



OFFICE OF THE MISSION DIRECTOR
NATIONAL HEALTH MISSION, ASSAM



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No.: NHM-17017/10/2024-MIS-NHM/ 940
(ECF No: 498672)

Dated: 18/06/2024

From: Dr. M. S. Lakshmi Priya, IAS
Mission Director
National Health Mission, Assam

To:

1. Principal Secretary of Autonomous Councils (BTR/KAAC/DHAC)
2. District Commissioner (all districts)
3. Joint Director of Health Services, (all districts)

Sub: Programme Implementation Plan of HMIS, RCH and M&E activities for the FY 2024-25 and FY 2025-26.

Sir/ Madam,

With reference to the subject cited above, the district wise physical & financial allocation along with Operational Guidelines on HMIS, RCH and M&E activities for the FY 2024-25 and 2025-26 has been prepared for implementation of the activities in the state.

Govt. of India has approved for execution of different activities under the HMIS, RCH and M&E for the FY 2022-23 and FY 2023-24.

The district wise budget allocations against each of the activity/FMR code along with Operational Guidelines is enclosed herewith.

The district should strictly follow the all financial norms and guidelines for implementation of the approved activities.

For any clarification regarding implementation of the activities, you are requested to contact with respective owner of the activities. In case of any changes are made in the implementation plan, the matter will be communicated to districts


You are requested not to make any change in the allocation among different FMR codes without approval of the undersigned.

Owner of the activity has been indicated in the Programme Implementation Plan against each of the activities. He/She will be responsible for implementation and performance (physical & financial) of these activities within stipulated time schedule.

You are, therefore, requested to circulate the Programme Implementation Plan, HMIS, RCH and M&E activities to the all concerned immediately for timely implementation of the activities.

Yours sincerely,

Enclosure: As stated above.


(Dr. M. S. Lakshmi Priya, IAS)
Mission Director
National Health Mission, Assam

Memo No: NHM-17017/10/2024-MIS-NHM/

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241-49

Dated: 18/06/2024

Copy to:

- 1) Commissioner & Secretary to the Govt. of Assam, Health & Family Welfare Department, for favour of kind information.
- 2) Director of Health Services, Assam, for information.
- 3) Director of Health Services (FW), Assam, for information.
- 4) Executive Director, NHM, Assam, for information.
- 5) Officer on Special Duty, NHM, Assam, for information.
- 6) ADC (Health),, for information.
- 7) All Officers/ SPO/ SNO/ Component Heads / Consultants, HM State HQ.
- 8) District Programme Manager/ District Data Manager/ District Accounts Manager/ Assistant District Data Manager,, for necessary action.
- 9) PS to Hon'ble Minister of Health & Family Welfare, for kind appraisal of Hon'ble Minister of Health & Family Welfare, Govt. of Assam



Mission Director
National Health Mission, Assam

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

For the Financial Year 2024-25 and 2025-26



ৰাষ্ট্ৰীয় স্বাস্থ্য অভিযান, অসম

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

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GUIDELINES FOR IMPLEMENTATION OF HMIS, RCH PORTAL/MCTS AND M&E ACTIVITIES FOR THE FINANCIAL YEAR 2024-26

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1. Preface:

In the approval of State PIP for the financial year 2024-25 and 2025-26, 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 2024-25 and 2025-26.

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 2024-25 and 2025-26. 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.

In pursuance to D.O. No. Z-13015/01/2024-Stats dated 16th January 2024 from Secretary, Ministry of Health & Family Welfare, Government of India, reporting of 100% private health facilities on HMIS will be one of the key priority areas for the FY 2024-25 and 2025-26.

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 spirit 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 2024-25 and 2025-26 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 2024-25 and 2025-26. Near real time data uploading through ANMOL by ANMs will be one of the strategy for implementation of RCH portal.

Generation and linking of Ayushman Bharat Health Account (ABHA) Id with RCH Id will be continued in the FY 2024-25 and 2025-26.

Further, in pursuance to D.O. No. Q.11011/2/2020/MMPC-RCH-Div.(Pt.2) dated 22nd May 2024 from Additional Secretary & Mission Director (NHM), Ministry of Health & Family Welfare, Government of India, RCH 2.0 shall be implemented from the FY 2024-25.

Implementation of NextGen e-Hospital and e-Hospital in the identified health facilities will also be one of the priority areas.

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2. PIP Conditionality and Key Deliverables related to HMIS & RCH activities for the FY 2024-25 and 2025-26:

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 2024-25 and 2025-26 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 or similar state portal | +5 to -5 |

Further, Ministry of Health & Family Welfare, Government of India has defined a set of Key Deliverables for the financial year 2024-25 and 2025-26. Following key deliverables are directly linked with RCH portal:

| SI | Indicator | Target 2024-25 | Target 2025-26 |
|----|--|---|---|
| 1 | % 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 |

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| SI | Indicator | Target 2024-25 | Target 2025-26 |
|----|--|--|---|
| 2 | <p>% of Service Delivery Coverage of entitled Pregnant Women for ANC services.</p> <p>Numerator: Total No. of PW received All ANC services (ANC1 + ANC2 + ANC3 + ANC4 + TT1 / TT2 + 180 IFA tablet)</p> <p>Denominator: Total PW expected for Service based on reporting period</p> | <p>>70%</p> <p>All ANC services of Pregnant women [For UTs and NE States].</p> | <p>>70%</p> <p>All ANC services of Pregnant women [For UTs and NE States].</p> |
| 3 | <p>Percentage of Service Delivery Coverage of entitled Child [0-1 Year] for Immunization services.</p> <p>Numerator: Total No. of Child received All Immunization services (as per National Immunization Schedule)</p> <p>Denominator: Total child expected for Service based on reporting period.</p> | <p>>70%</p> <p>All Immunization services of Child [For UTs and NE States].</p> | <p>>70%</p> <p>All Immunization services of Child [For UTs and NE States].</p> |
| 4 | <p>Percentage of total Delivery reported of Pregnant Women.</p> <p>Numerator: Total No. of Delivery reported</p> <p>Denominator: Total PW expected for Delivery based on reporting period</p> | <p>>85%</p> <p>Delivery reported [For UTs and NE States]</p> | <p>>85%</p> <p>Delivery reported [For UTs and NE States]</p> |
| 5 | <p>Health provider(ANM) using ANMOL application for entering Data</p> <p>Numerator: Total No. of Users (ANM) doing dataentry.</p> <p>Denominator: Total no. active users (ANMs) registered in RCH Portal.</p> | <p>>75%</p> <p>Health provider (ANM and ASHA) are registered with validated Mobile Number [For UTs and NE States]</p> | <p>>75%</p> <p>Health provider (ANM and ASHA) are registered with validate d Mobile Number [For UTs and NE States]</p> |

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Further, for the following key deliverables for the financial year 2024-25 and 2025-26, data source will be taken from RCH portal:

| Sl | Indicator |
|----|---|
| 1 | <p>% of high risk pregnancies identified</p> <p>Numerator: Total no. of PW identified as High Risk Pregnancy (HRP) Denominator: Total number of PW registered for ANC</p> |
| 2 | <p>% of HRP Managed</p> <p>Numerator: Total no. of High Risk Pregnancies (HRP) managed Denominator: Total number of High Risk Pregnancies identified</p> |
| 3 | <p>% of Live Birth</p> <p>Numerator: Total number of Live Birth reported Denominator: Estimated number of Live Birth (SRS)</p> |
| 4 | <p>% of pregnant women screened for hepatitis B (HBsAg) against the target (Institutional Deliveries)</p> |
| 5 | <p>% of new borns administered HBIG among new borns delivered to HBsAg positive pregnant women at health care facility</p> |

Related to HMIS Portal:

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

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For the following key deliverables, data source is HMIS:

| Sl no | Indicator Statement | Indicator |
|-------|--|--|
| 1 | ANC Coverage | Percentage of PW registered for ANC <i>Numerator: Total number of PW registered for ANC</i> <i>Denominator: Total number of estimated pregnancies</i> |
| 2 | ANC registration in 1 st trimester of pregnancy (within 12 weeks) | Percentage of PW registered for ANC in 1 st trimester <i>Numerator: Total number of PW registered in 1st Trimester</i> <i>Denominator: Total number of PW registered for ANC</i> |
| 3 | Pregnant Women who received 4 or more ANC check-ups | % of PW received 4 or more ANC check-ups <i>Numerator: Total number of PW received 4 or more ANC</i> <i>Denominator: Total number of PW registered for ANC</i> |
| 4 | Institutional Deliveries | % of institutional deliveries out of total ANC registration <i>Numerator: Total number of institutional deliveries (public + private)</i> <i>Denominator: Total number of PW registered for ANC</i> |
| 5 | Maternal death review mechanism | % of maternal deaths reviewed against the reported maternal deaths. <i>Numerator: Total no. of maternal deaths reviewed</i> <i>Denominator: Total no. of maternal deaths reported</i> |
| 6 | Still birth Rate | Still Birth Rate <i>Numerator: Total no. of Stillbirth Reported</i> <i>Denominator: Total no. of Reported Deliveries</i> |
| 7 | Full immunization coverage | Percentage of Full Immunization Coverage (FIC) <i>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</i> <i>Denominator: Total No. of target children in 9-11 months' age group</i> |
| 8 | Coverage of birth dose Hepatitis B | Percentage of children receiving birth dose Hepatitis B as against institutional deliveries <i>Numerator: Total no. of infants immunized with birth dose of Hepatitis B.</i> <i>Denominator: Total no. of institutional deliveries</i> |

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| Sl no | Indicator Statement | Indicator |
|-------|-------------------------------------|--|
| 9 | Dropout % of children | <p>Percentage drop out of children from Pentavalent 1 to Pentavalent 3</p> <p><i>Numerator: Total no. of children immunized with Pentavalent 1 – Total no. of children immunized with Pentavalent 3</i></p> <p><i>Denominator: Total no. of children immunized with Pentavalent 1</i></p> |
| 10 | Dropout % of children | <p>Percentage dropout of children from Pentavalent 3 to MR 1</p> <p><i>Numerator: Total no. of children immunized with Pentavalent 3 – Total no. of children immunized with MCV/MR 1</i></p> <p><i>Denominator: Total no. of children immunized with Pentavalent 3</i></p> |
| 11 | Dropout % of children | <p>Percentage drop out of children from MR 1 to MR2</p> <p><i>Numerator: Total no. of children immunized with MR 1 – Total no. of children immunized with MR 2</i></p> <p><i>Denominator: Total no. of children immunized with MR 1</i></p> |
| 12 | TT10 coverage | <p>Percentage of children receiving Td10</p> <p><i>Numerator: Total no. of children ≥ 10 years old immunized with Td10</i></p> <p><i>Denominator: Total no. of children ≥ 10 years of age</i></p> |
| 13 | Early Initiation of Breastfeeding | <p>Percentage of newborn breastfeed within one-hour birth against total live birth.</p> <p><i>Numerator: Number of new born breastfeed within one hour of birth.</i></p> <p><i>Denominator: Total live births registered in that period.</i></p> |
| 14 | IFA coverage Anaemia Mukh Bharat | <p>Percentage of pregnant women given 180 IFA tablets as against pregnant women registered for ANC</p> <p><i>Numerator: Number of pregnant women given IFA tablets.</i></p> <p><i>Denominator: Number of pregnant women registered for ANC in that period.</i></p> |

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| Sl no | Indicator Statement | Indicator |
|-------|--|--|
| 15 | IFA coverage Anaemia Mukht Bharat | Percentage of children 6-59 months given 8-10 doses of IFA syrup every month <i>Numerator: Total number of children 6-59 months given 8- 10 doses of IFA syrup in the reporting month</i> <i>Denominator: Number of children 6-59 months covered under the programme (Target Beneficiaries)</i> |
| 16 | IFA coverage Anaemia Mukht Bharat | Percentage of children 5-9 years given 4-5 IFA tablets every month <i>Numerator: Total number of children 5-9 years given 4-5 IFA tablets in the reporting month</i> <i>Denominator: Number of children 5-9 years covered under the programme (Target Beneficiaries)</i> |
| 17 | PPIUCD acceptance | Percentage of PPIUCD acceptance among Institutional deliveries <i>Numerator: Number of PPIUCDs inserted in public facilities</i> <i>Denominator: Number of institutional deliveries in public facilities</i> |
| 18 | Injectable MPA users | Percentage of Injectable MPA users among Eligible Couples <i>Numerator: Total number of Injectable MPA doses/4</i> <i>Denominator: Number of Eligible Couples</i> |
| 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. <i>Numerator: Total Clients registered at AFHC.</i> <i>Denominator: Number of AFHCs divided by no. of months (per AFHC per month)</i> |
| 20 | WIFS coverage | Percentage coverage of in- school beneficiaries under WIFS Programme every month. <i>Numerator- Total no in School beneficiaries covered</i> <i>Denominator- Targeted beneficiaries (In School)</i> |

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| SI no | Indicator Statement | Indicator |
|-------|--|--|
| 21 | WIFS coverage | <p>Percentage coverage of out- of-school (girls) under WIFS Programme every month.</p> <p><i>Numerator- Total no out of School beneficiaries covered</i></p> <p><i>Denominator- Targeted beneficiaries (out of School)</i></p> |
| 22 | Menstrual Hygiene Scheme coverage | <p>Percentage coverage of Adolescent Girls against the target under Menstrual Hygiene Scheme</p> <p><i>Numerator- Total no, of adolescent girls receiving sanitary napkins under MHS</i></p> <p><i>Denominator- Total No. of adolescent girls to be covered</i></p> |
| 23 | Strengthening Oral Health Services | <p>Percentage of PHFs providing dental care services upto CHC level against total PHFs upto CHC level (DH/SDH/CHC)</p> |
| 24 | Providing quality healthcare services in Urban India | <p>Urban pregnant women accessing 4 or more antenatal care at UPHC- HWC and UCHC increased.</p> <p><i>Numerator: No. of PW who have received 4 or more ANC's</i></p> <p><i>Denominator: Total PW registered for ANC</i></p> |
| 25 | Providing quality healthcare services in Urban India | <p>Number of monthly Urban Health and Nutrition Day (UHND) approved /organized</p> |

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3. Indicators of Aspirational Block Programme where data source is HMIS:

| Indicator | indicator Type | Revised Indicator | Frequency | Source | API Integration |
|-----------|----------------|--|-----------|--------|-----------------|
| 1.1 | Indicator | Percentage of ANC registered within the first trimester against Total ANC Registration | Monthly | | Yes |
| | Numerator | Number of ANCs registered within 1st trimester (within 12 weeks) | Monthly | HMIS | Yes |
| | Denominator | Total no. of pregnant women registered for antenatal care during the month | Monthly | HMIS | Yes |
| 1.2 | Indicator | Percentage of institutional deliveries to total reported deliveries | Monthly | | Yes |
| | Numerator | No. of institutional deliveries conducted | Monthly | HMIS | Yes |
| | Denominator | Total number of reported deliveries | Monthly | HMIS | Yes |
| 1.3 | Indicator | Percentage of low birth weight babies (less than 2500g) | Monthly | | Yes |
| | Numerator | Total number of live births with a birth weight less than 2500g | Monthly | HMIS | Yes |
| | Denominator | Total number of reported live births weighed | Monthly | HMIS | Yes |

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4. Priority areas for the FY 2024-25 and 2025-26:

Following activities are prioritized in the financial year 2024-25 and 2025-26:

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. Further, new HMIS format implemented with effect from April 2023.

HMIS data is widely used for planning, programme implementation and monitoring & review purposes.

In the year 2024-25 and 2025-26, 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 2024-25 and 2025-26, 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 2024-25 and 2025-26.** 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, nursing homes, tea garden hospitals, clinics etc. will be one of the focus area for the FY 2024-25 and 2025-26. Reference D.O. No. Z-13015/01/2024-Stats dated 16th January 2024 from Secretary, Ministry of Health & Family Welfare, Government of India.**
- iii) In the financial year 2024-25 and 2025-26, capturing of data on HMIS from **other public sector hospitals like ESIC hospital, Railway Hospital, OIL Hospital, Refinery Hospital etc.**
- iv) In the year 2024-25 and 2025-26, it is proposed to provide orientation of all data handlers on HMIS at District and Block level (including private hospitals).
- v) Focus on data quality issues will be prioritized in 2024-25 and 2025-26.
- vi) As per decision taken by Government of India, now **Rural Health Statistics is 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.
- vii) 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

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

- viii) Periodic review of HMIS data elements linked with SDG Indicators, NITI Aayog indicators, Rural Health Statistics, Aspirational Block Programme, District Hospital Ranking, PHC Grading, CHC Grading, SDCH Grading shall be undertaken at State and District level.
- ix) Use of HMIS data in all review meetings at State, District and Block level.
- x) Monthly meeting of District level HMIS Core team committee for data quality which was constituted in 2009. Representatives from all divisions must be invited for the meeting. Minutes of the meetings must be shared with State HQ.

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

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 Borne Disease Control Programme (NVBDCP), Nikshya - National Tuberculosis Elimination Program (NTEP), 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 Arogya Mandir.
- 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.

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- 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 signing 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. RCH Portal & ANMOL:

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.

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

- i) In the FY 2024-25 and 2025-26, it is envisaged to roll out RCH Portal with 100% coverage of Eligible Couple, Pregnant Women and Children.

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- ii) **Registration of 100% pregnant women and children in the RCH portal is one of the key PIP conditionality for the FY 2024-25 and 2025-26 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) In pursuance to D.O. No. Q.11011/2/2020/MMPC-RCH-Div.(Pt.2) dated 22nd May 2024 from Additional Secretary & Mission Director (NHM), Ministry of Health & Family Welfare, Government of India, RCH 2.0 shall be implemented from the FY 2024-25.
- iv) **Regular updating of service delivery data and utilization of work-plan shall be focus area**
- v) **Regular review of performance for the indicators related to PIP conditionality and Key deliverables.**
- vi) Near real time updating of data by ANMs through ANMOL. It should be ensured that 100% ANMs used ANMOL.
- vii) **Verification and validation of phone number of ANM and ASHA will be focused area.**
- viii) **Generation of ABHA Id and linking with RCH Id will be one of the focus area.**

4. **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). DVDMS will be implemented up to the level of Ayushman Arogya Mandirs.

5. **e-Hospital solution:**

In the FY 2024-25, it is proposed to implement e-Hospital solution in 103 hospitals of the State.

6. **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) It is proposed to continue all national portals like online SNCU online monitoring system, PMSMA Portal, NP-NCD Portal, AB-AAM portal, RBSK Portal, Nikshay, FP-LMIS, etc.

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7. 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”, “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.

All these applications are proposed to be continued in the financial year 2024-25 and 2025-26.

8. 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 2024-25 and 2025-26, it is proposed to regularly update the website as per e-Prastuti guidelines.

9. Capacity Building on HMIS and RCH Portal:

Following capacity building workshops are proposed in the financial year 2024-25 and 2025-26:

- 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

5. Summary of allocation for the year 2024-25 and 2025-26:

| Sl | FMR code | Sl. No. | Activity/Sub-Activity | Fresh RoP Approvals F.Y. :: 2024 - 2026 | | Fund allocated for State HQ Activities (Rs. in lakh) | | Total fund allocated to the Districts (Rs. in lakh) | |
|----|----------|---------|---|--|---------|--|---------|---|---------|
| | | | | 2024-25 | 2025-26 | 2024-25 | 2025-26 | 2024-25 | 2025-26 |
| 1 | RCH.1 | 16.1 | Implementation of ANMOL | 241.54 | 241.54 | 14.136 | 14.136 | 227.400 | 227.400 |
| 2 | HSS.12 | 195.1 | Training cum review meeting for HMIS & MCTS at State Level | 9.00 | 9.00 | 9.000 | 9.000 | | |
| 3 | HSS.12 | 195.2 | Training cum review meeting for HMIS & MCTS at District Level | 90.84 | 94.24 | 1.449 | 1.521 | 89.394 | 92.715 |
| 4 | HSS.12 | 195.3 | Training cum review meeting for HMIS & MCTS at Block Level | 155.98 | 161.87 | 0.000 | 0.000 | 155.985 | 161.875 |
| 5 | HSS.12 | 195.4 | Printing of HMIS Formats | 67.54 | 67.54 | 33.770 | 67.54 | 33.771 | |
| 6 | HSS.12 | 195.5 | Printing of RCH Registers | 120.00 | | 120.00 | | | |
| 7 | HSS.12 | 195.6 | Any Other (Printing of Instruction Manuals of RCH Register version 2.0) | | | | | | |
| 8 | HSS.12 | 195.7 | Mobility support for HMIS and MCTS | 51.96 | 51.96 | 51.96 | 51.96 | | |
| 9 | HSS.12 | 195.8 | Internet connectivity through LAN/ Data Card | 78.30 | 78.30 | 2.972 | 2.972 | 75.328 | 75.328 |

**GUIDELINES FOR IMPLEMENTATION OF HMIS, RCH PORTAL/MCTS AND M&E ACTIVITIES FOR THE
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| SI | FMR code | Sl. No. | Activity/Sub-Activity | Fresh RoP Approvals F.Y. :: 2024 - 2026 | | Fund allocated for State HQ Activities (Rs. in lakh) | | Total fund allocated to the Districts (Rs. in lakh) | |
|----|----------|---------|---|--|----------------|--|---------------|---|-----------------|
| | | | | 2024-25 | 2025-26 | 2024-25 | 2025-26 | 2024-25 | 2025-26 |
| 10 | HSS.12 | 195.9 | Operational cost for AMC for Desktop Computer, Laptop Computer, Printer, UPS etc | 3.97 | 3.97 | 3.97 | 3.97 | | |
| 11 | HSS.12 | 195.1 | Mobile reimbursement and incentives: For ASHA and Urban ASHA | 404.05 | 404.05 | | | 404.052 | 404.052 |
| 12 | HSS.12 | 195.11 | Procurement of Computer/Printer/ UPS/ Laptop | | | | | | |
| 13 | HSS.12 | 195.12 | Implementation of Hospital Management System | 100.00 | 120.00 | 47.49 | 53.84 | 52.510 | 66.160 |
| 14 | HSS.12 | 195.13 | Operational Cost for Server of NHM, Internet Connectivity at Server, Security Audit of Swasthya Sewa Dapon, etc | 20.91 | 0.00 | 20.91 | | | |
| 15 | HSS.12 | 195.14 | Any Other (Printing of HMIS Data Definition Guidelines) | 9.96 | | 9.96 | | | |
| 16 | HSS.12 | 196.1 | Implementation of DVDMS | 90.69 | 99.76 | 90.69 | 99.76 | | |
| 17 | HSS.12 | 196.2 | Implementation of eMMS | 149.31 | 149.31 | 149.31 | 149.31 | | |
| | | | Programme Total: | 1594.05 | 1481.54 | 555.62 | 454.01 | 1038.439 | 1027.530 |

6. Activity wise FMR Owner:

| SI | FMR Code/ SL. No. | | Activity/Sub-Activity | Responsible Officer of the activity | | |
|----|----------------------|---------|--|--|-------------------|----------------|
| | FMR code | Sl. No. | | At State HQ | At District level | At Block level |
| 1 | RCH.1 | 16.1 | Implementation of ANMOL | Manager-MIS | DDM | BDM |
| 2 | HSS.12 | 195.1 | Training cum review meeting for HMIS & MCTS at State Level | Manager-MIS | | |
| 3 | HSS.12 | 195.2 | Training cum review meeting for HMIS & MCTS at District Level | Manager-MIS | DDM | |
| 4 | HSS.12 | 195.3 | Training cum review meeting for HMIS & MCTS at Block Level | Manager-MIS | DDM | BDM |
| 5 | HSS.12 | 195.4 | Printing of HMIS Formats | Manager-MIS | DDM | |
| 6 | HSS.12 | 195.5 | Printing of RCH Registers | Manager-MIS | | |
| 7 | HSS.12 | 195.6 | Any Other (Printing of Instruction Manuals of RCH Register version 2.0) | | | |
| 8 | HSS.12 | 195.7 | Mobility support for HMIS and MCTS | Manager-MIS | | |
| 9 | HSS.12 | 195.8 | Internet connectivity through LAN/ Data Card | Manager-MIS | DDM | BDM |
| 10 | HSS.12 | 195.9 | Operational cost for AMC for Desktop Computer, Laptop Computer, Printer, UPS etc | Manager-MIS | | |
| 11 | HSS.12 | 195.1 | Mobile reimbursement and incentives: For ASHA and Urban ASHA | Manager-MIS | DDM | BDM |
| 12 | HSS.12 | 195.11 | Procurement of Computer/ Printer/ UPS/ Laptop | | | |
| 13 | HSS.12 | 195.12 | Implementation of Hospital Management System | Manager-MIS | DDM | BDM |

**GUIDELINES FOR IMPLEMENTATION OF HMIS, RCH PORTAL/MCTS AND M&E ACTIVITIES FOR THE
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| Sl | FMR Code/ Sl. No. | | Activity/Sub-Activity | Responsible Officer of the activity | | |
|----|----------------------|--------|---|--|-------------------|----------------|
| | | | | At State HQ | At District level | At Block level |
| 14 | HSS.12 | 195.13 | Operational Cost for Server of NHM, Internet Connectivity at Server, Security Audit of Swasthya Sewa Dapon, etc | Manager-MIS | | |
| 15 | HSS.12 | 195.14 | Any Other (Printing of HMIS Data Definition Guidelines) | Manager-MIS | | |
| 16 | HSS.12 | 196.1 | Implementation of DVDMS | AMSCL | | |
| 17 | HSS.12 | 196.2 | Implementation of eMMS | AMSCL | | |

7. 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.

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8. Activity specific guidelines:

A) Guideline for implementation of ANMOL (FMR Code RCH.1 – 16.1):

Ministry of Health & Family Welfare (MoHFW), Government of India has implemented an android based tablet application called ANMOL i.e. ANM online designed for the use of ANMs to update registration and service delivery data of beneficiaries on real-time basis. ANMOL has been implemented all districts of the State.

Fund is allocated to the districts under **FMR Code RCH.1 – 16.1** for the FY 2024-25 and 2025-26 as per breakup mentioned below.

Calculation is made based on number of ANMs registered under RCH Portal as on 31st March 2024:

| Sl | District | No of ANMs registered under RCH Portal as on 31st March 2024 | Amount sanctioned for FY 2024-25 @Rs. 200/- per ANM per month | Amount sanctioned for FY 2025-26 @Rs. 200/- per ANM per month |
|----|---------------------|--|---|---|
| 1 | Baksa | 267 | Rs.6,40,800.00 | Rs.6,40,800.00 |
| 2 | Barpeta & Bajali | 570 | Rs.13,68,000.00 | Rs.13,68,000.00 |
| 3 | Biswanath | 299 | Rs.7,17,600.00 | Rs.7,17,600.00 |
| 4 | Bongaigaon | 160 | Rs.3,84,000.00 | Rs.3,84,000.00 |
| 5 | Cachar | 449 | Rs.10,77,600.00 | Rs.10,77,600.00 |
| 6 | Charaideo | 152 | Rs.3,64,800.00 | Rs.3,64,800.00 |
| 7 | Chirang | 136 | Rs.3,26,400.00 | Rs.3,26,400.00 |
| 8 | Darrang | 357 | Rs.8,56,800.00 | Rs.8,56,800.00 |
| 9 | Dhemaji | 194 | Rs.4,65,600.00 | Rs.4,65,600.00 |
| 10 | Dhubri | 387 | Rs.9,28,800.00 | Rs.9,28,800.00 |
| 11 | Dibrugarh | 435 | Rs.10,44,000.00 | Rs.10,44,000.00 |
| 12 | Dima Hasao | 191 | Rs.4,58,400.00 | Rs.4,58,400.00 |
| 13 | Goalpara | 287 | Rs.6,88,800.00 | Rs.6,88,800.00 |
| 14 | Golaghat | 305 | Rs.7,32,000.00 | Rs.7,32,000.00 |
| 15 | Hailakandi | 195 | Rs.4,68,000.00 | Rs.4,68,000.00 |
| 16 | Hojai | 166 | Rs.3,98,400.00 | Rs.3,98,400.00 |
| 17 | Jorhat | 296 | Rs.7,10,400.00 | Rs.7,10,400.00 |
| 18 | Kamrup | 572 | Rs.13,72,800.00 | Rs.13,72,800.00 |
| 19 | Kamrup Metropolitan | 246 | Rs.5,90,400.00 | Rs.5,90,400.00 |
| 20 | Karbi Anglong | 273 | Rs.6,55,200.00 | Rs.6,55,200.00 |
| 21 | Karimganj | 320 | Rs.7,68,000.00 | Rs.7,68,000.00 |
| 22 | Kokrajhar | 277 | Rs.6,64,800.00 | Rs.6,64,800.00 |

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| Sl | District | No of ANMs registered under RCH Portal as on 31st March 2024 | Amount sanctioned for FY 2024-25 @Rs. 200/- per ANM per month | Amount sanctioned for FY 2025-26 @Rs. 200/- per ANM per month |
|----|-------------------------|--|---|---|
| 23 | Lakhimpur | 378 | Rs.9,07,200.00 | Rs.9,07,200.00 |
| 24 | Majuli | 80 | Rs.1,92,000.00 | Rs.1,92,000.00 |
| 25 | Marigaon | 314 | Rs.7,53,600.00 | Rs.7,53,600.00 |
| 26 | Nagaon | 487 | Rs.11,68,800.00 | Rs.11,68,800.00 |
| 27 | Nalbari | 302 | Rs.7,24,800.00 | Rs.7,24,800.00 |
| 28 | Sivasagar | 302 | Rs.7,24,800.00 | Rs.7,24,800.00 |
| 29 | Sonitpur | 263 | Rs.6,31,200.00 | Rs.6,31,200.00 |
| 30 | South Salmara Mancachar | 77 | Rs.1,84,800.00 | Rs.1,84,800.00 |
| 31 | Tinsukia | 344 | Rs.8,25,600.00 | Rs.8,25,600.00 |
| 32 | Udalguri | 272 | Rs.6,52,800.00 | Rs.6,52,800.00 |
| 33 | West Karbi Anglong | 122 | Rs.2,92,800.00 | Rs.2,92,800.00 |
| 34 | State HQ | | Rs.14,13,600.00 | Rs.14,13,600.00 |
| | Total | 9475 | Rs.2,41,53,600.00 | Rs.2,41,53,600.00 |

Guidelines:

1. It should be ensured that all ANMs updated data in the ANMOL on real time basis.
2. It should be ensured that 100% eligible couple, pregnant women and children are registered through ANMOL.
3. Focus should be given on real time updating of service delivery performance by ANMs through ANMOL.
4. Regular review of performance based on RCH/ ANMOL should be ensured. Status of service delivery data should be ensured.
5. The expenditure to be booked under **FMR code RCH.1 – 16.1** for the FY 2024-15 and 2025-26.
6. An amount of Rs. 200/- per ANM per month may spent for implementation of ANMOL as operational expenditure including cost of SIM, Internet connectivity, etc.
7. SIM with Internet connectivity can be taken from any telecom service provider based on availability of network in the area.
8. Mobile bill/ Data / Internet bill may be reimbursed to ANMs with maximum limit of Rs. 200/- per ANM per month.
9. Payment to be made only to ANMs who have used ANMOL for data entry in RCH portal during that month.

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GUIDELINES FOR IMPLEMENTATION OF HMIS, RCH PORTAL/MCTS AND M&E ACTIVITIES FOR THE FINANCIAL YEAR 2024-26

10. **Payment should be released on monthly basis** and expenditure should be booked accordingly.
11. Payment may be released to ANMs used ANMOL based on data reflected in the RCH portal.
12. All financial rules should be followed.
13. Total expenditure should not exceed the total amount allocated for the financial year.
14. 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.
15. Approval of Jt. DHS, DPM, DDM and DAM is mandatory before release of fund.
16. Role of Responsible Officer:
 - i) Implementation of ANMOL by all ANMs
 - ii) Timely release of payment to ANMs
 - iii) Utilization of fund following all norms

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GUIDELINES FOR IMPLEMENTATION OF HMIS, RCH PORTAL/MCTS AND M&E ACTIVITIES FOR THE FINANCIAL YEAR 2024-26

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

Fund is sanctioned under FMR code HSS.12-195.2 for Training cum Review Meetings at District level as per breakup mentioned:

| Sl | District | For the FY 2024-25 (Rs. In Lakh) | | | | For the FY 2025-26 (Rs. in Lakh) | | |
|----|--|-------------------------------------|---------------------------------|---------------------|---------|-------------------------------------|---------------------|---------|
| | | Unit of measure | Target to be covered in 2024-25 | Unit cost (Average) | Amount | Target to be covered in 2025-26 | Unit cost (Average) | Amount |
| | | a | b | c | d (bXc) | b | c | d (bXc) |
| 1 | State HQ (Amount for Bajali district is kept at State HQ) | No of training cum review meeting | 4 | 0.362 | 1.449 | 4 | 0.380 | 1.521 |
| 2 | Baksa | No of training cum review meeting | 4 | 0.700 | 2.800 | 4 | 0.700 | 2.800 |
| 3 | Barpeta | No of training cum review meeting | 4 | 0.626 | 2.503 | 4 | 0.657 | 2.628 |
| 4 | Biswanath | No of training cum review meeting | 4 | 0.810 | 3.240 | 4 | 0.850 | 3.400 |
| 5 | Bongaigaon | No of training cum review meeting | 4 | 0.508 | 2.033 | 4 | 0.559 | 2.236 |
| 6 | Cachar | No of training cum review meeting | 4 | 1.009 | 4.035 | 4 | 1.110 | 4.438 |
| 7 | Charaideo | No of training cum review meeting | 4 | 0.400 | 1.600 | 4 | 0.400 | 1.600 |
| 8 | Chirang | No of training cum review meeting | 4 | 0.485 | 1.940 | 4 | 0.509 | 2.037 |

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**GUIDELINES FOR IMPLEMENTATION OF HMIS, RCH PORTAL/MCTS
AND M&E ACTIVITIES FOR THE FINANCIAL YEAR 2024-26**

| Sl | District | For the FY 2024-25 (Rs. In Lakh) | | | | For the FY 2025-26 (Rs. in Lakh) | | |
|----|------------|-------------------------------------|---------------------------------|---------------------|---------|-------------------------------------|---------------------|---------|
| | | Unit of measure | Target to be covered in 2024-25 | Unit cost (Average) | Amount | Target to be covered in 2025-26 | Unit cost (Average) | Amount |
| | | a | b | c | d (bXc) | b | c | d (bXc) |
| 9 | Darrang | No of training cum review meeting | 4 | 0.500 | 2.000 | 4 | 0.500 | 2.000 |
| 10 | Dhemaji | No of training cum review meeting | 4 | 0.625 | 2.499 | 4 | 0.687 | 2.749 |
| 11 | Dhubri | No of training cum review meeting | 4 | 0.700 | 2.800 | 4 | 0.700 | 2.800 |
| 12 | Dibrugarh | No of training cum review meeting | 4 | 0.800 | 3.200 | 4 | 0.800 | 3.200 |
| 13 | Dima Hasao | No of training cum review meeting | 4 | 0.509 | 2.038 | 4 | 0.560 | 2.242 |
| 14 | Goalpara | No of training cum review meeting | 4 | 1.000 | 4.000 | 4 | 1.000 | 4.000 |
| 15 | Golaghat | No of training cum review meeting | 4 | 0.662 | 2.648 | 4 | 0.662 | 2.648 |
| 16 | Hailakandi | No of training cum review meeting | 4 | 0.970 | 3.881 | 4 | 1.067 | 4.269 |
| 17 | Hojai | No of training cum review meeting | 4 | 0.500 | 2.000 | 4 | 0.500 | 2.000 |
| 18 | Jorhat | No of training cum review meeting | 4 | 0.725 | 2.900 | 4 | 0.725 | 2.900 |

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**GUIDELINES FOR IMPLEMENTATION OF HMIS, RCH PORTAL/MCTS
AND M&E ACTIVITIES FOR THE FINANCIAL YEAR 2024-26**

| SI | District | For the FY 2024-25 (Rs. In Lakh) | | | | For the FY 2025-26 (Rs. in Lakh) | | |
|----|---------------|-------------------------------------|---------------------------------|---------------------|---------|-------------------------------------|---------------------|---------|
| | | Unit of measure | Target to be covered in 2024-25 | Unit cost (Average) | Amount | Target to be covered in 2025-26 | Unit cost (Average) | Amount |
| | | a | b | c | d (bXc) | b | c | d (bXc) |
| 19 | Kamrup Metro | No of training cum review meeting | 4 | 0.750 | 3.000 | 4 | 0.750 | 3.000 |
| 20 | Kamrup Rural | No of training cum review meeting | 4 | 1.000 | 4.000 | 4 | 1.000 | 4.000 |
| 21 | Karbi Anglong | No of training cum review meeting | 4 | 0.424 | 1.694 | 4 | 0.466 | 1.863 |
| 22 | Karimganj | No of training cum review meeting | 4 | 0.610 | 2.440 | 4 | 0.630 | 2.520 |
| 23 | Kokrajhar | No of training cum review meeting | 4 | 0.590 | 2.360 | 4 | 0.590 | 2.360 |
| 24 | Lakhimpur | No of training cum review meeting | 4 | 0.800 | 3.200 | 4 | 0.810 | 3.240 |
| 25 | Majuli | No of training cum review meeting | 4 | 0.200 | 0.800 | 4 | 0.200 | 0.800 |
| 26 | Morigaon | No of training cum review meeting | 4 | 0.700 | 2.800 | 4 | 0.750 | 3.000 |
| 27 | Nagaon | No of training cum review meeting | 4 | 2.000 | 8.000 | 4 | 2.000 | 8.000 |
| 28 | Nalbari | No of training cum review meeting | 4 | 0.690 | 2.760 | 4 | 0.690 | 2.760 |

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**GUIDELINES FOR IMPLEMENTATION OF HMIS, RCH PORTAL/MCTS
AND M&E ACTIVITIES FOR THE FINANCIAL YEAR 2024-26**

| Sl | District | For the FY 2024-25 (Rs. In Lakh) | | | | For the FY 2025-26 (Rs. in Lakh) | | |
|--------------------|--------------------|-------------------------------------|---------------------------------|---------------------|---------------|-------------------------------------|---------------------|---------------|
| | | Unit of measure | Target to be covered in 2024-25 | Unit cost (Average) | Amount | Target to be covered in 2025-26 | Unit cost (Average) | Amount |
| | | a | b | c | d (bXc) | b | c | d (bXc) |
| 29 | Sivasagar | No of training cum review meeting | 4 | 0.800 | 3.200 | 4 | 0.800 | 3.200 |
| 30 | Sonitpur | No of training cum review meeting | 4 | 1.320 | 5.280 | 4 | 1.420 | 5.680 |
| 31 | South Salmara | No of training cum review meeting | 4 | 0.300 | 1.200 | 4 | 0.350 | 1.400 |
| 32 | Tinsukia | No of training cum review meeting | 4 | 0.036 | 0.144 | 4 | 0.036 | 0.144 |
| 33 | Udalguri | No of training cum review meeting | 4 | 0.400 | 1.600 | 4 | 0.450 | 1.800 |
| 34 | West Karbi Anglong | No of training cum review meeting | 4 | 0.200 | 0.800 | 4 | 0.250 | 1.000 |
| State Total | | | 136 | | 90.843 | 136 | | 94.236 |

1. 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).
2. 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 2024-25 and 2025-26.
3. 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.

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GUIDELINES FOR IMPLEMENTATION OF HMIS, RCH PORTAL/MCTS AND M&E ACTIVITIES FOR THE FINANCIAL YEAR 2024-26

4. HMIS & MCTS/RCH related training of private hospitals; other public hospitals like ESIC hospital, OIL hospital, Railway hospital, Refinery hospital, etc.; Tea garden officials, Charitable & Private Hospitals should also be taken up under this activity.
5. Following topics should be included in the agenda:
 - Orientation on Registers:
 - Orientation on HMIS format, data definition, HMIS portal and data quality
 - Orientation on RCH Portal and ANMOL
 - Swasthya Sewa Dapoon - Integrated MIS GIS System
 - Orientation on other IT systems:
 - Review on data quality
 - Review on performance
 - **Review of field visit report on data quality and other aspects**
 - Any other important topic
6. The attendance registered is to be maintained and to be kept for future verification.
7. Photographs of the meeting to be kept for future verification.
8. 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.
9. 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.
10. 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.
11. 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).
12. Expenses for food to participants, accommodation for trainers, accommodations for participants, incidental expenses and charges for venue hiring as per norms subject to following extant rules.
13. At any circumstances, expenditure cannot be more than allotted fund.
14. No Honorarium for resource person will be paid for review meeting.
15. TA may be provided to participants as per rule, but DA should not be provided.

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GUIDELINES FOR IMPLEMENTATION OF HMIS, RCH PORTAL/MCTS AND M&E ACTIVITIES FOR THE FINANCIAL YEAR 2024-26

16. Residential facility with fooding for participants from outreach Health Blocks who needs night hold should be arranged out of the total fund allotted.
17. 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.
18. FMR owner: District Data Manager & District Nodal M&E Officer is the FMR owner in the District.
19. 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.

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**GUIDELINES FOR IMPLEMENTATION OF HMIS, RCH PORTAL/MCTS
AND M&E ACTIVITIES FOR THE FINANCIAL YEAR 2024-26**

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

Fund is sanctioned under FMR code HSS.12-195.3 for Training cum Review Meetings at Block level as per breakup mentioned:

| Sl | District | For the FY 2024-25 (Rs. In Lakh) | | | | For the FY 2025-26 (Rs. In Lakh) | | |
|----|------------|-------------------------------------|---------------------------------|---------------------|---------|-------------------------------------|---------------------|---------|
| | | Unit of measure | Target to be covered in 2024-25 | Unit cost (Average) | Amount | Target to be covered in 2025-26 | Unit cost (Average) | Amount |
| | | a | b | c | d (bXc) | b | c | d (bXc) |
| 1 | Baksa | No of training cum review meeting | 72 | 0.083 | 6.000 | 72 | 0.083 | 6.000 |
| 2 | Barpeta | No of training cum review meeting | 84 | 0.006 | 5.544 | 84 | 0.006 | 5.821 |
| 3 | Biswanath | No of training cum review meeting | 48 | 0.588 | 7.051 | 48 | 0.588 | 7.051 |
| 4 | Bongaigaon | No of training cum review meeting | 48 | 1.740 | 3.600 | 48 | 1.845 | 3.660 |
| 5 | Cachar | No of training cum review meeting | 96 | 0.053 | 5.123 | 96 | 0.061 | 5.891 |
| 6 | Charaideo | No of training cum review meeting | 24 | 0.120 | 2.880 | 24 | 0.120 | 2.880 |
| 7 | Chirang | No of training cum review meeting | 24 | 0.076 | 1.822 | 24 | 0.084 | 2.004 |
| 8 | Darrang | No of training cum review meeting | 48 | 0.196 | 9.408 | 48 | 0.196 | 9.408 |
| 9 | Dhemaji | No of training cum review meeting | 60 | 0.306 | 3.673 | 60 | 0.337 | 4.040 |
| 10 | Dhubri | No of training cum review meeting | 60 | 0.050 | 3.000 | 60 | 0.050 | 3.000 |
| 11 | Dibrugarh | No of training cum review meeting | 84 | 0.050 | 4.200 | 84 | 0.050 | 4.200 |
| 12 | Dima Hasao | No of training cum review meeting | 48 | 0.150 | 7.200 | 48 | 0.170 | 8.160 |

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**GUIDELINES FOR IMPLEMENTATION OF HMIS, RCH PORTAL/MCTS
AND M&E ACTIVITIES FOR THE FINANCIAL YEAR 2024-26**

| Sl | District | For the FY 2024-25 (Rs. In Lakh) | | | | For the FY 2025-26 (Rs. In Lakh) | | |
|----|---------------|-------------------------------------|---------------------------------|---------------------|---------|-------------------------------------|---------------------|---------|
| | | Unit of measure | Target to be covered in 2024-25 | Unit cost (Average) | Amount | Target to be covered in 2025-26 | Unit cost (Average) | Amount |
| | | a | b | c | d (bXc) | b | c | d (bXc) |
| 13 | Goalpara | No of training cum review meeting | 60 | 0.090 | 5.400 | 60 | 0.100 | 6.000 |
| 14 | Golaghat | No of training cum review meeting | 72 | 0.055 | 3.960 | 72 | 0.060 | 4.320 |
| 15 | Hailakandi | No of training cum review meeting | 48 | 0.079 | 3.802 | 48 | 0.091 | 4.372 |
| 16 | Hojai | No of training cum review meeting | 24 | 0.060 | 1.440 | 24 | 0.060 | 1.440 |
| 17 | Jorhat | No of training cum review meeting | 72 | 0.043 | 3.100 | 72 | 0.043 | 3.100 |
| 18 | Kamrup Metro | No of training cum review meeting | 60 | 0.060 | 4.320 | 60 | 0.060 | 4.320 |
| 19 | Kamrup Rural | No of training cum review meeting | 144 | 0.070 | 10.080 | 144 | 0.070 | 10.080 |
| 20 | Karbi Anglong | No of training cum review meeting | 48 | 0.065 | 3.123 | 48 | 0.072 | 3.435 |
| 21 | Karimganj | No of training cum review meeting | 60 | 0.093 | 5.559 | 60 | 0.097 | 5.837 |
| 22 | Kokrajhar | No of training cum review meeting | 48 | 0.085 | 4.080 | 48 | 0.085 | 4.080 |
| 23 | Lakhimpur | No of training cum review meeting | 90 | 0.063 | 5.625 | 90 | 0.064 | 5.760 |
| 24 | Majuli | No of training cum review meeting | 12 | 0.060 | 0.720 | 12 | 0.060 | 0.720 |
| 25 | Morigaon | No of training cum review meeting | 36 | 0.090 | 3.240 | 36 | 0.100 | 3.600 |
| 26 | Nagaon | No of training cum review meeting | 120 | 0.150 | 18.000 | 120 | 0.150 | 18.000 |

GUIDELINES FOR IMPLEMENTATION OF HMIS, RCH PORTAL/MCTS AND M&E ACTIVITIES FOR THE FINANCIAL YEAR 2024-26

| Sl | District | For the FY 2024-25 (Rs. In Lakh) | | | | For the FY 2025-26 (Rs. In Lakh) | | |
|--------------------|--------------------|-------------------------------------|---------------------------------|---------------------|----------------|-------------------------------------|---------------------|----------------|
| | | Unit of measure | Target to be covered in 2024-25 | Unit cost (Average) | Amount | Target to be covered in 2025-26 | Unit cost (Average) | Amount |
| | | a | b | c | d (bXc) | b | c | d (bXc) |
| 27 | Nalbari | No of training cum review meeting | 72 | 0.070 | 5.040 | 72 | 0.070 | 5.040 |
| 28 | Sivasagar | No of training cum review meeting | 72 | 0.037 | 2.664 | 72 | 0.038 | 2.736 |
| 29 | Sonitpur | No of training cum review meeting | 60 | 0.100 | 6.000 | 60 | 0.105 | 6.300 |
| 30 | South Salmara | No of training cum review meeting | 24 | 0.080 | 1.920 | 24 | 0.080 | 1.920 |
| 31 | Tinsukia | No of training cum review meeting | 60 | 0.050 | 3.000 | 60 | 0.050 | 3.000 |
| 32 | Udalguri | No of training cum review meeting | 36 | 0.097 | 3.492 | 36 | 0.105 | 3.780 |
| 33 | West Karbi Anglong | No of training cum review meeting | 48 | 0.040 | 1.920 | 48 | 0.040 | 1.920 |
| State Total | | | 1,962 | | 155.985 | 1,962 | | 161.875 |

1. 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).
2. 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.
3. District / Block may take decision to change the plan as per requirement but the fund should not be utilized for other purpose.
20. HMIS & MCTS/RCH related training of private hospitals; other public hospitals like ESIC hospital, OIL hospital, Railway hospital, Refinery hospital, etc.; Tea garden officials, Charitable & Private Hospitals should also be taken up under this activity.
21. Following topics should be included in the agenda:
 - Orientation on Registers:
 - Orientation on HMIS format, data definition, HMIS portal and data quality

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- Orientation on RCH Portal and ANMOL
 - Swasthya Sewa Dapoon - Integrated MIS GIS System
 - Orientation on other IT systems:
 - Review on data quality
 - Review on performance
 - **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 Block Level Review Meeting.
 - Review of decisions taken in last meeting
 - Any other important topic
4. Facility wise performance review based on RCH and HMIS data should be the main agenda of the review meeting.
 5. The attendance registered is to be maintained and to be kept for future verification
 6. Photographs of the meeting to be kept for future verification.
 7. 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.
 8. Resource person from District will attend the training cum review meeting.
 9. 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.
 10. 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.
 11. At any circumstances, expenditure cannot be more than allotted fund.
 12. No Honorarium for resource person will be paid for review meeting.
 13. 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.
 22. 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.

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23. 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 day of every month):

| Monthly Reporting format for Training cum Review Meeting at Block Level (To be submitted by Block PHC to District HQ on 2 nd of every month) (Compiled report from District HQ to State HQ to be submitted by 5 th of every month) | | | | | | | | |
|---|---------------------|--------------------|--|--------------------|---------------------------|------------|--------------------|---|
| Name of the District | | | | | | | | |
| Name of the Block PHC | | | | | | | | |
| Reporting 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 | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| BAM | | BDM | | BPM | | | SDM&HO | |
| (Seal & Signature) | | (Seal & Signature) | | (Seal & Signature) | | | (Seal & Signature) | |

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**GUIDELINES FOR IMPLEMENTATION OF HMIS, RCH PORTAL/MCTS
AND M&E ACTIVITIES FOR THE FINANCIAL YEAR 2024-26**

D) Guidelines for Printing of HMIS Formats:

Fund is sanctioned under **FMR Code: HSS.12, SI: 195.4** for printing of HMIS formats for 6 months only for the FY 2024-25 as per breakup mentioned below. Districts should ensure that no liability is created beyond the sanctioned amount as the printing of HMIS formats will be done centrally from NHM State HQ to reduce cost of printing.

| Sl | District | For 2024-25 (6 months) (Rs. in lakh) | | | For FY 2025-26 (Rs.in Lakh) | |
|----|---------------|---|---------------------------------|--------|---------------------------------|--------|
| | | Unit of measure | Target to be covered in 2024-25 | Amount | Target to be covered in 2025-26 | Amount |
| 1 | Baksa | No of pages | 67,703 | 1.354 | | |
| 2 | Barpeta | No of pages | 1,09,322 | 1.367 | | |
| 3 | Biswanath | No of pages | 55,704 | 0.724 | | |
| 4 | Bongaigaon | No of pages | 53,275 | 0.586 | | |
| 5 | Cachar | No of pages | 1,02,062 | 2.552 | | |
| 6 | Charaideo | No of pages | 46,187 | 0.924 | | |
| 7 | Chirang | No of pages | 41,606 | 0.416 | | |
| 8 | Darrang | No of pages | 68,508 | 0.685 | | |
| 9 | Dhemaji | No of pages | 45,210 | 0.543 | | |
| 10 | Dhubri | No of pages | 82,526 | 0.990 | | |
| 11 | Dibrugarh | No of pages | 1,43,114 | 1.431 | | |
| 12 | Dima Hasao | No of pages | 31,429 | 0.943 | | |
| 13 | Goalpara | No of pages | 73,088 | 0.731 | | |
| 14 | Golaghat | No of pages | 66,620 | 0.999 | | |
| 15 | Hailakandi | No of pages | 43,296 | 1.082 | | |
| 16 | Hojai | No of pages | 35,204 | 0.528 | | |
| 17 | Jorhat | No of pages | 48,814 | 0.400 | | |
| 18 | Kamrup Metro | No of pages | 40,102 | 0.401 | | |
| 19 | Kamrup Rural | No of pages | 1,21,810 | 2.436 | | |
| 20 | Karbi Anglong | No of pages | 51,269 | 0.564 | | |
| 21 | Karimganj | No of pages | 72,098 | 0.937 | | |
| 22 | Kokrajhar | No of pages | 72,098 | 0.937 | | |
| 23 | Lakhimpur | No of pages | 72,864 | 0.947 | | |
| 24 | Majuli | No of pages | 17,490 | 0.175 | | |
| 25 | Morigaon | No of pages | 61,248 | 1.225 | | |
| 26 | Nagaon | No of pages | 1,27,618 | 2.552 | | |
| 27 | Nalbari | No of pages | 65,736 | 0.986 | | |
| 28 | Sivasagar | No of pages | 72,402 | 0.956 | | |

GUIDELINES FOR IMPLEMENTATION OF HMIS, RCH PORTAL/MCTS AND M&E ACTIVITIES FOR THE FINANCIAL YEAR 2024-26

| Sl | District | For 2024-25 (6 months) (Rs. in lakh) | | | For FY 2025-26 (Rs.in Lakh) | |
|----|--------------------|---|---------------------------------------|---------------|---------------------------------------|--------------|
| | | Unit of measure | Target to be covered in 2024-25 | Amount | Target to be covered in 2025-26 | Amount |
| 29 | Sonitpur | No of pages | 60,535 | 1.211 | | |
| 30 | South Salmara | No of pages | 20,922 | 0.523 | | |
| 31 | Tinsukia | No of pages | 1,14,457 | 1.373 | | |
| 32 | Udalguri | No of pages | 71,584 | 1.074 | | |
| 33 | West Karbi Anglong | No of pages | 24,354 | 1.218 | | |
| | State Total | | 21,80,257 | 33.771 | 0 | 0.000 |

1. The expenditure should be booked under the head of account (FMR Code: HSS.12, Sl: 195.4 → Printing of HMIS Formats).
2. Fund is sanctioned for printing of HMIS formats for 6 months only for the FY 2024-25. Fund not allocated to districts for the FY 2025-26. Districts should ensure that no liability is created beyond the sanctioned amount as the printing of HMIS formats will be done centrally from NHM State HQ to reduce cost of printing.
3. Total 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.

GUIDELINES FOR IMPLEMENTATION OF HMIS, RCH PORTAL/MCTS AND M&E ACTIVITIES FOR THE FINANCIAL YEAR 2024-26

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.
15. District Data Manager is the FMR owner for this activity.
16. 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.

GUIDELINES FOR IMPLEMENTATION OF HMIS, RCH PORTAL/MCTS AND M&E ACTIVITIES FOR THE FINANCIAL YEAR 2024-26

E) Internet connectivity through LAN/ Data Card:

Fund is sanctioned under FMR code HSS.12-195.8 for internet connectivity as per breakup mentioned below:

| Sl | District | FY 2024-25 (Rs. In Lakh) | | | | FY 2025-26 (Rs. In Lakh) | | |
|----|---------------|-----------------------------|-----------------|---------------------|----------------|-----------------------------|---------------------|----------------|
| | | Unit of measure | Physical target | Unit cost (Average) | Amount | Physical target | Unit cost (Average) | Amount |
| | | <i>a</i> | <i>b</i> | <i>c</i> | <i>d (bXc)</i> | <i>b</i> | <i>c</i> | <i>d (bXc)</i> |
| 1 | Baksa | Nos. of Locations | 46 | 0.060 | 2.760 | 46 | 0.060 | 2.760 |
| 2 | Barpeta | Nos. of Locations | 60 | 0.056 | 3.377 | 60 | 0.056 | 3.377 |
| 3 | Biswanath | Nos. of Locations | 26 | 0.061 | 1.586 | 26 | 0.061 | 1.586 |
| 4 | Bongaigaon | Nos. of Locations | 26 | 0.061 | 1.586 | 26 | 0.061 | 1.586 |
| 5 | Cachar | Nos. of Locations | 59 | 0.075 | 4.425 | 59 | 0.075 | 4.425 |
| 6 | Charaideo | Nos. of Locations | 23 | 0.060 | 1.380 | 23 | 0.060 | 1.380 |
| 7 | Chirang | Nos. of Locations | 25 | 0.058 | 1.439 | 25 | 0.058 | 1.439 |
| 8 | Darrang | Nos. of Locations | 50 | 0.050 | 2.500 | 50 | 0.050 | 2.500 |
| 9 | Dhemaji | Nos. of Locations | 30 | 0.067 | 2.013 | 30 | 0.067 | 2.013 |
| 10 | Dhubri | Nos. of Locations | 44 | 0.050 | 2.200 | 44 | 0.050 | 2.200 |
| 11 | Dibrugarh | Nos. of Locations | 44 | 0.042 | 1.848 | 44 | 0.042 | 1.848 |
| 12 | Dima Hasao | Nos. of Locations | 18 | 0.060 | 1.080 | 18 | 0.060 | 1.080 |
| 13 | Goalpara | Nos. of Locations | 50 | 0.050 | 2.500 | 50 | 0.050 | 2.500 |
| 14 | Golaghat | Nos. of Locations | 51 | 0.050 | 2.550 | 51 | 0.050 | 2.550 |
| 15 | Hailakandi | Nos. of Locations | 55 | 0.075 | 4.125 | 55 | 0.075 | 4.125 |
| 16 | Hojai | Nos. of Locations | 16 | 0.060 | 0.960 | 16 | 0.060 | 0.960 |
| 17 | Jorhat | Nos. of Locations | 46 | 0.048 | 2.214 | 46 | 0.048 | 2.214 |
| 18 | Kamrup Metro | Nos. of Locations | 56 | 0.060 | 3.360 | 56 | 0.060 | 3.360 |
| 19 | Kamrup | Nos. of Locations | 74 | 0.054 | 3.996 | 74 | 0.054 | 3.996 |
| 20 | Karbi Anglong | Nos. of Locations | 32 | 0.050 | 1.584 | 32 | 0.050 | 1.584 |
| 21 | Karimganj | Nos. of Locations | 42 | 0.060 | 2.520 | 42 | 0.060 | 2.520 |
| 22 | Kokrajhar | Nos. of Locations | 55 | 0.036 | 1.980 | 55 | 0.036 | 1.980 |
| 23 | Lakhimpur | Nos. of Locations | 40 | 0.050 | 2.000 | 40 | 0.050 | 2.000 |
| 24 | Majuli | Nos. of Locations | 12 | 0.075 | 0.900 | 12 | 0.075 | 0.900 |
| 25 | Morigaon | Nos. of Locations | 42 | 0.060 | 2.520 | 42 | 0.060 | 2.520 |
| 26 | Nagaon | Nos. of Locations | 65 | 0.054 | 3.500 | 65 | 0.054 | 3.500 |
| 27 | Nalbari | Nos. of Locations | 57 | 0.055 | 3.135 | 57 | 0.055 | 3.135 |
| 28 | Sivasagar | Nos. of Locations | 42 | 0.048 | 2.016 | 42 | 0.048 | 2.016 |
| 29 | Sonitpur | Nos. of Locations | 39 | 0.060 | 2.340 | 39 | 0.060 | 2.340 |
| 30 | South Salmara | Nos. of Locations | 18 | 0.073 | 1.314 | 18 | 0.073 | 1.314 |
| 31 | Tinsukia | Nos. of Locations | 36 | 0.055 | 1.980 | 36 | 0.055 | 1.980 |

**GUIDELINES FOR IMPLEMENTATION OF HMIS, RCH PORTAL/MCTS
AND M&E ACTIVITIES FOR THE FINANCIAL YEAR 2024-26**

| Sl | District | FY 2024-25 (Rs. In Lakh) | | | | FY 2025-26 (Rs. In Lakh) | | |
|----|--------------------|-----------------------------|-----------------|---------------------|----------------|-----------------------------|---------------------|----------------|
| | | Unit of measure | Physical target | Unit cost (Average) | Amount | Physical target | Unit cost (Average) | Amount |
| | | <i>a</i> | <i>b</i> | <i>c</i> | <i>d (bXc)</i> | <i>b</i> | <i>c</i> | <i>d (bXc)</i> |
| 32 | Udalguri | Nos. of Locations | 35 | 0.060 | 2.100 | 35 | 0.060 | 2.100 |
| 33 | West Karbi Anglong | Nos. of Locations | 22 | 0.070 | 1.540 | 22 | 0.070 | 1.540 |
| 34 | State HQ | Nos. of Locations | 1 | 2.972 | 2.972 | 1 | 2.972 | 2.972 |
| | State Total | | 1,337 | | 78.300 | 1,337 | | 78.300 |

1. The expenditure should be booked under the head of account (FMR Code: HSS.12, Sl: 195.8 → Internet connectivity through LAN/ Data Card.
2. District will provide Internet Connectivity at District Programme Management Unit and other Health Institutions/ Data Entry points where required.
3. 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.
4. 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.
5. 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

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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.

6. It should be ensured that, Internet bill is reimbursed for official purpose i.e. HMIS, RCH, PFMS, AB-HWC etc only.
7. Without entry in the RCH Portal, Internet bill should not be paid to ABPM/ BDM/BPM etc.
8. As mentioned in the RoP 2024-25 and 2025-26, it should be ensured that 100% facility based reporting on HMIS & RCH portal and improvement of data quality thereof.
9. 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.
10. 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.
11. Approval of Jt. DHS, DPM, DDM and DAM is mandatory before release of fund.
12. **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

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**GUIDELINES FOR IMPLEMENTATION OF HMIS, RCH PORTAL/MCTS
AND M&E ACTIVITIES FOR THE FINANCIAL YEAR 2024-26**

G. Guidelines for implementation of NextGen eHospital/ e-Hospital Solution (Hospital Management System of NIC):

Fund is sanctioned under FMR code HSS.12-195.12 for implementation of NextGen eHospital/ eHospital application as per breakup mentioned below:

| Sl | District | For the FY 2024-25 (Rs. in Lakh) | | | For the FY 2025-26 (Rs. in Lakh) | |
|----|-------------------------|-------------------------------------|-----------------|-----------------|-------------------------------------|-----------------|
| | | Unit of Measurement | No of Hospitals | Fin. Allocation | Quantity/ Target | Fin. Allocation |
| 1 | Baksa | No of Hospitals | 2 | 1.300 | 2 | 1.580 |
| 2 | Barpeta | No of Hospitals | 4 | 2.080 | 4 | 2.560 |
| 3 | Biswanath | No of Hospitals | 2 | 0.960 | 2 | 1.000 |
| 4 | Bongaigaon | No of Hospitals | 3 | 1.600 | 3 | 2.060 |
| 5 | Cachar | No of Hospitals | 3 | 1.600 | 3 | 2.060 |
| 6 | Charaideo | No of Hospitals | 1 | 0.900 | 1 | 1.000 |
| 7 | Chirang | No of Hospitals | 1 | 1.000 | 1 | 1.100 |
| 8 | Darrang | No of Hospitals | 3 | 1.600 | 3 | 2.060 |
| 9 | Dhemaji | No of Hospitals | 4 | 1.900 | 4 | 2.540 |
| 10 | Dhubri | No of Hospitals | 5 | 2.380 | 5 | 3.040 |
| 11 | Dibrugarh | No of Hospitals | 3 | 0.900 | 3 | 1.440 |
| 12 | Dima Hasao | No of Hospitals | 3 | 1.600 | 3 | 2.060 |
| 13 | Goalpara | No of Hospitals | 3 | 1.800 | 3 | 2.360 |
| 14 | Golaghat | No of Hospitals | 3 | 1.980 | 3 | 2.380 |
| 15 | Hailakandi | No of Hospitals | 2 | 1.300 | 2 | 1.680 |
| 16 | Hojai | No of Hospitals | 3 | 1.000 | 3 | 1.360 |
| 17 | Jorhat | No of Hospitals | 3 | 1.080 | 3 | 1.460 |
| 18 | Kamrup Metro | No of Hospitals | 9 | 4.120 | 9 | 5.020 |
| 19 | Kamrup | No of Hospitals | 11 | 4.280 | 11 | 5.940 |
| 20 | Karbi-Anglong | No of Hospitals | 1 | 0.480 | 1 | 0.500 |
| 21 | Karimganj | No of Hospitals | 2 | 1.300 | 2 | 1.580 |
| 22 | Kokrajhar | No of Hospitals | 3 | 1.680 | 3 | 1.980 |
| 23 | Lakhimpur | No of Hospitals | 2 | 0.780 | 2 | 0.980 |
| 24 | Majuli | No of Hospitals | 1 | 0.900 | 1 | 1.000 |
| 25 | Marigaon | No of Hospitals | 2 | 1.300 | 2 | 1.580 |
| 26 | Nagaon | No of Hospitals | 5 | 2.650 | 5 | 3.340 |
| 27 | Nalbari | No of Hospitals | 3 | 1.500 | 3 | 1.960 |
| 28 | Sivasagar | No of Hospitals | 3 | 1.780 | 3 | 2.080 |
| 29 | Sonitpur | No of Hospitals | 3 | 1.600 | 3 | 2.060 |
| 30 | South Salmara Mankachar | No of Hospitals | 1 | 0.900 | 1 | 1.000 |

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**GUIDELINES FOR IMPLEMENTATION OF HMIS, RCH PORTAL/MCTS
AND M&E ACTIVITIES FOR THE FINANCIAL YEAR 2024-26**

| Sl | District | For the FY 2024-25 (Rs. in Lakh) | | | For the FY 2025-26 (Rs. in Lakh) | |
|----|--------------------|-------------------------------------|--------------------|--------------------|-------------------------------------|--------------------|
| | | Unit of Measurement | No of Hospitals | Fin. Allocation | Quantity/ Target | Fin. Allocation |
| 31 | Tinsukia | No of Hospitals | 5 | 2.280 | 5 | 2.940 |
| 32 | Udalguri | No of Hospitals | 2 | 1.200 | 2 | 1.480 |
| 33 | West Karbi Anglong | No of Hospitals | 2 | 0.780 | 2 | 0.980 |
| | Total | | 103 | 52.510 | 103 | 66.160 |

Note: Number of hospitals mentioned in the above statement also included hospitals for which indent placed for procurement of IT hardware.

1. All financial norms should be followed.
2. **The expenditure should be booked under the head of account (FMR Code: HSS.12, sl 195.12 – Implementation of Hospital Management System)**
3. Operational cost for implementation of e-Hospital solution has been earmarked for each hospital based on availability of fund as per allocation from Govt. of India.
4. 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.
5. 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 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.
6. 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.
7. Maintenance of computer, printer etc. may also be incurred from this head. This will be applicable for items not under warranty.
8. 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.
9. **Scan & Share quick OPD registration must be implemented.**
10. Priority should be given on linking of health records.

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GUIDELINES FOR IMPLEMENTATION OF HMIS, RCH PORTAL/MCTS AND M&E ACTIVITIES FOR THE FINANCIAL YEAR 2024-26

11. Health facilities should focus on earning incentives under Digital Health Incentive Scheme (DHIS) of Ayushman Bharat Digital Mission (ABDM) so that operational cost for implementation of NextGen e-Hospital can be generated through incentives under DHIS.
12. All modules of NextGen e-Hospital should be implemented in phased manner.
13. Total expenditure should not exceed amount allocated for the financial year.
14. 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 any other empaneled vendor of NIC without taking prior permission from Mission Director, NHM, Assam.

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