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

For the Financial Year 2022-23 and 2023-24

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

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1.   **Preface**:

In the approval of State PIP for the financial year 2022-23 and 2023-24, Ministry of Health & Family Welfare has given special focus on achievement of PIP conditionality and key deliverables. Data reflected in the HMIS portal, RCH portal, AB-HWC portal, Nikshay Portal etc. shall be considered for evaluation of PIP conditionality and key deliverables. Timely uploading of correct and complete data in these portals will be the focus area for the FY 2022-23 and 2023-24.

HMIS portal is the primary source of data considered by Ministry of Health & Family Welfare, Government of India. NITI Aayog also consider data available in HMIS portal for evaluation of State Health Index, District Hospital Ranking, SDG Dashboard etc. Timely updating of data in the HMIS portal is one of the key deliverables for the financial year 2022-23 and 2023-24. Special focus shall be given for uploading of data of 100% facilities in the HMIS portal by 10th of the following month to achieve the key deliverables.

Though data quality in HMIS has improved over the years, but quality of data still remains a challenge. Improvement of data quality in HMIS will be taken up in great sprit by ensuring mandatory data validation at source by State, District and Block level data persons.

Registration of 100% pregnant women and children in the RCH portal against estimated number of pregnant women and children is one of the PIP conditionality for the financial year 2022-23 and 2023-24 which is linked with 5% incentive/ penalty. Updating of service delivery data in the RCH portal for different parameters included in the key deliverables. Implementation of RCH portal will be one of the priority area for the FY 2022-23 and 2023-24. Utilization of ANMOL tablet provided in the aspirational districts and Laptop computers provided in the HWCs will be one of strategy for uploading of data in the RCH portal from the Sub Centre level.

National Health Policy 2017 emphasize to ensure district-level electronic database of information on health system components. State PIP 2022-23 and 2023-24 of Assam focused on building electronic database of all health programmes.

Digitization of database of all health programmes and integration of databases of different programmes will be one of the focus areas.

Under project "Saubhagya", it is proposed to build up a concrete database of all people of the State and provide healthcare services as per need. Services provided from different vertical programmes shall be captured through a single platform to get a holistic picture of the public healthcare system of the State.

Ayushman Bharat Digital Mission (ABDM) was launched across the country by Hon'ble Prime Minister on 27th September 2021 aiming to build digital healthcare

infrastructure of the country to ensure interoperability and accessibility. In the financial year 2022-23 and 2023-24, priority shall be on building the complete and accurate directory of all healthcare facilities, all healthcare professionals and all people of the State by creating ABHA (Ayushman Bharat Health Account). Generation of electronic health records of the patient and linking with ABHA will be priority area in order to create health database of all citizens of the State. Utilization of all existing healthcare portals like e-Hospital, RCH portal, NCD portal, e-Sanjeevani, etc will be focus area to generate the electronic health records. Implementation of Hospital Management Information System in all hospitals will be taken up in phased manner.

15th Finance Commission envisaged to establish Block Public Health Units in every block. One of the key component of Block Public Health Unit is to establish Block HMIS Cell. The Block HMIS Cell will collect, compile and analyze clinical, programme and public health data to ensure effective monitoring, enable early detection of outbreaks, and serve to hold service providers accountable (Improved public health data reporting and follow-up action). In the financial year 2022-23 and 2023-24 focuses shall be given to strengthen the Block HMIS Cell in phased manner.

2. PIP Conditionality and Key Deliverables related to HMIS & RCH activities for the FY 2022-23 and 2023-24:

Related to RCH Portal:

As per Conditionality Framework shared by Ministry of Health & Family Welfare, Government of India, "**Registration of pregnant women and children (0-1) on RCH Portal" is one of the key conditionality for the financial year 2022-23 and 2023-24 which is linked with 5% incentive/ penalty** as per conditions mentioned below:

S. No	Conditionality	Indicators of 2022-24	Source of verification	% Incentive/ Penalty
6	Registration of pregnant women and children (0- 1) on RCH or equivalent Portal	% Registration against estimated beneficiaries (Pregnant woman & Child registration 0-1 year) on Pro-rata basis a. 100% Registration: +5 b. 80% or above but less than 100%: +3 c. 50% or above but less than 80%: No Penalty d. Less than 50%: -5	RCH Portal	+5 to -5

Further, Ministry of Health & Family Welfare, Government of India has defined a set of Key Deliverables for the financial year 2022-23 and 2023-24. Following key deliverables are directly linked with RCH portal:

Sl	Indicator	Target 2022-23	Target 2023-24
1	Percentage of Registration Coverage of Pregnant Women and Child on pro-rata basis. Numerator: Total No. of Registered PW and Child on RCH Portal Denominator: Estimated PW and Child on pro-rata basis.	100% Registration coverage of Pregnant women and Children on pro-rata basis	100% Registration coverage of Pregnant women and Children on pro-rata basis

SI	Indicator	Target 2022-23	Target 2023-24
2	Percentage of Service Delivery Coverage of entitled Pregnant Women for ANC services. Numerator: Total No. of PW received All ANC services (ANC1 + ANC2 + ANC3 + ANC4 + TT1 / TT2 + 180 IFA tablet) Denominator: Total PW expected for Service based on reporting period	>70% All ANC services of Pregnant women [For UTs and NE States].	>70% All ANC services of Pregnant women [For UTs and NE States].
3	Percentage of Service Delivery Coverage of entitled Child [0-1 Year] for Immunization services. Numerator: Total No. of Child received All Immunization services (as per National Immunization Schedule) Denominator: Total child expected for Service based on reporting period.	>70% All Immunization services of Child [For UTs and NE States].	>70% All Immunization services of Child [For UTs and NE States].
4	Percentage of total Delivery reported of Pregnant Women. Numerator: Total No. of Delivery reported Denominator: Total PW expected for Delivery based on reporting period	>85% Delivery reported [For UTs and NE States]	>85% Delivery reported [For UTs and NE States]
5	Health provider(ANM) using ANMOL application for entering Data Numerator: Total No. of Users (ANM) doing dataentry. Denominator: Total no. active users (ANMs) registered in RCH Portal.	>75% Health provider (ANM and ASHA) are registered with validated Mobile Number [For UTs and NE States]	>75% Health provider (ANM and ASHA) are registered with validate d Mobile Number [For UTs and NE States]

Further, for the following key deliverables for the financial year 2022-23 and 2023-24, data source will be taken from RCH portal:

SI	Indicator
1	Percentage of high risk pregnancies identified against total number of pregnant women registered for ANC
2	Percentage of live births reported against estimated live birth
3	Percentage of Induced Abortion Reported against Total number of registered pregnancy
4	Percentage of Spontaneous Abortion Reported against Total number of registered pregnancy

5	Percentage of Injectable MPA users among Eligible Couples
6	Percentage of pregnant women screened for hepatitis B (HBsAg) against the target (Institutional Deliveries)
7	Percentage of newborns administered HBIG among new born delivered to HBsAg positive pregnant women at health care facility

Related to HMIS Portal:

Indicator Statement	Indicator	Unit	Target 2022-23	Target 2023-24
HMIS Reporting	Ensuring timely reporting of data by the State Data Manager/M&E/HMIS personnel by **20th of following month**. Numerator: No. of health facilities reported data by 20th of following month. Denominator: Total no. of health facilities.	Percent age	>97% reporting (Health Facilities under the State)	>97% reporting (Health Facilities under the State)

For the following key deliverables, data source is HMIS:

Sl no	Indicator Statement	Indicator
1	**ANC Coverage**	**Percentage of PW registered for ANC** *Numerator:* Total number of PW registered for ANC *Denominator:* Total number of estimated pregnancies
2	**ANC registration in 1st trimester of pregnancy (within 12 weeks)**	**Percentage of PW registered for ANC in 1st trimester** *Numerator:* Total number of PW registered in 1st Trimester *Denominator:* Total number of PW registered for ANC
3	**Pregnant Women who received 4 or more ANC check-ups**	**% of PW received 4 or more ANC check-ups** *Numerator:* Total number of PW received 4 or more ANC *Denominator:* Total number of PW registered for ANC

Sl no	Indicator Statement	Indicator
4	**Institutional Deliveries**	**% of institutional deliveries out of total ANC registration** *Numerator: Total number of institutional deliveries (public + private)* *Denominator: Total number of PW registered for ANC*
5	**Maternal death review mechanism**	**% of maternal deaths reviewed against the reported maternal deaths.** *Numerator: Total no. of maternal deaths reviewed* *Denominator: Total no. of maternal deaths reported*
6	**Still birth Rate**	**Still Birth Rate** *Numerator: Total no. of Stillbirth Reported* *Denominator: Total no. of Reported Deliveries*
7	**Full immunization coverage**	**Percentage of Full Immunization Coverage (FIC)** *Numerator: Total number of children aged 9-11 months fully immunized with BCG+ Three doses of pentavalent + three doses of OPV + One dose of MRCV* *Denominator: Total No. of target children in 9-11 months' age group*
8	**Coverage of birth dose Hepatitis B**	**Percentage of children receiving birth dose Hepatitis B as against institutional deliveries** *Numerator: Total no. of infants immunized with birth dose of Hepatitis B.* *Denominator: Total no. of institutional deliveries*
9	**Dropout % of children**	**Percentage drop out of children from Pentavalent 1 to Pentavalent 3** *Numerator: Total no. of children immunized with Pentavalent 1 – Total no. of children immunized with Pentavalent 3* *Denominator: Total no. of children immunized with Pentavalent 1*
10	**Dropout % of children**	**Percentage dropout of children from Pentavalent 3 to MR 1** *Numerator: Total no. of children immunized with Pentavalent 3 – Total no. of children immunized with MCV/MR 1* *Denominator: Total no. of children immunized with Pentavalent 3*

Sl no	Indicator Statement	Indicator
11	**Dropout % of children**	**Percentage drop out of children from MR 1 to MR2** *Numerator: Total no. of children immunized with MR 1 – Total no. of children immunized with MR 2* *Denominator: Total no. of children immunized with MR 1*
12	**TT10 coverage**	**Percentage of children receiving Td10** *Numerator: Total no. of children ≥ 10 years old immunized with Td10* *Denominator: Total no. of children ≥ 10 years of age*
13	**Early Initiation of Breastfeeding**	**Percentage of newborn breastfeed within one-hour birth against total live birth.** *Numerator: Number of new born breastfeed within one hour of birth.* *Denominator: Total live births registered in that period.*
14	**IFA coverage** **AnaemiaMukt Bharat**	**Percentage of pregnant women given 180 IFA tablets as against pregnant women registered for ANC** *Numerator: Number of pregnant women given IFA tablets.* *Denominator: Number of pregnant women registered for ANC in that period.*
15	**IFA coverage** **AnaemiaMukt Bharat**	**Percentage of children 6-59 months given 8-10 doses of IFA syrup every month** *Numerator: Total number of children 6-59 months given 8- 10 doses of IFA syrup in the reporting month* *Denominator: Number of children 6-59 months covered under the programme (Target Beneficiaries)*
16	**IFA coverage** **AnaemiaMukt Bharat**	**Percentage of children 5-9 years given 4-5 IFA tablets every month** *Numerator: Total number of children 5-9 years given 4-5 IFA tablets in the reporting month* *Denominator: Number of children 5-9 years covered under the programme (Target Beneficiaries)*

Sl no	Indicator Statement	Indicator
17	PPIUCD acceptance	**Percentage of PPIUCD acceptance among Institutional deliveries** *Numerator: Number of PPIUCDs inserted in public facilities* *Denominator: Number of institutional deliveries in public facilities*
18	Injectable MPA users	**Percentage of Injectable MPA users among Eligible Couples** *Numerator: Total number of Injectable MPA doses/4* *Denominator: Number of Eligible Couples*
19	Client load at AFHC	**Average monthly Client load at AFHC/month in PE Districts at DH/SDH /CHC level to increase by 25% in 2022-23 and 50% in 2023-24 from the baseline data of 2021-22.** *Numerator: Total Clients registered at AFHC.* *Denominator: Number of AFHCs divided by no. of months (per AFHC per month)*
20	WIFS coverage	**Percentage coverage of in- school beneficiaries under WIFS Programme every month.** *Numerator- Total no in School beneficiaries covered* *Denominator- Targeted beneficiaries (In School)*
21	WIFS coverage	**Percentage coverage of out- of-school (girls) under WIFS Programme every month.** *Numerator- Total no out of School beneficiaries covered* *Denominator- Targeted beneficiaries (out of School)*
22	Menstrual Hygiene Scheme coverage	**Percentage coverage of Adolescent Girls against the target under Menstrual Hygiene Scheme** *Numerator- Total no, of adolescent girls receiving sanitary napkins under MHS* *Denominator- Total No. of adolescent girls to be covered*
23	Strengthening Oral Health Services	***Percentage of PHFs providing dental care services upto CHC level against total PHFs upto CHC level (DH/SDH/CHC)***

Sl no	Indicator Statement	Indicator
24	Providing quality healthcare services in Urban India	**Urban pregnant women accessing 4 or more antenatal care at UPHC- HWC and UCHC increased.** *Numerator: No. of PW who have received 4 or more ANCs* *Denominator: Total PW registered for ANC*
25	Providing quality healthcare services in Urban India	**Number of monthly Urban Health and Nutrition Day (UHND) approved /organized**

PIP Conditionality for the FY 2022-24 related to NITI Aayog State Health Index:

S. No	Conditionality	Indicators of 2022-24	Source of verification	% Incentive/ Penalty
1	Incentive or penalty based on NITI Aayog ranking of states on 'Performance on Health Outcomes'	Based on the ranking which will measure incremental changes over the base: a. States showing overall improvement to be incentivized: +40 b. States showing no overall increment get no penalty and no incentive: 0 c. States showing decline in overall performance to be penalized: -40 % of incentive/penalty to be in proportion to overall improvement shown by the best performing state and the worst performing state: +40 to -40 points	NITI Aayog	+40 to -40

For the following indicators, NITI Aayog will take data source as HMIS during preparation of State Health Index:

SI	Indicator	Definition	Numerator	Denominator	Data Source as per NITI Aayog
1	Full immunization coverage	Proportion of infants 9-11 months old who have received BCG, 3 doses of DPT, 3 doses of OPV and measles against estimated number of infants	Number of infants (0-11 months) fully immunized	Estimated number of infants	HMIS
2	Proportion of ANC registered within first trimester against total registrations	Proportion of pregnant women registered for ANC within 12 weeks of pregnancy	Number of pregnant women registered for ANC within 12 weeks of pregnancy	Number of pregnant women registered for ANC	HMIS
3	Proportion of pregnant women who received 4 or more ANCs	Proportion of pregnant women received 4 or more ANCs against total number of women registered for ANC	of pregnant women received 4 or more ANCs	Number of pregnant women registered for ANC	HMIS
4	Proportion of institutional deliveries	Proportion of deliveries conducted in public and private health facilities against the number of estimated deliveries	Total number of institutional deliveries {Public + Private}	Number of estimated deliveries	HMIS
5	Data Integrity Measure: Institutional deliveries and ANC registered within first trimester	Percentage deviation of reported HMIS data from NFHS for : a) Institutional Deliveries and b) ANC registered within first	Proportion of Institutional deliveries / ANC registered within first trimester (NFHS-5) minus Average proportion of institutional	Proportion of Institutional deliveries / ANC registered within first trimester (NFHS-5)	HMIS and NFHS-5

Sl	Indicator	Definition	Numerator	Denominator	Data Source as per NITI Aayog
		trimester data to assess the quality/integrity of reported data for a specific period.	deliveries / ANC registered within first trimester [HMIS (For last 5 years)]		
6	Proportion of specified type of facilities functioning as First Referral Units (FRUs) as against population norm	Proportion of public sector facilities conducting specified number of C-sections per year (FRUs) against the norm of one FRU per 500,000 population during a specific year	Number of functional FRUs (CHCs/SDHs/DHs) based on specified number of C-sections conducted per year	Required number of FRUs as per the MoHFW norm of one FRU per 500,000 population	HMIS

PIP Conditionality for the FY 2022-24 related to NITI Aayog State Health Index:

S. No	Conditionality	Indicators of 2022-24	Source of verification	% Incentive/ Penalty
2	DH Ranking	At least 75% (in Non EAG) and 60% (in EAG and NE states) of all District Hospitals to have at least 8 fully functional specialties as per IPHS: 10 points incentive. Less than 40% in Non EAG and 30% in EAG to be penalized up to 10 points	NITI Aayog DH ranking report	+10 to -10

NITI Aayog take HMIS data as the baseline during preparation of DH ranking.

3. <mark>**Priority areas for the FY 2022-23 and 2023-24**</mark>:

Following activities are prioritized in the financial year 2022-23 and 2023-24:

1. **Health Management Information System (HMIS)**:

National Health Mission, Assam has implemented HMIS system in the State from 2008-09. 100% facility wise data is uploading every month in the HMIS Web Portal.

In the year 2020-21, State shifted to new HMIS Portal provided by National Health Mission, Assam.

HMIS data is widely used for planning, programme implementation and monitoring & review purposes. District wise, health block wise and facility wise analysis of HMIS data is carried out at State HQ and the analysis report is shared with all stakeholders for taking corrective measures. HMIS data is also used during preparation of District Health Action Plan and State PIP. Review meeting at State level, district level and block level are based on HMIS data. In the year 2022-23 and 2023-24, it is proposed to continue use of HMIS data for planning, programme implementation and monitoring purposes.

Following priority activities are proposed in the financial year 2022-23 and 2023-24:

i)   In the year 2022-23 and 2023-24, it is proposed to ensure uploading of 100% facility wise data in the HMIS Portal. **Uploading of data of 100% facilities in the HMIS portal by 20th day of the following month is one of the key deliverables for the FY 2022-23 and 2023-24.** Timely uploading of daily report, monthly service delivery data, monthly infrastructure data and district HQ format shall be priority in the financial year 2022-23 and 2023-24.

ii) **Capturing of HMIS data from all private hospitals will be one of the focus area for the FY 2022-23 and 2023-24.**

iii) Though new HMIS portal implemented in 2020-21, proper training up to periphery level could not be completed due to restrictions of covid pandemic. Orientation on monthly infrastructure format shall be conducted to ensure data quality. In the year 2022-23 and 2023-24, it is proposed to provide orientation of all data handlers.

iv) Focus on data quality issues will be prioritized in 2022-23 and 2023-24.

v)   As per decision taken by Government of India, now **Rural Health Statistics will be published based on data uploaded in the Infrastructure and HR format of HMIS**. Special focus shall be given on the data quality of Infrastructure and HR report.

vi) With an objective to improve data quality in HMIS and RCH Portal, **mandatory data validation** system under National Health Mission, Assam will continue in the State. All

data persons at State, District and Block will visit **at least 10 facilities per month** to validate data uploaded in the HMIS web portal.

vii)   Periodic review of HMIS data elements linked with State Health Index of NITI Aayog, SDG Indicators, Rural Health Statistics, District Hospital Ranking, PHC Grading, CHC Grading, SDCH Grading shall be undertaken at State and District level. This will be another focus area for the financial year 2022-23 and 2023-24.

2.   **Nodal Officer for HMIS for each health facility**:

In the financial year 2022-23 and 2023-24, it is special focus shall be given to nominate facility level Nodal Officer and to ensure monthly meeting of HMIS Core Team Committee:

To streamlining the reporting system, **Health Facility Nodal Officer** must be designated **for each health facility for reporting of all health programmes** including Health Management Information System (HMIS), Reproductive Child Health (RCH) portal, Integrated Health Information Platform of IDSP (IHIP-IDSP), National Vector Born Disease Control Programme (NVBDCP), Nikshya - National Tuberculosis Elimination Program (NTEP), SIMS (Strategic Information Management System) of National AIDS Control Organisation, Rashtriya Bal Swasthya Karyakram (RBSK), Rashtriya Kishor Swasthya Karyakram (RKSK), National Iron Plus Initiative (NIPI), Janani Shishu Suraksha Karyakaram (JSSK), Weekly Iron and Folic Acid Supplementation (WIFS), Stock position of Drugs, logistic and vaccine, etc.

- **Nomination of Health Facility Nodal Officer at Sub Centre**:
    - Community Health Officer (CHO) may be designated as Health Facility Nodal Officer for Sub Centres converted to Ayushman Bharat - Health & Wellness Centres.
    - Senior most ANM of the Sub Centre may be designated as Health Facility Nodal Officer of the Sub Centre where Community Health Officer (CHO) is not available. However, any of the staff of the Sub Centre like ANM or MPW (Male) may be designated as Health Facility Nodal Officer as decided by SDM&HO or i/c Health Block based on local context.
- **Nomination of Health Facility Nodal Officer for PHC/ CHC/ SDCH/ DH/ Medical College**: Medical Officer in-charge of the health facility will notify Health Facility Nodal Officer for the health facility.
- **Roles & Responsibility of all staff of health facilities**:
    - All department/ component/ staff of the health facility must submit the daily/ weekly/ monthly report of the concerned programme to the Health Facility Nodal Officer.
    - All concerned officials of the health facility should submit signed copy of the monthly performance to the Health Facility Nodal Officer for HMIS.
    - Concerned person responsible for submitting data to NVBDCP must ensure that same data is provided in the HMIS monthly service delivery report.

- Similarly, person responsible for submitting data to different programme officers at Block and District must ensure that same data is provided in the HMIS monthly service delivery report.
- **Roles & Responsibility of Health Facility Nodal Officer**:
  - Health Facility Nodal Officer will be responsible for compiling the monthly HMIS report based on data provided by all components/ departments of the health facility.
  - Health Facility Nodal Officer must appraise the in-charge of the health facility regarding non receipt of report from the concerned components before singing the monthly service delivery report and uploading of the same in the HMIS portal.
  - Health Facility Nodal Officer should cross verify discrepancy in data reported in different systems.
  - It should be ensured that, health facility wise monthly HMIS report is uploaded for 100% health facilities in the HMIS portal every month on before 5th day of the following month.
- **Roles & Responsibility of in-charge of the Health Facility**:
  - In-charge of the health facility should verify NVBDCP related data reported to NVBDCP cell and data provided in HMIS monthly service delivery report before signing the report.
  - Similarly, in-charge of the health facility should verify data submitted to Block/ District level programme officers of different programmes with the data reported in HMIS monthly service delivery report before signing the report.
  - It should be ensured that, health facility wise monthly HMIS report is uploaded for 100% health facilities in the HMIS portal every month on before 5th day of the following month.

3. **HMIS Core Team Committee at all level and monthly meeting:**
   - District level HMIS Core team committee for data quality was constituted in 2009.
   - In the financial year 2022-23, it is proposed to constitute HMIS Core Team Committee at all level**.**
     - State level HMIS Core Team Committee for Data Quality at State level
     - District level HMIS Core Team Committee for Data Quality at District level
     - Block level HMIS Core Team Committee for Data Quality at Block level
     - Health Facility level HMIS Core Team Committee for Data Quality at each Health Facility

4. **RCH Portal, ANMOL, Kilkari and Mobile Academy**:

State has also implemented **Reproductive & Child Health (RCH) Portal** augmented version of Mother & Child Tracking System (MCTS) in the State. State has taken special focus for timely updating of data in the RCH and utilization of data. Verification of Work plan with RCH Register and by visiting house of 2 pregnant women/ mother has been made mandatory for all monitoring officials.

From the month of November 2018, RCH Portal has been implemented in the State. Following activities are prioritized in the financial year 2022-23 and 2023-24:

i) In the FY 2022-23 and 2023-24, it is envisaged to roll out RCH Portal with 100% coverage of Eligible Couple, Pregnant Women and Children.

ii) **Registration of 100% pregnant women and children in the RCH portal is one of the key PIP conditionality for the FY 2022-23 and 2023-24 which is linked with 5% incentive/ penalty. Special focus shall be taken to ensure registration of all pregnant women and children to achieve the PIP conditionality.**

iii) Capturing data from Private Hospitals will be taken up in the FY 2022-23 and 2023-24.

iv) **Regular updating of service delivery data and utilization of work-plan shall be focus area for 2022-23 and 2023-24 for RCH Portal as several indicators of key deliverables are linked with RCH portal**.

v) ANMOL (ANM online) Tablet based version of RCH Portal has been started in 7 aspirational districts of the State. ANMOL will be rolled out in all Sub Centres of the State along with NCD application. MoHFW has recently launched Android based ANMOL application which also works in Smart Phone. Focus shall be taken to implement ANMOL in non-aspirational districts also.

vi) Implementation **of version 2.0 of RCH Register** developed by Ministry of Health & Family Welfare, Government of India will be another major focus area for the financial year 2022-23 and 2023-24. Training of ANM and field level staff will be completed within 3rd quarter of the financial year 2022-23. Training of ANMs on the new RCH Register will be taken up during Block level trainings.

vii) For smooth implementation of RCH Register 2.0, it is proposed to provide "**Instruction Manual for ANMs on RCH Register 2.0**" to all ANMs in the financial year 2022-23. Instruction manual shall be made available with all ANMs and field level staff after the final version of instruction manual received from Government of India. Orientation on the instruction manual is also proposed to be carried out during monthly block level review meeting cum trainings.

viii) Follow up of pregnant women and children through "**Assam Early Childhood Development Call Centre**" will be continued in 2022-23 and 2023-24. Assam MCTS Call Centre was made established on 1st April 2013. Assam MCTS Call Centre was upgraded to Assam Early Childhood Development Call Centre on 1st January 2020 to provide services to the pregnant women and children as per guidelines circulated by Government of India.

ix) **Verification** and **validation of phone number of ANM and ASHA** will be focused area in the financial year 2022-23 and 2023-24.

x) **Kilkari** and **Mobile Academy** services of Ministry of Health & Family Welfare, Government of India has been rolled out in the State. In the year 2022-23 and 2023-24, it is proposed to focus on awareness activities on Kilkari and Mobile Academy. Awareness is proposed to be carried out in the monthly block level review meeting cum trainings and block/ sectoral level ASHA meetings. Emphasize will be given to capture correct phone number of pregnant women. Pregnant women will be informed about the Kilkari messages at the time of registration of ANC to avail full benefit of the service.

5. **District Vaccine Distribution Management System (DVDMS)**:
State has already started the process of implementation of "**Drugs Vaccine Distribution Management System (DVDMS)**" developed by "Centre for Development of Advance Computing (C-DAC)" under Ministry of Electronics and Information Technology (MeitY). In the year 2022-23 and 2023-24 it is proposed to roll out the DVDMS system up to Health & Wellness Centres.

6. **e-Hospital solution**:
In the FY 2022-23, it is proposed to implement e-Hospital solution in 47 hospitals of the State.
Implementation of "**Mera Aspataal**" application is another priority area for the FY 2022-23 and 2023-24.

7. **Implementation of e-Governance initiatives of Government of India**:
   i) **NIN Portal** has been implemented in the State all physical public health facilities has been verified and confirmed. In the financial year 2022-23 and 2023-24, it is proposed to focus on 100% updating of data in the NIN portal.

ii) Daily and monthly reporting in the **AB-HWC Portal** shall be continued in the financial year 2022-23 and 2023-24.

iii) State has also developed one in-house web application "CHO-HWC Portal" to monitor **Performance Based Incentive** of Health Wellness Centre teams. The system is proposed to be continued in the financial year 2022-23 and 2023-24 for monitoring and payment of team based incentive of HWC team including Community Health Officer,

iv) It is proposed to continue the other existing online systems like online SNCU monitoring system, PMSMA Portal, NCD Portal, MPCDSR software under SUMAN initiatives, RBSK Portal, DBT Portal, FP-LMIS, etc.

8. **Swasthya Sewa Dapoon – Integrated MIS GIS System**:

State has also implemented "Swasthya Sewa Dapoon - Integrated MIS GIS System" which has been developed using open source technology by using in-house capacity of NHM, Assam. Important modules like "HR-MIS", "Inventory Management System", "ASHA Payment and Performance Monitoring System", "Maternal Death Reporting System", "Infant Death Reporting System", "Child Death Review Monitoring System", "CHO-HWC Performance Monitoring System", "Civil Works Monitoring System", "Wage Compensation Scheme for Pregnant Women of Tea Gardens" etc. have been implemented.

HR-MIS system has been fully implemented in the State and HR data updated for both regular and employees under NHM. Now, all transfer, posting, release and joining of all employees (both Regular and NHM) are done through the online HR-MIS system only. Pay-slip of NHM employees generated through this system only and 100% salary payment is made through PFMS using the HR-MIS system.

Similarly, 100% payment of ASHA incentive made through "ASHA Payment and Performance Monitoring System".

All these applications are proposed to be continued in the financial year 2022-23 and 2023-24.

New modules will be included in the SSD portal.

9. **e-Prastuti – Standardization of NHM, Assam website**:

Website of Health & Family Welfare Department and its constituent organizations including NHM, Assam has been developed and hosted under e-Prastuti Standardization of website as per guidelines circulated by Web Development Team of

NIC. In the year 2022-23 and 2023-24, it is proposed to regularly update the website as per e-Prastuti guidelines.

10. **Capacity Building on HMIS and RCH Portal**:

Following capacity building workshops are proposed in the financial year 2022-23 and 2023-24:

i)   State level workshop covering HMIS, RCH Portal, ANMOL and other IT initiatives

ii)   District level quarterly review meeting cum training covering HMIS, RCH Portal, ANMOL and other IT initiatives

iii)   Block level monthly review meeting cum training

4. Summary of allocation for the year 2022-23 and 2023-24:

FMR Code	SL. No.	Activity/Sub-Activity	Approved Budget provision - 2022- 2024 (Rs. in lakh)				Fund allocated for State HQ Activities (Rs. in lakh)			Total fund allocated to the Districts (Rs. in lakh)			
			FY 2022-23			FY 2023-24	FY 2022-23		FY 2023-24	FY 2022-23			FY 2023-24
			Committed Exp. Amt.	Fresh RoP approval	Total	Budget provision	Committed Exp. Amt.	Fresh RoP approval	Fin. Allocation	Committed Exp. Amt.	Fresh RoP approval	Total	Fin. Allocation
RCH.1	16	Implementation of RCH Portal/ANMOL/MCTS	179.00	521.86	700.86	521.86	179.00	456.00	456.00	0.00	65.86	65.86	65.86
RCH.1	16.1	Implementation of ANMOL		65.86	65.86	65.86	0.000	0.000	0.000	0.000	65.856	65.856	65.856
RCH.1	16.2	Call Centre (Capex/Opex)	179.00	456.00	635.00	456.00	179.00	456.000	456.000	0.000	0.000	0.000	0.000
HSS.12	195	Health Management Information System (HMIS)	1.45	1245.27	1246.72	1075.40	1.450	850.592	665.648	0.000	394.670	394.670	409.755
HSS.12	195.1	Training cum review meeting for HMIS & MCTS at State Level	0.00	9.00	9.00	9.00	0.000	9.000	9.000	0.000	0.000	0.000	0.000
HSS.12	195.2	Training cum review meeting for HMIS & MCTS at District Level	0.00	83.04	83.04	86.01	0.000	0.000	0.000	0.000	83.038	83.038	86.010
HSS.12	195.3	Training cum review meeting for HMIS & MCTS at Block Level	0.00	114.49	114.49	117.60	0.000	0.000	0.000	0.000	114.488	114.488	117.599

GUIDELINES FOR IMPLEMENTATION OF HMIS, RCH PORTAL/MCTS AND M&E ACTIVITIES FOR THE FINANCIAL YEAR 2022-24

FMR Code	SL. No.	Activity/Sub-Activity	Approved Budget provision - 2022- 2024 (Rs. in lakh)				Fund allocated for State HQ Activities (Rs. in lakh)			Total fund allocated to the Districts (Rs. in lakh)			
			FY 2022-23			FY 2023-24	FY 2022-23		FY 2023-24	FY 2022-23			FY 2023-24
			Committed Exp. Amt.	Fresh RoP approval	Total	Budget provision	Committed Exp. Amt.	Fresh RoP approval	Fin. Allocation	Committed Exp. Amt.	Fresh RoP approval	Total	Fin. Allocation
HSS.12	195.4	Printing of HMIS Formats	0.00	40.36	40.36	42.10		0.000	0.000	0.000	40.356	**40.356**	**42.104**
HSS.12	195.5	Printing of RCH Registers	0.00	68.44	68.44	0.00	0.000	68.440	0.000	0.000	0.000	**0.000**	**0.000**
HSS.12	195.6	Any Other (Printing of Instruction Manuals of RCH Register version 2.0)	0.00	12.50	12.50	0.00		12.500	0.000	0.000	0.000	**0.000**	**0.000**
HSS.12	195.7	Mobility support for HMIS and MCTS	0.00	51.96	51.96	51.96	0.000	3.000	3.000	0.000	48.960	**48.960**	**48.960**
HSS.12	195.8	Internet connectivity through LAN/ Data Card	1.45	70.292	71.74	70.292	1.450	6.196	6.196	0.000	64.096	**64.096**	**64.096**
HSS.12	195.9	Operational cost for AMC for Desktop Computer, Laptop Computer, Printer, UPS etc	0.00	3.977	3.977	3.977	0.000	0.872	0.872	0.000	3.105	**3.105**	**3.105**
HSS.12	195.10	Mobile reimbursement and incentives: For ASHA and Urban ASHA	0.00	390.55	390.55	390.55	0.000	390.55	390.55	0.000	0.000	**0.000**	**0.000**

GUIDELINES FOR IMPLEMENTATION OF HMIS, RCH PORTAL/MCTS AND M&E ACTIVITIES FOR THE FINANCIAL YEAR 2022-24

FMR Code	SL. No.	Activity/Sub-Activity	Approved Budget provision - 2022- 2024 (Rs. in lakh)				Fund allocated for State HQ Activities (Rs. in lakh)			Total fund allocated to the Districts (Rs. in lakh)			
			FY 2022-23			FY 2023-24	FY 2022-23		FY 2023-24	FY 2022-23			FY 2023-24
			Committed Exp. Amt.	Fresh RoP approval	Total	Budget provision	Committed Exp. Amt.	Fresh RoP approval	Fin. Allocation	Committed Exp. Amt.	Fresh RoP approval	Total	Fin. Allocation
HSS.12	195.11	Procurement of Computer/ Printer/ UPS/ Laptop	0.00	38.55	38.55	0.00	0.000	38.550	0.000	0.000	0.000	**0.000**	**0.000**
HSS.12	195.12	Implementation of Hospital Management System	0.00	337.69	337.69	283.00	0.000	297.062	235.118	0.000	40.628	**40.628**	**47.882**
HSS.12	195.13	Operational Cost for Server of NHM, Internet Connectivity at Server, Security Audit of Swasthya Sewa Dapon, etc	0.00	19.92	19.92	20.91	0.000	19.920	20.910	0.000	0.000	**0.000**	**0.000**
HSS.12	195.14	Project Saviour - Mobile App to track emeregency cases (New Initiative proposed by Dhemaji district) (New Activity)	0.00	4.50	4.50	0.00	0.000	4.500	0.000	0.000	0.000	**0.000**	**0.000**
		Total	**180.450**	**1767.127**	**1947.577**	**1597.257**	**180.450**	**1306.592**	**1121.648**	**0.000**	**460.526**	**460.526**	**475.611**

5. Activity wise FMR Owner:

FMR Code	SI	Programme/ Theme	Activity/Sub-Activity	Whether it is on-going / new activity	Responsible Officer of the activity		
					At State HQ	At District level	At Block level
RCH.1	**16**	**Maternal Health**	**Implementation of RCH Portal/ANMOL/MCTS**				
RCH.1	16.1		Implementation of ANMOL	Ongoing	Sr. Consultant (Nursing)	DDM	BDM
RCH.1	16.2		Call Centre (Capex/ Opex)	Ongoing	Manager-MIS	-	-
HSS.12	**195**	**IT interventions and systems**	**Health Management Information System (HMIS)**				
HSS.12	195.1		Training cum review meeting for HMIS & MCTS at State Level	Ongoing	Manager-MIS	-	-
HSS.12	195.2		Training cum review meeting for HMIS & MCTS at District Level	Ongoing	Manager-MIS	DDM	-
HSS.12	195.3		Training cum review meeting for HMIS & MCTS at Block Level	Ongoing	Manager-MIS	DDM	BDM
HSS.12	195.4		Printing of HMIS Formats	Ongoing	Manager-MIS	DDM	BDM
HSS.12	195.5		Printing of RCH Registers	Ongoing	SPM & Manager-MIS		

FMR Code	Sl	Programme/ Theme	Activity/Sub-Activity	Whether it is on-going / new activity	Responsible Officer of the activity		
					At State HQ	At District level	At Block level
HSS.12	195.6		Any Other (Printing of Instruction Manuals of RCH Register version 2.0)	Ongoing	SPM & Manager-MIS		
HSS.12	195.7		Mobility support for HMIS and MCTS	Ongoing	Manager-MIS	DDM	BDM
HSS.12	195.8		Internet connectivity through LAN/ Data Card	Ongoing	Manager-MIS	DDM	BDM
HSS.12	195.9		Operational cost for AMC for Desktop Computer, Laptop Computer, Printer, UPS etc	Ongoing	Manager-MIS	DDM	BDM
HSS.12	195.10		Mobile reimbursement and incentives: For ASHA and Urban ASHA	Ongoing	Manager-MIS & SCM		
HSS.12	195.11		Procurement of Computer/ Printer/ UPS/ Laptop	Ongoing	Manager-MIS		
HSS.12	195.12		Implementation of Hospital Management System	Ongoing	Manager-MIS	HA	

FMR Code	Sl	Programme/ Theme	Activity/Sub-Activity	Whether it is on-going / new activity	Responsible Officer of the activity		
					At State HQ	At District level	At Block level
HSS.12	195.13		Operational Cost for Server of NHM, Internet Connectivity at Server, Security Audit of Swasthya Sewa Dapon, etc	Ongoing	Manager-MIS		
HSS.12	195.14		Project Saviour - Mobile App to track emeregency cases (New Initiative proposed by Dhemaji district) (New Activity)	New	Manager-MIS (Original proposal from Dhemaji. Presently kept at State HQ)		

6. General Guidelines:

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

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

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

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

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

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

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

- All financial guidelines should be followed.

A) <mark>Guidelines for Training cum review meeting for HMIS & MCTS at District level:</mark>

1. District wise detail fund breakup may be seen at **Annexure – A**
2. **The expenditure should be booked under the head of account (FMR Code: HSS.12 – Sl: 195.2 → Training cum review meeting for HMIS & MCTS at District level).**
3. At least 1 district level 3 days combined training cum review meeting for HMIS & MCTS/RCH should be conducted per quarter out of this fund. That means 4 such training cum review meeting should be conducted in the year 2022-23 and 2023-24.
4. District may take decision to change the plan as per requirement but the fund should not be utilized for other purpose. Similar review meetings may also be arranged out of the fund available.
5. HMIS & MCTS/RCH related training of Tea garden officials, Charitable & Private Hospitals can also be taken up under this activity.
6. Following topics should be included in the agenda:

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

- **HMIS**
  - Orientation on new HMIS Format and data definitions
  - Orientation on new HMIS Web Portal
  - Discussion on HMIS Infrastructure & HR Format (Priority for 2022-23 and 2023-24)
  - Discussion on new features of HMIS Web Portal
  - Hands on for data uploading, generation of report and analysis of reports from HMIS Portal
  - Discussion on quality of data uploaded in the HMIS Web Portal for both Monthly Service Delivery Reporting format as well as Infrastructure Format
  - Data Validation Rules and Probable Outlier

- Synchronization of HR data uploaded in HMIS Annual Infrastructure format with HR-MIS.
- Analysis of uploaded data in HMIS Web Portal
- Review of performance based on HMIS data
- Max/ Min Report
- Review of timely uploading of HMIS data
- Discussion on Health Institutions showing negative trend of delivery, Home Delivery Pockets, ANC Performance, PNC Performance, JSSK Performance, Routine Immunization Performance, OPD & IPD Performance etc based on HMIS data.
- Review of data uploaded in the District HQ format

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

- **Swasthya Sewa Dapoon - Integrated MIS GIS System**
  - Orientation on Swasthya Sewa Dapoon - Integrated MIS GIS System.
  - Capturing of Maternal and Infant Death Reporting System and analysis of uploaded data
  - Synchronization of Maternal and Infant Death report with HMIS to ensure data tally in both the systems
  - Orientation on HR-MIS System
  - Review of data uploaded in the VHND Monitoring System

- Review of "ASHA Payment System" and comparison with performance reflected in the RCH Portal.
- Review of CHO Performance based on data uploaded in the online system
▪ **Orientation on other IT systems:**
- AB-HWC Portal
- Review of data uploaded in the NIN-to-HFI Portal
- NCD Portal
- Review of SNCU online system
- Orientation on Digital Payment System

▪ **Other activities**
- Review of implementation of Ayushman Bharat Digital Mission (ABDM)
- Review of other Programmes
- Dissemination of new guidelines
- Findings based on RCH and HMIS data should be baseline of the District Level Review Meeting.
- Facility wise performance review based on RCH and HMIS data should be the main agenda of the review meeting.

7. The attendance registered is to be maintained and to be kept for future verification.
8. Photographs of the meeting to be kept for future verification.
9. After completion of each training cum review meeting, a report should be submitted to Mission Director, NHM, Assam along with photo copy of the attendance sheet, photographs and SOE&UC.
10. District will intimate Mission Director, NHM, Assam and State Level Observer one week ahead about the date and venue of the review meeting so that State observer can attend the review meeting.
11. Resource person from State may be provided for the training based on availability. Request letter for resource person should be sent at least one week ahead of the training.
12. The fund is allotted for expenditure incurred for arrangement of the training cum review meeting only. Refreshment of participants (Tea & Snacks, Working Lunch, etc, or any expenditure related to the review meeting may be incurred from the head of account).

13. As mentioned in the RoP 2022-23 and 2023-24, expenses for food to participants, accommodation for trainers, accommodations for participants, incidental expenses and charges for venue hiring as per RCH norms subject to following extant rules.

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

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

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

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

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

19. FMR owner: District Data Manager & District Nodal M&E Officer is the FMR owner in the District.

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

Annexure –A
District wise breakup of fund for
Training cum review meeting for HMIS & MCTS at District level for the year 2022-23 and 2023-24

FMR Code: HSS.12 – 195.2 → Training cum review meeting for HMIS & MCTS at District level

Sl	District	Budget for the FY 2022-23 (Rs. In Lakh)			Budget for the FY 2023-24 (Rs. In Lakh)		
		Target to be covered in 2022-23 (No of training cum review meeting)	Unit cost (Average)	Amount	Target to be covered in 2023-24 (No of training cum review meeting)	Unit cost (Average)	Amount
1	Bajali	4	0.329	1.314	4	0.345	1.380
2	Baksa	4	0.700	2.800	4	0.700	2.800
3	Barpeta	4	0.568	2.270	4	0.596	2.384
4	Biswanath	4	0.735	2.940	4	0.772	3.087
5	Bongaigaon	4	0.440	1.760	4	0.462	1.848
6	Cachar	4	0.873	3.492	4	0.917	3.666
7	Charaideo	4	0.250	1.000	4	0.300	1.200
8	Chirang	4	0.440	1.760	4	0.462	1.848
9	Darrang	4	0.400	1.600	4	0.400	1.600
10	Dhemaji	4	0.541	2.163	4	0.568	2.271
11	Dhubri	4	0.700	2.800	4	0.700	2.800
12	Dibrugarh	4	0.800	3.200	4	0.800	3.200
13	Dima Hasao	4	0.404	*1.617*	4	0.424	*1.698*
14	Goalpara	4	0.900	3.600	4	1.000	4.000
15	Golaghat	4	0.630	2.520	4	0.662	2.646
16	Hailakandi	4	0.840	3.360	4	0.882	3.528
17	Hojai	4	0.500	2.000	4	0.500	2.000
18	Jorhat	4	0.544	2.176	4	0.544	2.176
19	Kamrup Metro	4	0.600	2.400	4	0.600	2.400
20	Kamrup Rural	4	1.000	4.000	4	1.000	4.000
21	Karbi Anglong	4	0.385	1.540	4	0.405	1.620
22	Karimganj	4	0.570	2.280	4	0.590	2.360
23	Kokrajhar	4	0.525	2.100	4	0.551	2.205

Sl	District	Budget for the FY 2022-23 (Rs. In Lakh)			Budget for the FY 2023-24 (Rs. In Lakh)		
		Target to be covered in 2022-23 (No of training cum review meeting)	Unit cost (Average)	Amount	Target to be covered in 2023-24 (No of training cum review meeting)	Unit cost (Average)	Amount
24	Lakhimpur	4	0.750	3.000	4	0.750	3.150
25	Majuli	4	0.200	0.800	4	0.200	0.800
26	Morigaon	4	0.500	2.000	4	0.600	2.400
27	Nagaon	4	2.000	8.000	4	2.000	8.000
28	Nalbari	4	0.690	2.760	4	0.690	2.760
29	Sivasagar	4	0.800	3.200	4	0.800	3.200
30	Sonitpur	4	0.987	3.948	4	1.036	4.145
31	South Salmara	4	0.250	1.000	4	0.300	1.200
32	Tinsukia	4	0.360	1.440	4	0.360	1.440
33	Udalguri	4	0.400	1.598	4	0.400	1.598
34	West Karbi Anglong	4	0.150	0.600	4	0.150	0.600
	State Total	136		83.038	136		86.010

B) <mark>**Guidelines for Training cum review meeting for HMIS & MCTS at Block level**</mark>:

1. District wise detail fund breakup may be seen at **Annexure – B.**
2. **The expenditure should be booked under the head of account (FMR Code: HSS.12 – sl 195.3 → Training cum review meeting for HMIS & MCTS at Block level).**
3. One (1) day combined monthly training cum review meeting for HMIS & RCH should be conducted out of this fund. That means minimum 12 such training cum review meeting should be conducted at every Health Block.
4. District / Block may take decision to change the plan as per requirement but the fund should not be utilized for other purpose.
5. HMIS & RCH related training of Tea garden officials and Private Hospitals can also be taken up under this activity.
6. Following topics should be included in the agenda:

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

- **HMIS**
  - Orientation on new HMIS Format and data definitions
  - Orientation on new HMIS Web Portal
  - Discussion on HMIS Infrastructure & HR Format (Priority for 2022-23 and 2023-24)
  - Discussion on quality of data uploaded in the HMIS Web Portal for both Monthly Service Delivery Reporting format as well as Infrastructure Format
  - Data Validation Rules and Probable Outlier
  - Synchronization of HR data uploaded in HMIS Annual Infrastructure format with HR-MIS.
  - Analysis of uploaded data in HMIS Web Portal
  - Review of performance based on HMIS data

- Max/ Min Report
- Review of timely uploading of HMIS data
- Discussion on Health Institutions showing negative trend of delivery, Home Delivery Pockets, ANC Performance, PNC Performance, JSSK Performance, Routine Immunization Performance, OPD & IPD Performance etc based on HMIS data.

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

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

- **Orientation on other IT systems:**
  - AB-HWC Portal
  - NCD Portal

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

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

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

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

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

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

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

13. As mentioned in the RoP 2022-23 and 2023-24, expenses for food to participants, accommodation for trainers, accommodations for participants, incidental expenses and charges for venue hiring as per RCH norms subject to following extant rules.

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

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

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

21. FMR owner: Block Data Manager of the concerned Health Block will be the FMR owner at Block level. District Data Manager will be the FMR owner at District level.

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

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

SI	Date(s) of training	Place of Training	Names of District(s)/ Block (s) participated	Topics covered	No. of officials attended		Total	Total Amount Spent on Training (In Rs.)
					From District HQ	**From Block**	**Total**	
BAM		BDM		BPM			SDM&HO	
(Seal & Signature)		(Seal & Signature)		(Seal & Signature)			(Seal & Signature)	

Monthly Reporting format for Training cum Review Meeting at Block Level
(To be submitted by Block PHC to District HQ on 2nd of every month)
(Compiled report from District HQ to State HQ to be submitted by 5th of every month)

Name of the District	
Name of the Block PHC	
Reporting month	

Annexure – B

**District wise breakup of fund for Training cum review meeting for HMIS & MCTS
at Block level for the year 2022-23 and 2023-24**

FMR Code: HSS.12 – SI 195.3 → Training cum review meeting for HMIS & MCTS at Block level

SI	District	Budget allocation for the FY 2022-23 (Rs. In Lakh)			Budget allocation for the FY 2023-24 (Rs. In Lakh)		
		Target to be covered (No. of Monthly Review meeting cum Training)	Unit cost (Average)	Amount	Target to be covered (No. of Monthly Review meeting cum Training)	Unit cost (Average)	Amount
1	Bajali	24	0.053	1.260	24	0.055	1.320
2	Baksa	72	0.050	3.600	72	0.050	3.600
3	Barpeta	72	0.053	3.780	72	0.055	3.960
4	Biswanath	36	0.060	2.160	36	0.064	2.304
5	Bongaigaon	48	0.066	3.168	48	0.069	3.326
6	Cachar	96	0.046	4.435	96	0.049	4.657
7	Charaideo	24	0.084	2.016	24	0.088	2.117
8	Chirang	24	0.066	1.584	24	0.069	1.663
9	Darrang	48	0.164	7.860	48	0.164	7.860
10	Dhemaji	60	0.053	3.180	60	0.056	3.339
11	Dhubri	60	0.050	3.000	60	0.050	3.000
12	Dibrugarh	72	0.050	3.600	72	0.050	3.600
13	Dima Hasao	36	0.084	*3.024*	36	0.088	*3.175*
14	Goalpara	60	0.055	3.300	60	0.065	3.900
15	Golaghat	72	0.042	3.024	72	0.044	3.175
16	Hailakandi	48	0.068	3.276	48	0.072	3.440
17	Hojai	24	0.060	1.440	24	0.060	1.440
18	Jorhat	72	0.028	2.016	72	0.028	2.016
19	Kamrup Metro	72	0.050	3.600	72	0.050	3.600
20	Kamrup Rural	144	0.035	5.040	144	0.035	5.040
21	Karbi Anglong	48	0.061	2.910	48	0.064	3.060
22	Karimganj	60	0.084	5.040	60	0.088	5.292
23	Kokrajhar	48	0.084	4.032	48	0.084	4.032
24	Lakhimpur	72	0.050	3.600	*72*	*0.050*	*3.780*

Sl	District	Budget allocation for the FY 2022-23 (Rs. In Lakh)			Budget allocation for the FY 2023-24 (Rs. In Lakh)		
		Target to be covered (No. of Monthly Review meeting cum Training)	Unit cost (Average)	Amount	Target to be covered (No. of Monthly Review meeting cum Training)	Unit cost (Average)	Amount
25	Majuli	12	0.050	0.600	12	0.050	0.600
26	Morigaon	36	0.070	2.520	36	0.080	2.880
27	Nagaon	120	0.120	14.400	120	0.120	14.400
28	Nalbari	60	0.050	3.000	60	0.050	3.000
29	Sivasagar	72	0.036	2.619	72	0.036	2.619
30	Sonitpur	48	0.084	4.032	48	0.084	4.032
31	South Salmara	24	0.070	1.680	24	0.070	1.680
32	Tinsukia	48	0.035	1.670	48	0.035	1.670
33	Udalguri	36	0.065	2.341	36	0.065	2.341
34	West Karbi Anglong	48	0.035	1.680	48	0.035	1.680
	State Total	**1,896**		**114.488**	**1,896**		**117.599**

C) Guidelines for Mobility Support for HMIS & MCTS at District level for the year 2022-23 and 2023-24:

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

2. **The expenditure should be booked under the head of account (FMR Code: HSS.12 – Sl 105.7 → Mobility Support for HMIS & MCTS)**

3. With an objective to improve data quality in HMIS and RCH Portal, **mandatory data validation system under National Health Mission**, **Assam** is being roll out in the State. From the financial year 2022-23 and 2023-24, it is proposed to go for structured verification of data by MIS/ Data persons posted at State, District and Block level.

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

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

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

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

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

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

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

      f)   Line listing of HR data downloaded from HR-MIS Portal

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

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

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

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

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

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

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

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

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

20. District Data Manager and District Nodal M&E Officer of the concerned district is the FMR owner for this activity.
21. Roles of FMR owner:
    - Prepare tour plan for data validation and get approval from competent authority
    - Ensure proper booking of fund in consultation with District Accounts Manager

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

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

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

Annexure –C
Mobility Support for HMIS & MCTS at District level for the year 2022-23 and 2023-24
HSS.12 – Sl 105.7 → Mobility Support for HMIS & MCTS at District level

Sl	District	Budget for the FY 2022-23 (Rs. In Lakh)			Budget for the FY 2023-24 (Rs. In Lakh)		
		Target to be covered in 2022-23 *(No of Visit)*	Unit cost (Average)	Amount	Target to be covered in 2023-24 *(No of Visit)*	Unit cost (Average)	Amount
1	Bajali	120	0.012	1.440	120	0.012	1.440
2	Baksa	120	0.012	1.440	120	0.012	1.440
3	Barpeta	120	0.012	1.440	120	0.012	1.440
4	Biswanath	120	0.012	1.440	120	0.012	1.440
5	Bongaigaon	120	0.012	1.440	120	0.012	1.440
6	Cachar	120	0.012	1.440	120	0.012	1.440
7	Charaideo	120	0.012	1.440	120	0.012	1.440
8	Chirang	120	0.012	1.440	120	0.012	1.440
9	Darrang	120	0.012	1.440	120	0.012	1.440
10	Dhemaji	120	0.012	1.440	120	0.012	1.440
11	Dhubri	120	0.012	1.440	120	0.012	1.440
12	Dibrugarh	120	0.012	1.440	120	0.012	1.440
13	Dima Hasao	120	0.012	1.440	120	0.012	1.440
14	Goalpara	120	0.012	1.440	120	0.012	1.440
15	Golaghat	120	0.012	1.440	120	0.012	1.440
16	Hailakandi	120	0.012	1.440	120	0.012	1.440
17	Hojai	120	0.012	1.440	120	0.012	1.440
18	Jorhat	120	0.012	1.440	120	0.012	1.440
19	Kamrup Metro	120	0.012	1.440	120	0.012	1.440
20	Kamrup Rural	120	0.012	1.440	120	0.012	1.440
21	Karbi Anglong	120	0.012	1.440	120	0.012	1.440
22	Karimganj	120	0.012	1.440	120	0.012	1.440
23	Kokrajhar	120	0.012	1.440	120	0.012	1.440
24	Lakhimpur	120	0.012	1.440	120	0.012	1.440
25	Majuli	120	0.012	1.440	120	0.012	1.440
26	Morigaon	120	0.012	1.440	120	0.012	1.440
27	Nagaon	120	0.012	1.440	120	0.012	1.440
28	Nalbari	120	0.012	1.440	120	0.012	1.440
29	Sivasagar	120	0.012	1.440	120	0.012	1.440
30	Sonitpur	120	0.012	1.440	120	0.012	1.440

SI	District	Budget for the FY 2022-23 (Rs. In Lakh)			Budget for the FY 2023-24 (Rs. In Lakh)		
		Target to be covered in 2022-23 *(No of Visit)*	Unit cost (Average)	Amount	Target to be covered in 2023-24 *(No of Visit)*	Unit cost (Average)	Amount
31	South Salmara	120	0.012	1.440	120	0.012	1.440
32	Tinsukia	120	0.012	1.440	120	0.012	1.440
33	Udalguri	120	0.012	1.440	120	0.012	1.440
34	West Karbi Anglong	120	0.012	1.440	120	0.012	1.440
35	State HQ	120	0.025	3.000	120	0.025	3.000
	State Total	**4,200**		**51.960**	**4,200**		**51.960**

D) <mark>Guidelines for Printing of HMIS Formats</mark>:

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

2. **The expenditure should be booked under the head of account (FMR Code: HSS.12, Sl: 195.4 → Printing of HMIS Formats).**

3. Total yearly expenditure should not exceed the allotted amount

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

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

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

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

8. **It should be ensured that facility wise monthly HMIS report of 100% health institutions i.e., Medical College, DH, SDCH, CHC, PHC, SC, etc are uploaded, forwarded and compiled within 5th of the following month without fail**.

9. Printing/Photocopy of Annual Infrastructure format should be done from this head of account**.**

10. Printing should be done based on competitive bidding and by following Government protocols. Government of India is in the process of revision of HMIS formats, therefore it is advised not to print formats for the entire year in one go.

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

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

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

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

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

Annexure –D

District wise breakup of fund for Printing of HMIS Formats for the year 2022-23 and 2023-24

FMR Code: HSS.12, Sl: 195.4 → Printing of HMIS Formats

Sl	District	Budget for the FY 2022-23 (Rs. In Lakh)		Budget for the FY 2023-24 (Rs. In Lakh)	
		Target to be covered in 2022-23 (No. of pages)	Amount	Target to be covered in 2023-24 (No. of pages)	Amount
1	Bajali	26,922	0.404	26,922	0.404
2	Baksa	98,928	1.080	98,928	1.080
3	Barpeta	88,966	1.334	88,966	1.334
4	Biswanath	82,176	1.233	82,176	1.233
5	Bongaigaon	75,000	0.750	75,000	0.750
6	Cachar	1,44,384	1.516	1,44,384	1.592
7	Charaideo	1,27,824	1.917	1,31,280	2.626
8	Chirang	65,700	0.657	70,100	0.701
9	Darrang	1,06,920	1.069	1,06,920	1.069
10	Dhemaji	65,415	0.654	68,690	0.687
11	Dhubri	1,48,608	1.486	1,48,608	1.486
12	Dibrugarh	1,30,368	1.304	1,30,368	1.304
13	Dima Hasao	46,166	*0.923*	48,475	*0.970*
14	Goalpara	1,10,000	1.320	1,30,000	1.560
15	Golaghat	94,560	1.418	94,560	1.655
16	Hailakandi	58,800	0.617	58,800	0.648
17	Hojai	49,152	0.983	49,152	0.983
18	Jorhat	77,160	0.772	77,160	0.772
19	Kamrup Metro	21,672	0.650	21,672	0.650

SI	District	Budget for the FY 2022-23 (Rs. In Lakh)		Budget for the FY 2023-24 (Rs. In Lakh)	
		Target to be covered in 2022-23 (No. of pages)	Amount	Target to be covered in 2023-24 (No. of pages)	Amount
20	Kamrup Rural	1,78,248	3.030	1,78,248	3.030
21	Karbi Anglong	72,500	0.725	72,500	0.725
22	Karimganj	1,31,696	2.634	1,35,600	2.712
23	Kokrajhar	1,03,944	1.559	1,03,944	1.767
24	Lakhimpur	94,968	0.950	*94,968*	*0.997*
25	Majuli	21,672	0.217	21,672	0.217
26	Morigaon	97,800	0.978	97,800	0.978
27	Nagaon	1,70,592	2.559	1,70,592	2.559
28	Nalbari	22,792	0.684	22,792	0.684
29	Sivasagar	85,917	1.134	85,917	1.134
30	Sonitpur	90,336	1.355	90,336	1.355
31	South Salmara	35,744	0.894	35,744	0.894
32	Tinsukia	1,12,000	1.344	1,12,000	1.344
33	Udalguri	87,072	1.306	87,072	1.306
34	West Karbi Anglong	35,976	0.899	35,976	0.899
	State Total	**29,59,978**	**40.356**	**29,97,322**	**42.104**

E) <mark>**Internet connectivity through LAN/ Data Card**</mark>:

1. District wise detail fund breakup may be seen at **Annexure – E**
2. **The expenditure should be booked under the head of account (FMR Code: HSS.12, Sl: 195.8 → Internet connectivity through LAN/ Data Card.**
3. District will provide Internet Connectivity at District Programme Management Unit and other Health Institutions/ Data Entry points where required.
4. District Programme Management Unit will establish broad band internet connection with the best possible solution available at the District. District Programme Management Unit is free to use service from any Internet Service Provider. District should make necessary arrangement so that all members of District Programme Management Unit will get access to internet and they can check their email on daily basis. All members of District Programme Management Unit must check their official email account on daily basis. Internet connection should be used to upload HMIS data in the HMIS Web Portal and data entry in the RCH Portal. Data in the "Swasthya Sewa Dapoon - Integrated MIS GIS System" should be updated on regular basis. Monthly HMIS data and facility wise Infrastructure data must be uploaded in the Ministry Web Portal on regular basis.
5. District will take up to get Internet connection through Bharat Net.
6. Data card bills of DDM, ADDM, BDM, ADDM etc involved in RCH/ HMIS entry can also be incurred from this head of account after proper verification.
7. District will reimburse the monthly recurring cost of Internet connectivity for data uploading in the RCH Portal. District will reimburse the amount to the concerned official responsible for data entry based on the Bill submitted by the official after proper verification and justification of Bill. User should put his/her signature in the Bill and duly certified that the *"Internet is used for data uploading in RCH/ HMIS/ SSD/ HWC/ PFMS Portal and the Bill is paid by me"*. A statement showing number of entry done should be enclosed along with the Bill. Payment should be made on actual. However, before releasing the fund it should be ensured that the resource is properly utilized. Bill for pre-paid/ post-paid connectivity, Bill for usage of Common Service Centre & Bill for usage of Internet café, etc may also be paid from this head of account for MCTS/ HMIS purpose. Any other expenditure which District may found essential for implementation of RCH and HMIS. But proper approval should be accorded before release of fund.

8. It should be ensured that, Internet bill is reimbursed for official purpose i.e. HMIS, RCH, PFMS, AB-HWC etc only.

9. Without entry in the RCH Portal, Internet bill should not be paid to ABPM/ BDM/BPM etc.

10. As mentioned in the RoP 2022-23 and 2023-24, it should be ensured that 100% facility based reporting on HMIS & RCH portal and improvement of data quality thereof.

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

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

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

14. **Roles of FMR owner:**
    i) It should be ensured that, Internet connectivity is provided to all members of DPMU
    ii) It should be ensured that, fund is provided for each Data Entry points (DH, SDCH, CHC, PHC and Medical Colleges) for Internet connection so that data could be regularly uploaded in RCH, HMIS and HSMS without any problem.
    iii) Reimbursement of bills are released on timely manner
    iv) Proper record keeping
    v) Ensure proper booking of fund in consultation with District Accounts Manager

Annexure – E

District wise breakup of fund for Internet connectivity for the year 2022-23 and 2023-24

FMR Code: HSS.12, Sl: 195.8 → Internet connectivity through LAN/ Data Card

Sl	District	For the FY 2022-23			For the FY 2023-24		
		Quantity/ Target (No of locations for Internet connectivity)	Average Unit Cost (In lakh)	Fin. allocation (Rs. in lakh)	Quantity/ Target (No of locations for Internet connectivity)	Average Unit Cost (In lakh)	Fin. allocation (Rs. in lakh)
1	Bajali	18	0.053	0.960	18	0.053	0.960
2	Baksa	46	0.054	2.484	46	0.054	2.484
3	Barpeta	42	0.054	2.256	42	0.054	2.256
4	Biswanath	26	0.058	1.512	26	0.058	1.512
5	Bongaigaon	35	0.010	0.360	35	0.010	0.360
6	Cachar	59	0.053	3.120	59	0.053	3.120
7	Charaideo	23	0.057	1.320	23	0.057	1.320
8	Chirang	26	0.050	1.308	26	0.050	1.308
9	Darrang	50	0.049	2.460	50	0.049	2.460
10	Dhemaji	30	0.061	1.824	30	0.061	1.824
11	Dhubri	44	0.041	1.817	44	0.041	1.817
12	Dibrugarh	43	0.042	1.800	43	0.042	1.800
13	Dima Hasao	17	0.052	0.888	17	0.052	0.888
14	Goalpara	46	0.050	2.304	46	0.050	2.304
15	Golaghat	51	0.051	2.580	51	0.051	2.580
16	Hailakandi	55	0.048	2.640	55	0.048	2.640
17	Hojai	13	0.050	0.648	13	0.050	0.648
18	Jorhat	44	0.048	2.118	44	0.048	2.118
19	Kamrup Metro	56	0.049	2.760	56	0.049	2.760
20	Kamrup Rural	74	0.054	3.996	74	0.054	3.996
21	Karbi Anglong	32	0.045	1.440	32	0.045	1.440
22	Karimganj	38	0.056	2.112	38	0.056	2.112
23	Kokrajhar	51	0.036	1.848	51	0.036	1.848
24	Lakhimpur	40	0.045	1.800	40	0.045	1.800
25	Majuli	11	0.073	0.804	11	0.073	0.804
26	Morigaon	42	0.050	2.088	42	0.050	2.088
27	Nagaon	85	0.030	2.580	85	0.030	2.580
28	Nalbari	57	0.045	2.587	57	0.045	2.587
29	Sivasagar	32	0.060	1.920	32	0.060	1.920

SI	District	For the FY 2022-23			For the FY 2023-24		
		Quantity/ Target *(No of locations for Internet connectivity)*	Average Unit Cost (In lakh)	Fin. allocation (Rs. in lakh)	Quantity/ Target *(No of locations for Internet connectivity)*	Average Unit Cost (In lakh)	Fin. allocation (Rs. in lakh)
30	Sonitpur	39	0.042	1.642	39	0.042	1.642
31	South Salmara	12	0.073	0.876	12	0.073	0.876
32	Tinsukia	36	0.054	1.956	36	0.054	1.956
33	Udalguri	35	0.052	1.836	35	0.052	1.836
34	West Karbi Anglong	22	0.066	1.452	22	0.066	1.452
35	State HQ	1	6.196	6.196	1	6.196	6.196
	Assam Total	**1331**		**70.292**	**1331**		**70.292**

F) Operational cost for AMC for Desktop Computer, Laptop Computer, Printer, UPS etc.:

15. District wise detail fund breakup may be seen at **Annexure – F**

16. **The expenditure should be booked under the head of account (FMR Code: HSS.12, Sl: 195.9 → Operational cost for AMC for Desktop Computer, Laptop Computer, Printer, UPS etc.**

17. District Programme Management Unit will do the maintenance of computers & accessories of the District which are beyond warranty period.

18. Computers provided to DPMU, BPMU and other health institutions for HMIS & RCH will be maintained from this fund.

19. It must be ensured that, these equipments are not covered by post-sale warranty/ guarantee.

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

- Step 3: If the machine is beyond warranty period, then call any service engineer available in your locality to check the problem and sort out accordingly. It is advisable to call service engineer from the same organization of the manufacturer. For example, if the computer is HP make then call HP service engineer, if the make is HCL then call HCL service engineer as per availability.

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

- Rates of all items including parts and services should be fixed through open tendering. As per approval of State PIP 2022-23 and 2023-24, final rates are to be arrived as per DGS&D rate contract or after competitive bidding following Government protocols.

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

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

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

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

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

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

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

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

23. **Financial**:

   ▪ Total expenditure should not exceed the total amount allocated for the financial year.

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

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

24. **Roles of FMR owner:**

   ▪ Ensure proper maintenance of all computers & accessories are timely repaired

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

   ▪ Ensure that, procurement procedures and financial norms are followed.

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

Annexure – F

District Wise Breakup of Operational cost for AMC for Desktop Computer, Laptop Computer, Printer, UPS etc.

FMR Code: HSS.12, Sl: 195.9 → Operational cost for AMC for Desktop Computer, Laptop Computer, Printer, UPS etc.

SI	District	FY 2022-23			FY 2023-24		
		Quantity/ Target	Average Unit Cost (In lakh)	Financial allocation (Rs. in lakh)	Quantity/ Target	Average Unit Cost (In lakh)	Financial allocation (Rs. in lakh)
1	Bajali	4	0.005	0.050	4	0.005	0.050
2	Baksa	26	0.005	0.130	26	0.005	0.130
3	Barpeta	14	0.005	0.070	14	0.005	0.070
4	Biswanath	12	0.005	0.060	12	0.005	0.060
5	Bongaigaon	20	0.005	0.100	20	0.005	0.100
6	Cachar	38	0.005	0.190	38	0.005	0.190
7	Charaideo	6	0.005	0.030	6	0.005	0.030
8	Chirang	14	0.005	0.070	14	0.005	0.070
9	Darrang	20	0.005	0.100	20	0.005	0.100
10	Dhemaji	18	0.005	0.090	18	0.005	0.090
11	Dhubri	23	0.005	0.115	23	0.005	0.115
12	Dibrugarh	24	0.005	0.120	24	0.005	0.120
13	Dima Hasao	17	0.005	0.085	17	0.005	0.085
14	Goalpara	23	0.005	0.115	23	0.005	0.115
15	Golaghat	18	0.005	0.090	18	0.005	0.090
16	Hailakandi	20	0.005	0.100	20	0.005	0.100
17	Hojai	6	0.005	0.030	6	0.005	0.030
18	Jorhat	22	0.005	0.110	22	0.005	0.110
19	Kamrup Metro	23	0.005	0.115	23	0.005	0.115
20	Kamrup Rural	39	0.005	0.195	39	0.005	0.195
21	Karbi Anglong	18	0.005	0.090	18	0.005	0.090
22	Karimganj	13	0.005	0.065	13	0.005	0.065
23	Kokrajhar	20	0.005	0.100	20	0.005	0.100
24	Lakhimpur	26	0.005	0.130	26	0.005	0.130
25	Majuli	5	0.005	0.025	5	0.005	0.025
26	Morigaon	9	0.005	0.045	9	0.005	0.045
27	Nagaon	35	0.005	0.175	35	0.005	0.175

Sl	District	FY 2022-23			FY 2023-24		
		Quantity/ Target	Average Unit Cost (In lakh)	Financial allocation (Rs. in lakh)	Quantity/ Target	Average Unit Cost (In lakh)	Financial allocation (Rs. in lakh)
28	Nalbari	18	0.005	0.090	18	0.005	0.090
29	Sivasagar	23	0.005	0.115	23	0.005	0.115
30	Sonitpur	18	0.005	0.090	18	0.005	0.090
31	South Salmara	4	0.005	0.020	4	0.005	0.020
32	Tinsukia	18	0.005	0.090	18	0.005	0.090
33	Udalguri	13	0.005	0.065	13	0.005	0.065
34	West Karbi Anglong	8	0.005	0.040	8	0.005	0.040
35	State HQ	9	0.097	0.872	9	0.097	0.872
	Assam Total	**624**	**0.267**	**3.977**	**624**	**0.267**	**3.977**

G.   Guideline for implementation of ANMOL:

1. District wise detail fund breakup may be seen at **Annexure – F.**
2. **The expenditure should be booked under the head of account (FMR Code: RCH.1, Sl: 16.1 → Implementation of ANMOL)**
3. ANMOL Tablet received from Government of India under GAVI support have been provided to all ANMs of aspirational districts. Further, ANMOL Tablet is also provided to DPM, DDM, ADDM and IDSP district units.
4. Tablets are being provided to the ANMs of non-aspirational districts. Fund will be allocated to the non-aspirational districts after delivery of Tablets.
5. ANMOL should be implemented to ensure real time updating of 100% data in the RCH Portal through ANMOL.
6. Similarly, data should be uploaded in the NCD portal and AB-HWC ANMOL.
7. Training on ANMOL should be carried out and it should be ensured that all ANMs mandatorily use ANMOL Tablet and upload data regularly.
8. An amount of Rs. 200/- per Tablet per month may spent for implementation of ANMOL as operational expenditure including cost of SIM, Internet connectivity, MDM, etc.
9. SIM with Internet connectivity can be taken from any telecom service provider based on availability of network in the area.
10. All financial rules should be followed.
11. Total expenditure should not exceed the total amount allocated for the financial year.
12. District Accounts manager will maintain the Accounts as per rule. All vouchers and supporting documents must be kept in record for audit purpose and future verification.
13. Approval of Jt. DHS, DPM, DDM and DAM is mandatory before release of fund.
14. Role of Responsible Officer:
    i)   Implementation of ANMOL in all SCs
    ii) Utilization of fund following all norms

Annexure – G

District wise breakup of fund for Implementation of ANMOL

FMR Code: RCH.1, Sl: 16.1 → Implementation of ANMOL

Sl	District	For the FY 2022-23 (Rs. In Lakh)			For the FY 2023-24 (Rs. In Lakh)		
		Target to be covered in 2022-23 *(No of ANMOL Tablet)*	Unit cost (Average)	Amount	Target to be covered in 2023-24 *(No of ANMOL Tablet)*	Unit cost (Average)	Amount
1	Bajali	139	0.024	3.336	139	0.024	3.336
2	Baksa	329	0.024	7.896	329	0.024	7.896
3	Barpeta	480	0.024	11.520	480	0.024	11.520
4	Biswanath						
5	Bongaigaon						
6	Cachar						
7	Charaideo						
8	Chirang						
9	Darrang	381	0.024	9.144	381	0.002	9.144
10	Dhemaji						
11	Dhubri	465	0.024	11.16	465	0.024	11.16
12	Dibrugarh						
13	Dima Hasao						
14	Goalpara	359	0.024	8.616	359	0.024	8.616
15	Golaghat						
16	Hailakandi	228	0.024	5.472	228	0.024	5.472
17	Hojai						
18	Jorhat						
19	Kamrup Metro						
20	Kamrup Rural						
21	Karbi Anglong						
22	Karimganj						
23	Kokrajhar						
24	Lakhimpur						
25	Majuli						
26	Morigaon						

Sl	District	For the FY 2022-23 (Rs. In Lakh)			For the FY 2023-24 (Rs. In Lakh)		
		Target to be covered in 2022-23 (No of ANMOL Tablet)	Unit cost (Average)	Amount	Target to be covered in 2023-24 (No of ANMOL Tablet)	Unit cost (Average)	Amount
27	Nagaon						
28	Nalbari						
29	Sivasagar						
30	Sonitpur						
31	South Salmara	84	0.024	2.016	84	0.024	2.016
32	Tinsukia						
33	Udalguri	279	0.024	6.696	279	0.024	6.696
34	West Karbi Anglong						
	State Total	2,744	0.216	65.856	2,744	0.194	65.856

H.   Guidelines for implementation of e-Hospital Solution (Hospital Management System of NIC):

e-Hospital solution of NIC is being implemented in the State in phased manner.

At present, e-Hospitals solution is running in 23 District Hospitals and Medical Unit at Assam Secretariat. Filling up gap of IT infrastructure in another 15 hospitals are in different stages. In the FY 2022-23, it is proposed to take up 6 new hospitals for implementation of e-Hospital. All together e-Hospitals solution will be functioning in 47 hospitals as mentioned below:

Sl	Source	In numbers
1	Existing Hospital (23 DH and Medical Unit, Assam Secretariat)	24
2	Location Changed as DH upgraded to Medical College (Diphu and Lakhimpur)	2
3	Approved in 2021-22 (Majuli, Hojai and Charaideo)	3
4	Approved in ECRP-II	4
5	Additional Hospital taken up under ECRP-II as per approval of GB	8
6	New Hospital Proposed for the FY 2022-23	6
	Total	**47**

e-Hospital application of NIC shall be taken up in the following hospitals:

Sl	District	Name of the Health Institution	Source
1	Bajali	Pathsala SDCH	Approved under ECRP-II
2	Baksa	Dr. Ravi Baro Civil Hospital	Existing
3	BARPETA	BARPETA CIVIL HOSPITAL	Existing
4	Biswanath	Biswanath SDCH	Approved under ECRP-II
5	Biswanath	Gohpur SDCH	Taken up under ECRP-II
6	Bongaigaon	BONGAIGAON CH	Existing
7	Cachar	S.M. Dev Civil Hospital	Existing
8	Charaideo	Sonari District Hospital, Charaideo (New)	Approved in 2021-22
9	Chirang	JSB CIVIL Hospital	Existing
10	Darrang	MANGALDAI CIVIL HOSPITAL	Existing
11	Dhemaji	Dhemaji Civil Hospital	Existing
12	Dhubri	Dhubri Civil Hospital	Existing
13	Dima Hasao	Haflong Civil Hospital	Existing
14	Goalpara	200 Bedded Civil Hospital	Existing
15	Golaghat	Swahid Kushal Konwar Civil Hospital	Existing
16	Hailakandi	S.K.Roy Civil Hospital	Existing

SI	District	Name of the Health Institution	Source
17	Hojai	District Hospital, Hojai	Approved in 2021-22
18	Jorhat	Titabor SDCH	Taken up under ECRP-II
19	Kamrup Metro	Medical Unit, Assam Secretariat	Existing
20	Kamrup Metro	District Hospital Sonapur	Existing
21	Kamrup Metro	Dhirenpara FRU	Taken up under ECRP-II
22	Kamrup Metro	Pandu FRU	Taken up under ECRP-II
23	Kamrup Metro	CN Centre, GMCH	Taken up under ECRP-II
24	Kamrup Metro	Raj Bhawan Dispensary, Guwahati	Taken up under ECRP-II
25	Kamrup Rural	TRB Civil Hospital	Existing
26	Kamrup Rural	Bezera FRU	Taken up under ECRP-II
27	Karbi-Anglong	Bokajan CHC (Old approval Diphu civil Hospital)	Location Change
28	Karimganj	Karimganj Civil Hospital	Existing
29	Kokrajhar	RNB CH Kokrajhar	Existing
30	Lakhimpur	Dhakuakhana SDCH (Old approval North Lakhimpur Civil Hospital)	Location Change
31	Majuli	District Hospotal, Majuli (New)	Approved in 2021-22
32	Morigaon	Morigaon Civil Hospital	Existing
33	Nagaon	B P Civil Hospital + MCH wing	Existing
34	Nagaon	Jakhalabandha SDCH	Taken up under ECRP-II
35	Nalbari	SMK Civil Hospital	Existing
36	Sivasagar	Sivasagar Civil Hospital	Existing
37	Sonitpur	Kanaklata Civil Hospital	Existing
38	South Salmara Mankachar	Hatsingimari SDCH	Approved under ECRP-II
39	Tinsukia	LGB Civil Hospital	Existing
40	Udalguri	UDALGURI CIVIL HOSPITAL	Existing
41	West Karbi Anglong	Hamren SDCH	Approved under ECRP-II

List of new 6 hospitals will be shared on due course of time.

In the financial year 2022-23 and 2023-24, it is proposed to start all modules of e-Hospital so that actual benefit can be achieved.

1. **Operational Cost**:
   a) Operational cost for implementation of e-Hospital solution has been earmarked for each hospital based on OPD, IPD load of the facility and availability of fund as per allocation from Govt. of India.

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b) Internet connectivity should be established in all computers. District Hospital may take Internet Connectivity of any mode based on feasibility/ availability in the location within the budget limit.

c) District should explore option to get Internet connectivity through Bharat Net.

d) It is suggested to buy Data Card (Dongle) with minimum 1 year warranty to overcome the issue of LAN (Local Area Network) Connectivity at District Hospital. Dongle should work for all Internet Service Provider. Based on availability and feasibility of the Internet connectivity / bandwidth connection (4G SIM) to be taken from Internet Service Provider. The SIM connection should be on pre-paid basis so that it could be easy to change service provider if there is any Connectivity issue.

e) Monthly cost of Internet connectivity, and other operational cost including cost of paper, tonner/ cartridge, etc. may be incurred from this head for implementation of e-Hospital solution.

f) Maintenance of computer, printer etc. may also be incurred from this head. This will be applicable for items not under warranty.

g) Status of warranty period of the items should be assessed before incurring expenditure. In case of items are under warranty period, the same should be rectified through the respective vendors.

3 **Financial**:
   a) All financial norms should be followed.
   b) District wise detail fund breakup may be seen at **Annexure – H**
   c) **The expenditure should be booked under the head of account (FMR Code: HSS.12, sl 195.12 – Implementation of Hospital Management System)**
   d) Total expenditure should not exceed amount allocated for the financial year.
   e) Payment related to Cloud Server Cost for NIC and empaneled vendor of NIC shall be made from NHM State HQ. District should not make any payment to M/s Luminous Infoways Pvt. Ltd. or any other empaneled vendor of NIC without taking prior permission from Mission Director, NHM, Assam.

Annexure – H

Fund breakup for implementation of e-Hospital Solution (Hospital Management System of NIC)

FMR Code: HSS.12, sl 195.12 – Implementation of Hospital Management System

SI	District	FY 2022-23			FY 2023-24		
		Quantity/ Target	Average Unit Cost (In lakh)	Financial allocation (Rs. in lakh)	Quantity/ Target	Average Unit Cost (In lakh)	Financial allocation (Rs. in lakh)
1	Bajali	1	0.650	0.650	1	0.790	0.790
2	Baksa	1	0.910	0.910	1	1.174	1.174
3	Barpeta	1	1.258	1.258	1	1.646	1.646
4	Biswanath	2	0.580	1.160	2	0.692	1.384
5	Bongaigaon	1	1.060	1.060	1	1.404	1.404
6	Cachar	1	1.090	1.090	1	1.426	1.426
7	Charaideo	1	0.640	0.640	1	0.776	0.776
8	Chirang	1	0.740	0.740	1	0.936	0.936
9	Darrang	1	2.190	2.190	1	2.922	2.922
10	Dhemaji	1	1.150	1.150	1	1.490	1.490
11	Dhubri	1	1.740	1.740	1	2.316	2.316
12	Dibrugarh					#DIV/0!	
13	Dima Hasao	1	0.760	0.760	1	0.920	0.920
14	Goalpara	1	1.550	1.550	1	2.026	2.026
15	Golaghat	1	1.660	1.660	1	2.180	2.180
16	Hailakandi	1	1.250	1.250	1	1.630	1.630
17	Hojai	1	0.380	0.380	1	0.412	0.412
18	Jorhat	1	0.740	0.740	1	0.916	0.916
19	Kamrup Metro	6	0.350	2.100	6	0.435	2.612
20	Kamrup Rural	2	0.730	1.460	2	0.926	1.852
21	Karbi Anglong	1	1.050	1.050	1	0.650	0.650
22	Karimganj	1	1.240	1.240	1	1.656	1.656
23	Kokrajhar	1	0.910	0.910	1	1.154	1.154
24	Lakhimpur	1	0.860	0.860	1	0.424	0.424
25	Majuli	1	0.650	0.650	1	0.790	0.790
26	Morigaon	1	1.450	1.450	1	1.910	1.910
27	Nagaon	2	2.255	4.510	2	1.434	2.868
28	Nalbari	1	2.080	2.080	1	2.792	2.792
29	Sivasagar	1	1.140	1.140	1	1.476	1.476
30	Sonitpur	1	1.270	1.270	1	1.634	1.634

Sl	District	FY 2022-23			FY 2023-24		
		Quantity/ Target	Average Unit Cost (In lakh)	Financial allocation (Rs. in lakh)	Quantity/ Target	Average Unit Cost (In lakh)	Financial allocation (Rs. in lakh)
31	South Salmara Mankachar	1	0.570	0.570	1	0.702	0.702
32	Tinsukia	1	1.320	1.320	1	1.728	1.728
33	Udalguri	1	0.680	0.680	1	0.832	0.832
34	West Karbi Anglong	1	0.410	0.410	1	0.454	0.454
	Assam Total	**41**		**40.628**	**41**		**47.882**

Note:

- Cost of NIC Cloud Server and FMS of Cloud server of NIC shall be paid centrally from NHM State HQ. Payment to empaneled vendor of NIC shall be paid centrally from NHM State HQ.
- Fund provision for new hospitals shall be provided after filling up of gap of IT infrastructure and when the system will be ready.

Health Facility wise breakup of fund for e-Hospital:

Sl	District	Name of the Health Institution	2022-23	2023-24
1	Bajali	Pathsala SDCH	Rs.65,000.00	Rs.79,000.00
2	Baksa	Dr. Ravi Baro Civil Hospital	Rs.91,000.00	Rs.1,17,400.00
3	BARPETA	BARPETA CIVIL HOSPITAL	Rs.1,25,800.00	Rs.1,64,600.00
4	Biswanath	Biswanath SDCH	Rs.60,000.00	Rs.72,000.00
5	Biswanath	Gohpur SDCH	Rs.56,000.00	Rs.66,400.00
6	Bongaigaon	BONGAIGAON CH	Rs.1,06,000.00	Rs.1,40,400.00
7	Cachar	S.M. Dev Civil Hospital	Rs.1,09,000.00	Rs.1,42,600.00
8	Charaideo	Sonari District Hospital, Charaideo (New)	Rs.64,000.00	Rs.77,600.00
9	Chirang	JSB CIVIL Hospital	Rs.74,000.00	Rs.93,600.00
10	Darrang	MANGALDAI CIVIL HOSPITAL	Rs.2,19,000.00	Rs.2,92,200.00
11	Dhemaji	Dhemaji Civil Hospital	Rs.1,15,000.00	Rs.1,49,000.00
12	Dhubri	Dhubri Civil Hospital	Rs.1,74,000.00	Rs.2,31,600.00
13	Dima Hasao	Haflong Civil Hospital	Rs.76,000.00	Rs.92,000.00
14	Goalpara	200 Bedded Civil Hospital	Rs.1,55,000.00	Rs.2,02,600.00
15	Golaghat	Swahid Kushal Konwar Civil Hospital	Rs.1,66,000.00	Rs.2,18,000.00

Sl	District	Name of the Health Institution	2022-23	2023-24
16	Hailakandi	S.K.Roy Civil Hospital	Rs.1,25,000.00	Rs.1,63,000.00
17	Hojai	District Hospital, Hojai	Rs.38,000.00	Rs.41,200.00
18	Jorhat	Titabor SDCH	Rs.74,000.00	Rs.91,600.00
19	Kamrup Metro	Medical Unit, Assam Secretariat	Rs.10,000.00	Rs.14,000.00
20	Kamrup Metro	District Hospital Sonapur	Rs.66,000.00	Rs.80,400.00
21	Kamrup Metro	Dhirenpara FRU	Rs.59,500.00	Rs.77,900.00
22	Kamrup Metro	Pandu FRU	Rs.39,500.00	Rs.49,900.00
23	Kamrup Metro	CN Centre, GMCH	Rs.0.00	Rs.0.00
24	Kamrup Metro	Raj Bhawan Dispensary, Guwahati	Rs.35,000.00	Rs.39,000.00
25	Kamrup Rural	TRB Civil Hospital	Rs.70,000.00	Rs.88,400.00
26	Kamrup Rural	Bezera FRU	Rs.76,000.00	Rs.96,800.00
27	Karbi-Anglong	Bokajan CHC (Old approval Diphu civil Hospital)	Rs.1,05,000.00	Rs.65,000.00
28	Karimganj	Karimganj Civil Hospital	Rs.1,24,000.00	Rs.1,65,600.00
29	Kokrajhar	RNB CH Kokrajhar	Rs.91,000.00	Rs.1,15,400.00
30	Lakhimpur	Dhakuakhana SDCH (Old approval North Lakhimpur Civil Hospital)	Rs.86,000.00	Rs.42,400.00
31	Majuli	District Hospotal, Majuli (New)	Rs.65,000.00	Rs.79,000.00
32	Morigaon	Morigaon Civil Hospital	Rs.1,45,000.00	Rs.1,91,000.00
33	Nagaon	B P Civil Hospital + MCH wing	Rs.3,69,000.00	Rs.1,81,600.00
34	Nagaon	Jakhalabandha SDCH	Rs.82,000.00	Rs.1,05,200.00
35	Nalbari	SMK Civil Hospital	Rs.2,08,000.00	Rs.2,79,200.00
36	Sivasagar	Sivasagar Civil Hospital	Rs.1,14,000.00	Rs.1,47,600.00
37	Sonitpur	Kanaklata Civil Hospital	Rs.1,27,000.00	Rs.1,63,400.00
38	South Salmara Mankachar	Hatsingimari SDCH	Rs.57,000.00	Rs.70,200.00
39	Tinsukia	LGB Civil Hospital	Rs.1,32,000.00	Rs.1,72,800.00
40	Udalguri	UDALGURI CIVIL HOSPITAL	Rs.68,000.00	Rs.83,200.00
41	West Karbi Anglong	Hamren SDCH	Rs.41,000.00	Rs.45,400.00
	Assam Total		**Rs.40,62,800.00**	**Rs.47,88,200.00**

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