.00
1.2	U.1.2	Beneficiary Compensation/ Allowances	9057.02	20.02	8466.58	20.02
1.3	U.1.3	Operating Expenses	1211.16	67.20	1190.28	67.20
2	U.2	Service Delivery - Community Based	6626.42	60.74	6191.39	60.74
2.1	U.2.1	Mobile Units	3607.13	0.00	3607.13	0.00
2.2	U.2.2	Recurring/ Operational cost	2119.30	11.70	1771.02	11.70
2.3	U.2.3	Outreach activities	899.99	49.04	813.24	49.04
3	U.3	Community Interventions	22260.75	403.82	21382.45	403.82
3.1	U.3.1	ASHA Activities	20814.96	365.65	19937.21	365.65
3.2	U.3.2	Other Community Interventions	677.05	38.17	676.50	38.17
3.3	U.3.3	PRIs/ ULBs	768.74	0.00	768.74	0.00
4	U.4	Untied Fund	5531.60	118.15	4207.35	118.15
5	U.5	Infrastructure	31534.73	240.25	31095.06	174.78
5.1	U.5.1	Upgradation of existing facilities as per IPHS norms including staff quarters	9294.26	53.34	9294.26	53.34
5.2	U.5.2	New Constructions	21390.86	0.00	21163.72	0.00
5.3	U.5.3	Other construction/ Civil works except IPHS Infrastructure	849.61	186.91	637.08	121.44
6	U.6	Procurement	34912.53	439.13	34348.58	439.13
6.1	U.6.1	Procurement of Equipment	14275.20	77.12	14044.71	77.12
6.2	U.6.2	Procurement of Drugs and Supplies	20470.74	362.01	20187.97	362.01
6.3	U.6.3	Other Procurement	166.60	0.00	115.90	0.00
7	U.7	Referral Transport	14868.08	0.00	13960.89	0.00
8	U.8	Human Resources	53902.71	1550.83	49138.28	1439.54
8.1	U.8.1	Human Resources	50767.25	1321.66	46002.82	1304.36
8.2	U.8.2	Annual increment for all the existing SD positions	1169.15	26.63	1169.15	26.63
8.3	U.8.3	EPF (Employer's contribution) @ 13.36% for salaries <= Rs.15,000 pm	185.00	77.22	185.00	77.22
8.4	0	Incentives and Allowances	1781.31	31.33	1781.31	0.00
9	U.9	Training and Capacity Building	5463.66	61.64	5065	61.63
9.1	U.9.1	Setting Up & Strengthening of Skill Lab/ Other Training Centres or institutes including medical (DNB/CPS)/paramedical/nursing courses	392.9	0.00	392.9	0.00
9.2	U.9.2	Conducting Trainings including medical (DNB/CPS)/paramedical/nursing courses	5070.7	61.64	4671.9	61.63

FMR		Budget Head	Total Proposed Budget 2021-22 (Rs. In Lakhs)		Total Approved Budget 2021-22 (Rs. In Lakhs)	
			NHM	NUHM	NHM	NUHM
10	U.10	Reviews, Research, Surveys and Surveillance	455.49	0.00	444.48	0.00
10.1	U.10.1	Reviews	67.25	0.00	67.25	0.00
10.2	U.10.2	Research & Surveys	272.43	0.00	263.42	0.00
10.3	U.10.3	Surveillance	38.90	0.00	36.90	0.00
10.4	U.10.4	Other Recurring cost	72.90	0.00	72.90	0.00
10.5		Sub-national Disease Free Certification	4.00	0.00	4.00	0.00
11	U.11	IEC/BCC	2947.16	76.79	2300.54	76.79
12	U.12	Printing	1336.19	9.09	1247.64	9.09
13	U.13	Quality Assurance	1910.58	35.59	1780.94	24.59
13.1	U.13.1	Quality Assurance	906.37	23.28	793.37	15.28
13.2	U.13.2	Kayakalp	962.55	12.31	945.90	9.31
13.3	U.13.3	Any other activity (please specify)	41.67	0.00	41.67	0.00
14	U.14	Drug Warehousing and Logistics	1733.01	0.00	1328.13	0.00
14.1	U.14.1	Drug Ware Housing	256.96	0.00	256.96	0.00
14.2	U.14.2	Logistics and supply chain	1476.05	0.00	1071.17	0.00
15	U.15	PPP	4136.29	0.00	3640.57	0.00
16	U.16	Programme Management	16173.78	92.43	15733.60	90.59
16.1	U.16.1	Programme Management Activities (as per PM sub annex)	6251.99	32.34	6092.22	30.50
16.2	U.16.2	PC&PNDT Activities	47.64	0.00	46.40	0.00
16.3	U.16.3	HMIS & MCTS	1249.67	0.00	970.52	0.00
16.4	U.16.4	Human Resource	8624.47	60.09	8624.47	60.09
17	U.17	IT Initiatives for strengthening Service Delivery	208.33	0.00	208.33	0.00
18	U.18	Innovations (if any)	136.44	5.39	136.44	5.39
Grand Total			216802.00	3213.56	204231.70	3001.46
Total Amount Approved for FY 2021-22					207233.16	
Infrastructure Maintenance					24710	
Immunization Kind Grants					10943	
Grant Total Approved including IM and Immunization Kind Grants					242886.16	