GUIDELINES FOR IMPLEMENTATION OF HMIS, RCH PORTAL/MCTS AND M&E ACTIVITIES

For the Financial Year 2020-21

ৰাষ্ট্ৰীয় স্বাস্থ্য অভিযান, অসম

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

GUIDELINES FOR IMPLEMENTATION OF HMIS, RCH PORTAL/MCTS AND M&E ACTIVITIES FOR THE FINANCIAL YEAR 2020-21

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Preface:

National Health Mission, Assam has implemented Health Management Information System (HMIS) in the State from 2008-09. 100% facility wise data is uploading every month in the HMIS Web Portal. State could achieve uploading of 100% facility wise data every month in the HMIS web portal for 7th consecutive years with continuous efforts from all stakeholders including district, block and ANMs.

Implementation of **new "Health Management Information System (HMIS)"** Portal of "Integrated Health Information Platform (IHIP)" of Ministry of Health & Family Welfare, Government of India will be the major focus for the financial year 2020-21. **Timely updating of 100% facility wise data in the HMIS Web Portal will remain focus area for the FY 2020-21.** Uploading of daily report from all facilities should also be ensured.

With an objective to improve data quality in HMIS and RCH Portal, **mandatory data validation** system under National Health Mission, Assam will continue in the State. All data persons will visit **at least 10 facilities per month** to validate data uploaded in the HMIS web portal.

State has also implemented **Reproductive & Child Health (RCH) Portal** augmented version of Mother & Child Tracking System (MCTS) in the State. State has taken special focus for timely updating of data in the RCH and utilization of data. Verification of Work plan with RCH Register and by visiting house of 2 pregnant women/ mother has been made mandatory for all monitoring officials. From the month of November 2018, RCH Portal has been implemented in the State. In the FY 2020-21, it is envisaged to roll out RCH Portal with 100% coverage of Eligible Couple, Pregnant Women and Children. **Regular updating of service delivery data and utilization of work-plan shall be focus area for 2020-21 for RCH Portal.**

ANMOL (ANM online) Tablet based version of RCH Portal shall be rolled out in the State along with NCD application and IHIP-IDSP. Daily and monthly reporting in the AB-HWC Portal shall be continued in 2020-21.

Implementation **of version 2.0 of RCH Register** developed by Ministry of Health & Family Welfare, Government of India will be another major focus area for the financial year 2020-21. Training of ANMs on the new RCH Register will be taken up during Block level trainings.

Two rounds of training at State level, quarterly training at district level and monthly training at block level planned for the year 2020-21 to review and continuous skill development of data persons.

State has already started the process of implementation of **"Drugs Vaccine Distribution Management System (DVDMS)"** developed by "Centre for Development of Advance Computing (C-DAC)" under Ministry of Electronics and Information Technology (MeitY). Training of State and District level users already completed. The system is proposed to be implemented up to PHC level in the FY 2020-21. Implementation of DVDMS up to PHC level is one of the conditionality as mentioned in the "Conditionality Framework for the financial year 2020-21" circulated by Ministry of Health & Family Welfare, Government of India which is linked with 5% incentive/ penalty.

Strengthening of HR-MIS portal shall be another focus area of 2020-21. State could achieve 100% centralized salary disbursement every month through HR-MIS which is a great achievement.

e-Hospital solution has been successfully implemented in District Hospital, Sonapur, Kamrup Metro. One of the **focus areas of 2020-21 is to make e-Hospital functional in all 25 District Hospitals along with "Mera Aspataal".**

Strengthening of **Swsathya Sewa Dapoon – Integrated MIS GIS System** will be one of the focus areas of the financial year 2020-21. VHND Monitoring system will be re-developed based on new monitoring format provided by Govt. of India. New Dashboards will be included in the system with analytical reports to make it more effective.

Summary of allocation for the year 2020-21:

FMR Code 2020-21 (New)	Particulars/Activity	RoP Approvals, 2020-21 (Rs. in Lakh)			State HQ Allocation (Rs. in Lakh)		State Total (State HQ + Dists Allocations) (Rs. in Lakh)		Total Allocation made for 27 Districts (Rs. in Lakh)	
		Committed Unspent Amount (A)	Fresh Budget Approvals (B)	Total Approval, 2020-21 (A+B)	Committed unspent Amount	Fresh RoP approvals	Committed unspent Amount	Fresh RoP approvals	Committed unspent Amount	Fresh RoP approvals
6.1.2.5.2	Tablets; Software for implementation of ANMOL		514.270	514.270		514.270	-	514.270	-	-
9.5.26.1	Training cum review meeting for HMIS & MCTS at State level		17.000	17.000		17.000	-	17.000	-	-
9.5.26.2	Training cum review meeting for HMIS & MCTS at District level		63.540	63.540		0.000	-	0.000	-	63.540	63.540
9.5.26.3	Training cum review meeting for HMIS & MCTS at Block level		97.540	97.540		0.000	-	0.000	-	97.540	97.540
12.9.1	Printing of HMIS Formats		26.990	26.990	0	0.000	-	26.990	-	26.990
12.9.2	Printing of RCH Registers		69.770	69.770		69.770	-	69.770	-	-
14.2.2	Implementation of DVDMS		110.240	110.240		110.240	-	110.240	-	-
16.3.2	Mobility Support for HMIS & MCTS		41.880	41.880	0	3.000	-	41.880	-	38.880

GUIDELINES FOR IMPLEMENTATION OF HMIS, RCH PORTAL/MCTS AND M&E ACTIVITIES FOR T... FINANCIAL YEAR 2020-21

FMR Code	Particulars/Activity	RoP Approvals, 2020-21 (Rs. in Lakh)				State HQ Allocation (Rs. in Lakh)				State Total (State HQ + Dists Allocations) (Rs. in Lakh)				Total Allocation made for 27 Districts (Rs. in Lakh)	
		Committed Unspent Amount (A)	Fresh Budget Approvals (B)	Total Approval, 2020-21 (A+B)		Committed unspent Amount	Fresh RoP approvals			Committed unspent Amount	Fresh RoP approvals			Committed unspent Amount	Fresh RoP approvals
2020-21 (New)															
16.3.3	Operational cost for HMIS & MCTS (incl. Internet connectivity; AMC of Laptop, printers, computers, UPS; Mobile reimbursement)		457.860	457.860			409.926			-	457.860			-	47.934
16.3.5	Call Centre (Capex/ Opex)		586.910	586.910			586.910			-	586.910			-	-
17.6	Implementation of Hospital Management System		74.880	74.880			74.880			-	74.880			-	-
	Total	2060.880	2060.880	2060.880			1785.996				2060.880			0.000	274.884

General Guidelines:

- Sanction of fund should be communicated to Block PHCs and Health Institutions as per guidelines provided.

- Owner of the activity has been indicated in the District RoP against each of the activities. He/she will responsible for implementation and performance (physical & financial) of these activities.

- District Data Manager and District Nodal M&E Officer / FMR owner will process the file for release of fund to lower level facilities and other expenditure at District HQ. Guidelines and fund break up statement should be kept in the file. File should be processed through DAM, DPM to Jt. DHS and if required to Principal Secretary/Deputy Commissioner cum Chairman District Health Society.

- Physical and Financial monitoring of these activities will be done by District Data Manager and District Nodal M&E Officer under the supervision of Jt. DHS and DPM. Assistant District Data Manager and Computer Assistant will extend full cooperation for implementation of the programmes.

- District Accounts Manager will keep record of all financial records including vouchers, etc for future verification as well as audit purpose.

- District Data Manager and District Nodal M&E Officer will prepare and submit monthly Physical and Financial progress report of these activities after cross verification and signature from Jt. DHS, DPM and DAM.

- All transactions to be made through DBT mode payment or Account Payee cheque only.

- All financial guidelines should be followed.

A) Guidelines for Training cum review meeting for HMIS & MCTS at District level:

1. District wise detail fund breakup may be seen at **Annexure – A**

2. **The expenditure should be booked under the head of account (FMR Code: 9.5.26.2 → Training cum review meeting for HMIS & MCTS at District level).**

3. At least 1 district level 3 days combined training cum review meeting for HMIS & MCTS/RCH should be conducted per quarter out of this fund. That means 4 such training cum review meeting should be conducted in the year 2020-21.

4. District may take decision to change the plan as per requirement but the fund should not be utilized for other purpose. Similar review meetings may also be arranged out of the fund available.

5. HMIS & MCTS/RCH related training of Tea garden officials, Charitable & Private Hospitals can also be taken up under this activity.

6. Following topics should be included in the agenda:

- **Orientation on Registers**:
  - Orientation on RCH Register
  - Importance of complete fill up of data in RCH Register
  - Updating of Eligible Couple
  - Orientation on Instruction Manual for ANM to record information in RCH Register
  - Orientation on other registers like OPD Register, IPD Register, Delivery Register, Referral Register, JSY Register etc

- **HMIS**
  - Orientation on new HMIS Format and data definitions
  - Orientation on new HMIS Web Portal of IHIP
  - Discussion on Additional HMIS Formats
  - Discussion on HMIS Annual Infrastructure Format
  - Orientation on HMIS Web Portal
  - Discussion on new features of HMIS Web Portal
  - Hands on for data uploading, generation of report and analysis of reports from HMIS Portal
  - Discussion on quality of data uploaded in the HMIS Web Portal for both Monthly Reporting format as well as Annual Infrastructure Format
  - Data Validation Rules and Probable Outlier

- Synchronization of HR data uploaded in HMIS Annual Infrastructure format with HR-MIS.
- Analysis of uploaded data in HMIS Web Portal
- Analysis of performance based on 16 dashboard indicators
- Star Grading of CHCs
- Star Grading of PHCs
- Ranking of District Hospitals
- Review of performance based on HMIS data
- Max/ Min Report
- Review of timely uploading of HMIS data
- Analysis of data in Additional HMIS Format
- Discussion on Health Institutions showing negative trend of delivery, Home Delivery Pockets, ANC Performance, PNC Performance, JSSK Performance, Routine Immunization Performance, OPD & IPD Performance etc based on HMIS data.
- Review of quality of photographs uploaded for health facilities and other master information of the health facilities
- Orientation on GIS based HMIS Portal

- **RCH Portal**
  - Orientation on RCH Portal and ANMOL
  - Discussion on new features of RCH Portal
  - Utilization of data uploaded in MCTS Portal
  - Generation of RCH Work-plan
  - Tracking of High Risk Pregnant Women
  - Analysis of data uploaded in RCH Portal
  - Discussion on quality of data uploaded in the RCH Portal
  - Hands on for data uploading, generation of report and analysis of reports from RCH Portal
  - Review of RCH Registration Status
  - Review of data updating status of RCH
  - Review of performance based on RCH
  - Village mapping with health institutions

- **Swasthya Sewa Dapoon - Integrated MIS GIS System**
  - Orientation on Swasthya Sewa Dapoon - Integrated MIS GIS System.
  - Capturing of Maternal and Infant Death Reporting System and analysis of uploaded data
  - Synchronization of Maternal and Infant Death report with HMIS to ensure data tally in both the systems
  - Orientation on HR-MIS System
  - Review of data uploaded in the VHND Monitoring System
  - Review of "ASHA Payment System" and comparison with performance reflected in the RCH Portal.
  - Review of CHO Performance based on data uploaded in the online system

- **Orientation on other IT systems:**
  - AB-HWC Portal
  - Review of data uploaded in the NIN-to-HFI Portal
  - NCD Portal
  - Review of SNCU online system
  - Orientation on Digital Payment System

- **Other activities**
  - Review of other Programmes
  - Dissemination of new guidelines
  - Findings based on RCH and HMIS data should be baseline of the District Level Review Meeting.
  - Facility wise performance review based on RCH and HMIS data should be the main agenda of the review meeting.

7. The attendance registered is to be maintained and to be kept for future verification.
8. Photographs of the meeting to be kept for future verification.
9. After completion of each training cum review meeting, a report should be submitted to Mission Director, NHM, Assam along with photo copy of the attendance sheet, photographs and SOE&UC.

10. District will intimate Mission Director, NHM, Assam and State Level Observer one week ahead about the date and venue of the review meeting so that State observer can attend the review meeting.

11. Resource person from State may be provided for the training based on availability. Request letter for resource person should be sent at least one week ahead of the training.

12. The fund is allotted for expenditure incurred for arrangement of the training cum review meeting only. Refreshment of participants (Tea & Snacks, Working Lunch, etc, or any expenditure related to the review meeting may be incurred from the head of account).

13. As mentioned in the RoP 2020-21, expenses for food to participants, accommodation for trainers, accommodations for participants, incidental expenses and charges for venue hiring as per RCH norms subject to following extant rules.

14. At any circumstances, expenditure cannot be more than allotted fund.

15. No Honorarium for resource person will be paid for review meeting.

16. TA may be provided to participants as per rule, but DA should not be provided.

17. Residential facility with fooding for participants from outreach Health Blocks who needs night hold should be arranged out of the total fund allotted.

18. District Accounts Manger will maintain the Accounts as per rule for review meeting and all vouchers and supporting documents must be kept in record for audit purpose and future verification.

19. Roles of FMR owner:
   - Organize Training cum review meeting for HMIS & RCH at District Level
   - Submit training report
   - Ensure proper booking of fund in consultation with District Accounts Manager
   - Maintaining Attendance Sheet, Photographs, Training Reports.

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Annexure –A
District wise breakup of fund for
Training cum review meeting for HMIS & MCTS at District level for the year 2020-21

FMR Code: 9.5.26.2 → Training cum review meeting for HMIS & MCTS at District level

Sl	District Name	Number of Blocks	Number of participants per training to be conducted			Number of Trainings to be conducted	Budget Per Training (Rs.)	Total Budget (Rs. Lakhs)
			Trainers	District representatives	Trainees from blocks			
1	Baksa	6	2	5	12	4	Rs.60,000.00	Rs.2,40,000.00
2	Barpeta	7	2	5	14	4	Rs.62,732.00	Rs.2,50,928.00
3	Bongaigaon	4	2	5	8	4	Rs.45,827.50	Rs.1,83,310.00
4	Cachar	8	2	5	16	4	Rs.75,575.00	Rs.3,02,300.00
5	Chirang	2	2	5	4	4	Rs.40,000.00	Rs.1,60,000.00
6	Darrang	4	2	5	8	4	Rs.42,000.00	Rs.1,68,000.00
7	Dhemaj	5	2	5	10	4	Rs.51,462.50	Rs.2,05,850.00
8	Dhubri	7	2	5	14	4	Rs.70,000.00	Rs.2,80,000.00
9	Dibrugarh	6	2	5	12	4	Rs.40,000.00	Rs.1,60,000.00
10	Dima Hasao	3	2	5	6	4	Rs.35,000.00	Rs.1,40,000.00
11	Goalpara	5	2	5	10	4	Rs.55,000.00	Rs.2,20,000.00
12	Golaghat	5	2	5	10	4	Rs.60,000.00	Rs.2,40,000.00
13	Hailakandi	4	2	5	8	4	Rs.60,000.00	Rs.2,40,000.00
14	Jorhat	7	2	5	14	4	Rs.54,400.00	Rs.2,17,600.00
15	Kamrup (Metro)	5	2	5	10	4	Rs.50,000.00	Rs.2,00,000.00
16	Kamrup (Rural)	12	2	5	24	4	Rs.99,998.00	Rs.3,99,992.00
17	Karbi Anglong	8	2	5	16	4	Rs.75,203.00	Rs.3,00,812.00
18	Karimganj	5	2	5	10	4	Rs.55,000.00	Rs.2,20,000.00
19	Kokrajhar	4	2	5	8	4	Rs.50,000.00	Rs.2,00,000.00
20	Lakhimpur	6	2	5	12	4	Rs.63,802.00	Rs.2,55,208.00
21	Morigaon	3	2	5	6	4	Rs.40,192.50	Rs.1,60,770.00
22	Nagaon	11	2	5	22	4	Rs.96,000.00	Rs.3,84,000.00
23	Nalbari	4	2	5	8	4	Rs.55,000.00	Rs.2,20,000.00
24	Sivasagar	8	2	5	16	4	Rs.72,300.00	Rs.2,89,200.00
25	Sonitpur	7	2	5	14	4	Rs.94,000.00	Rs.3,76,000.00
26	Tinsukia	4	2	5	8	4	Rs.45,000.00	Rs.1,80,000.00
27	Udalguri	3	2	5	6	4	Rs.40,000.00	Rs.1,60,000.00
	Total	**153**	**54**	**135**	**306**	**108**		**Rs.63,54,000.00**

B) Guidelines for Training cum review meeting for HMIS & MCTS at Block level:

1. District wise detail fund breakup may be seen at **Annexure – B.**

2. **The expenditure should be booked under the head of account (FMR Code: 9.5.26.3 → Training cum review meeting for HMIS & MCTS at Block level).**

3. One (1) day combined monthly training cum review meeting for HMIS & RCH should be conducted out of this fund. That means minimum 12 such training cum review meeting should be conducted at every Health Block.

4. District / Block may take decision to change the plan as per requirement but the fund should not be utilized for other purpose.

5. HMIS & RCH related training of Tea garden officials and Private Hospitals can also be taken up under this activity.

6. Following topics should be included in the agenda:

   - **Orientation on Registers**:
     - Orientation on RCH Register
     - Importance of complete fill up of data in RCH Register
     - Updating of Eligible Couple
     - Orientation on Instruction Manual for ANM to record information in RCH Register
     - Orientation on other registers like OPD Register, IPD Register, Delivery Register, Referral Register, JSY Register etc

   - **HMIS**
     - Orientation on new HMIS Format and data definitions
     - Orientation on HMIS Web Portal
     - Discussion on Additional HMIS Formats
     - Discussion on HMIS Annual Infrastructure Format
     - Orientation on HMIS Web Portal
     - Discussion on quality of data uploaded in the HMIS Web Portal for both Monthly Reporting format as well as Annual Infrastructure Format
     - Data Validation Rules and Probable Outlier
     - Synchronization of HR data uploaded in HMIS Annual Infrastructure format with HR-MIS and Annual Infrastructure format
     - Analysis of uploaded data in HMIS Web Portal

- Analysis of performance based on 16 dashboard indicators
- Star Grading of CHCs
- Star Grading of PHCs
- Review of performance based on HMIS data
- Max/ Min Report
- Review of timely submission and uploading of HMIS data
- Analysis of data in Additional HMIS Format
- Discussion on Health Institutions showing negative trend of delivery, Home Delivery Pockets, ANC Performance, PNC Performance, JSSK Performance, Routine Immunization Performance, OPD & IPD Performance etc based on HMIS data.
- Review of quality of photographs uploaded for health facilities and other master information of the health facilities
- Orientation on GIS based HMIS Portal

- **RCH/ RCH Portal**
  - Orientation on RCH/ RCH Portal
  - Training on ANMOL
  - Utilization of data uploaded in RCH Portal
  - Generation of RCH Work-plan
  - Tracking of High Risk Pregnant Women and assignment of Responsible Officer
  - Analysis of data uploaded in RCH Portal
  - Discussion on quality of data uploaded in the RCH Portal
  - Review of RCH Registration Status
  - Review of data updating status of RCH
  - Review of performance based on RCH
  - Village mapping with health institutions
  - Updating of MCP Card and RCH Id in the MCP Card

- **Integrated MIS GIS System & Health Services Monitoring System**
  - Orientation on Integrated MIS GIS System and Health Services Monitoring System.

- Capturing of Maternal and Infant Death Reporting System and analysis of uploaded data
- Synchronization of Maternal and Infant Death report with HMIS to ensure data tally in both the systems
- Orientation on HR-MIS System
- Review of data uploaded in the VHND Monitoring System
- Review of "ASHA Payment System" and comparison with performance reflected in the RCH Portal.
- Review of data uploaded in Drugs Stock Monitoring System and Supply Chain Management System
- Review of CHO Performance based on data uploaded in the online system

- **Other activities**
  - Review of decisions taken in last meeting
  - **Review of field visit report on data quality and other aspects**
  - Review of other Programmes
  - Dissemination of new guidelines
  - Findings based on RCH and HMIS data should be baseline of the District Level Review Meeting.

7. Facility wise performance review based on RCH and HMIS data should be the main agenda of the review meeting.

8. The attendance registered is to be maintained and to be kept for future verification

9. Photographs of the meeting to be kept for future verification.

10. After completion of each training cum review meeting, a report should be submitted to Joint Director of Health Services with a copy to Mission Director, NHM, Assam along with photo copy of the attendance sheet, photographs and SOE&UC.

11. Resource person from District will attend the training cum review meeting.

12. The fund is allotted for expenditure incurred for arrangement of the training cum review meeting only. Refreshment of participants (Tea & Snacks, Working Lunch, etc, or any expenditure related to the review meeting may be incurred from the head of account.

13. As mentioned in the RoP 2020-21, expenses for food to participants, accommodation for trainers, accommodations for participants, incidental expenses and charges for venue hiring as per RCH norms subject to following extant rules.

14. At any circumstances, expenditure cannot be more than allotted fund.

15. No Honorarium for resource person will be paid for review meeting.

16. Block Accounts Manger will maintain the Accounts as per rule for review meeting and all vouchers and supporting documents must be kept in record for audit purpose and future verification.

20. Roles of FMR owner:
   - Organize Training cum review meeting for HMIS & RCH at Block Level
   - Submit training report
   - Ensure proper booking of fund in consultation with Block Accounts Manager
   - Maintaining Attendance Sheet, Photographs, Training Reports.

Monthly Reporting format for Training cum Review Meeting at Block Level:
(To be submitted by Block PHC to District HQ on 2nd of every month):

Monthly Reporting format for Training cum Review Meeting at Block Level (To be submitted by Block PHC to District HQ on 2nd of every month) (Compiled report from District HQ to State HQ to be submitted by 5th of every month)							
Name of the District							
Name of the Block PHC							
Reporting month							
Sl	Date(s) of training	Place of Training	Names of District(s)/ Block (s) participated	Topics covered	No. of officials attended		Total Amount Spent on Training (In Rs.)
					From District HQ	From Block	Total	
BAM (Seal & Signature)		BDM (Seal & Signature)		BPM (Seal & Signature)			SDM&HO (Seal & Signature)

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Annexure – B

District wise breakup of fund for Training cum review meeting for HMIS & MCTS at Block level for the year 2020-21

FMR Code: 9.5.26.3 → Training cum review meeting for HMIS & MCTS at Block level

S. No.	District Name	Total Number of Health Block	Number of participants per training to be conducted			Number of Trainings to be conducted	Budget Per Training (Rs.)	Total Budget (Rs.)
			Block representatives	Trainees from PHCs	Trainees from SCs			
1	Baksa	6	30	40	157	72	Rs.4,000.00	Rs.2,88,000.00
2	Barpeta	7	35	51	264	84	Rs.4,675.00	Rs.3,92,700.00
3	Bongaigaon	4	20	29	84	48	Rs.3,020.83	Rs.1,45,000.00
4	Cachar	8	40	30	270	96	Rs.4,000.00	Rs.3,84,000.00
5	Chirang	2	10	26	86	24	Rs.5,000.00	Rs.1,20,000.00
6	Darrang	4	20	32	163	48	Rs.8,000.00	Rs.3,84,000.00
7	Dhemaj	5	25	21	98	60	Rs.4,620.00	Rs.2,77,200.00
8	Dhubri	7	35	47	246	84	Rs.5,000.00	Rs.4,20,000.00
9	Dibrugarh	6	30	31	231	72	Rs.5,000.00	Rs.3,60,000.00
10	Dima Hasao	3	15	10	65	36	Rs.9,000.00	Rs.3,24,000.00
11	Goalpara	5	25	41	151	60	Rs.3,920.00	Rs.2,35,200.00
12	Golaghat	5	25	40	144	60	Rs.5,000.00	Rs.3,00,000.00
13	Hailakandi	4	20	12	105	48	Rs.5,000.00	Rs.2,40,000.00
14	Jorhat	7	35	44	144	84	Rs.6,000.00	Rs.5,04,000.00
15	Kamrup (Metro)	5	25	23	51	60	Rs.4,000.00	Rs.2,40,000.00
16	Kamrup (Rural)	12	60	71	280	144	Rs.5,000.00	Rs.7,20,000.00
17	Karbi Anglong	8	40	44	145	96	Rs.3,000.00	Rs.2,88,000.00
18	Karimganj	5	25	29	218	60	Rs.8,000.00	Rs.4,80,000.00
19	Kokrajhar	4	20	46	161	48	Rs.8,000.00	Rs.3,84,000.00
20	Lakhimpur	6	30	33	156	72	Rs.5,000.00	Rs.3,60,000.00
21	Morigaon	3	15	38	123	36	Rs.5,460.00	Rs.1,96,560.00
22	Nagaon	11	55	84	354	132	Rs.7,000.00	Rs.9,24,000.00
23	Nalbari	4	20	52	121	48	Rs.4,400.00	Rs.2,11,200.00
24	Sivasagar	8	40	43	219	96	Rs.3,918.00	Rs.3,76,128.00
25	Sonitpur	7	35	60	275	84	Rs.8,000.00	Rs.6,72,000.00
26	Tinsukia	4	20	25	164	48	Rs.5,000.00	Rs.2,40,000.00
27	Udalguri	3	15	24	146	36	Rs.8,000.00	Rs.2,88,000.00
	Total	**153**	**765**	**1026**	**4621**	**1836**		**Rs.97,54,000.00**

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C) Guidelines for Mobility Support for HMIS & MCTS at District level for the year 2020-21:

1. District wise detail fund breakup may be seen at **Annexure – C**

2. **The expenditure should be booked under the head of account (FMR Code: 16.3.2 → Mobility Support for HMIS & MCTS)**

3. With an objective to improve data quality in HMIS and RCH Portal, **mandatory data validation system under National Health Mission, Assam** is being roll out in the State. From the financial year 2020-21, it is proposed to go for structured verification of data by MIS/ Data persons posted at State, District and Block level.

4. All District Data Manager, District Data Manager (IDSP) and Assistant District Data Manager shall prepare advance monthly tour plan and put up the same to the Joint Director of Health Services through District Programme Manager for approval by 25th of the previous month.

5. Similarly, Block Data Manager shall prepare advance monthly tour plan and put up the same to the SDM&HO or i/c Block PHC through Block Programme Manager for approval by 25th of the previous month.

6. District Data Manager will coordinate with all data persons and prepare field visit plan for the month. Focus should be given to facilities with more data quality issues detected during desk review and to ensure that, same facility is not repeatedly visited until all facilities are covered.

7. District Data Manager, District Data Manager (IDSP), Assistant District Data Manager and Block Data Manager will visit health facilities and validate data as per checklist enclosed and submit report to the undersigned through Jt. DHS.

8. It should be ensured that, every data person visits at least 10 facilities every month and sincerely validate data for the facility.

9. HMIS Data of District Hospital should be validated on monthly basis.

10. Data persons shall carry the following documents during visit:
    a) HMIS Data definition guidelines
    b) Instruction manual for ANM to record information in RCH Register
    c) Monthly HMIS report (service delivery) of the facility downloaded from HMIS Web portal
    d) HMIS Infrastructure report of the facility downloaded from HMIS Web portal
    e) RCH Work Plan of the facility generated from RCH Portal
    f) Line listing of HR data downloaded from HR-MIS Portal

11. Mandatory work during visit
    a) Validate reported data with data recorded in Register
    b) Cross verification of HR data
    c) Correction of data in the HMIS/ RCH portal found wrong
    d) Follow up of observations of last visit by any data persons
    e) Verification of registers (Availability, Correctness, Completeness)
    f) Cross check whether correct and valid registers are used
    g) Handholding of staffs / users of the facility to fill up the registers and formats
    h) Orientation of staffs on data definitions of the data element as per guidelines
    i) Verification of updating of RCH Register and Portal
    j) Verification of MCP Card (Availability, Correctness, Completeness and updating of RCH Id)

12. It should be ensured that, data should be validated with valid register/ records only. If data is not available in register, then it should be treated as "data not available". Data source cannot be verbal or something written in personal diary of a person.

13. Feedback report on data quality must be shared with the visited health facility through letter from Jt. DHS/ SDM&HO.

14. Signed copy and soft copy of the following reports must be submitted to NHM State HQ by 10th of every month
    a) Summary report of the previous month as per format
    b) Signed copy of checklist of each facility
    c) Copy of feedback report shared with the concerned health facility signed by Jt. DHS/ SDM&HO
    d) Supporting photographs

15. Field visit report and Data variance reports will be one of the agenda of District Level HMIS Core Team Committee meetings.

16. Mobility support/ TA/DA should be paid to the team members as per rule from this head of account.

17. TA/DA should not be released if field visit reports are not submitted.

18. Total yearly expenditure should not exceed the allotted amount.

19. District/ Block Accounts Manger will maintain the Accounts as per rule for review meeting and all vouchers and supporting documents must be kept in record for audit purpose and future verification.

20. Roles of FMR owner:

- Prepare tour plan for data validation and get approval from competent authority
- Ensure proper booking of fund in consultation with District Accounts Manager

Monthly reporting format to be submitted to State HQ by 5th of next month:

SI	Date of Visit	Team members (DDM/ ADDM/ DDM-IDSP etc Name & Designation)	Mode of Travel	Health Institutions visited	Purpose of visit (Data validation/ Review Meeting/ Other official duty please mention)	Major observations during visit	Amount Spend
Monthly Reporting format for MIS Mobility (to be submitted by 5th of next month)							
1				1.			
				2.			
				3.			
2				1.			
				2.			

Note: Detail guidelines along with data validation checklist shall be shared soon.
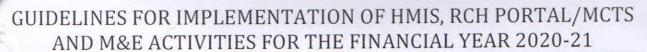
Annexure –C

Mobility Support for HMIS & MCTS at District level for the year 2020-21

FMR Code: 16.3.2 → Mobility Support for HMIS & MCTS at District level

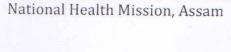| S. No.	District Name	Amount (Rs. in Lakhs)
1	Baksa	1.440
2	Barpeta	1.440
3	Bongaigaon	1.440
4	Cachar	1.440
5	Chirang	1.440
6	Darrang	1.440
7	Dhemaj	1.440
8	Dhubri	1.440
9	Dibrugarh	1.440
10	Dima Hasao	1.440
11	Goalpara	1.440
12	Golaghat	1.440
13	Hailakandi	1.440
14	Jorhat	1.440
15	Kamrup (Metro)	1.440
16	Kamrup (Rural)	1.440
17	Karbi Anglong	1.440
18	Karimganj	1.440
19	Kokrajhar	1.440
20	Lakhimpur	1.440
21	Morigaon	1.440
22	Nagaon	1.440
23	Nalbari	1.440
24	Sivasagar	1.440
25	Sonitpur	1.440
26	Tinsukia	1.440
27	Udalguri	1.440
	Total	**38.880**

D) **Guidelines for Printing of HMIS Formats**:

1. District wise detail fund breakup may be seen at **Annexure – D.**

2. **The expenditure should be booked under the head of account (FMR Code: 12.9.1 → Printing of HMIS Formats).**

3. Total yearly expenditure should not exceed the allotted amount

4. District will make arrangement of printing/ photocopy of Monthly HMIS Formats for SC, PHC, CHC, DH, etc and made available at all facilities.

5. 2 sets of formats for each Health Institution per month to be provided. One copy of the report to be submitted to higher level health institution and the other copy to be kept at the Health Institution for future verification.

6. **It should be ensured that, signed hard copy of the report is submitted to the higher level health institutions.** During submission of the report, data reported in the monthly report should be verified with the Register and verifier should also put his/her signature with comment "Verified" in the format.

7. **Second copy of the report should also signed by the in-charge of the facility and it should be properly kept in a file.**

8. **It should be ensured that facility wise monthly HMIS report of 100% health institutions i.e., Medical College, DH, SDCH, CHC, PHC, SC, etc are uploaded, forwarded and compiled within 10th of the following month without fail.**

9. Printing/Photocopy of Annual Infrastructure format should be done from this head of account. **It should be ensured that Annual Infrastructure report for the year 2020-21 of all health Institutions i.e., DH, SDCH, CHC, PHC and SC is uploaded in the HMIS Web Portal within 30th April and updated every month.**

10. As mentioned the approval of the State PIP 2020-21, printing should be done based on competitive bidding and by following Government protocols. Government of India is in the process of revision of HMIS formats, therefore it is advised not to print formats for the entire year in one go.

11. District will take decision whether the printing/ photocopy is done at District HQ or release the fund to Block PHC.

12. District Accounts manager will maintain the Accounts as per rule. All vouchers and supporting documents must be kept in record for audit purpose and future verification.

13. All financial norms should be followed and District Accounts Manager should update the Book of Accounts as per norms and submit the SOE and UC. A separate register may be maintained for this purpose.

14. Approval of Jt. DHS, DPM, DDM and DAM is mandatory before release of fund/ payment.

21. Roles of FMR owner:
   - Ensure availability of HMIS formats at all health facilities
   - Ensure proper booking of fund in consultation with District Accounts Manager
   - Maintaining proper stock of formats at all level
   - Ensure signed copy of the report is submitted to the higher level and one copy of the signed report is kept in file for future verification.

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Annexure –D
District wise breakup of fund for Printing of HMIS Formats for the year 2020-21
FMR Code: 12.9.1 → Printing of HMIS Formats

SI	District	District Allocation Rs. In lakhs
1	Baksa	0.780
2	Barpeta	1.349
3	Bongaigaon	0.586
4	Cachar	1.366
5	Chirang	0.538
6	Darrang	0.788
7	Dhemaji	0.553
8	Dhubri	1.178
9	Dibrugarh	1.415
10	Dima Hasao	0.334
11	Goalpara	0.799
12	Golaghat	1.035
13	Hailakandi	0.507
14	Jorhat	1.046
15	Kamrup (Metro)	0.444
16	Kamrup (Rural)	1.538
17	Karbi Anglong	0.876
18	Karimganj	1.004
19	Kokrajhar	0.882
20	Lakhimpur	0.938
21	Morigaon	0.747
22	Nagaon	2.075
23	Nalbari	0.856
24	Sivsagar	1.456
25	Sonitpur	1.877
26	Tinsukia	1.253
27	Udalguri	0.767
	Total	**26.990**

E) Guidelines for Maintenance of Computers & Accessories:

1. District wise detail fund breakup may be seen at **Annexure – E**
2. **The expenditure should be booked under the head of account (FMR Code: 16.3.3 → AMC of Computer/ Printer/UPS)**
3. District Programme Management Unit will do the maintenance of computers & accessories of the District which are beyond warranty period. Amount is allocated as per approval and comment mentioned in the RoP 2020-21.
4. Computers provided to DPMU & BPMU will be maintained from this fund.
5. It must be ensured that, these equipment are not covered by post-sale warranty/ guarantee.
6. Total yearly expenditure should not exceed the allotted amount.
7. **Steps to be followed:**

    - Step 1: Check whether the machine is under warranty period or not. Generally Desktop Computers have 3 years of warranty and UPS & Printers have 1 year of warranty.
    - Step 2: If the machine is under warranty period then, inform the Customer Support Number which was provided during delivery of the items. If the problem not resolved within 7 days of lodging the complaint, then inform State MIS Manager (misnrhm.assam@gmail.com) by email with the following information:
        - Name of the District:
        - Date of lodge of the complain:
        - Name of the Health Institution:
        - Name of the Contact Person:
        - Phone No of the Contact Person:
        - Make of the Computer (HP/ DEL/HCL/ Wipro/Acer etc):
        - Machine Sl No:
        - Date of Installation of the Computer (If exact date is not available then mention Month & Year):
        - Name of the Non Functioning Part (CPU/ Monitor/ UPS/ Printer):
        - Sl No of the Non functioning part:
        - Visible Problem:
        - Please note, all fields are mandatory to lodge complain.
    - Step 3: If the machine is beyond warranty period, then call any service engineer available in your locality to check the problem and sort out accordingly. It is

advisable to call service engineer from the same organization of the manufacturer. For example, if the computer is HP make then call HP service engineer, if the make is HCL then call HCL service engineer as per availability.

- Step 4: Request the service engineer to submit an estimate for the work. District Data Manager will assess the justification of estimate and if required will verify the rate with the market price. If required, District Data Manager may discuss with District Information Officer of NIC about the rate.

- Rates of all items including parts and services should be fixed through open tendering. As per approval of State PIP 2020-21, final rates are to be arrived as per DGS&D rate contract or after competitive bidding following Government protocols.

- Step 5: Place formal order after approval from Jt. Director of Health Services through District Programme Manager and District Accounts Manager.

- Step 6: Collect signed copy of completion certificate from the service engineer after completion of the work.

- Step 7: If any parts is changed then the same should be maintained in the Stock Register.

- Step 8: District Data Manager will have to certify in the body of the bill before releasing the payment.

- Step 9: A separate register should be maintained as per format mentioned below. Any additional information considered as relevant may also be recorded.

Sl	Date	Machine Sl No	Date of Installation	Name of the User of the Machine with Designation	Bill No & Date	Challan No & Date	If any parts changed				Service Charge (If any)	Total Amount
							Name of the Parts	Qty	Rate	Amount		

8. District Accounts manager will maintain the Accounts as per rule. All vouchers and supporting documents must be kept in record for audit purpose and future verification

9. District can empanel a local firm for maintenance of the computers & accessories. But all official procedures as per rule should be maintained for the selection process.

10. District can procure UPS, Printer, Monitor, antivirus etc from this fund if the service engineer and District Data Manager certify it as obsolete, damaged & is beyond economical repairing i.e., cost of repairing is approximately equal to new one or more. Necessary approval from District Health Society is mandatory before purchase. Proper records should be maintained in such cases.

22. Roles of FMR owner:
    - Ensure proper maintenance of all computers & accessories are timely repaired
    - Ensure proper record keeping
    - Ensure proper booking of fund in consultation with District Accounts Manager
    - Ensure that, procurement procedures and financial norms are followed.
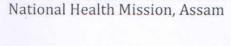
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Annexure – E

District wise breakup of fund for Maintenance of Computer & Accessories for the year 2020-21

FMR Code: 16.3.3 → AMC of Computer/ Printer/UPS

Sl. No	Name of the District	District allocation for AMC of Computer, Laptop, UPS, Printer
1	Baksa	Rs.34,066.00
2	Barpeta	Rs.38,466.00
3	Bongaigaon	Rs.25,266.00
4	Cachar	Rs.42,866.00
5	Chirang	Rs.16,466.00
6	Darrang	Rs.25,266.00
7	Dhemaji	Rs.29,666.00
8	Dhubri	Rs.38,466.00
9	Dibrugarh	Rs.34,066.00
10	Dima Hasao	Rs.20,866.00
11	Goalpara	Rs.29,666.00
12	Golaghat	Rs.29,666.00
13	Hailakandi	Rs.25,266.00
14	Jorhat	Rs.38,466.00
15	Kamrup(M)	Rs.29,666.00
16	Kamrup(R)	Rs.60,466.00
18	Karbi Anglong	Rs.42,866.00
17	Karimganj	Rs.29,666.00
19	Kokrajhar	Rs.25,266.00
20	Lakhimpur	Rs.34,066.00
21	Morigaon	Rs.20,866.00
22	Nagaon	Rs.56,066.00
23	Nalbari	Rs.25,266.00
24	Sivasagar	Rs.42,866.00
25	Sonitpur	Rs.38,466.00
26	Tinsukia	Rs.25,266.00
27	Udalguri	Rs.20,866.00
	Total	**Rs.8,80,182.00**

F) Guidelines for Internet Connectivity at District Programme Management Unit and Health Institutions:

1. District wise detail fund breakup may be seen at **Annexure – G**

2. **The expenditure should be booked under the head of account (FMR Code: 16.3.3 → Internet Connectivity through LAN/ data card)**

3. District will provide Internet Connectivity at District Programme Management Unit and other Health Institutions/ Data Entry points where required.

4. Total yearly expenditure should not exceed the allotted amount.

5. District Programme Management Unit will establish broad band internet connection with the best possible solution available at the District. District Programme Management Unit is free to use service from any Internet Service Provider. District should make necessary arrangement so that all members of District Programme Management Unit will get access to internet and they can check their email on daily basis. All members of District Programme Management Unit must check their official email account on daily basis. Internet connection should be used to upload HMIS data in the HMIS Web Portal and data entry in the RCH Portal. Data in the "Health Services Monitoring System" and "Integrated MIS GIS System" should be updated on regular basis. Monthly/ Quarterly/ Annual HMIS data and Facility wise Infrastructure data must be uploaded in the Ministry Web Portal on regular basis.

6. Data card bills of DDM, ADDM, BDM, ADDM etc involved in MCTS/ HMIS entry can also be incurred from this head of account after proper verification.

7. District will reimburse the monthly recurring cost of Internet connectivity for data uploading in the MCTS Portal. District will reimburse the amount to the concerned official responsible for data entry based on the Bill submitted by the official after proper verification and justification of Bill. User should put his/her signature in the Bill and duly certified that the *"Internet is used for data uploading in RCH/ HMIS/ SSD/ HWC/ PFMS Portal and the Bill is paid by me"*. A statement showing number of entry done should be enclosed along with the Bill. Payment should be made on actual. However, before releasing the fund it should be ensured that the resource is properly utilized. Bill for pre-paid/ post-paid connectivity, Bill for usage of Common Service Centre & Bill for usage of Internet café, etc may also be paid from this head of account for MCTS/ HMIS purpose. Any other expenditure which District may found essential for implementation of MCTS and HMIS. But proper approval should be accorded before release of fund.

8. It should be ensured that, Internet bill is reimbursed for official purpose i.e. HMIS, MCTS, PFMS, HSMS etc only.

9. Without MCTS entry Internet bill should not be paid to ABPM/ BDM/BPM etc.

10. As mentioned in the approval of State PIP 2020-21, final rates of Internet services are to be arrived as per DGS&D rate contract or after competitive bidding following Government protocols.

11. District Accounts manager will maintain the Accounts as per rule. All vouchers and supporting documents must be kept in record for audit purpose and future verification.

12. All financial norms should be followed and District Accounts Manager should update the Book of Accounts as per norms and submit the SOE and UC. A separate register may be maintained for this purpose.

13. Approval of Jt. DHS, DPM, DDM and DAM is mandatory before release of fund.

14. Roles of FMR owner:

    - It should be ensured that, Internet connectivity is provided to all members of DPMU

    - It should be ensured that, fund is provided for each Data Entry points (DH, SDCH, CHC, PHC and Medical Colleges) for Internet connection so that data could be regularly uploaded in RCH, HMIS and HSMS without any problem.

    - Reimbursement of bills are released on timely manner

    - Proper record keeping

    - Ensure proper booking of fund in consultation with District Accounts Manager

    - Total expenditure should not exceed amount allocated in District RoP. In case of shortage of allocated fund, it should be communicated to NHM State HQ along with SOE &UC.

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Annexure –F
District wise breakup of fund for Internet Connectivity Fund for the year 2020-21
FMR Code: 16.3.3 → Internet Connectivity through LAN/ data card

Sl	District		Amount Allocated
1	Baksa		Rs.1,50,000.00
2	Barpeta		Rs.1,63,200.00
3	Bongaigaon		Rs.1,15,200.00
4	Cachar		Rs.1,69,200.00
5	Chirang		Rs.88,800.00
6	Darrang		Rs.1,10,400.00
7	Dhemaji		Rs.1,28,400.00
8	Dhubri		Rs.1,74,000.00
9	Dibrugarh		Rs.1,52,400.00
10	Dima Hasao		Rs.87,600.00
11	Goalpara		Rs.1,41,600.00
12	Golaghat		Rs.1,38,000.00
13	Hailakandi		Rs.1,03,200.00
14	Jorhat		Rs.1,72,800.00
15	Kamrup(M)		Rs.1,44,000.00
16	Kamrup(R)		Rs.2,30,400.00
18	Karbi Anglong		Rs.1,86,000.00
17	Karimganj		Rs.1,33,200.00
19	Kokrajhar		Rs.1,32,000.00
20	Lakhimpur		Rs.1,48,800.00
21	Morigaon		Rs.1,15,200.00
22	Nagaon		Rs.2,43,600.00
23	Nalbari		Rs.1,11,600.00
24	Sivasagar		Rs.1,68,000.00
25	Sonitpur		Rs.1,80,000.00
26	Tinsukia		Rs.1,24,800.00
27	Udalguri		Rs.1,00,800.00
	Total		**Rs.39,13,200.00**

9/10/2020

Mission Director
National Health Mission, Assam

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