

অসম চৰকাৰ



GOVERNMENT OF ASSAM



ৰাষ্ট্ৰীয় স্বাস্থ্য অভিযান, অসম

OPERATIONAL
GUIDELINES FOR NEW
BORN AND CHILD HEALTH
ACTIVITIES AS PER
APPROVAL OF
ROP 2021-22

K. S. Sanyal

Preface

There has been a continuous decline in the Neonatal Mortality Rate of Assam, as per the latest NFHS-5 report 2019-20 the current NMR is 22.5/1000 live birth, which has decreased from 32.8/1000 live birth in NFHS-4 (2015-16). As per NFHS-5 (2019-20), the current IMR in the state is 31.9/1000 live birth, which has decreased from 47.6/1000 live birth as per NFHS-4 (2015-16), while the Under-5 mortality has decreased from 56.5/1000 live birth in NFHS-4 (2015-16) to 39.1/1000 live birth as per NFHS-5 (2019-20). We are expecting an encouraging performance in upcoming SRS 2019 report, to be published in later part of 2021.

Birth asphyxia is the leading cause of neonatal mortality in Assam. Quality antenatal check-up to detect high risk pregnancy and their timely referral, use of partograph during intrapartum period and timely referral of **High Risk Pregnant Women**, judicious use of oxytocin during intrapartum period are important in the prevention of birth asphyxia. Provision of a pair of hand exclusively for new-born in labour room and OT is important to take care of new born at the time of delivery including new-born resuscitation. **The Govt of India has recently launched a new module on NSSK to train the manpower on neonatal resuscitation. This year the training on new module of NSSK is a priority from the child health division, NHM, Assam.**

Preterm deliveries contribute to neonatal mortality and major cause among them is the Respiratory Distress Syndrome (RDS) due to surfactant deficiency. Initiative should be started at the district level to reorient the medical staff on **use of single course of Antenatal Corticosteroid (ANC) in preterm labour (Less than 34 weeks of gestation)**, as near universal coverage of this intervention can reduce 40% of mortality amongst preterm neonates. *In the last two financial year i.e from 2019-20 to 2020-21, we have done significant progress in the coverage of ANC in preterm labour from 10% in FY 2018-19 to 54% in FY 2020-21. The use of ANC in preterm labour should be the priority of each district.*

All the new born at birth should receive Inj. Vitamin K to prevent hemorrhagic disease of new born and state has ensure it's availability at every delivery point of the state. IEC material has been developed in local languages to generate awareness among service providers. *The Inj. Vitamin K coverage has improved from 60% during FY 2018-19 to 72% in FY 2020-21 but the coverage percentage is static compared to FY 2019-20. The reporting of coverage in private hospitals should be properly evaluated by each districts.*

The successful implementation of program like **Home Based New born Care (HBNC) and follow up of SNCU discharged new born and LBW** will help to reduce mortality and morbidity in the state. As SNCU admitted new born are fragile, they need long term follow up to help the parents for proper care as well as early identification and early referral of new born with danger signs will reduce the mortality by timely interventions. 10% of HBNC visits by ASHAs should be accompanied by members of BPMU/DPMU for hand holding. *The referral under HBNC has improved in last few years. In FY 2018-19, the referral percentage was 2%, which has improved to 6.5% in FY 2020-21. IN the 4th quarter of FY 2020-21, the referral percentage is 10.5%, which is very encouraging for all of us and we have to maintain this referral percentage in coming days to reduce NMR and IMR in the state.*

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Child Death Review (CDR) will help us to understand the gaps at all level, proper implementation of CDR is important. To initiate new interventions accurate data from the facilities and communities are important. Child Death Review (CDR and eCDR) should be strengthen this time in all districts. Use of SNCU

ONLINE PORTAL is essential for each SNCU. It will help to understand the trend and issues related to each SNCU, so that corrective measures can be taken. The analysis of inborn and out born admission data will help the districts to identify the areas where there is requirement of specific and active interventions. *The CDR performance has improved from 7% in 2018-19 to 55% in FY 2020-21. The facility based CDR improves from 38% in FY 2019-20 to 71% in FY 2020-21. The community based CDR improves from 6% in FY 2019-20 to 18% in FY 2020-21. All districts should focus on the community based CDR part, as this will help us understand what are the factors that lead the child death. To improve the reporting of death at community level, GOI has once again approved ASHA incentive of Rs.50.00/-per reporting of death at community.*

To continue the follow up till 15 months of age, GOI has recently launched **Home Based Young Child (HBYC)**. This program will cover early childhood development, immunization, feeding in different age group, early detection of diarrhoea and pneumonia, deworming, IFA and vitamin supplementation. At present the HBYC program is restricted to 17 districts (Including 4 newly created districts). No new districts have been added in the FY 2021-22.

To reduce mortality because of pneumonia, GOI has newly launched **SAANS CAMPAIGN (Social Awareness & Action To Neutralize Pneumonia Successfully)**. This campaign is to ensure adequate protection, prevention and treatment of children against Pneumonia. In the 2nd phase State is going to start this new initiative in additional 6 need based districts in the FY 2021-22.

To provide quality care to infant and children beyond the neonatal period, **operationalization of district hospital level Pediatrics HDU is a priority for the division**. The upcoming HDUs in Dima Hasao, Baksa, Nalbari, Udalguri, Goalpara, MMCH (Kamrup M) will help the state to provide quality care to the children of these districts.

The strengthening of 116 selected New born Stabilization Units (NBSUs) is another priority of the division in the FY 2021-22. This will help to provide essential care to the new born in the CHC/FRUs of the state, thereby reducing the referral to the SNCUs of the district hospitals. *The Govt of India has recently launched a new three days NBSU training module for medical officers and staff nurses and the child health division will give priority to train the manpower engaged in NBSUs to provide quality care to the new born.*

Use of Inj. Gentamicin in suspected sepsis in infant by ANM before referral is an existing program under the child health division of GOI and in the FY 2021-22 the child health division of NHM, Assam is considering to rework on this existing program, which will help the state to reduce the death because of sepsis in new born and infants. Treatment card, reporting register and other IEC material will be printed to relaunch the program. We earnestly hope the district ROP guideline would be fruitfully used at district and block level to strengthen the facility and services to provide better care to new born and children of our state. As a service provider we must understand each and every program is important not only to reduce mortality but to improve overall development and cognition of the children.

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**Child Health Division
National Health Mission, NHM, Assam**

KEY ROP DELIVERABLES FOR FY 2021-22 AS PER ROP:

<ol style="list-style-type: none"> 1. Reduction of neonatal mortality rate by 20/1000 live birth. 2. Reduction of infant mortality rate by 38/1000 live birth 3. Reduction of U-5 mortality by 44/1000 live birth. 4. All the aspirational districts should have functional SNCU. 5. All the NBSU in FRU and CHC in all aspirational districts should be functional 6. New born visited under HBNC should be more than 97% 7. All the 180 batches of HBYC training should be completed. 8. NRC of the state should have bed occupancy of 75%. 	<ol style="list-style-type: none"> 9. The cure rate at NRC should be more than 90%. 10. All the delivery points in the state should be saturated with 4 days IYCF training under “MAA” programme. 11. Percentage of children 6-59 months given 8-10 days of IFA syrup every month should be more than 40%. 12. Percentage of children 5-9 years given 4-5 IFA tablets every month should be more than 40%. 13. Percentage of children 10-19 years given 4-5 IFA tablets every month should be more than 40%. 14. Full immunization (Children aged between 9-11 months) should be atleast 85%
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Key Priorities from Child Health Division in FY 2021-22

Community Based Programs

- Strengthening of Home Based Care of New born (HBNC).
- SAANS Program implementation
- Strengthening of Home Based Care of Young Child Program (HBYC).
- Child Death and Still Birth Review System.
- Community Follow Up of SNCU discharged newborn and LBW babies.

Facility based Programs

- Strengthening of Special New born Care Units (SNCU).
- Strengthening of New born Stabilization Units (NBSUs) including Reporting structure.
- Quality Certification of SNCUs.
- Strengthening Pediatric Care Services at District Level and Sub-District Level in the form of PICU/Pediatrics HDU
- Use of Inj. Gentamycin by ANM in suspected Sepsis before referral
- Use of Inj. Vitamin K at birth .
- Use of Antenatal Corticosteroid (ANC) in preterm labour.

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Summary of Approval				
FMR	Budget Head	Approved Budget	State Allocation	District Allocation
U.1	Service Delivery - Facility Based	575.91	55	520.91
U.2	Service Delivery - Community Based			
U.3	Community Interventions (Sub-Annexure)	1728.79	0	1728.79
U.4	Untied Fund			
U.5	Infrastructure	181.81	181.81	0
U.6	Procurement (Sub-Annexure)	552.99	502	50.99
U.7	Referral Transport	287.19	287.19	0
U.8	Human Resource			
U.9	Training and Capacity Building	302.29	26.507	275.783
U.10	Reviews, Research, Surveys and Surveillance	43.91	0	43.91
U.11	IEC/BCC			
U.12	Printing (Sub- Annexure)	88.06	38.42	49.64
U.13	Quality/ Assurance			
U.14	Drugs Ware Housing & Logistics			
U.15	PPP			
U.16	Programme Management (Sub-Annexure)	38.745	29.295	9.45
U.17	IT initiatives for Strengthening Service delivery			
U.18	Innovations			
Grand Total (In Lakh)		3799.695	1120.222	2679.473

K. Srinivas

**SUMMARY SHEET OF ROP APPROVALS (Excluding HR) for the FY 2021-22
CHILD HEALTH DIVISION,NHM,ASSAM**

FMR Code	Particulars/ Activity	Approved Budget	State Allocation	District Allocation
Service Delivery - Facility Based				
1.3.1.1	Operating expenses for SNCU	350.000	21.000	329.000
1.3.1.2	Operating expenses for NBSU	26.760	0.000	26.760
1.3.1.3	Operating expenses for NBCC	52.150	0.000	52.150
1.3.1.5	Operating expenses for Family participatory care (KMC)	16.000	0.000	16.000
1.3.1.14	Operating expenses for State new-born resource centre	1.000	0.000	1.000
1.3.1.15	Operating cost for Paediatric HDU, Emergency, OPD and Ward	130.000	34.000	96.000
3	Community Interventions (Sub- Annexure)			
3.1.1.1.3	Incentive for Home Based New-born Care programme	1398.660	0.000	1398.660
3.1.1.1.4	Incentive to ASHA for follow up of SNCU discharge babies and for follow up of LBW babies	110.390	0.000	110.390
3.1.1.1.12	Incentive to ASHA for quarterly visits under HBYC	219.740	0.000	219.740
5	Infrastructure			
5.1.1.1.7	Additional building/ Major Upgradation of Facility based new-born care centres (SNCU/NBSU/NBCC/KMC unit)	49.260	49.260	0.000
5.1.1.3.7	Spill over of Ongoing Upgradation-Facility based new-born care centres (SNCU/NBSU/NBCC/KMC unit)/MNCU & State resource centre/CLMC units/Paediatric HDUs	0.000	0.000	0.000
5.2.1.7	New construction: Facility based new-born care centres (SNCU/NBSU/NBCC/KMC unit/MNCU)	92.000	92.000	0.000
5.2.2.6	Carry forward: Facility based new-born care centres (SNCU/NBSU/NBCC/KMC unit/ Mother New-born Care Unit/ State Resource Centre/Paediatric HDU	20.550	20.550	0.000
5.3.18	Any other (Power Audit at SNCU)	20.000	20.000	0.000
6	Procurement (Sub-Annexure)			
6.1.1.2.1	Equipment for Paediatric HDU, Emergency, OPD and Ward	0.000	0.000	0.000
6.1.1.2.3	Handheld Pulse Oximeter and nebulizer under SAANS	33.300	33.300	0.000
6.1.1.2.4	Any other equipment (including equipment for SRC/MNCU/SNCU/ NBSU/NBCC/NRC/ etc	329.480	329.480	0.000
6.2.2.1	JSSK drugs and consumables	104.430	63.340	41.090
6.4.4	Free Diagnostics for Sick infants under JSSK	85.780	75.880	9.900

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FMR Code	Particulars/ Activity	Approved Budget	State Allocation	District Allocation
7	Referral Transport			
7.2	Free Referral Transport - JSSK for Sick Infants	287.190	287.190	0.000
9	Training and Capacity Building (Sub-Annexure)			
9.5.2.1	Development/ translation and duplication of training materials	1.200	1.200	0.000
9.5.2.2	Orientation/Planning Meeting/Launch on SAANS initiative at State or District (Pneumonia)/IDCF orientation	3.400	0.000	3.400
9.5.2.4	Child Death Review Trainings	16.750	8.250	8.500
9.5.2.7	IMNCI Training for ANMs / LHVs	47.390	0.000	47.390
9.5.2.9	F-IMNCI Training for Medical Officers	9.720	0.000	9.720
9.5.2.12	TOT for NSSK	5.920	5.920	0.000
9.5.2.13	NSSK Training for Medical Officers	15.730	0.000	15.730
9.5.2.14	NSSK Training for SNs	45.570	0.000	45.570
9.5.2.16	4 days Training for facility based new-born care	13.900	0.000	13.900
9.5.2.17	2 weeks observership for facility based new-born care	46.720	0.000	46.720
9.5.2.22	New Born Stabilization training Package for Medical Officers and Staff nurses	38.280	2.322	35.958
9.5.2.24	State/District ToT of SAANS, Skill Stations under SAANS	50.480	1.585	48.895
9.5.2.25	Other Child Health trainings (NBSU Data Management)	7.230	7.230	0.000
10	Reviews, Research, Surveys and Surveillance			
10.1.2	Child Death Review	43.910	0.000	43.910
12	Printing (Sub- Annexure)	0.000	0.000	0.000
12.2.1	Printing for IMNCI, FIMNCI, FBNC, NBSU training packages and the translation	3.790	3.790	0.000
12.2.2	Printing for National Childhood Pneumonia Management Guidelines under SAANS	0.000	0.000	0.000
12.2.4	Printing of Child Death Review formats	4.880	0.000	4.880
12.2.10	Printing (SNCU data management)	23.670	0.000	23.670
12.2.11	Printing of HBNC referral cards and other formats	34.630	34.630	0.000
12.2.12	Printing cost for HBYC	13.830	0.000	13.830
12.2.14	Others printing	7.260	0.000	7.260
16.1	Programme Management (Sub- Annexure)			
16.1.3.3.3	Mobility Support for DPMU/District (including SAANS supportive supervision)	0.000	0.000	0.000
16.1.2.1.3	Review/orientation meetings for child health programmes	11.720	9.470	2.250
16.1.4.3.1	SNCU Data management (excluding HR)	27.025	19.825	7.200
	TOTAL:	3799.695	1120.222	2679.473

Note: It doesn't include cost of Human Resource and IEC/BCC activities

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OPERATIONAL COST

SL No	FMR code	Activity	Fresh Approved Budget (Lakh)	State Allocation	District Allocation
1	1.3.1.1	SNCU Operational Cost	350.00	21.00	329.00
2	1.3.1.2	NBSU Operational Cost	26.76	0.00	26.76
3	1.3.1.3	NBCC Operational Cost	52.15	0.00	52.15
4	1.3.1.5	Family participatory care (KMC)	16.00	0.00	16.00
5	1.3.1.14	State new-born resource centre	1.00	0.00	1.00
6	1.3.1.15	Paediatric HDU/ PICU Operational Cost	130.00	34.00	96.00

The goal of this activity is “To Ensure Zero out of pocket expenditure” for the treatment of New-born and children admitted and being treated in the SNCUs./NBSUs/PICUs/HDUs

Activity: Operating Expenses for Facilities
FMR Code: 1.3.1.1 Total Amount Approved 350.00 Lakh
Relevance of the Activity: Operational cost for SNCUs in All Districts (Medical College SNCU/District Hospital SNCU)
FNR Owner/Resource Person for the Activity: State: -Consultant Child Health (NHM), New born Consultant (UNICEFF Supported) District: DPMs and Hospital Administrator Medical College: BPMs/ABPMs

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SI No	District	Fresh Budget Approved in 2021-22 in Lakh	Amount Approved from Committed Unspent Amount	Total Budget Approved in 21-22
1	Baksa	7.00		7.00
2	Barpeta, FAAMCH	18.00		18.00
3	Bongaigaon	8.00		8.00
4	Cachar, SMCH	18.00		18.00
5	Darrang	9.00		9.00
6	Dhemaji	9.00		9.00
7	Dhubri	12.00		12.00
8	Dibrugarh, AMCH	25.00		25.00
9	Dima Hasao	7.00	9.40	16.40
10	Goalpara	10.00		10.00
11	Golaghat	10.00		10.00
12	Hailakandi	8.00		8.00
13	Jorhat, JMCH	23.00		23.00
14	Kamrup M, GMCH	26.00		26.00
15	Kamrup M, MMCH	12.00		12.00
16	Kamrup M (Sonapur)	6.00		6.00
17	DMCH, Karbi-Anglong	11.00		11.00
18	Karimganj	9.00		9.00
19	Kokrajhar	8.00		8.00
20	LMCH, Lakhimpur	10.00		10.00
21	Morigaon	10.71		10.71
22	Nagaon	10.00		10.00
23	Nalbari	8.00		8.00
24	Sivasagar	8.00		8.00
25	Sonitpur, TMCH	15.00		15.00
26	Sonitpur CH	9.00		9.00
27	Tinsukia	8.00		8.00
28	Udalguri	6.00		6.00
29	MNCU Barpeta Kalgachia	6.00		6.00
30	Chirang CH	4.00		4.00
District Allocation		330.71	9.40	340.11
State Allocation		19.29	9.60	28.89
Total Budget Allocation		350.00	19.00	369.00

N.B: Additional fund of Rs. 9.40 lakh has been sanctioned for repairing of internal electrical work along with 30KV UPS for SNCU, Haflong CH from the committed unspent balance of SNCU. Rs.1.71 Lakh sanctioned for maintenance of DG set of SNCU, Morigaon from fresh approval, 2021-22. During repair, maintenance of the items, all procurement procedure shall be followed.

Guideline for Utilization of SNCU Operational Cost

Important Notes:

- District Health Society will transfer the fund to the concerned Medical College/ DH as early as possible on receiving the district ROP.
- The operational committee of SNCUs must approve and maintain minutes of all decisions for expenditure related to SNCUs.
- Expenditure of SNCU operational cost should be aimed at zero out of pocket expenditure in the treatment of new-born.

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- The operational cost for 7 medical colleges (AMCH, GMCH, SMCH, JMCH, FAAMCH, TMCH and DMCH) have been sanctioned fully as per the GOI ROP 2021-22 approval for the whole FY 2021-22. No additional amount will be sanctioned from state HQ for medical colleges. Any additional expenditure beyond the sanctioned amount will be born from the parent hospital resource envelope only.
- Barpeta, Sonitpur and Kamrup Metro districts where there are SNCUs in medical college and district hospital, they may rationalize the money to be sanctioned to SNCUs from the district wise SNCU fund pool as mentioned in the table above. They may not release the sanctioned amount as a whole at a time but they have to adjust the fund for these SNCU for the whole FY 2020-21 from the SNCU pool fund.
- Respective district, where there is medical college should clearly communicate to the medical college authority regarding this matter.
- For district hospital SNCUs, additional funds may be sanctioned to the SNCUs as per the norms and subject to utilisation, submission of SoE and UC and subject to availability of budget provision under the respective FMR code as per GOI approval.
- For purchase of stationary, disposables, medicines & surgical items, procedure of one-year rate contract should be followed when the purchase of goods costing up to Rs.2,50,000/-. This rate contract should be renewed every year.
- The Nodal officer of the SNCU will put up requirement in advance and will get approval from the SNCU Operational Cost utilization committee.
- The Nodal officer of the SNCU will prepare the list of items which are required for the SNCU and send the list to the Superintendent office of that hospital (In medical college SNCUs, the list prepared by the SNCU Nodal officer will be countersigned by the HOD, Dept of Paediatrics). The Superintendent office will supply the items to the SNCU as early as possible for smooth running of the SNCU.
- Inventory will be maintained by the institution for the item purchased.
- Bills will be paid after physical verification and stock book entry through the DAM/ BAM/BPM/BAM of the hospital/MCs as per existing rules of the hospital.
- Utilization certificate of the fund will be submitted to the Director Finance, NHM Assam through District Health Society as per existing rules.
- Proper stock register to be maintained against each of the items purchased. Consumption register to be maintained by the SNCU sister in charge in each SNCU. The SNCU Nodal officer will check this register periodically.
- Nodal Officer of SNCU, Accounts Person of the respective Medical College/ District Hospital shall strictly follow guidelines during implementation of the activity as well as procurement of any item and utilisation of funds.
- The committee for utilization of SNCU Operational Cost in Medical College/ DH along with Jt DHS, DPM and DAM of the respective district will review the utilization of SNCU operational fund quarterly and minuted meeting copy along with break-up of utilization (i.e. for medicines, consumables, fuel, minor repairing, any investigation, petty cash, printing. etc) should be shared with State Health Society, NHM through Jt DHS of respective district.
 - Each year each SNCU has been provided with separate fund for SNCU Data Management (Excluding HR) under FMR code. 16.1.4.3.1 except for Majuli District. The committee for utilization of SNCU Operational Cost should utilize this fund as per the guideline under FMR. 16.1.4.3.1.

Expenditure can be incurred for following activities:

A. Purchase of Medicines and Consumables and Diagnostics/Investigations:

- Emergency medicines and surgical items not available in SNCU/ District Hospital Drug Store/ District medical store may be purchased from this fund.
- Every effort must be given for constant supply and use of medicines and consumables which are available under EDL. **If some drugs and consumables under EDL are not available in the district hospital/Medical college store, this must be highlighted urgently to the State HQ through DDSM before purchasing EDL enlisted medicines and consumables from SNCU**

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fund. This will help to restore the supply of EDL enlisted medicines and consumables as early as possible.

- Consumables and Disposables required for sick new-borns which are not available in the SNCU/District Hospital Drug Store /District medical store.
- Fund provided under JSSK drugs and consumables (FMR 6.2.2.1) may be used by the districts to procure drugs and consumables for SNCU on emergency situation.
- Most essential investigation which are advised by the treating doctor and not available in the hospital laboratory. The committee for Utilization of SNCU operational cost will decide which outside laboratory facility will be used for this purpose, using standard one-year rate contract process to find out the lowest bidder for different tests, which are not available in the Govt. hospital.
- Disinfectants, cleaning agents, essential stationary items.
- **Consumables and disposables for CPAP and ventilators may be purchased from this fund maintaining standard financial procedure. Proper stock register to be maintained.**

B. **Repair and Maintenance:** Maintenance of Electrical, Furniture, Central Gas Pipeline and water supply fittings. It includes replacement of batteries of online UPS for SNCU after proper verification. The fund can be used for repairing of DG set for continuous power supply to the SNCU unit.

C. Printing of clinical protocols/guidelines/poster for SNCU (Note: Not more than 4000/- per annum)

D. **Petty Cash:**

- Petty Cash of ₹3000 for SNCU may be maintained with SNCU Nodal Officer/Staff Nurse In-charge at any given point of time.
- This cash is for the purpose of fulfilling any kind of emergency expenditure, so as to keep the SNCU functioning and provide timely care to the sick new-born.
- After the expenditure is done, this cash may be refilled after duly submitting the receipts.
- In any given month expenditure through this mode cannot exceed Rs.4000/-.
- All the necessary records should be maintained as per accounting norms of NHM, Assam.

E. **Fuel Expenditure:**

- Fuel expenses for running DG Sets. But effort should be made to provide round the clock power supply to SNCU with discussion with the ASEB authorities.
- Logbook of power cuts and utilisation of DG set is to be maintained by the facility.
- Average requirement of fuel per hour for running the DG Set is to be certified by SNCU committee every year. If the cost of fuel expenditure is very high information should be given to NHM, HQ urgently.

F. **Any other emergency expenditure required for smooth functioning of SNCU with due approval from SNCU Committee (Note: not more than 25,000/- annum).**

The committee for utilization of SNCU Operational Cost will be as follows

For Medical College SNCUs;

- Principal/ Superintendent of the Medical College Hospital: Chairman
- HOD, Department of Paediatrics : Member Secretary
- Nodal Officer, SNCUs/Senior Most Paediatrician :Member
- BPM/BAM : Member

For District Hospital SNCUs

- Superintendent of the District Hospital : Chairman
- Nodal Officer, SNCU : Member Secretary
- DAM : Member
- Hospital Administrator : Member

Activity: New born Stabilization Unit (NBSU) operational cost

FMR code: 1.3.1.2: -Utilization of NBSU Operational Cost

Relevance of the Activity: Total Budget Approved 26.76 Lakhs

The budget is sought for 165 Newborn stabilization units. Operational cost for NBSU may also be utilised for purchasing consumables, drugs & overall maintenance of the unit.

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FMR Owner/Resource person for the Activity:
State: -Consultant-CH(NHM), New born Consultant (UNICEF Supported)
District: DPMsBlock: BPMs and BAMs

Guidelines for utilization of the Operational Cost:

- All local purchases should be done as per existing financial norms.
- Purchase of consumable like disposable nasal prongs/ Oxygen Hood for oxygen delivery, feeding tube, Distilled water for oxygen concentrator etc.
- Small equipment like Neonatal Resuscitation Bag, Laryngoscope, Foot Operated Suction machine may be purchased after approval of the NBSU operational cost committee on emergency basis. The amount for this kind of purchase should not be more than Rs. 5000/- in the FY 2021-22.
- Keeping standby oxygen Unit with Oxygen cylinder, trolley, disposable tubes, wrench and refilling of empty oxygen cylinder to be used at the time of non-functioning of oxygen concentrator.
- Ensure availability of Functional new-born resuscitation bag for Bag & Musk Ventilation, Baby caps, radiant warmer bed spread, blanket etc.
- Few essential drugs like Inj. Vitamin K (1mg/ml or 1mg/0.5 ml) if it is unavailable in the EDL. **Discourage the use of Inj. Vitamin K 10mg/ml in neonate.**
- Repairing/ Replacement of mattress cover and day to day maintenance of material within NBSU.
- Antiseptic solution & disinfectant - bleaching powder, Lysol (5%), Detergent, liquid hand wash, utility gloves etc.
- Keeping functional water taps, electrical switches, FL bulb, furniture etc.
- Surgical attire for service provider, like gown, face mask, head cap, sleeper, shoe cover, gloves etc.
- Monthly utilization certificate with detail of expenditure to be submitted for further release of fund.

Admission criterion for NBSU is as per table given below:

Care at Birth	Care of Normal New-born	Care of Sick New-born
Prevention of Infection	Breastfeeding/ Feeding Support.	Management of LBW infants ≥ 1800 gms. With no other complications.
Provision of Warmth	Immunisation Services.	Phototherapy for new-borns with hyper-bilirubinaemia.
Resuscitation		Management of new-born sepsis.
Early Initiation of Breastfeeding		Stabilisation and referral of sick new-borns and those with very low birth weight.
Weighing of New-born		Referral Services.

Committee for NBSU Operational Cost:

- Superintendent/Deputy Superintendent/SDM&HO of the Hospital : Chairman
- Nodal Officer, NBSU : Member Secretary
- BAM : Member
- BPM : Member

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NBSU Operational Cost (District Wise)

Sl No	District	Name of NBSU	Operational Cost	No of NBSU	Totalin Lakhs
1	Baksa	Barama Model Hospital	0.18	4	0.72
2	Baksa	Nagrijiuli Model Hospital	0.18		
3	Baksa	Salbari Model Hospital	0.18		
4	Baksa	Jalah BPHC/CHC	0.18		
5	Barpeta	Chenga BPHC	0.18	7	1.14
6	Barpeta	Barpeta Road FRU	0.18		
7	Barpeta	Sorbhog CHC	0.18		
8	Barpeta	Pathsala SDCH	0.18		
9	Barpeta	Mandia MH	0.18		
10	Barpeta	Howly CHC Bhawanipur	0.12		
11	Barpeta	Sarukhetri CHC Chenga	0.12		
12	Biswanath	Biswanath Chariali SDCH	0.18	4	0.66
13	Biswanath	Gohpur SDCH	0.18		
14	Biswanath	Borgang Model Hospital	0.18		
15	Biswanath	Behali PHC Behali	0.12		
16	Bongaigaon	Abhayapuri CHC	0.18	4	0.66
17	Bongaigaon	Bidyapur CHC	0.18		
18	Bongaigaon	M.G Model Hospital, Manikpur	0.18		
19	Bongaigaon	MG MODEL HOSPITAL	0.12		
20	Cachar	Dholai BPHC	0.18	12	1.86
21	Cachar	Kalain CHC	0.18		
22	Cachar	Katigora MH	0.18		
23	Cachar	S.M. Dev Civil Hospital	0.18		
24	Cachar	Sonai BPHC	0.18		
25	Cachar	Lakhipur BPHC	0.18		
26	Cachar	Borjalenga MPHC	0.18		
27	Cachar	Bikrampur Bikrampur	0.12		
28	Cachar	Borkhola PHC Borkhola	0.12		
29	Cachar	Narsingpur Dholai	0.12		
30	Cachar	Udharbond Udharbond	0.12		
31	Cachar	Harinagar BPHC Harinagar	0.12		
32	Charaideo	Sonari SDCH	0.18	3	0.54
33	Charaideo	Lakuwa Model Hospital	0.18		
34	Charaideo	Sapekhati Model Hospital	0.18		
35	Chirang	Bhetagaon CHC	0.18	2	0.36
36	Chirang	Basugaon MPHC	0.18		
37	Darrang	Sipajhar FRU	0.18	3	0.54
38	Darrang	Kharupetia CHC	0.18		
39	Darrang	Deomornoi CHC	0.18		
40	Dhemaji	Jonai CHC	0.18	4	0.66
41	Dhemaji	Silapathar Model Hospital	0.18		
42	Dhemaji	Gogamukh CHC	0.18		
43	Dhemaji	Bengenagarah CHC	0.12		

K. Sengupta

SI No	District	Name of NBSU	Operational Cost	No of NBSU	Totalin Lakhs
44	Dhubri	Chapor CHC	0.18	6	1.02
45	Dhubri	Golakganj BPHC	0.18		
46	Dhubri	Halakura CHC	0.18		
47	Dhubri	Gauripur CHC	0.12		
48	Dhubri	Bogribari Model Hospital	0.18		
49	Dhubri	Diporkuti SDCH	0.18		
50	Dibrugarh	Moran Tiloil CHC/FRU	0.18	7	1.08
51	Dibrugarh	Naharani CHC/FRU	0.18		
52	Dibrugarh	Tengakhat M.G. MH	0.18		
53	Dibrugarh	Naharkatia CHC	0.18		
54	Dibrugarh	Lahowal PHC Lahowal	0.12		
55	Dibrugarh	Moran SD Khowang	0.12		
56	Dibrugarh	Namrup MPHC Naharani	0.12		
57	Dima Hasao	Umrangso CHC	0.18	2	0.36
58	Dima Hasao	Langting Model Hospital	0.18		
59	Goalpara	Krishnai MPHC	0.18	7	1.08
60	Goalpara	Dudhnai FRU	0.18		
61	Goalpara	Lakhipur BPHC/CHC	0.18		
62	Goalpara	Ambari Bazar Model Hospital	0.18		
63	Goalpara	Bikali Model Hospital Rangjuli	0.12		
64	Goalpara	Matia PHC Matia	0.12		
65	Goalpara	Mornai PHC Mornai/Krisnai	0.12		
66	Golaghat	Bokakhat sdch	0.18	4	0.72
67	Golaghat	Dergaon chc	0.18		
68	Golaghat	Merapani chc	0.18		
69	Golaghat	Sarupathar chc	0.18		
70	Hailakandi	Lala CHC	0.18	3	0.54
71	Hailakandi	Algapur MH	0.18		
72	Hailakandi	Katicherra BPHC	0.18		
73	Hojai	Doboka CHC	0.18	4	0.72
74	Hojai	Hojai FRU	0.18		
75	Hojai	Jugijan MH	0.18		
76	Hojai	Lumding FRU	0.18		
77	Jorhat	Titabor SDCH	0.18	3	0.54
78	Jorhat	Nakachari Model	0.18		
79	Jorhat	Teok FRU	0.18		
80	Kamrup M	Pandu FRU	0.12	4	0.6
81	Kamrup M	GACH West	0.12		
82	Kamrup M	Khetri CHC	0.18		
83	Kamrup M	Dherenpara FRU	0.18		
84	Kamrup Rural	TRB Kamrup Civil Hospital	0.18	9	1.38
85	Kamrup Rural	Rangia SDCH	0.18		
86	Kamrup Rural	Sualkuchi FRU	0.18		
87	Kamrup Rural	Azara CHC	0.18		
88	Kamrup Rural	Boko CHC	0.18		

K. Ananta

Sl No	District	Name of NBSU	Operational Cost	No of NBSU	Totalin Lakhs
89	Kamrup Rural	Bezera CHC-FRU	0.12		
90	Kamrup Rural	Hajo BPHC/FRU Hajo	0.12		
91	Kamrup Rural	Mirza CHC	0.12		
92	Kamrup Rural	Bihdia Bihdia	0.12		
93	Karbi Anglong	Bokajan CHC	0.18		
94	Karbi Anglong	Bokolia CHC	0.18	4	0.72
95	Karbi Anglong	Howaraghat CHC	0.18		
96	Karbi Anglong	Manja BPHC	0.18		
97	Karimganj	MG Model Hospital Baroigram	0.18		
98	Karimganj	Patherkandi CHC	0.18	8	1.26
99	Karimganj	R.K.Nagar BPHC	0.18		
100	Karimganj	Dullavcherra CHC	0.18		
101	Karimganj	Srigouri CHC	0.18		
102	Karimganj	Bazaricherra Patherkandi	0.12		
103	Karimganj	MCL&GH Patherkandi	0.12		
104	Karimganj	MG Girishganj Model Hospital	0.12		
105	Kokrajhar	Dotma BPHC/CHC	0.18	6	0.9
106	Kokrajhar	Kachugaon BPHC/CHC	0.18		
107	Kokrajhar	Gossaigaon SDCH	0.18		
108	Kokrajhar	Balajan BPHC Balajan Block	0.12		
109	Kokrajhar	Gossaigaon SDCH	0.12		
110	Kokrajhar	Tulsibil SHC Gossaigaon Block	0.12		
111	Lakhimpur	Dhalpur CHC	0.18	6	0.9
112	Lakhimpur	Boginadi MH	0.18		
113	Lakhimpur	Dhakuakhana SDCH/FRU	0.18		
114	Lakhimpur	Bongalmora CHC	0.12		
115	Lakhimpur	Laluk Model Hospital	0.12		
116	Lakhimpur	Nawboicha CHC	0.12		
117	Majuli	Garmur SDCH	0.18	2	0.36
118	Majuli	Jengraimukh Model Hospital	0.18		
119	Morigaon	Nakhala Model Hospital	0.18	9	1.26
120	Morigaon	lahorighat M. Hospital	0.18		
121	Morigaon	Moirabari CHC/FRU	0.18		
122	Morigaon	Bhuragaon SHC Laharighat	0.12		
123	Morigaon	Chabukdhara CHC Bhurbandha	0.12		
124	Morigaon	Dharamtul SHC Jhargaon	0.12		
125	Morigaon	Jagibhakatgaon SD Jhargaon	0.12		
126	Morigaon	Jhargaon PHC Jhargaon	0.12		
127	Morigaon	Nellie SD Jhargaon	0.12		
128	Nagaon	Jakhalabandha FRU	0.18	11	1.68
129	Nagaon	Rupohi MH	0.18		
130	Nagaon	Juria MPHC	0.18		
131	Nagaon	Dhing FRU	0.18		
132	Nagaon	Kampur FRU	0.18		
133	Nagaon	Kachua MH	0.18		

K. Sengupta

Sl No	District	Name of NBSU	Operational Cost	No of NBSU	Totalin Lakhs
134	Nagaon	KAWAIMARI FRU Samaguri	0.12		
135	Nagaon	BATADRAVAMPHC Dhing	0.12		
136	Nagaon	Dagaon PHC Dagaon	0.12		
137	Nagaon	KATHIATOLI PHC Kathaitoli	0.12		
138	Nagaon	SAMAGURI PHC Samaguri	0.12		
139	Nalbari	Tihu FRU	0.18		
140	Nalbari	Mukalmuwa FRU	0.18	3	0.54
141	Nalbari	Belsor Model (CHC)	0.18		
142	Sivasagar	Dimow Model Hospital	0.18		
143	Sivasagar	Ligiripukhuri SDCH	0.18	4	0.66
144	Sivasagar	Urban Model Hospital	0.18		
145	Sivasagar	Amguri CHC Morabazar BPHC	0.12		
146	Sonitpur	Dhekiajuli CHC	0.18		
147	Sonitpur	Balipara BPHC/CHC	0.18	4	0.72
148	Sonitpur	North Jamuguri CHC	0.18		
149	Sonitpur	Panchmile NPHC	0.18		
150	South Salmara	Gazarikandi BPHC	0.18	2	0.36
151	South Salmara	Mankachar CHC	0.18		
152	Tinsukia	Digboi CHC	0.18		
153	Tinsukia	Margherita FRU	0.18		
154	Tinsukia	Chapakhuwa FRU	0.18		
155	Tinsukia	Doomdooma FRU	0.18	7	1.08
156	Tinsukia	Digboi CHC Ketetong	0.12		
157	Tinsukia	Jagun MPHC Ketetong	0.12		
158	Tinsukia	Kakopathar BPHC Kakopathar	0.12		
159	Udalguri	Khoirabari CHC	0.18		
160	Udalguri	Rowta Model Hospital	0.18		
161	Udalguri	Kalaigaon Model Hospital	0.18	5	0.78
162	Udalguri	Orang CHC Orang	0.12		
163	Udalguri	Tangla CHC Udalguri	0.12		
164	West Karbi Anglong	Donkamokam CHC	0.18	2	0.36
165	West Karbi Anglong	Kheroni Model Hospital	0.18		
				165	26.76

K. Ananta

Activity: Operational cost of New-born Care Corner (NBCCs)

FMR Code: -1.3.1.3: Total Budget Approved : 52.15 Lakhs

Relevance of the Activity: All Districts and All Facilities having NBCCs,

FMR Owner/Resource Person for the Activity:

State: -Consultant Child Health(NHM), New born Consultant (UNICEFF Supported)

District: DPMs Block: BPMs

	District	Nos of NBCC	Amount in Lakhs
1	Baksa	51	2.55
2	Barpeta	44	2.20
3	Biswanath	29	1.45
4	Bongaigaon	53	2.65
5	CACHAR	39	1.95
6	Charaideo	13	0.65
7	Chirang	37	1.85
8	DARRANG	53	2.65
9	DHEMAJI	16	0.80
10	Dhubri	37	1.85
11	Dibrugarh	32	1.60
12	Dima Hasao	14	0.70
13	Goalpara	45	2.25
14	Golaghat	41	2.05
15	Hailakandi	26	1.30
16	HOJAI	16	0.80
17	JORHAT	36	1.80
18	Kamrup Metro	31	1.55
19	Kamrup R	58	2.90
20	Karbi Anglong	33	1.65
21	Karimganj	24	1.20
22	Kokrajhar	36	1.80
23	Lakhimpur	38	1.90
24	Majuli	7	0.35
25	Morigaon	38	1.90
26	Nagaon	70	3.50
27	Nalbari	26	1.30
28	Sivasagar	22	1.10
29	Sonitpur	18	0.90
30	South Salmara	4	0.20
31	Tinsukia	29	1.45
32	Udalguri	14	0.70
33	West Karbi Anglong	13	0.65
	Total	1043	52.15

K. Sanyal

Expected services at NBCC

Care at Birth	Care of Normal New-born	Care of Sick New-born
Prevention of Infection	Breastfeeding/ Feeding Support.	Identification and prompt referral of "at risk" and "sick" newborn.
Provision of Warmth		
Resuscitation		
Early Initiation of Breastfeeding		
Weighing of New-born		

New Born Care Corners are for essential care of new-born at birth and screening and referral from the delivery point and are expected to remain ready 24x7. To meet the routine and emergency expenditure an amount of ₹5,000/- (Rupees Five Thousand) per NBCC is provided.

Guidelines for utilization of the Operational Cost:

- All local purchases should be done as per existing financial norms.
- Disposables like nasal prongs/ oxygen hood for oxygen delivery, refilling of oxygen cylinder.
- Baby receiving towels (Two towels of size 75cm X 75cm are required for each delivery. Total no. required = Daily expected delivery X 2 plus 20% extra) duly sterilized, baby caps, radiant warmer bed spread, blanket, identification tags.
- Replacement of cracked Mattress cover and day to day maintenance of other-wear and tear-able materials.
- Antiseptic solution & disinfectant - bleaching powder, Lysol (5%), detergent, soap, hand wash, Utility gloves.
- Surgical attire for Service Provider, e.g. gown, face mask, head cap, sleeper, shoe cover, gloves if not procured from RKS.
- Emergency Drugs like Inj Vitamin K (1mg/ml or 1mg/0.5 ml), Inj. Adrenaline, if not available at store with clear mentioning of the period.
- To keep the Water taps, electrical switches, electrical bulbs functional.
- NBCC reporting format, and register development (must be in GOI format, soft copy of which is already supplied)
- All New-born Care Corners (NBCCs) should have the Neonatal Resuscitation Protocols, Use of Inj. Vitamin K fixed at appropriate height for reading of the service providers. Printing cost for such Flex Print can be used from this operational cost.

K. Srinivas

Activity: Operational cost for Kangaroo Mother Care Units**FMR Code 1.3.1.5-Family participatory care (KMC). Total Budget Approved : 16.00 Lakhs****Relevance of Activity:**The Operational Cost for functioning Kangaroo Mother Care (KMC) units in the districts.**FMR Owner/Resource Person for the Activity:****State:- Consultant Child Health/New born Consultant (UNICEF Supported) District: DPMs****Expenditure can be incurred for following activities.****Purchase of Medicines and Consumables:**

- Consumables and Disposables required for the new-borns.
- Disinfectants, cleaning agents, essential stationary items.

Sl	KMC unit	Unit	Operational cost (In Lakhs)
1	AMCH	1	1.0
2	SMCH	1	0.8
3	JMCH	1	0.8
4	GMCH	1	1.4
5	FAAMCH	1	0.6
6	TMCH	1	0.6
7	Chirang	1	0.4
8	Kokrajhar	1	0.5
9	Golaghat	1	0.5
10	Karimganj	1	0.4
11	Darrang	1	0.4
12	Goalpara	1	0.5
13	Morigaon	1	0.4
14	Nagaon	1	0.4
15	Sonitpur DH	1	0.5
16	Barpeta CH	1	0.4
17	LMCH, Lakhimpur	1	0.4
18	Nalbari	1	0.4
19	Baksa	1	0.4
20	Bongaigaon	1	0.5
21	Dhemaji	1	0.5
22	Dhubri	1	0.5
23	Dima Hasao	1	0.4
24	Hailakandi	1	0.5
25	Kamrup_M (Sonapur)	1	0.4
26	Kamrup_MMCH	1	0.5
27	DMCH	1	0.5
28	Sivasagar	1	0.5
29	Tinsukia	1	0.5
30	Udalguri	1	0.4
Total (in lacs)			16.00

Guidelines for utilization of the Operational Cost:

- **Feeding equipment (Tubes, Katoris and spoons, and like other items etc), Clothes for Newborn (Diapers, Caps, Socks and like other items), Gowns for Mothers, Soap or other cleansing agents, Emergency Medicine /Cotton/Gauge and other like materials(from regular supply), record registers/case sheets (from regular supply), and other maintenance cost.**
- **Maintenance of Electrical, Furniture and water supply fittings.**
- Any other emergency expenditure required for smooth functioning of KMC Unit with due approval from Committee established for SNCU.
- Overall functioning of KMC unit to be assigned to SNCU Nodal officers already identified at hospital and the funds related activities should be under existing SNCU committee.
- **Procedure for Expenditure:** The committee (FMR:1.3.1.1) for utilising SNCU operational cost will also be responsible for KMCU operational cost utilisation. The operational committee of SNCUs/KMCUs must approve and maintain minutes of all decisions for expenditure related to KMCUs.

Activity: Operational cost for State new-born resource centre
FMR code: 1.3.1.14 Total Budget Approval = Rs.1.00 lakhs.
(Relevance: establishment of State Resource Centre for Newborn Care (SRCNC) at GMCH, Guwahati)
FMR Owner:
State HQ: Consultant- Child Health, Consultant (Training)
District : DPM (KamrupM)Medical College: BPM

In order to improve the skills of service providers at the facilities providing specialized new-born care services at SNCUs, NBSUs there needs quality skilled training. The FBNC training is provided to SNCU MOs and SNs for improving such skills to ensure quality of services and care. There are four medical colleges in Assam which are providing FBNC trainings. In order to train the increasing manpower at such facilities and covering the load there is a need of a training hub for capacity building.

Activities for establishing SRC:

- GMCH is selected to establish a training hub as a State Resource centre.
- Head of the department of Paediatrics or Another person designated by HOD, Paediatrics will be the Nodal person for SRCNC.
- SRC nodal person will be designated for coordinating the functioning of SRCNC. He/she will be responsible for the execution of designated activities under SRCNC.
- The faculty will be engaged to provide the 4 days FBNC training at the centre
- 14 days FBNC observer ship training will also be conducted at the centre.
- State level pool of experts will be developed. Under the SRCNC, the pool of experts will undertake mentoring visits to SNCUs of nearby districts like Morigaon, Nagaon, Darrang, Kokrajhar, Nalbari on quterly basis and hand hold these SNCUs for better service provision to new born thereby reducing the mortality. The TA and DA for such visit for the experts will be born from the operational cost of SRCNC. The list of SNCUs to be visited in the FY 2021-22 will be finalized after the consultantion with child helath divison of NHM, Assam. For these mentoring visits up to Rs. 80,000/- can be spent after approval of the **committee for utilization of SRCNC Operational Cost,maintaining all the financial norms.**

Roles and responsibilities:

- Act as a technical guiding force for FBNC trainings
- Undertake the activities of 4 days FBNC trainings under FMR. 9.5.2.16
- Undertake the 14 days observer ship trainings under FMR 9.5.2.17

The committee for utilization of SRCNC Operational Cost is as follows:

- Principal, GMCH/ Superintendent, GMCH : Chairman
- HOD, Department of Paediatrics : Member Secretary
- Nodal Officer, SRCNC : Member
- BPM/BAM, GMCH : Member
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Annual recurring cost for SRC		
Activity	Unit cost (Rs)	Remarks
Operational Cost	100000	Annual

Activity: Operational Cost for Paediatrics HDU/Emergency
FMR: 1.3.1.15: Approved Budget : 130.00 Lakhs
Relevance of Activity: Operational cost for PICUs at medical college and HDU at district hospital
FMR Owner/Resource Person for the Activity:
State: Consultant (Child Health), Child Health Consultant (UNICEF Supported)
Districts: DPMs.Medical College: BPM/BAM

SI No	Name of Institution	Approved Operational Cost (In Lakh)
1	GMCH (Kamrup M)	12.00
2	SMCH	10.00
3	JMCH	10.00
4	AMCH	10.00
5	FAAMCH	5.00
6	TMCH	5.00
7	Lakhimpur	5.00
8	Sivasagar	3.00
9	Golaghat	3.00
10	Nagaon	3.00
11	Goalpara	3.00
12	Dhemaji	3.00
13	Dhubri	3.00
14	Darrang	3.00
15	Nalbari	3.00
16	Tinsukia	2.00
17	Karimganj	2.00
18	Barpeta DH	2.00
19	MMCH (Kamrup M)	2.00
20	Udalguri	2.00
21	Baksa	2.00
22	Dima Hasao	3.00
District Allocation		96.00
State Allocation		34.00
Total		130.00

Guideline for Utilization of PICU/HDU Operational Cost

Important Notes:

- District Health Society will transfer the funds to the concerned Medical College/ DH as early as possible on receiving the district ROP.
- The operational committee of PICU/HDUs must approve and maintain minutes of all decisions for expenditure related to PICU/HDUs.
- Expenditure of PICU/HDUs operational cost should be aimed at zero out of pocket expenditure in the treatment of children.

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- Additional funds may be sanctioned to the PICU/HDUs as per the norms and subject to utilisation, submission of SoE and UC and subject to availability of budget provision under the respective FMR code as per the GOI approval.
- For purchase of stationary, disposables, medicines & surgical items, procedure of one-year rate contract should be followed when the purchase of goods costing up to Rs.2,50,000/-. This rate contract should be renewed every year.
- The Nodal officer of the PICU/HDUs will put up requirement in advance and will get approval from the PICU/HDUs Operational Cost utilization committee.
- The Nodal officer of the PICU/HDUs will prepare the list of items which are required for the PICU/HDUs and send the list to the Superintendent office of that hospital (In medical college PICU/HDUs the list prepared by the PICU/HDUs Nodal officer will be countersigned by the HOD, Dept of Paediatrics). The Superintendent office will supply the items to the PICU/HDUs as early as possible for smooth running of the PICU/HDUs.
- Inventory will be maintained by the institution for the item purchased.
- Bills will be paid after physical verification and stock book entry through the DAM/BAM/BPM/BAM of the hospital/MCs as per existing rules of the hospital.
- Utilization certificate of the fund will be submitted to the Director Finance, NHM Assam through District Health Society as per existing rules.
- **Proper stock register to be maintained against each of the items purchased. Consumption register to be maintained by the PICU/HDUs sister in charge in each PICU/HDUs.**
- **Nodal Officer of PICU/HDUs, Accounts Person of the respective Medical College/ District Hospital shall strictly follow guidelines during implementation of the activity as well as procurement of any item and utilisation of funds.**
- **The committee for utilization of PICU/HDUs Operational Cost in Medical College/ DH along with Jt DHS, DPM and DAM of the respective district will review the utilization of PICU/HDUs operational fund quarterly and minuted meeting copy along with break-up of utilization (i.e. for medicines, consumables, fuel, minor repairing, any investigation, petty cash, printing. etc) should be shared with State Health Society, NHM through Jt DHS of respective district.**

Expenditure can be incurred for following activities:

1. Purchase of Medicines and Consumables and Diagnostics/Investigations:

- Emergency medicines and surgical items not available in PICU/HDUs/ District Hospital Drug Store/ District medical store.
- Every effort must be given for constant supply and use of medicines and consumables which are available under EDL. **If some drugs and consumables under EDL are not available in the district hospital/Medical college store, this must be highlighted urgently to the State HQ through DDSM before purchasing EDL enlisted medicines and consumables from PICU/HDUs fund. This will help to restore the supply of EDL enlisted medicines and consumables as early as possible.**
- Consumables and Disposables required for sick new-borns which are not available in the PICU/HDUs/District Hospital Drug Store /District medical store.
- Most essential investigation which are advised by the treating doctor and not available in the hospital laboratory. The committee for Utilization of PICU/HDUs operational cost will decide which outside laboratory facility will be used for this purpose, using standard of one-year rate contract process to find out the lowest bidder for different tests, which are not available in the Govt. hospital.
- Disinfectants, cleaning agents, essential stationary items.

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• **Consumables and disposables for CPAP and ventilators can be purchased from this fund maintaining standard financial procedure.**

2. **Repair and Maintenance:** Maintenance of Electrical, Furniture, Central Gas Pipeline and water supply fittings. It includes replacement of batteries of online UPS for PICU/HDUs and repairing of DG set.

3. **Printing of clinical protocols/guidelines/poster for PICU/HDUs**(Note: Not more than 4000/- per annum)

4. **Petty Cash:**

- Petty Cash of ₹3000 for PICU/HDUs may be maintained with PICU/HDUs Nodal Officer/Staff Nurse In-charge at any given point of time.
- This cash is for the purpose of fulfilling any kind of emergency expenditure, so as to keep the PICU/HDUs functioning and provide timely care for sick children.
- After the expenditure is done, this cash may be refilled after duly submitting the receipts.
- In any given month expenditure through this mode cannot exceed Rs.4000/-.
- All the necessary records should be maintained as per accounting norms of NHM, Assam.

5. **Fuel Expenditure:**

- Fuel expenses for running DG Sets. But effort should be made to provide round the clock power supply to SNCU with discussion with the ASEB authorities.
- Logbook of power cuts and utilisation of DG set is to be maintained by the facility.
- Average requirement of fuel per hour for running the DG Set is to be certified by PICU/HDUs committee every year. If the cost of fuel expenditure is very high information should be given to NHM, HQ urgently.
- Any other emergency expenditure required for smooth functioning of PICU/HDUs with due approval from PICU/HDUs Committee (Note: not more than 25,000/- annum).

The committee for utilization of PICU/HDUs Operational Cost will be as follows

For Medical College PICUs;

- Principal/ Superintendent of the Medical College Hospital : Chairman
- HOD, Department of Paediatrics : Member Secretary
- Nodal Officer, PICU/Senior Most Paediatrician : Member
- BPM/BAM : Member

For District Hospital PICU/HDUs

1. Superintendent of the District Hospital : Chairman
2. Nodal Officer, PICU/HDU : Member Secretary
3. DAM : Member
4. Hospital Administrator : Member

Note:

The committee for utilization of picu/hdu operational cost can utilize this fund for additional covid picu in medical college and district hospitals if necessary. The guideline for utilization of fund will be same

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ASHA INCENTIVES (COMMUNITY PROCESS)

SL No	FMR code	Activity	Approved Budget (Lakh)	State Allocation	District Allocation
7	3.1.1.1.3	Incentive for Home Based New-born Care programme	1398.66		1398.66
8	3.1.1.1.4	Incentive to ASHA for follow up of SNCU discharge babies and for follow up of LBW babies	110.39		110.39
9	3.1.1.1.12	Incentive to ASHA for quarterly visits under HBYC	219.74		219.74

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Activity: ASHA Incentives for Home Based Newborn Care Programme (HBNC)
FMR Code: 3.1.1.1.3
Relevance of the Activity: All Districts and Blocks
Total Budget Approved: 1398.66/-lakhs
FMR Owner/Resource Persons for the Activity:
State:APMDistrict: DCMsBlock: BCMs

To reduce the Neonatal Mortality, effective implementation of HBNC is very important. In this regard a revised guideline has been issued by the Government of India.

HBNC Visit Schedule:

- Home Delivery: 1, 3, 7, 14, 21, 28, 42 days. (Total 7 visits)
- Institutional Delivery: 3, 7, 14, 21, 28, 42 days. (Total 6 visits)

Payment to ASHA:

- ✓ ASHA will receive ₹250/- for conducting home visits for the care of new-born and post-partum mother provided she had made all the required 6/7 home visits and the child is alive on 42nd days of birth.
- ✓ In case delivery outcome is more than one (like twin delivery or triplets) incentive provided to ASHA will be ₹250 × total numbers of new-borns. This incentive will be paid for each alive new-born at the end of 42 days.
- ✓ In case of Caesarean Section delivery or in case of other complications like PPH, Placenta retention, etc. where the mother has to stay in facility for prolonged duration; ASHA will be entitled to full incentive of ₹250/- if she completes all the remaining visits after the mother and new-born are discharged from hospital.
- ✓ In case when a new-born is admitted in SNCU, ASHAs are eligible to full incentive amount of ₹250/- for completing the visits considering day of discharge as Day 1.
- ✓ In case the woman delivers at her maternal house and returns to her husband's house, two ASHAs undertake the HBNC visits then each ASHA will get ₹125/- as an incentive for providing HBNC to the new-born. Thus total incentive will be ₹250/- per new-born.
- ✓ ASHA will submit the Home Based New-born form (Along with BPHC copy of HBNC vouchers signed by ASHA Supervisor) and ANM to PHC/Block Accounts Manager after taking approval from MO/PHC who will review the implementation of HBNC during monthly meeting of ASHA & ASHA Supervisor.
- ✓ ANM should certify the caesarean section delivery or SNCU admission with photocopy of SNCU discharge sheet as supporting document.
- ✓ District/Block wise HBNC ranking will be done as per the criteria specified at district and State Head Quarter respectively for assessing the quality of the HBNC programmes.

Conditionality for making payment to ASHAs:

ASHA will be entitled to receive above mentioned incentive (₹250/-) only, if she fulfils the following conditionality:

- Complete all visit as per guideline.
- Recorded weight & temperature in HBNC form properly.
- Ensures BCG, OPV 0 dose and Hepatitis B birth dose, 1st dose of OPV and Pentavalent vaccination.
- Ensures registration of birth of the baby.
- The baby is alive up to 42 days.

Ensure quality HBNC visits. Early identification of infants with danger signs help early referral to nearby health facility for early treatment. This will help in the prevention of infant death. Atleast 10% of the ASHA visits should be accompanied by officials of DPMU and BPMU

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3.1.1.1.3 - Incentive for Home based newborn care				
SI	Districts	Estimated live births	75% of Estimated Live Birth	Total amount @ Rs 250 (In Rs)
1	Baksa	18,577	13,931	3482100
2	Barpeta	40,204	30,152	7538000
3	Biswanath	12,865	9,648	2412123
4	Bongaigaon	16,382	12,286	3071562
5	Cachar	50,646	37,985	9496161
6	Charaideo	9,096	6,822	1705581
7	Chirang	9,837	7,378	1844521
8	Darrang	22,179	16,634	4158498
9	Dhemaji	17,829	13,372	3342967
10	Dhubri	36,307	27,230	6807506
11	Dibrugarh	27,231	20,423	5105736
12	Dima Hasao	4,263	3,198	799377
13	Goalpara	25,612	19,209	4802191
14	Golaghat	24,721	18,541	4635221
15	Hailakandi	23,514	17,636	4408935
16	Hojai	25,833	19,375	4843631
17	Jorhat	18,618	13,963	3490840
18	Kamrup M	25,262	18,947	4736672
19	Kamrup R	29,882	22,411	5602782
20	Karbi Anglong	15,476	11,607	2901735
21	Karimganj	36,791	27,593	6898235
22	Kokrajhar	20,023	15,017	3754303
23	Lakhimpur	27,263	20,447	5111799
24	Majuli	3,368	2,526	631418
25	Marigaon	26,068	19,551	4887705
26	Nagaon	52,501	39,376	9843897
27	Nalbari	15,262	11,446	2861566
28	Sibsagar	13,734	10,301	2575154
29	Sonitpur	27403	20,552	5138111
30	South Salmara	14456	10,842	2710582
31	Tinsukia	30074	22,555	5638858
32	Udalguri	17755	13,318	3330000
33	West Karbianglong	6920	5,190	1297563
		745,950	559,462	139866000
Total In Lakhs				1398.66

The referral percentage of sick infant in the FY 2020-21 was 6.5% and in the 4th quarter of FY 2020-21, the referral percentage was 10.5%, which is very encouraging. The quality HBNC will help to improve the referral under HBNC and help the district to prevent infant deaths at home. Target of each district is to reduce the home death through quality HBNC visits.

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Activity: Incentives to ASHA for follow up of SNCU discharge babies and for follow up of LBW babies
FMR code: 3.1.1.1.4
Total Budget Approved: 110.39 Lakhs
Relevance of the Activity: All Districts and Blocks
FMR Owner/Resource Person for the Activity:
State: -APM District: DCMs Block: BCMs District Hospital: DEO of SNCU

Guidelines for incentive to ASHA for follow up of SNCU discharge babies and follow up of LBW babies

Low Birth Weight (LBW) and SNCU discharged new-borns are at the greatest risk of dying and /or developing the related complications or developmental delays which increases the chances of severe morbidities. Percentage of LBW new-borns dying within one year of age is very high. Also those LBW new-borns who survive their initial period of life, are very prone to developmental delays related to Social/Emotional, Language/Communication, Cognitive, Physical Development, etc. This causes high morbidity among these children.

The follow-up of SNCU discharged babies as per the SNCU Online reporting system indicates that most of the mortality following SNCU discharge is within one month of discharge, risk being highest during first week (GoI). SNCU discharged new born are at additional risk of developmental delays and non-communicable diseases (NCDs) at later age. Therefore, it is imperative that these babies are followed up closely after being discharged from SNCU.

- In case of SNCU discharged new-borns, the day of discharge is to be taken as day one. ASHAs would make the first home visit within 24 hours of discharge (Day 1) and complete the remaining home visits as per HBNC visit schedule i.e. 3, 7, 14, 21, 28 and 42nd day from the day of discharge.
- On completion of these visits ASHA will conduct follow up visit once every quarter starting from 3rd month onwards till one year of life i.e., four visits at the completion of 3rd, 6th, 9th and 12th month of life
- In case of LBW or preterm newborn who did not require SNCU admission, after completion of HBNC visits (till 42 days of birth), ASHA will visit once every quarter starting from 3rd month onwards till one year of life i.e., four visits at the completion of 3rd, 6th, 9th and 12th month of life.

Objective of these visits:

1. Ensuring compliance with follow up visits and treatment as advised on the discharge- ticket by SNCU / NBSU (Newborn Stabilization Unit)
2. Timely identification of danger signs with prompt referral using JSSK referral mechanism
3. Enabling access to health care services for treatment as and when required
4. Integrating Anganwadi Center (AWC) services including growth monitoring and supplementary food
5. Early identification of danger signs and early referral.
6. Identification of developmental delays.
7. Adherence to the discharge instructions.
8. Ensuring Kangaroo Mother Care (Skin to skin contact and exclusive breastfeeding).
9. Early and prompt referral.
10. Regular assessment of nutritional status through weight monitoring and assessment using MUAC.

ASHA Incentives:

ASHA will be incentivised @ ₹50 per visit for these 4 visits. Total ASHA incentive for completing follow-up of one LBW new-born will be ₹200 for 4 visits. ASHA incentive is payable as per schedule mentioned below.

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Payment to ASHA will be as follows:

Scheduled Visits	ASHA Incentive per new-born	Payable at time
0-42 days of life	₹ 250.	Immediately after HBNC schedule is completed and adherence to HBNC guidelines.
3rd, 6th, 9th, 12th month #	₹ 50 per visit i.e. 50×4= ₹200.	At the end of one year age of child.

In All HBYC implemented districts, the ASHA will not get the money for follow up of LBW and SNCU discharge babies, instead they will get the incentive for HBYC visit only.

Reporting Mechanism:

LBW follow-up cards are already included in the HBNC form book supplied from the state.

- The HBNC voucher contains SNCU discharge/Low Birth Weight baby follow-up, HBNC voucher will be submitted by the ASHA along with form in similar line of HBNC voucher.
- ASHA will submit the monthly report to ASHA Supervisor by 1st of every month.
- ASHA Supervisor (Sub-Centre wise) will submit compiled report to BPHC by 3rd of every month.
- Block PHC will compile the information and send it to district by 7th of every month.
- Districts will compile the block reports and send it to State by 10th of every month.

Targets and amount sanctioned as per the table given below:

3.1.1.1.4 Incentive for ASHA for follow up LBW babies											
SI	Districts	Estimated live births	Expected LBW	Target (35 % of LBW)	To be followed Under HBNC	Actual Target for LBW follow Up	Total amount for LBW follow Up @ Rs 200 (In Rs)	SNCU Discharged and LAMA	Total amount @ Rs 200 (In Rs)	Total Target	Grand Total Amount
1	Baksa	18577	2,601	910	208	702	140452	15	3080	718	143532
2	Barpeta	40204	5,628	1970	450	1520	303995	800	160000	2320	463995
3	Biswanath	12865	1,801	630	53	577	115474		0	577	115474
4	Bongaigaon	16382	2,293	803	0	803	160540	324	64800	1127	225340
5	Cachar	50646	7,090	2482	284	2198	439533	2050	410000	4248	849533
6	Charaideo	9096	1,274	446		446	89145	973	194600	1419	283745
7	Chirang	9837	1,377	482	0	482	96407	531	106100	1013	202507
8	Darrang	22179	3,105	1087	248	839	167751	552	110380	1391	278131
9	Dhemaji	17829	2,496	874		874	174726	1750	350000	2624	524726
10	Dhubri	36307	5,083	1779	300	1479	295806	54	10700	1533	306506
11	Dibrugarh	27231	3,812	1334		1334	266860	3651	730270	4986	997130
12	Dima Hasao	4263	597	209	0	209	41781	590	117900	798	159681
13	Goalpara	25612	3,586	1255	287	968	193624	362	72483.42	1331	266108
14	Golaghat	24721	3,461	1211		1211	242268	1867	373478.4	3079	615746
15	Hailakandi	23514	3,292	1152	263	889	177768	200	39997.57	1089	217766
16	Hojai	25833	3,617	1266	94	1172	234360		0	1172	234360
17	Jorhat	18618	2,606	912	70	842	168455	390	77900	1232	246355
18	Kamrup M	25262	3,537	1238	0	1238	247570	1509	301800	2747	549370
19	Kamrup R	29882	4,183	1464	0	1464	292839	0	0	1464	292839
20	K. Anglong	15476	2,167	758	0	758	151664	640	127900	1398	279564
21	Karimganj	36791	5,151	1803	412	1391	278148	531	106120	1921	384268

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3.1.1.1.4 Incentive for ASHA for follow up LBW babies											
SI	Districts	Estimated live births	Expected LBW	Target (35 % of LBW)	To be followed Under HBYC	Actual Target for LBW follow Up	Total amount for LBW follow Up @ Rs 200 (In Rs)	SNCU Discharged and LAMA	Total amount @ Rs 200 (In Rs)	Total Target	Grand Total Amount
22	Kokrajhar	20023	2,803	981	0	981	196225	349	69700	1330	265925
23	Lakhimpur	27263	3,817	1336		1336	267177	1192	238470	2528	505647
24	Majuli	3368	471	165	34	131	26202		0	131	26202
25	Marigaon	26068	3,649	1277	146	1131	226264	609	121760	1740	348024
26	Nagaon	52501	7,350	2573	200	2373	474508	384	76700	2756	551208
27	Nalbari	15262	2,137	748	0	748	149565	522	104400	1270	253965
28	Sibsagar	13734	1,923	673	0	673	134595	955	191000	1628	325595
29	Sonitpur	27403	3,836	1343	100	1243	248552	658	131600	1901	380152
30	S. Salmara	14456	2,024	708	107	601	120273		0	601	120273
31	Tinsukia	30074	4,210	1474		1474	294724	586	117180	2060	411904
32	Udalguri	17755	2,486	870	199	671	134196	57	11490	728	145686
33	West KA	6920	969	339	0	339	67819	0	0	339	67819
	Total	745,950	104,433	36552	3455	33096	6619263	22099	4419809	55195	11039072
						In Lakhs	66.19		44.20		110.39

To ensure all the SNCU discharged New born are followed up in the community and facility, there is a need of close coordination between SNCU DEO, DCM, BCM, ASHA Supervisor. Every week DEO will share the line list of SNCU discharged new born to DCM, who will further share down the line to ensure 100% community level follow up. DCM should ensure the follow up data comes back from field to DEO of SNCU. Apart from this DEO will continue to call ASHA and Parents about the schedule visits.

Activity: Incentive to ASHA for quarterly visits under HBYC

FMR: 3.1.1.1.12 (Total funds Approved = 219. 74 lakhs).

FMR Owner/Resource Person for the Activity:

State: - APM and State Nutrition Consultant (UNICEF Supported), Child Health /New born Consultant (UNICEF Supported)

District: DCMs Block: BCMs

The objective of the Home Based Care for Young Child is to reduce child mortality and morbidity and improve nutrition status, growth and early childhood development of young child through focused and effective home visits by ASHAs.

The purposes of the additional home visits by ASHAs are promotion of evidence based interventions delivered in four key domains namely nutrition, health, child development and WASH (Water, Sanitation and Hygiene).

Salient features of Home Based Care of Young Child Programme are:

- Convergent action by MWCD & MoHFW
- Evidence Based Intervention
- Convergence and Integration across interdependent domains of Health, Nutrition, WASH & early childhood development
- Five additional home visits by ASHA in coordination with AWWs starting from 3rd month and extending into 2nd year of life (in 3rd, 6th, 9th, 12th and 15th months)
- Additional incentives of INR 250/- for five visits to be provisioned for ASHA under NHM and disbursed using existing ASHA payment mechanism

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- SBCC (Social Behaviour Change Communication) plan to focus on addressing adverse social norms in health care seeking especially for girl child.
- ASHAs and AWWs will make home visits at 3rd, 6th, 9th, 12th and 15th month for the same ASHAs would be paid an incentive of Rs.50/visit with total incentives of Rs.250/-per child for making five visits. Overall these visits will ensure counselling for continuation of exclusive breastfeeding, complimentary feeding, growth monitoring, vaccination and sickness related counselling.
- HBYC visits will also ensure the continuum of care from the time of birth and help the State to meet target for exclusive breastfeeding for 6 months and adequate complimentary feeding with continued breastfeeding thereafter.
- Additional home visits by ASHAs will promote evidence based intervention delivered in four key domains namely nutrition, health, child development and WASH (water sanitation and hygiene).

In addition, following activities will be ensured:

- Counselling for optimal IYCF practices, Growth monitoring, Health and nutrition education
- Education on improved caring practices including early childhood care and development.
- Regular health check-up for all children, Primary immunization
- Deworming as per guidelines, counselling to ensure proper nutrition during sickness and Referral for sick children

HBYC ASHA Incentive(In lakhs)-3.1.1.1.12									
SI	District	Total ASHA Supervisors	Total ASHAs	Estimated Live Births	Proposed Young Children Target for HBYC	ASHA Incentive @250/ per child for 5 visits	Incentive For ASHA Supervisors @500 PM (In Rs)	Incentive For ASHA Supervisors @500 PM (In Lakhs)	Total Incentive under HBYC (In Lakhs)
1	Baksa	95	950	18577	3715	9.29	429000	4.29	13.58
2	Barpeta	145	1610	40204	8041	20.10	654000	6.54	26.64
3	Cachar	152	1826	50646	5064	12.66	342000	3.42	16.08
4	Darrang	71	978	22179	4436	11.09	321000	3.21	14.30
5	Dhubri	119	1651	36307	7261	18.15	537000	5.37	23.52
6	Goalpara	93	1067	25612	5122	12.81	420000	4.20	17.01
7	Hailakandi	64	715	23514	4703	11.76	288000	2.88	14.64
8	Jorhat	83	967	18618	1862	4.65	187500	1.88	6.53
9	Karimganj	97	1235	36791	7358	18.40	438000	4.38	22.78
10	Morigaon	79	948	26068	2607	6.52	178500	1.79	8.30
11	Nagaon	136	1742	52501	5250	13.13	306000	3.06	16.19
12	Sonitpur	101	1160	27403	2740	6.85	228000	2.28	9.13
13	Udalguri	99	1065	17755	3551	8.88	447000	4.47	13.35
14	Biswanath	69	786	12865	1287	3.22	156000	1.56	4.78
15	Hojai	59	701	25833	2583	6.46	133500	1.34	7.79
16	Majuli	24	298	3368	337	0.84	54000	0.54	1.38
17	S. Salmara	6	345	14456	1446	3.61	13500	0.14	3.75
Total		1492	18044	452694	67363	168.41	5133000	51.33	219.74

The minimum performance benchmark for payment of ASHA supervisor incentive will be notified soon

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HBYC incentives

- Incentives for five visits @ Rs. 250/child (Considering 75% coverage in the 1st year of implementation.
- Payment will be done in 3 parts: Rs.100/- after completion of 3rd and 6th months visit, Rs.100/- after completion of 9th and 12th months visit and Rs. 50/- after completion of 15 months visit.
- **# If the ASHA visits a home where there is SNCU discharge or LBW baby then the ASHA will get Rs.250/- after completion of 5 visits as per HBYC guideline and will not be eligible for claiming incentive under the FMR code.3.1.1.1.4 for follow up of SNCU discharge and LBW babies.**
- Monitoring for entering HBYC data @ 5 entries/child*Rs.5/entry + 0.5 lakhs per district for 6month assessment
- Annual Incentives for supervisors @ 500/month/Sup. For 6 months.

Note: Activity to be initiated after the training is done. The training of the ASHA/ASHA Supervisors to be done by ASHA division and SPM.

Data entry to be ensured by Block Data Manager (BPM) once the programme is implemented
The IEC/BCC activity to be ensured by District Media Expert (DME) strictly as per guidelines of HBYC programme once the programme is in implementation stage.

- **All districts should ensure timely completion of training.**
- **Once training is completed roll out home visit immediately.**
- **Ensure quality of home visit, to ensure this all the officials of DPMU and BPMU will accompany ASHA and ASHA supervisors in 10% of home visits.**

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INFRASTRUCTURE

S. No	FMR code	Activity	Approved Budget	State Allocation	District Allocation
1	5.1.1.1.7	Facility based new-born care centers (SNCU/NBSU/NBCC/KMC unit): Repair and Renovation of NBSUs	49.26	49.26	0.00
2	5.2.1.7:	Establishment of MNCU at Goalpara Civil Hospital	92.00	92.00	0.00
3	5.2.2.6	Renovation of 12 numbers of new NBSUs	20.55	20.55	0.00
4	5.3.18	Power Audit of SNCUs	20.00	20.00	0.00

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5.1.1.1.7: Additional building/ Major Upgradation of Facility based new-born care centres (SNCU/NBSU/NBCC/KMC unit)

FMR: 5.1.1.1.7 (Total funds Approved = 49.26 lakhs).

Relevance of the activity: Repair and renovation of existing NBSUs of the state.

FMR Owner/Resource Person for the Activity:

State: - Consultant (Civil), Consultant-CH

Fund at state HQ

SN	District	Name of NBSU	Type of Facility
1	Baksa	Barama Model Hospital	Model Hospital
2	Baksa	Salbari Model Hospital	Model Hospital
3	Baksa	Jalah BPHC/CHC	CHC
4	Barpeta	Sorbhog CHC	CHC
5	Cahar	Dholai BPHC	BPHC
6	Cahar	Kalain CHC	CHC
7	Cahar	Katigorah MH	Model Hospital
8	Cahar	Sonai BPHC	BPHC
9	Darrang	Sipajhar FRU	FRU
10	Dhemaji	Jonai CHC	CHC
11	Dhemaji	Silapathar Model Hospital	Model Hospital
12	Dhubri	Chapor CHC	CHC
13	Dhubri	Golakganj BPHC	BPHC
14	Dhubri	Halakura CHC	CHC
15	Dibrugarh	Moran Tilo CHC/FRU	FRU
16	Dibrugarh	Naharani CHC/FRU	FRU
17	Dibrugarh	Tengakhat M.G. Model Hospital	Model Hospital
18	Dibrugarh	Naharkatia CHC	CHC
19	Dima Hasao	Umrangso CHC	CHC
20	Goalpara	Krishnai MPHC	MPHC
21	Goalpara	Dudhnai FRU	FRU
22	Golaghat	Dergaon chc	CHC
23	Golaghat	Merapani chc	CHC
24	Golaghat	Sarupathar chc	CHC
25	Hailakandi	Lala CHC	CHC
26	Hailakandi	Algapur MH	Model Hospital
27	Hojai	Doboka CHC	CHC
28	Hojai	Hojai FRU	FRU
29	Hojai	Jugijan MH	Model Hospital
30	Kamrup Rural	TRB Kamrup Civil Hospital	District Hospital
31	Kamrup Rural	Rangia SDCH	SDCH
32	Kamrup Rural	Sualkuchi FRU	FRU
33	Kamrup Rural	Azara CHC	CHC
34	Kamrup Rural	Boko CHC	CHC
35	Karbi Anglong	Howaraghat CHC	CHC

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SN	District	Name of NBSU	Type of Facility
36	Karbi Anglong	Manja BPHC	BPHC
37	Karimganj	MG Model Hospital Baroigram	Model Hospital
38	Karimganj	Patherkandi CHC	CHC
39	Karimganj	R.K.Nagar BPHC	BPHC
40	Karimganj	Srigouri CHC	CHC
41	Kokrajhar	Dotma BPHC/CHC	CHC
42	Kokrajhar	Kachugaon BPHC/CHC	CHC
43	Kokrajhar	Gossaigaon SDCH	SDCH
44	Lakhimpur	Dhalpur CHC	CHC
45	Lakhimpur	Boginadi MH	Model Hospital
46	Lakhimpur	Dhakuakhana SDCH/FRU	FRU
47	Morigaon	Nakhala Model Hospital	CHC
48	Morigaon	Iahorighat M. Hospital	CHC
49	Morigaon	Moirabari CHC/FRU	CHC
50	Nagaon	Jakhalabandha FRU	FRU
51	Nagaon	Rupohi MH	Model Hospital
52	Nagaon	Juria MPHIC	MPHC
53	Nagaon	Dhing FRU	FRU
54	Nagaon	Kampur FRU	FRU
55	Nagaon	Kachua MH	Model Hospital
56	Sivasagar	Ligiripukhuri SDCH	Model Hospital
57	Udalguri	Khoirabari CHC	CHC
			Total (In Lakhs)

FMR: 5.2.1.7: Establishment of MNCU at Goalpara Civil Hospital

Total funds Approved = 92 lakhs

FMR Owner/Resource Person for the Activity:State: -Consultant-CH, Consultant (Civil), SE (Electrical)

<i>Sr. No.</i>	<i>District</i>	<i>Specific requirement at facility for which funds required</i>
1	Goalpara	For establishment of MNCU at Goalpara CH

Fund at state HQ

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5.2.2.6 Facility Based new-Born Care Centers (SNCU/NBSU/NBCC/KMC/MNCU/SRC/Pediatric HDU)
FMR: 5.2.2.6 (Total funds Approved = 20.55 lakhs).
Relevance of Activity: Renovation of 12 numbers of new NBSUs in Aspirational Districts/Newly created districts where there is no SNCU/ Hilly districts/Districts with no SNCU and High priority districts where the incidence of neoantal death is high in the state
FMR Owner/Resource Person for the Activity: State: -Consultant-CH, Consultant (Civil), SE (Electrical)

Fund at state HQ

SN	District	Name of NBSU	Type of Facility
1	Baksa	Nagrijiuli Model Hospital	Model Hospital
2	Cahar	Lakhipur BPHC	BPHC
3	Cahar	Borjalenga MPHC	MPHC
4	Darrang	Deomorno CHC	CHC
5	Kamrup Metro	Dherenpara FRU	FRU
6	Karimganj	Dullavcherra CHC	CHC
7	West K A	Donkamokam CHC	CHC
8	Dhubri	Bogribari Model Hospital	Model Hospital
9	Dhubri	Diporkuti SDCH	SDCH
10	Hailakandi	Katicherra BPHC	BPHC
11	Sivasagar	Urban Model Hospital	Model Hospital
12	Nalbari	Belsor Model (CHC)	CHC

5.3.18 : Power Audit at SNCU
FMR: 5.3.18 (Total funds Approved = 20.00 lakhs).
Relevance of Activity: Power audit of MCH wing of Morigaon, Golaght, Dhubri, Sivsagar, TMCH and Lakhimpur
FMR Owner/Resource Person for the Activity: State: -Consultant-CH, SE (Electrical)

Fund at state HQ

K. S. Sanyal



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EQUIPMENT

SL No	FMR code	Activity	Approved Budget	State Allocation	District Allocation
1	6.1.1.2.3	Handheld Pulse Oximeter and nebulizer under SAANS	33.30	33.30	0.00
2	6.1.1.2.4	Any other equipment (for SRC/MNCU/SNCU/NBSU/NBCC/NRC/ etc	329.48	329.48	0.00

K. Sengupta

FMR: 6.1.1.2.3: Procurment for Skill station for SAANS Training
Total funds Approved = 33.30 lakhs
Procurement of equipments and Mannequins for seting up of Skill station at 6 new districts (Chirang, Goalpara, Kamrup Metro, Kokrajhar, Lakhimpur & Tinsukia) for conducting SAANS trainings.
FMR Owner/Resource Person for the Activity:
State: -Consultant-CH, BME (HQ) District: JE (Instrument)

Fund at state HQ

6.1.1.2.4 Equipments for SNCU,NBSU,NBCC	
Activity Proposed:	New Equipments for SNCUs
Whether New/ being continued:	Continued Activity
Deliverables:	Reduced neonatal Mortality through quality Care FBNC
Total Fund Approved :	329.48 Lakhs

6.1.1.2.4 (A) Equipments for SNCU	
Activity Proposed:	New Equipments for SNCUs
Whether New/ being continued:	New Activity
Deliverables:	Reduced neonatal Mortality through quality Care FBNC
Fund Approved:	129.05 Lakh

6.1.1.2.4 (B) Power Back Up Equipments for SNCU	
Activity Proposed:	New Equipments for Power Back Up System in selcted SNCUs
Whether New/ being continued:	New Activity
Deliverables:	Reduced neonatal Mortality through quality Care FBNC
Fund Approved:	49.03 Lakh

6.1.1.2.4 (C) Equipments for NBSU	
Activity Proposed:	New Equipments for NBSUs
Whether New/ being continued:	New Activity
Deliverables:	Reduced neonatal Mortality through quality Care FBNC
Fund Approved :	33.81 Lakh

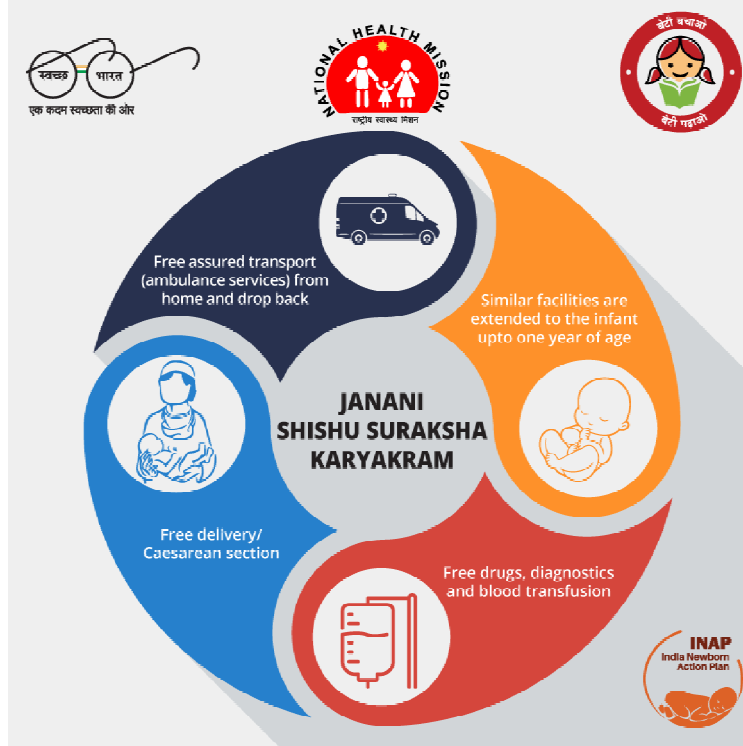
6.1.1.2.4 (D) Equipments for NBCC	
Activity Proposed:	New Equipments for NBSUs
Whether New/ being continued:	New Activity
Deliverables:	Reduced neonatal Mortality through quality Care FBNC
Fund Approved	30.30 Lakh

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Janani Shishu Suraksha Karyakaram (JSSK)



SL No	FMR code	Activity	Approved Budget	State Allocation	District Allocation
1	6.2.2.1	JSSK drugs and consumables	104.43	63.34	41.09
2	6.4.4	Free Diagnostics for Sick infants under JSSK	85.78	75.88	9.90
3	7.2	Free Referral Transport - JSSK for Sick Infants	287.19	287.19	0.00

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FMR: 6.2.2.1: JSSK Drugs and Consumables**Total funds Approved = 104.43 lakhs****Relevance of Activity: To ensure zero out of pocket expenditure for treatment of infant up to 1 year of age at all levels of health facilities.****FMR Owner/Resource Person for the Activity:****State: -Consultant-CH District: DPM Block: BPM**

Sl No	Districts	Approved Budget (In Lakh)
1	Baksa	0.8
2	Barpeta	1.5
3	Biswanath	0.5
4	Bongaigaon	1.5
5	Cachar	3.0
6	Charaideo	0.5
7	Chirang	0.5
8	Darrang	2.0
9	Dhemaji	0.8
10	Dhubri	1.0
11	Dibrugarh	3.5
12	Dima Hasao	0.5
13	Goalpara	1.5
14	Golaghat	0.8
15	Hailakandi	0.8
16	Hojai	0.8
17	Jorhat	0.8
18	Kamrup M	3.54
19	Kamrup R	1.18
20	K. Anglong	1.0
21	Karimganj	1.0
22	Kokrajhar	1.0
23	Lakhimpur	3.0
24	Majuli	0.47
25	Marigaon	0.8
26	Nagaon	1.0
27	Nalbari	0.8
28	Sibsagar	1.5
29	Sonitpur	1.0
30	South Salmara	0.5
31	Tinsukia	2.0
32	Udalguri	1.0
33	West Karbianglong	0.5
District Allocation (In Lakh)		41.09
State Allocation (In Lakh)		63.34

FMR: 6.4.4 Name of Activity: JSSK - Free Diagnostics under JSSK for infants
FMR: 6.4.4(Total funds Approved = 85.78 lakhs).
Free Diagnostics for INFANTS under JSSK (@Rs.100/-
FMR Owner/Resource Person for the Activity:
State: -Consultant-CH, District: DPM Block: BPM

SI	Districts	Approved Budget (In Lakh)
1	Baksa	0.2
2	Barpeta	0.3
3	Biswanath	0.2
4	Bongaigaon	0.2
5	Cachar	0.3
6	Charaideo	0.1
7	Chirang	0.1
8	Darrang	0.2
9	Dhemaji	0.2
10	Dhubri	0.2
11	Dibrugarh	1.0
12	Dima Hasao	0.3
13	Goalpara	0.3
14	Golaghat	0.2
15	Hailakandi	0.2
16	Hojai	0.2
17	Jorhat	0.2
18	Kamrup M	1.0
19	Kamrup R	0.2
20	Karbi Anglong	0.2
21	Karimganj	0.2
22	Kokrajhar	0.6
23	Lakhimpur	0.2
24	Majuli	0.2
25	Marigaon	0.2
26	Nagaon	0.5
27	Nalbari	0.2
28	Sibsagar	0.2
29	Sonitpur	1.0
30	South Salmara	0.2
31	Tinsukia	0.2
32	Udalguri	0.2
33	West KA	0.2
District Allocation		9.9
State Allocation		75.88
Total		85.78

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Activity: Free referral for infants under JSSK
FMR code: 7.2 Fund Allocation: 287.19 Lakhs
Relevance of Activity: All districts including all level of facility (PHCs, CHCs, SDHs DHs/MCs or equivalent institutions.
FMR Owner of the Activity: PE-Referral Transport

The goal of this activity is “To Ensure Zero out of pocket expenditure” for the transport and referral of infants (up to one year) for treatment under JSSK, regardless of the level of facility and from facility to facility.

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TRAINING

FMR code	Activity	Approved Budget (Lakh)	State Allocation	District Allocation
9.5.2.1	Printing of Training Module & Treatment Protocols for SAANS Programme	1.20	1.20	
9.5.2.2	Orientation/Planning Meeting/Launch on SAANS initiative at District (Pneumonia)	3.4		3.4
9.5.2.4	Child Death Review Trainings	16.75	8.25	8.5
9.5.2.7	IMNCI training for ANM/LHWs	47.39		47.39
9.5.2.9	F-IMNCI 5 days Trainings for Medical officers and Staff Nurses	9.72		9.72
9.5.2.12	ToT NSSK	5.92	5.92	
9.5.2.13	NSSK Training for Medical Officers	15.73		15.73
9.5.2.14	NSSK Training for SNs	45.57		45.57
9.5.2.16	4 days Training for facility based new-born care	13.9		13.9
9.5.2.17	2 weeks observer ship for facility based new-born care	46.72		46.72
9.5.2.22	TOT for NBSU & NBSU Training for MO & Staff Nurse	38.28	2.32	35.96
9.5.2.24	SAANS Training	50.48	1.58	48.9

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Activity: Printing of Training Module & Treatment Protocols for SAANS Programme
FMR: 9.5.2.1 Total Fund Allocation :1.20 Lakhs
Printing of Training Module & Treatment Protocols for SAANS Programme
Owner of the Activity:
State Level: Consultant Training-CH, SPM

For Implementation of SAANS campaign in 15 districts including 6 new districts(Chirang, Goalpara, Kamrup Metro, Kokrajhar, Lakhimpur & Tinsukia), health staff need to be trained. Also new treatment protocols, as per the SAANS guidelines required to be displayed in all health facilities upto Sub-Centre level. At the same time budget has been proposed for ASHA Filler/Leaflet which are to be used during training as per GOI guideline.

Fund at State Headquarter.

FMR 9.5.2.2 SAANS initiative
FMR: 9.5.2.2: Total Budget 3.40 Lakhs
Roll out of SAANS initiative in state and all 6 new districts(Chirang, Goalpara, Kamrup Metro, Kokrajhar, Lakhimpur & Tinsukia) for State, District and Block level Orientation on SAANS.
FMR Owner of the Activity:
State : Consultant CH, Consultant (Training)

SN	District	Block	District Level Launch @Rs-20000/district	District Level Orientation @Rs-15000/district	District Level Orientation @Rs-5000/Block	Total Budget In Lakhs
1	Chirang	2	20000	15000	10000	0.45
2	Goalpara	5	20000	15000	25000	0.60
3	Kamrup Metro	5	20000	15000	25000	0.60
4	Kokrajhar	4	20000	15000	20000	0.55
5	Lakhimpur	6	20000	15000	30000	0.65
6	Tinsukia	4	20000	15000	20000	0.55
Total		26	120000	90000	130000	3.40

Name of the Activity: Child Death Review Trainings
FMR: 9.5.2.4: Total Budget 16.75 Lakhs
Child Death Review (CDR) process is an integral part of future planning and strategies to bring down the NMR, IMR and U-5 MR in the state. Capacity building through quality training is required to strengthen the process. For 3 activities total fund approved is Rs. 16.75 Lakh. All of these three activities, two are state level activity:
A)New Activity. 2 Days State Level ToT on Still Birth for Adl. CM & Hos, 1 O&G specialist and a Paeditricians from each districts. ToT will be conducted in 2 batches covering 33 districts. Budget has been proposed @3.46 Lakh/batch. Total fund for 2 batches is Rs. 6.91 Lakh.
B)New Activity. One day State Level Review and Refresher on CDR for CDR Nodal Officers from 33 Districts. Fund proposed for this activity is Rs.1.33 lakh.
C) This is district level activity: One day district level training on CDR and e-CDR by State level trained trainers. It hs been proposed for 33 districts including the 6 newly created districts @25750/Batch. Total budget is Rs. 8.50 lakh.
FMR Owner of the Activity:
State : SCMDistrict: DPM Block: DCM

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A)2 Days State Level ToT on Still Birth (State Level)

Sl.No	Head	Unit cost	No of days	NO	Total cost
1	DA to the RP	2000	2	2	8000
2	TA for RP	1000	2	2	4000
3	Accomodation for RP	3000	2	2	12000
4	DA to participants	700	2	50	70000
5	Breakfast,Tea,Lunch	350	2	55	38500
6	Accomodation for participants	1000	2	50	100000
7	Training material & Misc.	150	2	50	15000
8	Banner	2000	1	1	2000
9	TA to participants(As per actual)	1000	2	50	100000
10	Inst. Overhead,training expenses(lumpsum) including Venue Charge	10000	2	2	20000
	Total				345500
In Lakhs					3.46
For 2 Batches					6.91 Lakh

B) One day Review and Refresher on CDR for CDR Nodal Officers from 33Districts (State Level.

Sl.No	Head	Unit cost	No of days	NO	Total cost
1	DA to the RP	1500	1	2	3000
2	TA for RP	1000	1	2	2000
3	Accomodation for RP	2500	1	2	5000
4	DA to participants	700	1	33	23100
5	Breakfast,Tea,Lunch	350	1	33	11550
6	Accomodation for participants	1000	1	33	33000
7	Training material & Misc.	150	1	33	4950
8	Banner	1000	1	1	2000
9	TA to participants(As per actual)	1000	1	33	33000
10	Venu Charges				5000
11	Inst. Overhead,training expenses(lumpsum)				10000
Total					132600
In Lakhs					1.33

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C) District Level orientation on CDR and eCDR

District level orientation on CDR and eCDR(One day) Cost per Batch					
Sno	Particulars	No	Days	Rate	Amount
1	Honorium for Trainer (state , National , District)	2	1	1500	3000
2	Travel charges for trainers	2	1	1000	2000
3	TA toParticipants	30	1	200	6000
4	Working lunch	35	1	150	5250
5	Training material	30	1	150	4500
6	Overhead Incidental charges (Training venue ,local transport, banner, certificate etc)				5000
7	Total				25750
				For 33 District	849750
				In lakhs	8.50

Name of the Activity: IMNCI Training for ANMs / LHV
FMR: 9.5.2.7 Total: 47.39 lakh
Relevance of Activity: IMNCI training for ANMs/ LHVs
FMR Owner/Resource Person of the Activity:
State Level: Consultant Training-CHDistrict: DPMs and DCMs

The IMNCI strategy includes both preventive and curative interventions that aim to improve practices in health facilities, the health system and at home. At the core of the strategy is integrated case management of the most common childhood problems with a focus on the most common causes of death by using structured format and algorithm. To be strictly done as per GOI, IMNCI guidelines including the field visits.

IMNCI Training of Health workers (ANM/ LHV)					
24 participants + 3 RP					
S. N.	Activity	Cost per batch			
		Unit Cost	Unit	Days	Total Cost
1	DA to the participants (Includes Dinner)	500	24	8	96,000
2	Accommodation to participants where residential facility is not available.	1000	20	8	160,000
3	Honorarium to the Resource Person	1000	3	8	24,000
4	Food to the participants (Breakfast/ Lunch/ Tea (Participants + RP)	250	28	8	56,000
5	Hiring of vehicle for field visit @2 vehicles per day	2000	2	4	16,000
6	Hiring of Venue	2500	1	8	20,000
7	Honorarium to the Resource Person at District Hospital for 1 SN @300/) for 3 days	300	1	3	900
8	Contingency (Including Printing of modules and Chart Booklet for Participants, Pen, Pad, folder, pencil, Eraser)	300	24	1	7,200
9	TA to the participants as per actual	200	24	1	4,800
10	Institutional Overhead				10,000
Cost of One batch					394,900
Total Cost in Lakhs					3.949

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S.N.	District	No of Batches Sanctioned	Total Amount (in Lakhs)
1	Barpeta	1	3.95
2	Darrang	1	3.95
3	Dhubri	1	3.95
4	Goalpara	1	3.95
5	Golaghat	1	3.95
6	Hailakandi	1	3.95
7	Kokrajhar	1	3.95
8	Kamrup R	1	3.95
9	Karimganj	1	3.95
10	Morigaon	1	3.95
11	Nagaon	1	3.95
12	Tinsukia	1	3.95
	Total	12	47.39 Lakh

General Instructions:

- ✓ Participants for the training will be ANM, LHV. Facilitators will be the master trainers from districts.
- ✓ Training venue should have accommodation facility for the trainees as well as facilitators.
- ✓ Training is strictly residential and the arrangements must be made directly by district.
- ✓ Training must be combination of class room sessions and field visits.
- ✓ At least 3 morning sessions must be dedicated for field visits at Anganwadi centres for practice of case assessment (0-2m, 2m-5 yrs.), 2 morning sessions at SNCU to have practical sessions for identification of sick children (0-2 months) and 1 morning session at Paediatric OPD for identification of sick children (2 months – 5 yrs.) Every morning session at field must be followed by class room session and group presentation during afternoon session.
- ✓ District needs to ensure travel arrangements for field visits & incentives to 1 Paediatrician and 1 SN.
- ✓ Districts should print the training materials which include modules, assessment formats beforehand.
- ✓ Districts must maintain all the name based data base of the training.

Note: The tentative budget for the training is provided in the table below which is suggestive; however, norms for RCH trainings must be followed.

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FMR: 9.5.2.9
Name of the Activity: <u>F-IMNCI 5 days Trainings for Medical officers and Staff Nurses</u>
Total Budget Approved : 9.72 Lakh
Relevance of Activity: 4 Batches of F-IMNCI trainings
FMR owner/Resource Person of the Activity:
State: Consultant Training-CH
Districts-DPMs and BPMs in Medical Colleges

This facility-based-care F-IMNCI (F-Integrated Management of Neonatal and Childhood Illness) training focuses on providing appropriate inpatient management of major causes of neonatal and childhood mortality such as birth asphyxia, neonatal sepsis, and pre-term & low birth weight in neonates; and management of pneumonia, diarrhoea, malaria, meningitis, and severe acute malnutrition in children.

Child Health division NHM Assam is planning to conduct F-IMNCI training (5 days) for MO & Staff Nurses at Medical Colleges to ensure better quality and improved hands on Training for case management of newborn and infants at Facility Level. The training will help to create capacity building of service providers. Four Medical Colleges namely GMCH, AMCH, JMCH and SMCH will conduct the training for Financial Year 2020-21.

This training will be done at Medical Colleges involving participants from various districts in the State including staff nurses posted in PICU and Paediatrics wards. Priority for this training will be given to Medical Officers & Staff Nurse posted in PICU, Paediatrics ward and NBSUs

F-IMNCI 5 days Training for Medical Officer & Staff Nurse					
S. N.	Activity	Cost per batch			
		Unit Cost	Unit	Days	Total Cost
1	Honorarium to the Resource Person	3000	4	5	60,000
2	DA to the Medical Officer	700	4	5	14,000
3	DA to Staff Nurse	500	12	5	30,000
4	TA for participants	1000	16	1	16,000
5	Accommodation for Participants	1000	16	5	80,000
6	Food to the participants (Breakfast/ Lunch/ Tea (Participants + RP)	200	22	5	22,000
7	Training Kit (Pen, Pad, folder, pencil, Eraser)	100	20	1	2,000
8	Printing of modules and Chart Booklet for Participants	350	20	1	7,000
9	Banner & Poster	2000	1	1	2,000
11	Contingency per batch				10,000
Cost of One batch					243,000
InLakhs					2.43

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District	Name of the Institute	Batches	Unit Cost in Lakhs	Total (In Lakhs)
Kamrup M	GMCH	1	2.43	2.43
Dibrugarh	AMCH	1	2.43	2.43
Jorhat	JMCH	1	2.43	2.43
Cachar	SMCH	1	2.43	2.43
Total		4	2.43	9.72

FMR	9.5.2.12
Activity Proposed:	3 batches ToT NSSK
Relevance of Activity	To Improve the skills for essential newborn care and basic resuscitation under new Training Module state has proposed 3 batches of TOT, where trainers from 33 districts will be trained at state level, so that they can train in the districts
Funding Proposed:	5.92 Lakh

Sl. N	Head	Category	Unit cost	No of days	No	Total Cost
1	DA	MO/Ayur MO	700	2	16	22400
2	DA	Staff Nurses	500	2	17	17000
3	Honorium	Resource person	1500	2	4	12000
4	Breakfast,Lunch,Tea		250	2	40	20000
5	Accomodation for Participants		1000	2	33	66000
6	Training Material ,Misc.		300	1	33	9900
7	Ta (As per actual)		1000	1	33	33000
8	Banner		2000	1		2000
9	Instituional overhead training expences					15000
	Total					197300
					3 batches	591900
					In Lakhs	5.919

Activity Name :NavjaatShishu Suraksha Karyakram (NSSK) for Medical Officer
FMR: 9.5.2.13 Total Approved = 15.73 lakhs
Relevance of Activity: NavjaatShishu Suraksha Karyakram (NSSK) for Medical Officer 12 Batches
FMR Owner of the Activity: State : Consultant Training-CH
District: DPMs/DCMs

NavjaatShishu Suraksha Karyakram (NSSK) for Medical Officer

- 12 batches of training as per the list below are sanctioned for the districts.
- This training is to be done to all Specialists and Medical Officers working in the delivery points.

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- All high delivery points should be saturated with the availability of NSSK trained Medical Officers.
- Funds allocated for this training is 1.51lakh per batch, however State RCH norms must be followed.
- To be strictly done as per NSSK training package. Availability of Neonatalies/Mannikins must be ensured for hands on training.

Note:

- **Priority to be given to saturate all high delivery load facilities with NSSK trained MOs/specialists.**
- **Districts have to find out the high delivery points of the district and preference will be given to these delivery points.**
- **Newly appointed Medical Officers should be the priority.**
- **If staffs are already trained and it is more than 3 years since last training , reorientation should be done in those delivery points where the load is very high.**

NSSK Training for Medical Officers						
S.N.	Head	Category	Unit Cost	Days	No	Cost
1	DA	MO/Ayush MO	700	2	32	4,800
2	Honorarium	Resource Person	1,500	2	4	12,000
3	Breakfast, Tea, Lunch		250	2	37	18,500
4	Accomodation for participants		1,000	2	28	56,000
5	Trainingmaterials, Misc.		300	1	32	9,600
6	TA (As per actual)		200	1	32	6,400
Total						147,300
7	Institutional Overhead					10,000
Grand Total						157,300
						1.57 Lakh

Sl	Districts	Batches Approved	Budget in Lakhs
1	Barpeta	1	1.57
2	Cachar	1	1.57
3	Darrang	1	1.57
4	Dhubri	1	1.57
5	Goalpara	1	1.57
6	Hailakandi	1	1.57
7	Karimganj	1	1.57
8	Lakhimpur	1	1.57
9	Nagaon	1	1.57
10	Tinsukia	1	1.57
	Total	10	15.73

Note: The tentative budget for the training is provided in the table below which is suggestive; however, norms for RCH trainings must be followed.

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FMR: 9.5.2.14 Name of the Activity: NSSK training for Staff Nurses
Total Approved =45.57 lakhs(Budget Allotted = 1.38/batch for 33 batches)
Relevance of activity: NavjaatShishu Suraksha Karyakram (NSSK) for Staff Nurses
FMR Owner of the Activity:
State : Consultant Training-CHDistrict: DPMs, DCMs

- 33 batches of training as per the list below are sanctioned for the districts.
- This training is to be done to all Staff Nurses working in the delivery points.
- All high delivery points labour room staff nurses must be trained in NSSK on priority.
- District to ensure saturation of high delivery points with the availability of NSSK trained Staff Nurses on priority.
- Funds allocated for this training is 1.38 per batch, however State RCH norms must be followed.To be strictly done as per NSSK training package. Availability of Neonatalies/Mannikins must be ensured for hands on training.

District wise batches allocation:

S.N.	Head	Category	Unit Cost	Days	No	Cost
1	DA	CHO/SN/ANM	□ 400	2	32	25,600
2	Honorarium, Resource Person		□ 1,500	2	4	12,000
4	Breakfast, Tea, Lunch		□ 250	2	37	18,500
6	Accomodation for participants		□ 1,000	2	28	56,000
7	Training materials, Misc.		□ 300	1	32	9,600
8	TA (As per actual)		□ 200	1	32	6,400
Total						128,100
9	Institutional Overhead					10,000
Grand Total						138,100
In Lakhs						1.38

SI	Districts	Batches Approved	Budget in Lakhs
1	Baksa	1	1.38
2	Barpeta	1	1.38
3	Biswanath	1	1.38
4	Bongaigaon	1	1.38
5	Cachar	1	1.38
6	Chirang	1	1.38
7	Chairaidew	1	1.38
8	Darrang	1	1.38
9	Dhemaji	1	1.38
10	Dhubri	1	1.38
11	Dibrugarh	1	1.38
12	Dima Hasao	1	1.38
13	Goalpara	1	1.38
14	Golaghat	1	1.38
15	Hailakandi	1	1.38
16	Hojai	1	1.38
17	Jorhat	1	1.38

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SI	Districts	Batches Approved	Budget in Lakhs
18	Kamrup M	1	1.38
19	Kamrup R	1	1.38
20	Karbi Anglong	1	1.38
21	Karimganj	1	1.38
22	Kokrajhar	1	1.38
23	Lakhimpur	1	1.38
24	Majuli	1	1.38
25	Morigaon	1	1.38
26	Nagaon	1	1.38
27	Nalbari	1	1.38
28	Sivasagar	1	1.38
29	Sonitpur	1	1.38
30	South Salmara	1	1.38
31	Tinsukia	1	1.38
32	Udalguri	1	1.38
33	West karbiAnglong	1	1.38
In Lakhs			45.57

Note: The tentative budget for the training is provided in the table below which is suggestive; however, norms for RCH trainings must be followed.

- *Priority to be given to saturate all high delivery load facilities with NSSK trained staff nurses.*
- *2 staff nurses from NRC to be included in the training group.*
- *Districts have to find out the high delivery points of the district and preference will be given to these delivery points.*
- *If staffs are already trained, and it is more than 3 years since last training reorientation should be done in those delivery points where the load is very high.*

FMR: 9.5.2.16
Name of the Activity: 4 days Training for facility based new-born care
Total Budget Approved =13.90 Lakhs
Relevance of Activity: 4 Batches of 4 days training for Facility Based New-born Care (FBNC) and 2 weeks (14 days) observer ship for Facility Based New-born Care (FBNC)
Owner of the Activity:
State: Consultant Training District: DPM

4 days training for FBNC (4 batches)

To conduct the training of doctors & Nurses under FBNC (4 days) at the state level (GMCH/State Resource Center). The fund should be released to respective training venue for FBNC (4 Days) under FMR: 9.5.2.16 of District RoP 2021-22 from. GOI, package of FBNC and observer ship training must be adhered to including hands on training using manikins. The priority for 4 days FBNC training to be given to the Staff Nurses and Medical Officers/Paediatricians posted in the Special New-born Care Units.

District	Institute	Batches	Per batch	Total Amount
Kamrup Metro	GMCH (SRCNC)	2	3,47,400.00	694800.00
Cachar	SMCH	1	3,47,400.00	347400.00
Dibrugarh	AMCH	1	3,47,400.00	347400.00
Total amount (In Lakhs)				13.90

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Budget Breakup:

Honorarium of 4 resource persons (4000 X 4daysX 4RP)	64,000
Travel of participants from duty station to training venue and back (1000*24)	24000
DA @Rs-1000/ per participant for 4 Days(24*4 *1000) including Dinner	96000
Accommodation @Rs-1000/ Per participant for 4 Days(22*4 *1000)	88000
Lunch, Tea, Coffee, Dinner for 30 Persons @450 per day (30*450*4days)	54,000
Audio-visual & Venue Charges	5,000
Training Materials Printing @ 350 per set for 24 sets.	8,400
Postage, Xerox, Stationary, etc.	3,000
Miscellaneous (Banner, Photography, Contingency, etc.)	5,000
Total	347,400
	3.474 Lac

Observer ship for 14 days on Facility Based New-born Care (FBNC) training to be imparted to the Staff already trained in 4 days FBNC and they must complete both the 4 days and 14 days training. If after 4 days of training, the 14 days observer ship training is not done then the training will be considered as incomplete.

Note: The tentative budget for the training is provided in the table below which is suggestive; however, norms for RCH trainings must be followed.

Activity Name: 2 weeks Observer ship Training of FBNC
FMR:9.5.2.17
Total Approved : 46.72 Lakhs (Budget for 2 weeks observer ship training)
Relevance of Activity: 16 Batches of 2 weeks observer ship training for FBNC
Owner of the Activity: State : Consultant(Training)District: DPMs

To conduct the compulsory observer ship duty of doctors & Nurses as part of FBNC training. The staff trained in 4 days FBNC at state level will be deputed in any of the SNCU (depending upon the availability) to complete the 14 days observer ship. Only after completion of this observation training the candidate will be certified for FBNC. The observer ship duty roster of participants to be prepared at State HQ.

The fund should be released to respective (OBSERVERSHIP venue) under FMR: 9.5.2.17of District RoP 2021-22.Gol, package of FBNC and observer ship training must be adhered to including hands on training using manikins.

The priority for 4 days FBNC training to be given to the Staff Nurses and Medical Officers/Paediatricians posted in the Special New-born Care Units

Note: The tentative budget for the training is provided in the table below which is suggestive; however, norms for RCH trainings must be followed.

District	Institute	Batches -	Cost per batch	Total Amount in Lakh
Kamrup Metro	State Resource Center (GMCH)	6	2.92	17.52
Dibrugarh	AMCH	4	2.92	11.68
Cachar	SMCH	2	2.92	5.84
Jorhat	JMCH	2	2.92	5.84
Sonitpur	TMCH	2	2.92	5.84
Total		16	2.92	46.72

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FBNC Observership Training.				
(14 Days) (Batch Size - 6)				
(2 Doctors and 4 Staff Nurses)				
Travel of Participants from duty station and back @2000 for 6 persons (As per Actuals)				12,000
DA @Rs-1000/ per head for 6 participants for 14 days including dinner				84000
Accommodation @Rs-1000/ per head for 6 participants for 14 days				84000
Breakfast, Lunch, Tea, Coffee , Dinner for Participants @450 (8*450*14)				50,400
Honorarium for Faculty @2000 per day for 2 Faculties				56,000
Contingency for Stationary, training materials. Clerical and Logistics				5,600
Total				292,000
				2.92 lakh

FMR CODE : 9.5.2.22
Activity Name: TOT for NBSU & 3 days New NBSU Training for MO & Staff Nurse
Budget Approved: 38.28 Lakhs
This fund has been proposed for 1 batch of TOT on recently launched 3 days module on NBSU involving 18 Participants from 6 Medical Colleges (GMCH,AMCH,SMCH,JMCH,TMCH,DMCH) followed by training of staff (MO & Nurses) engaged in NBSU services zone wise at 6 medical colleges.
Total 13 zonal training will be done in the FY 2021-22. Total fund proposed for the activity is Rs. 38.28 Lakh with following break up with details in annexure in child health folder.
A) One 3 days TOT on new module of NBSU at state level. Total participants 18 (3 from each) from 6 medical colleges. Fund proposed is Rs.2.324 Lakh.
B) 13 Zonal training batches in 6 medical colleges @24 participants/batch. Total fund proposed is Rs. 35.958 Lakh @3.59 Lakh/Batch.
FMR Owner of the Activity: State : Consultant Training-CH, SCMDistrict: DPMs, DCM and DME

Budget Breakup for State Level TOT:

Sl.No	Head	Unit cost	Days	Unit	Total cost
1	DA/MO	700	3	18	37800
2	Honorium/RP	2000	3	3	18000
3	Breakfast,Tea,Lunch	350	3	25	26250
4	Accommodation for participants	2000	3	18	108000
5	Training material & Misc.	350	1	21	7350
6	Banner	2000	1		2000
7	TA to participants(As per actual)	1000	1	18	18000
8	Inst. Overhead,training expenses(lumpsum)				15000
Total					232400
				In Lakhs	2.324

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Budget Breakup of Zonal Training at Medical Colleges

Sl.No	Head	Unit cost	No of days	NO	Total cost
1	DA/MO	700	3	12	25200
	DA/SN	500	3	12	18000
2	Honorium/RP	1500	3	3	13500
3	Breakfast,Tea,Lunch	350	3	30	31500
4	Accommodation for participants	2000	3	24	144000
5	Training material & Misc.	350	1	24	8400
6	Banner	2000	1		2000
7	TA to participants(As per actual)	1000	1	24	24000
8	Inst. Overhead,training expenses(lumpsum)				10000
	Total (Per Batch)				276600
Batches allotted in 6 Medical colleges		13 Batch			3595800
					In Lakhs
					35.958

Sl.No	Medical College	Batches	Unit Cost	Amount	Amount in Lakhs
1	GMCH	3	276600	829800	8.298
2	AMCH	2	276600	553200	5.532
3	SMCH	2	276600	553200	5.532
4	JMCH	2	276600	553200	5.532
5	TMCH	2	276600	553200	5.532
6	DMCH	2	276600	553200	5.532
Total		13	276600	3595800	35.958

Activity Name: State/District ToT of SAANS, Skill Stations under SAANS

FMR CODE : 9.5.2.24 Budget Approved: 50.48 Lakhs

Relevance of Activity: State Launch Event on World Pneumonia Day and State Planning & Review Meeting. State Training of Trainers for one batches of 30 participants each(MO and Staff Nurses), District level training of CHO/ANM/ASHA total 50 Batches @40000Rs for 9 district.

FMR Owner: State : Consultant Training-CH, SCMDistrict: DPMs, DCM and DME

State/District	Batches Approved	1 Day (MO/SN) Batches Approved	1 Day (CHO/ANM/ASHA) Batches Approved	Total Budget (Lakhs)
State ToT	1	1	0	1.59
Barpeta	15	4	11	4.10
Chirang	10	3	7	2.76
Dhubri	18	5	13	4.94
Dibrugarh	10	3	7	2.76
Goalpara	10	3	7	2.76
Hailakandi	10	3	7	2.76
Kamrup Metro	10	3	7	2.76

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Kamrup Rural	15	4	11	4.10
Karimganj	10	3	7	2.76
Kokrajhar	10	3	7	2.76
Lakhimpur	10	3	7	2.76
Morigaon	10	3	7	2.76
Nagaon	20	5	15	5.45
Nalbari	10	3	7	2.76
Tinsukia	10	3	7	2.76
Total	179	52	127	50.48

State ToT for SAANS (2 Days) Budget					
SN	Particulars	No	Days	Rate	Amount
1	Honorarium for trainer selected by NHM	2	2	2000	8000
2	DA to Participants (MO)	15	2	700	21000
3	DA to Participants (SN)	15	2	500	15000
4	Travel to Participants (MO/Staff Nurse)	30	1	1000	30000
5	Accommodation(including dinner) for participants where residential facility Not available	27	2	1000	54000
6	Food (Breakfast, Lunch, Tea)- (Trainers/Participants/Support Staff)	35	2	350	24500
7	Training Material	30	1	100	3000
8	Certificates, Banner & Other IEC material	20	1	150	3000
Total					158500

District level Training on SAANS(1 days for MO/SN) Cost per Batch					
SN	Particulars	No	Days	Rate	Amount
1	Honorium for Trainer	2	1	600	1200
2	Travel charges for trainers	2	1	500	1000
3	TA to Participants	40	1	250	10000
4	Food (Breakfast, Lunch, Tea)- Trainers/Participants/Support Staff	45	1	150	6750
5	Training materials	40	1	170	6800
6	Venue Hiring/Banner/others	1	1	6000	6000
Total					31750

District level Training on SAANS(1 days for CHO/ANM/ASHA) Cost per Batch					
SN	Particulars	No	Days	Rate	Amount
1	Honorium for Trainer	2	1	600	1200
2	Travel charges for trainers	2	1	500	1000
3	TA to Participants	40	1	100	4000
4	Food (Breakfast, Lunch, Tea)- Trainers/Participants/Support Staff	45	1	150	6750
5	Training materials	40	1	170	6800
6	Venue Hiring/Banner/others	1	1	6000	6000
Total					25750

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FMR: 9.5.2.25: Other Child Health Training: NBSU Data Management
Budget Approved: 7.23 Lakhs
Relevance of Activity: State has identified 116 numbers of NBSUs to strengthen in the FY 2021-22 to provide 24x7 services to the new born in these NBSUs. To streamline reporting system from these NBSUs incentive based data persons will be engaged from the existing staff available in the health facilities. To train these manpower 3 batches of training have been proposed with a total budget of Rs. 7.23 lakh @2.41 Lakh/Batch.
FMR Owner of the Activity: State : Consultant Child Health, Consultant (Training)

Sl.No	Head	Unit cost	No of days	No	Total cost
1	Honararium Trainers	1000	2	2	4000
2	Accommodation for Trainers	4000	2	2	16000
3	Travel Allowances for Trainers	4000	2	2	16000
4	DA	500	2	40	40000
5	Breakfast,Lunch,Tea	250	2	44	22000
6	Accomodation for Participants	1000	2	40	80000
7	Training Material ,Misc.	250	1	44	11000
8	TA(As per actual)	1000	1	40	40000
9	Banner	2000	1		2000
10	Instituional overhead training expences/lumpsum				10000
	Total				241000
			For 3 batches		723000
					7.23 Lakh

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CHILD DEATH REVIEW

FMR code	Activity	Approved Budget	State Allocation	District Allocation
10.1.2	Child Death Review	43.91		43.91

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Name of the Activity: Child Death Review
FMR: 10.1.2 Total Budget 43.93 Lakhs
Relevance: All districts and blocks. Incentive to ANM 100Rs per FBIR form, to Verbal autopsy team 500Rs per verbal autopsy, Reimbursement to relative 300Rs for travel for CDR meeting.(excluding ASHA incentive)
FMR Owner of the Activity:
State : SCMDistrict : DPM and DCMBlock : BCM

Following is the broad guidelines for utilization of the fund:

1. Child Death Review is to identify the leading causes of child deaths (0-59 months) and the contributory factors. Analysis of sequence of events of every child death will identify the gap areas for service delivery and will help in strengthening child health care service delivery and in reduction of Neonatal, Infant and under five mortalities.
2. Child Death review process is to identify the cause specific mortality data and to take a corrective action to improve the service delivery. The major objective of CDR is as follows,
 - To provide cause specific mortality data.
 - Gap filling of birth and death reporting and registration.
 - To evaluate effectiveness of health interventions in reducing mortality.
 - To identify issues relating to health seeking behaviour and
 - To identify issues relating to service delivery to prevent avoidable deaths.
 - To take policy level decision on allocation of resources and strategic interventions.
3. All deaths in age group of 0-59 months to be covered under CDR.
4. CDR will be implemented with TWO processes. i.e. Community Based CDR and Facility Based CDR.

Process:

Activity	Unit Cost	No of Deaths to be Covered	Person Responsible	Timeline
ASHA Incentive for Death Reporting	□ 50 (For reporting of Community Deaths cases only)	All	ASHA	Within 24 hours
First Brief Investigation of Death by ANM	□ 100	All	ANM	15 Days
Verbal Autopsy	□ 500 (For team of 2-3 persons travel cost)	All	VA Team of 2	2 Months
Reimbursement of travel expenses to the relatives of the deceased attending meeting	□ 100/- for 2 Person per case @3 cases per month	3 Case Per month	DNO	Monthly
Contingency/Monthly Meeting Organisation	□ 9000 / district / yr.	3/month	DNO	Monthly

- Reimbursement of travel expenses for relatives of deceased attending District CDR Meeting @ ₹100 per case and maximum 3 cases per month per District.(Booking as per actuals)
- Contingency of ₹9000 Per District per year (Rs.3000 per meeting 3 meetings in a year)

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District wise Allocation of Funds is as under:

District wise Allocation of Funds												
Child Death Review in the Districts (ANM incentives for FBI/Vas/Reimbursement to relatives and monthly meetings)												
District	HMMS Year'20-21 (April to Sept)	Expected Deaths Reporting in 2021-22	ASHA Incentive (60% of the deaths)	ANM Incentive for FBIR (30% of the deaths reported)	Verbal Autopsy@30% of total death reported			Reimbursement for 2 Person per case			Rs-9000/ per year per district	Total Budget (In Lakhs)
					Target	Unit Cost	Budget	Unit	Unit Cost	Budget		
Baksa	82	246	0.07380	0.1476	74	500	0.369	36	100	0.036	0.09	0.7164
Barpeta	492	1476	0.44280	0.8856	443	500	2.214	36	100	0.036	0.09	3.6684
Biswanath	123	369	0.11070	0.2214	111	500	0.554	36	100	0.036	0.09	1.0116
Bongaigaon	86	258	0.07740	0.1548	77	500	0.387	36	100	0.036	0.09	0.7452
Cachar	261	783	0.23490	0.4698	235	500	1.175	36	100	0.036	0.09	2.0052
Charaideo	8	24	0.00720	0.0144	7	500	0.036	36	100	0.036	0.09	0.1836
Chirang	73	219	0.06570	0.1314	66	500	0.329	36	100	0.036	0.09	0.6516
Darrang	135	405	0.12150	0.2430	122	500	0.608	36	100	0.036	0.09	1.0980
Dhemaji	136	408	0.12240	0.2448	122	500	0.612	36	100	0.036	0.09	1.1052
Dhubri	557	1671	0.50130	1.0026	501	500	2.507	36	100	0.036	0.09	4.1364
Dibrugarh	238	714	0.21420	0.4284	214	500	1.071	36	100	0.036	0.09	1.8396
DHasao	43	129	0.03870	0.0774	39	500	0.194	36	100	0.036	0.09	0.4356
Goalpara	194	582	0.17460	0.3492	175	500	0.873	36	100	0.036	0.09	1.5228
Golaghat	191	573	0.17190	0.3438	172	500	0.860	36	100	0.036	0.09	1.5012
Hailakandi	108	324	0.09720	0.1944	97	500	0.486	36	100	0.036	0.09	0.9036
Hojai	59	177	0.05310	0.1062	53	500	0.266	36	100	0.036	0.09	0.5508
Jorhat	255	765	0.22950	0.4590	230	500	1.148	36	100	0.036	0.09	1.9620
Kamrup M	548	1644	0.49320	0.9864	493	500	2.466	36	100	0.036	0.09	4.0716
Kamrup R	146	438	0.13140	0.2628	131	500	0.657	36	100	0.036	0.09	1.1772
K. Anglong	72	216	0.06480	0.1296	65	500	0.324	36	100	0.036	0.09	0.6444
Karimganj	273	819	0.24570	0.4914	246	500	1.229	36	100	0.036	0.09	2.0916
Kokrajhar	226	678	0.20340	0.4068	203	500	1.017	36	100	0.036	0.09	1.7532
Lakhimpur	87	261	0.07830	0.1566	78	500	0.392	36	100	0.036	0.09	0.7524
Majuli	36	108	0.03240	0.0648	32	500	0.162	36	100	0.036	0.09	0.3852
Morigaon	144	432	0.12960	0.2592	130	500	0.648	36	100	0.036	0.09	1.1628
Nagaon	268	804	0.24120	0.4824	241	500	1.206	36	100	0.036	0.09	2.0556
Nalbari	96	288	0.08640	0.1728	86	500	0.432	36	100	0.036	0.09	0.8172
Sivasagar	35	105	0.03150	0.0630	32	500	0.158	36	100	0.036	0.09	0.3780
Sonitpur	279	837	0.25110	0.5022	251	500	1.256	36	100	0.036	0.09	2.1348
S. Salmara	41	123	0.03690	0.0738	37	500	0.185	36	100	0.036	0.09	0.4212
Tinsukia	114	342	0.10260	0.2052	103	500	0.513	36	100	0.036	0.09	0.9468
Udalguri	88	264	0.07920	0.1584	79	500	0.396	36	100	0.036	0.09	0.7596
West KA	27	81	0.02430	0.0486	24	500	0.122	36	100	0.036	0.09	0.3204
Total	5521	16563	4.97	9.94	4969		24.84	1188		1.19	2.97	43.91

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PRINTING

FMR code	Activity	Approved Budget	State Allocation	District Allocation
12.2.1	Printing for IMNCI, FIMNCI, FBNC, NBSU training packages and the translation	3.79	3.79	0.00
12.2.2	Printing of National Childhood Pneumonia Management Guidelines under SAANS training	0.00	0.00	0.00
12.2.4	Printing of Child Death Review formats	4.88	4.88	0.00
12.2.10	Printing (SNCU data management)	23.67	23.67	0.00
12.2.11	Printing of HBNC referral cards & other formats	34.63	34.63	0.00
12.2.12	Printing of HBYC Cards, ASHA Job Aids, Handbooks, AF Registers & ASHA Posters	13.83	13.83	0.00
12.2.14	Others Printing	7.26		7.26

All Funds at State HQ

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Name of the Activity: Printing for NBSU and NSSK new guidelines
FMR: 12.2.1 Total Approved 3.79Lakhs
Relevance of Activity: Printing for NBSU and NSSK new guidelines
Owner of the Activity: State : SPM, Consultant (Training)

Recently GOI has published new modules on NSSK and NBSU training. As the state has planned to conduct 1 batch of TOT on NBSU and 13 batches of zonal training , similarly 3 batches of TOT on NSSK and training at districts for medical officers and staff nurses have been planned in the FY 2021-22. To conduct the training smoothly state has proposed fund for printing of modules. Detail budget break up placed at annexure in child health folder.

Name of the Activity: Printing for National Childhood Pneumonia Management Guidelines under SAANS
FMR: 12.2.2 Total Approved 0.0 Lakhs
Relevance of activity: Printing for National Childhood Pneumonia Management Guidelines under SAANS
Owner of the Activity: State : SPM& Consultant CH

Name of the Activity: Printing of Child Death Review Formats
FMR: 12.2.4
Total Approved Rs.4.88Laks
Owner of the Activity: State : SPM

FMR: 12.2.10
Name of the Activity: Printing (SNCU + NBSU data management)
Total Approved Budget : 23.67 Lakhs (For SNCUs: Rs.21.00 Lakh and for NBSUs:2.67 lakh)
Owner of the Activity: SPM and Consultant CH

For recording the newborns details in the SNCU and NBSUs, various case sheets, discharge cards, follow up cards and different registers as well as case recording formats needs to be printed. Printing cost for various requirements of SNCUs is proposed.

Name of the Activity: Printing of HBNC referral cards and other formats
FMR: 12.2.11 Approved Budget : 34.63 Lakhs
Owner of the Activity: SPMand SCM at State HQ

Name of the Activity: Printing cost for HBYC
FMR: 12.2.12 Total Approved 13.83 Lakhs
Relevance of activity: Printing of Jobaids, Registers, ASHA Handbook, HBYC cards and ASHA Poster.
Owner of the Activity: State : SPM, SCM

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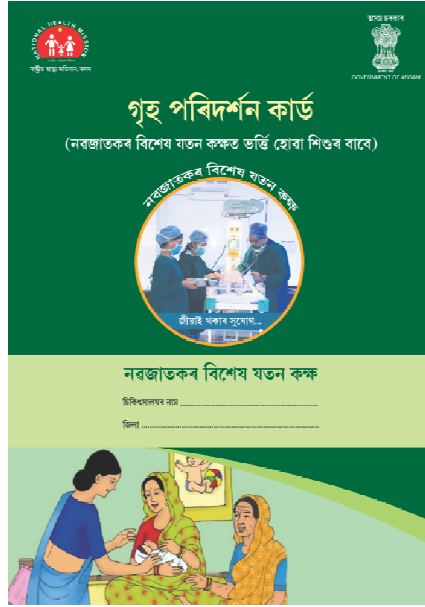
FMR	12.2.14
Activity Approved	Printing of Posters, Treatment Card and Registers on use of Gentamicin and Ante-natal corticosteroid and Printing of formats for PICU/HDU
Relevance of Activity	<p>New Activities. State has proposed fund for printing of Posters, Treatment Card and Registers on use of Gentamicin and Ante-natal corticosteroid and Printing of formats for PICU/HDU. Total fund approved for these 3 activities is Rs.7.27 lakh with following break up:</p> <p>A) To create awareness among the service providers and keeping the records of treatment are very much required. For these purpose, state is proposing the printing of display posters , treatment cards and registers for PHCs and Sub-Centres on use of Gentamicin by ANM in suspected sepsis cases in 33 districts. The initiative has been approved as per INAP and to strengthen this program in these 33 district of the state . Budget proposed for this activity is Rs.5.54 lakh</p> <p>B) To create awareness among the service providers about the use of Antenatal Corticosteroid in Preterm Labour (Less than 34 weeks of gestation) this proposal of printing of poster on Use of ANC has been proposed in all 33 districts, including the newly established districts. It will be displayed in the labour rooms of medical college, district hospital, SDCH, FRU, CHC, PHC and SC. Fund proposed this activity is Rs. 0.75 lakh</p> <p>C) Printing of admission register, case management formats for PICU/HDU to streamline the reporting system of FBPC. Fund approved for this activity is Rs. 0.98 Lakh.</p>
Funding Proposed: (In Lakhs)	7.26 Lakh

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OTHERS: Review/SNCU Follow Up



SI No	FMR code	Activity	Approved Budget (Lakh)	State Allocation	District Allocation (In Lakh)
39	16.1.3.3.3	Monitoring , evaluation for SAANS Initiative	0		0
40	16.1.2.1.3	Monitoring and assessment of HBYC Programme performance/Regional Review Meetings Child Health/State SNCU Performance review workshop twice a year	11.72	9.47	2.25
41	16.1.4.3.1	SNCU Follow-up Data Management	27.03	19.83	7.20

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Name of the Activity: Monitoring , evaluation for SAANS Initiative)
FMR: PM Annexure (FMR 16.1.3.3.3)
Approved Budget: The Cost for Mobility will be utilized from usual DPMU mobility fund
Relevance of activity: Monitoring , evaluation and supportive supervision of the SAANS training and rollout activities at 9 districts.
Owner of the Activity: State: SCM and Consultant CHDistrict: DPM

Name of the Activity: Monitoring and assessment of HBYC Programme performance/Regional Review Meetings Child Health/State SNCU Performance review workshop twice a year
FMR: PM Annexure (FMR 16.1.2.1.3)
Approved Budget: 11.72 Lakh
Relevance of activity: Review/orientation meetings for child health programme
A) Data Collection proposed for 20% for 9 old districts (Baksa, Barpeta, Darrang, Dhubri, Goalpara, Hailakandi, South Salmara and Karimganj) and 10% for 8 new districts (Biswanath, Cachar, Hojai, Jorhat, Nagaon, Majuli, Morigaon & Sonitpur) of proposed HBYC Visit target.
B)Bi-annual 4 Regional Review Meetings Child Health(one Days)
C) Bi-annual State Level SNCU Performance review workshop
Owner of the Activity: State:Consultant CH, Consultant (Training)District: DPM

Activity A: Monitoring of HBYC (16.1.2.1.3)								
SI	District	Total ASHA Supervisors	Total ASHAs	Estimated Live Births	Proposed Target for HBYC	Data Collection	Review/Assessment @Rs-0.3 Lakh per 6 months per district	Total Cost in lakh
1	Baksa	95	950	18,577	3715	0.14	0	0.14
2	Barpeta	145	1610	40,204	8041	0.30	0	0.30
3	Cachar	152	1826	50,646	5065	0.13	0	0.13
4	Darrang	71	978	22,179	4436	0.17	0	0.17
5	Dhubri	119	1651	36,307	7261	0.27	0	0.27
6	Goalpara	93	1067	25,612	5122	0.19	0	0.19
7	Hailakandi	64	715	23,514	4703	0.18	0	0.18
8	Jorhat	83	967	18,618	1862	0.05	0	0.05
9	Karimganj	97	1235	36,791	7358	0.28	0	0.28
10	Morigaon	79	948	26,068	2607	0.07	0	0.07
11	Nagaon	136	1742	52,501	5250	0.13	0	0.13
12	Sonitpur	101	1160	27403	2740	0.07	0	0.07
13	Udalguri	99	1065	17755	3551	0.13	0	0.13
14	Biswanath	69	786	12865	1287	0.03	0	0.03
15	Hojai	59	701	25833	2583	0.06	0	0.06
16	Majuli	24	298	3368	337	0.01	0	0.01
17	S. Salmara	6	345	14456	1446	0.05	0	0.05
Total		1492	18044	452694	67363	2.25	0	2.25

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Activity-B					
Bi-annual 4 Regional Review Meetings Child Health(one Day) Cost per Batch					
Sno	Particulars	No	Days	Rate	Amount
1	Honorarium to Participants (DPM/DCM/DDM)	22	1	500	11000
3	Travel to Participants (As per Actual)	22	1	1000	22000
6	Food (Breakfast, Lunch, Tea)	28	1	350	9800
7	Training Material (banner, Prjector, Stationary)	22	1	250	5500
8	Miscellenious	22	1	100	2200
	Total				50500
Regions			4		
Total Meeting(2 per year per Regions)			8		
Cost Per Meetings			50500.00		
Total Cost for this Activity In lakhs					4.04

Note: Fund at State HQ. Before the regional review fund will be released to the organizing districts

Activity C: SNCU review workshop. Fund at State HQ

Cost of one workshop	No. of Workshop	Total Budget(In Lakh)				
2,71,250	2	5.425				
S. N.	Activity	Cost per batch				
		No. of Participants from 1 Distt	Total Distt.	Days	Avg.Cost per head	Total Cost
1	DA to the Participants from Distt. (As per actual RCH norms)	3	30	1	1000	90000
2	TA to the Participants from Distt. (As per actual RCH norms)	3	30	1	1000	90000
3	Food to the participants (Breakfast/ Lunch/ Tea)	3	35	1	350	36750
4	Stationery (Pen, Pad, folder)	3	30	1	50	4500
5	Venue Hiring	1	1	1	40000	40000
						261250
6	Contingency per batch					10,000
Cost of One batch						2,71,250

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Name of the Activity: SNCU Follow-up Data Management
FMR: 16.1.4.3.1
Approved Budget:27.025 lakh
Relevance of activity: SNCU Follow-up , Data Management of SNCu and NBSU Contingency
Owner of the Activity:
State:Consultant CH, Data Analyst of Child Health District: DPM and DDM

SMS service for SNCU follow up

S.No.	Particular	Required Qty. Calculation	Total SMS Required per year
1	Post Discharge information to community workers	1 SMS to each discharged / LAMA newborn's village community worker – ASHA	55000
2	Facility Follow-up Reminder	5 Follow-up for each discharged/ LAMA newborn X 2 SMS (Parents & Community worker-ASHA)	550000
3	Community Follow-up Reminder	6 Follow-up for each discharged/ LAMA newborn X 2 SMS (Parents, Community worker-ASHA)	660000
Estimated SMSs needed per year			1265000
Total cost @ Rs 0.10 per SMS			126500
			(In Lakhs) 1.265

SNCU Data Management

S. N.	District	SNCU data management (Internet, Cartridge, Phone bills) and Printing Cost of Online reporting form)	Amount Proposed (In lakhs)
1	Baksa	1	0.24
2	Barpeta	2	0.48
3	Bongaigaon	1	0.24
4	Cachar	1	0.24
5	Chirang	1	0.24
6	Darrang	1	0.24
7	Dhemaji	1	0.24
8	Dhubri	1	0.24
9	Dibrugarh	1	0.24
10	Dima Hasao	1	0.24
11	Goalpara	1	0.24
12	Golaghat	1	0.24
13	Hailakandi	1	0.24

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14	Jorhat	1	0.24
15	Kamrup_M	3	0.72
16	Karbi Anglong	1	0.24
17	Karimganj	1	0.24
18	Kokrajhar	1	0.24
19	Lakhimpur	1	0.24
20	Morigaon	1	0.24
21	Nagaon	1	0.24
22	Nalbari	1	0.24
23	Sivasagar	1	0.24
24	Sonitpur	2	0.48
25	Tinsukia	1	0.24
26	Udalguri	1	0.24
Total		30	7.2

Data Management at NBSU

Fund for Honorium to the Data Entry Person at NBSU at State HQ. Relevent guideline will be issued later on to the districts.

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