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

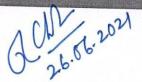For the Financial Year 2021-22

ৰাষ্ট্ৰীয় স্বাস্থ্য অভিযান, অসম

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

GUIDELINES FOR IMPLEMENTATION OF HMIS, RCH PORTAL/MCTS AND M&E ACTIVITIES FOR THE FINANCIAL YEAR 2021-22

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Preface:

National Health Policy 2017 emphasize to ensure district-level electronic database of information on health system components. State PIP 2021-22 of Assam focused on building electronic database of all health programmes. However, there may slight changes in the strategies after implementation of National Digital Health Mission which will be communicated on due course of time.

Following activities are prioritized in the financial year 2021-22:

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 2021-22, 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 2021-22:

i)   In the year 2021-22, it is proposed to ensure uploading of 100% facility wise data in the HMIS Portal. Timely uploading of daily report, monthly service delivery data, monthly infrastructure data and district HQ format shall be priority in the financial year 2021-22.

ii)   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 2021-22, it is proposed to provide orientation of all data handlers.

iii)   Focus on data quality issues will be prioritized in 2021-22.

iv)   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.

v)   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.

vi) 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 2021-22.

2. **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 2021-22:

i) In the FY 2021-22, it is envisaged to roll out RCH Portal with 100% coverage of Eligible Couple, Pregnant Women and Children.

ii) **Regular updating of service delivery data and utilization of work-plan shall be focus area for 2021-22 for RCH Portal.**

iii) 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.

iv) 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 2021-22. Training of ANM and field level staff will be completed within 2nd quarter of the financial year 2021-22. Training of ANMs on the new RCH Register will be taken up during Block level trainings.

v) 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 2021-22. 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.

vi) Follow up of pregnant women and children through **"Assam Early Childhood Development Call Centre"** will be continued in 2021-22. 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.

vii) **Verification** and **validation of phone number of ANM and ASHA** will be focused area in the financial year 2021-22.

viii) **Kilkari** and **Mobile Academy** services of Ministry of Health & Family Welfare, Government of India has been rolled out in the State. In the year 2021-22, 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.

3. **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 2021-22 it is proposed to roll out the DVDMS system up to Health & Wellness Centres.

4. **e-Hospital solution:**
Process for implementation of **e-Hospital** solution of NIC in 25 District Hospital and Medical Unit of Assam Secretariat has been started.

In the financial year 2021-22, it is proposed to implement e-Hospital solution in 3 new District Hospitals at Majuli, Hojai and Charaideo districts.

In the year 2021-22, it is proposed the Operational cost of e-Hospital solution including Internet connectivity, AMC, Maintenance, Office Consumables etc. for 29 Hospitals (26 existing + 3 new).

Implementation of **"Mera Aspataal"** application is another priority area for the FY 2021-22.

5. **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 2021-22, 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 2021-22.

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 2021-22 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, MCDSR software under SUMAN initiatives, RBSK Portal, DBT Portal, FP-LMIS, etc.

6. **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 2021-22.

7. **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

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Standardization of website as per guidelines circulated by Web Development Team of NIC. In the year 2021-22, it is proposed to regularly update the website as per e-Prastuti guidelines.

8. **Capacity Building on HMIS and RCH Portal:**
    Following capacity building workshops are proposed in the financial year 2021-22:
    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

9. **Capacity Building on Advance Data Analysis – New proposal in collaboration with UNICEF and WHO:**

    In the year 2021-22, it is proposed to organize training programme of advance data analysis for State, District and Block level data managers in collaboration with UNICEF and WHO.

    The training is proposed to be conduct in virtual platform. Resource person from UNICEF and WHO will provide the training.

Summary of allocation for the year 2021-22:

New FMR (as per RoP, 2021-22)	Activity/Sub-Activity (including PM activities)	Approved Budget 2021-22		Responsible Officer of the activity			Fund allocation for State level activity		Fund allocation for District and Block level activity	
		Quantity/ Target	Budget (Rs. Lakhs)	At State HQ level	At DPMU level	At BPMU level	Quantity/ Target	Fin. allocation (Rs. in lakh)	Quantity/ Target	Fin. allocation (Rs. in lakh)
6.1.2.5.2	Tablets: software for implementation of ANMOL	10714	257.140	Manager-MIS	DDM	BDM	7955	190.920	2759	66.220
9.5.26.1	Training cum review meeting for HMIS & MCTS at State Level	1	4.710	Manager-MIS			1	4.710	0	0.000
9.5.26.2	Training cum review meeting for HMIS & MCTS at District Level	132	72.420	Manager-MIS	DDM		0	0.000	132	72.420
9.5.26.3	Training cum review meeting for HMIS & MCTS at Block Level	1836	101.070	Manager-MIS	DDM	BDM	0	0.000	1836	101.070
12.9.1	Printing of HMIS Formats	2897952	28.980	Manager-MIS	DDM	BDM	0	0.000	2897952	28.980
12.9.4	Any Other (Printing of Instruction Manuals of RCH Register version 2.0)	12500	12.500	Manager-MIS			12500	12.500	0	0.000
14.2.2	Implementation of DVDMS	1	68.470	Manager-MIS			1	68.470	0	0.000
16.3.2	Mobility support for HMIS and MCTS	4080	50.520	Manager-MIS	DDM	BDM	120	3.000	3960	47.520
16.3.3	Operational cost for HMIS & MCTS (incl. Internet connectivity; AMC of Laptop, printers, computers, UPS; Mobile reimbursement)	34	464.000	Manager-MIS	DDM	BDM	1	398.150	33	65.850
16.3.5	Call Centre (Capex/ Opex)	1	456.000	Manager-MIS			1	456.000	0	0.000
17.6	Implementation of Hospital Management System	29	102.340	Manager-MIS	HA		3	33.300	26	69.040
	TOTAL:	2927280	1618.150				20582	1167.050		451.100

National Health Mission, Assam

General Guidelines:

- Sanction of fund should be communicated to Block PHCs and Health Institutions as per guidelines provided.
- Owner of the activity has been indicated in the District RoP against each of the activities. He/she will responsible for implementation and performance (physical & financial) of these activities.
- District Data Manager and District Nodal M&E Officer / FMR owner will process the file for release of fund to lower level facilities and other expenditure at District HQ. Guidelines and fund break up statement should be kept in the file. File should be processed through DAM, DPM to Jt. DHS and if required to Principal Secretary/Deputy Commissioner cum Chairman District Health Society.
- Physical and Financial monitoring of these activities will be done by District Data Manager and District Nodal M&E Officer under the supervision of Jt. DHS and DPM. Assistant District Data Manager and Computer Assistant will extend full cooperation for implementation of the programmes.
- District Accounts Manager will keep record of all financial records including vouchers, etc for future verification as well as audit purpose.
- District Data Manager and District Nodal M&E Officer will prepare and submit monthly Physical and Financial progress report of these activities after cross verification and signature from Jt. DHS, DPM and DAM.
- All transactions to be made through DBT mode payment or Account Payee cheque only.
- All financial guidelines should be followed.

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

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

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

3. At least 1 district level 3 days combined training cum review meeting for HMIS & MCTS/RCH should be conducted per quarter out of this fund. That means 4 such training cum review meeting should be conducted in the year 2021-22.

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 2021-22)
  - 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 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 2021-22, expenses for food to participants, accommodation for trainers, accommodations for participants, incidental expenses and charges for venue hiring as per RCH norms subject to following extant rules.
14. At any circumstances, expenditure cannot be more than allotted fund.

15. No Honorarium for resource person will be paid for review meeting.
16. TA may be provided to participants as per rule, but DA should not be provided.
17. Residential facility with fooding for participants from outreach Health Blocks who needs night hold should be arranged out of the total fund allotted.
18. District Accounts Manger will maintain the Accounts as per rule for review meeting and all vouchers and supporting documents must be kept in record for audit purpose and future verification.
19. Roles of FMR owner:
    - Organize Training cum review meeting for HMIS & RCH at District Level
    - Submit training report
    - Ensure proper booking of fund in consultation with District Accounts Manager
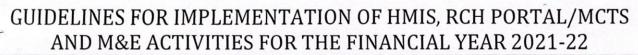   - Maintaining Attendance Sheet, Photographs, Training Reports.

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Annexure –A
District wise breakup of fund for
Training cum review meeting for HMIS & MCTS at District level for the year 2021-22

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

S. No.	District Name	Number of Health Blocks	Number of participants per training to be conducted			Number of Trainings to be conducted	Budget Per Training (Rs.)	Total Budget (Rs. Lakhs)
			Trainers	District representatives	Trainees from blocks			
1	Baksa	6	4	6	54	4	60,000.00	2.400
2	Barpeta	7	2	5	14	4	62,732.00	2.509
3	Biswanath	3	2	4	26	4	70,000.00	2.800
4	Bongaigaon	4	2	8	37	4	45,827.50	1.833
5	Cachar	8	2	8	17	4	83,132.50	3.325
6	Charaideo	2	5	5	20	4	20,000.00	0.800
7	Chirang	2	2	10	38	4	40,000.00	1.600
8	Darrang	4	2	10	29	4	42,000.00	1.680
9	Dhemaji	5	2	5	25	4	51,463.00	2.059
10	Dhubri	5	2	3	35	4	70,000.00	2.800
11	Dibrugarh	6	6	12	63	4	40,000.00	1.600
12	Dima Hasao	3	3	8	12	4	38,500.00	1.540
13	Goalpara	5	2	5	12	4	75,000.00	3.000
14	Golaghat	5	2	5	10	4	60,000.00	2.400
15	Hailakandi	4	2	5	15	4	80,000.00	3.200
16	Hojai	2	2	5	15	4	50,000.00	2.000
17	Jorhat	6	2	5	12	4	54,400.00	2.176
18	Kamrup (M)	5	2	0	38	4	50,000.00	2.000
19	Kamrup (R)	12	2	5	24	4	99,998.00	4.000
20	Karbi-Anglong	4	2	8	30	4	35,000.00	1.400
21	Karimganj	5	2	5	23	4	55,000.00	2.200
22	Kokrajhar	4	2	6	12	4	50,000.00	2.000
23	Lakhimpur	6	2	12	50	4	75,000.00	3.000
24	Majuli	1	4	3	4	4	20,000.00	0.800
25	Morigaon	3	1	1	36	4	40,200.00	1.608
26	Nagaon	9	4	10	100	4	1,00,000.00	4.000
27	Nalbari	4	4	5	36	4	65,000.00	2.600
28	Sivasagar	6		5	24	4	72,300.00	2.892
29	Sonitpur	4	2	10	40	4	94,000.00	3.760

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S. No.	District Name	Number of Health Blocks	Number of participants per training to be conducted			Number of Trainings to be conducted	Budget Per Training (Rs.)	Total Budget (Rs. Lakhs)
			Trainers	District representatives	Trainees from blocks			
30	South Salmara - Mankachar	2	2	1	139	4	20,000.00	0.800
31	Tinsukia	4	2	2	4	4	36,000.00	1.440
32	Udalguri	3	2	3	4	4	40,000.00	1.600
33	West Karbi Anglong	4	1	1	128	4	15,000.00	0.600
	Total	153	78	186	1126	132		72.422

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

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

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

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

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

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

6. Following topics should be included in the agenda:

- **Orientation on Registers:**
  - Orientation on RCH Register
  - Importance of complete fill up of data in RCH Register
  - Updating of Eligible Couple
  - Orientation on Instruction Manual for ANM to record information in RCH Register
  - Orientation on other registers like OPD Register, IPD Register, Delivery Register/ 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 2021-22)
  - 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 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 2021-22, expenses for food to participants, accommodation for trainers, accommodations for participants, incidental expenses and charges for venue hiring as per RCH norms subject to following extant rules.

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

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

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

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

- Maintaining Attendance Sheet, Photographs, Training Reports.

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

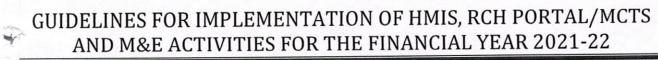| **Monthly Reporting format for Training cum Review Meeting at Block Level** (To be submitted by Block PHC to District HQ on 2nd of every month) (Compiled report from District HQ to State HQ to be submitted by 5th of every month)								
Name of the District								
Name of the Block PHC								
Reporting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

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Annexure – B

District wise breakup of fund for Training cum review meeting for HMIS & MCTS at Block level for the year 2021-22

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

S. No.	District Name	Number of Health Blocks	Block representatives	Trainees from PHCs	Trainees from SCs	Number of Trainings to be conducted	Budget Per Training (Rs.)	Total Budget (Rs. Lakhs)
1	Baksa	6	42	68	305	72	5000	3.60
2	Barpeta	7	35	96	264	84	5000	4.20
3	Biswanath	3	8	18	134	36	5500	1.98
4	Bongaigaon	4	12	29	190	48	3021	1.45
5	Cachar	8	64	104	568	96	4400	4.22
6	Charaideo	2	10	88	140	24	8000	1.92
7	Chirang	2	5	28	90	24	6000	1.44
8	Darrang	4	20	33	318	48	8000	3.84
9	Dhemaji	5	32	76	240	60	3583	2.15
10	Dhubri	5	35	46	246	60	5000	3.00
11	Dibrugarh	6	30	31	234	72	5000	3.60
12	Dima Hasao	3	5	20	77	36	8000	2.88
13	Goalpara	5	30	41	155	60	4600	2.76
14	Golaghat	5	25	40	143	60	4200	2.52
15	Hailakandi	4	20	26	214	48	6500	3.12
16	Hojai	2	6	12	94	24	5600	1.34
17	Jorhat	6	30	27	110	72	2800	2.02
18	Kamrup (M)	5	3	2	189	60	4000	2.40
19	Kamrup (R)	12	60	71	279	144	3500	5.04
20	Karbi-Anglong	4	12	12	40	48	5500	2.64
21	Karimganj	5	4	13	376	60	8000	4.80
22	Kokrajhar	4	8	135	300	48	8000	3.84
23	Lakhimpur	6	40	50	180	72	5000	3.60
24	Majuli	1	4	8	34	12	5000	0.60
25	Morigaon	3	2	12	112	36	5461	1.97
26	Nagaon	9	100	360	1032	108	12000	12.96
27	Nalbari	4	50	132	244	48	8000	3.84
28	Sivasagar	6	12	24	150	72	3638	2.62
29	Sonitpur	4	16	38	283	48	8000	3.84

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S. No.	District Name	Number of Health Blocks	Number of participants per training to be conducted			Number of Trainings to be conducted	Budget Per Training (Rs.)	Total Budget (Rs. Lakhs)
			Block represent atives	Trainees from PHCs	Trainees from SCs			
30	South Salmara – Mankachar	2	2	16	110	24	6000	1.44
31	Tinsukia	4	16	14	164	48	2958	1.42
32	Udalguri	3	3	31	153	36	6500	2.34
33	West Karbi Anglong	4	4	15	107	48	3500	1.68
	Total	153	745	1716	7275	1836		101.07

C) Guidelines for Mobility Support for HMIS & MCTS at District level for the year 2021-22:

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

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

3. With an objective to improve data quality in HMIS and RCH Portal, **mandatory data validation system under National Health Mission, Assam** is being roll out in the State. From the financial year 2021-22, 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

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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. Roles of FMR owner:
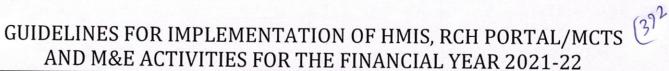   ▪ Prepare tour plan for data validation and get approval from competent authority

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

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

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

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

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Annexure –C
Mobility Support for HMIS & MCTS at District level for the year 2021-22
FMR Code: 16.3.2 → Mobility Support for HMIS & MCTS at District level

S. No.	District Name	Amount (Rs. in Lakhs)
1	Baksa	1.44
2	Barpeta	1.44
3	Biswanath	1.44
4	Bongaigaon	1.44
5	Cachar	1.44
6	Charaideo	1.44
7	Chirang	1.44
8	Darrang	1.44
9	Dhemaj	1.44
10	Dhubri	1.44
11	Dibrugarh	1.44
12	Dima Hasao	1.44
13	Goalpara	1.44
14	Golaghat	1.44
15	Hailakandi	1.44
16	Hojai	1.44
17	Jorhat	1.44
18	Kamrup (Metro)	1.44
19	Kamrup (Rural)	1.44
20	Karbi Anglong	1.44
21	Karimganj	1.44
22	Kokrajhar	1.44
23	Lakhimpur	1.44
24	Majuli	1.44
25	Morigaon	1.44
26	Nagaon	1.44
27	Nalbari	1.44
28	Sivasagar	1.44
29	Sonitpur	1.44
30	South Salamara	1.44
31	Tinsukia	1.44
32	Udalguri	1.44
33	West Karbi Anglong	1.44
	Total	**47.52**

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

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

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

3. Total yearly expenditure should not exceed the allotted amount

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

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

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

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

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

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

10. As mentioned the approval of the State PIP 2021-22, printing should be done based on competitive bidding and by following Government protocols. Government of India is in the process of revision of HMIS formats, therefore it is advised not to print formats for the entire year in one go.

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

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

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

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

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

Annexure –D
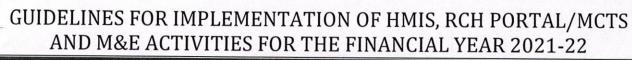### District wise breakup of fund for Printing of HMIS Formats for the year 2021-22
FMR Code: 12.9.1 → Printing of HMIS Formats

S.No.	District Name	Total Number Public Health Facilities					No of Pages	Total Budget (Rs. Lakhs)
		SC	PHC	CHC	SDH	DH + MC + Other		
1	Baksa	157	35	8		1	98,928	0.989
2	Barpeta	264	50	11	1	2	1,57,032	1.570
3	Biswanath	139	26	3	2		82,176	0.822
4	Bongaigaon	108	29	4		1	69,984	0.700
5	Cachar	269	32	7		2	1,44,384	1.444
6	Charaideo	70	19	2	1		45,288	0.453
7	Chirang	87	24	4		1	57,552	0.576
8	Darrang	159	33	7		1	1,04,352	1.044
9	Dhemaji	98	24	5		1	62,304	0.623
10	Dhubri	192	34	7	1	1	1,10,424	1.104
11	Dibrugarh	234	31	10		1	1,30,368	1.304
12	Dima Hasao	76	12	3		1	43,968	0.440
13	Goalpara	155	37	7		1	97,968	0.980
14	Golaghat	143	39	9	1	1	96,408	0.964
15	Hailakandi	107	13	4		1	58,800	0.588
16	Hojai	94	7	5		1	49,152	0.492
17	Jorhat	110	35	6	1	1	77,160	0.772
18	Kamrup M	50	46	3		4	57,648	0.576
19	Kamrup R	280	65	13	1	1	1,76,136	1.761

S.No.	District Name	Total Number Public Health Facilities					No of Pages	Total Budget (Rs. Lakhs)
		SC	PHC	CHC	SDH	DH + MC + Other		
20	Karbi Anglong	105	24	6		1	66,432	0.664
21	Karimganj	232	29	7		1	1,25,424	1.254
22	Kokrajhar	161	46	2	1	1	1,03,944	1.039
23	Lakhimpur	151	29	9	1	1	94,968	0.950
24	Majuli	34	8	2		1	21,672	0.217
25	Marigaon	122	34	6		1	80,928	0.809
26	Nagaon	258	72	13		1	1,70,592	1.706
27	Nalbari	124	44	11		1	91,488	0.915
28	Sibsagar	150	27	2	1	1	85,992	0.860
29	Sonitpur	147	29	6		2	90,336	0.903
30	South Salmara	51	8	2	1		29,688	0.297
31	Tinsukia	166	22	8	1	1	93,408	0.934
32	Udalguri	150	24	7		1	87,072	0.871
33	West Karbianglong	50	18	2	1		35,976	0.360
	Total	4,693	1,005	201	14	35	28,97,952	28.980

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E) Operational Cost for HMIS & MCTS (including Internet Connectivity, AMC of Laptop, Printers, Computers, UPS, Office Expenditure, Mobile reimbursement)

1. District wise detail fund breakup may be seen at **Annexure – E**
2. **The expenditure should be booked under the head of account (FMR Code: 16.3.3 → Operational Cost for HMIS & MCTS (including Internet Connectivity, AMC of Laptop, Printers, Computers, UPS, Office Expenditure, Mobile reimbursement)**
3. Following expenditure may be incurred under this head of account:
   i) Cost of Internet Connectivity at DPMU, BPMU, Other data entry points including DH, SDCH, CHC, PHC etc.
   ii) AMC or Maintenance of Computers & Accessories

4. **Guidelines for Internet Connectivity:**
   i) District will provide Internet Connectivity at District Programme Management Unit and other Health Institutions/ Data Entry points where required.
   ii) 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.
   iii) 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.
   iv) 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*

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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.

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

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

vii) As mentioned in the RoP 2021-22, it should be ensured that 100% facility based reporting on HMIS & RCH portal and improvement of data quality thereof.

5. **Guidelines for AMC or Maintenance of Computers & Accessories:**

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

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

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

iv) **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 2021-22, 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		

v)   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.

vi)   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.

6. **Financial**:

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

ii)   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

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

7. **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

vi) Ensure proper maintenance of all computers & accessories are timely repaired

vii) Ensure proper booking of fund in consultation with District Accounts Manager

viii) Ensure that, procurement procedures and financial norms are followed.

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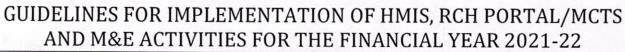
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Annexure – E

District Wise Breakup of Operational Cost for HMIS & MCTS (including Internet Connectivity, AMC of Laptop, Printers, Computers, UPS, Office Expenditure, Mobile reimbursement)

FMR Code: 16.3.3 → Operational Cost for HMIS & MCTS (including Internet Connectivity, AMC of Laptop, Printers, Computers, UPS, Office Expenditure, Mobile reimbursement)

Sl	District	No of Health Block	Amount for Maintenance of Computers (Rs. In Lakh)	Internet Connectivity (Rs. In Lakh)	Total Amount (Rs. In Lakhs)
1	Baksa	6	0.105	2.284	2.389
2	Barpeta	7	0.120	2.980	3.100
3	Biswanath	3	0.060	1.528	1.588
4	Bongaigaon	4	0.075	1.720	1.795
5	Cachar	8	0.135	2.272	2.407
6	Charaideo	2	0.045	1.120	1.165
7	Chirang	2	0.045	1.372	1.417
8	Darrang	4	0.075	1.972	2.047
9	Dhemaji	5	0.090	1.624	1.714
10	Dhubri	5	0.090	2.128	2.218
11	Dibrugarh	6	0.105	2.176	2.281
12	Dima Hasao	3	0.060	0.988	1.048
13	Goalpara	5	0.090	2.200	2.290
14	Golaghat	5	0.090	2.380	2.470
15	Hailakandi	4	0.075	1.144	1.219
16	Hojai	2	0.045	0.760	0.805
17	Jorhat	6	0.105	2.212	2.317
18	Kamrup (M)	5	0.090	2.452	2.542
19	Kamrup (R)	12	0.195	4.048	4.243
20	Karbi-Anglong	4	0.075	1.612	1.687
21	Karimganj	5	0.090	1.912	2.002
22	Kokrajhar	4	0.075	2.296	2.371
23	Lakhimpur	6	0.105	2.068	2.173
24	Majuli	1	0.030	0.604	0.634
25	Morigaon	3	0.060	1.888	1.948
26	Nagaon	9	0.150	4.012	4.162
27	Nalbari	4	0.075	2.512	2.587

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SI	District	No of Health Block	Amount for Maintenance of Computers (Rs. In Lakh)	Internet Connectivity (Rs. In Lakh)	Total Amount (Rs. In Lakhs)
28	Sivasagar	6	0.105	1.780	1.885
29	Sonitpur	4	0.075	1.864	1.939
30	South Salmara - Mankachar	2	0.045	0.724	0.769
31	Tinsukia	4	0.075	1.612	1.687
32	Udalguri	3	0.060	1.564	1.624
33	West Karbi Anglong	4	0.075	1.252	1.327
	Total		**2.790**	**63.060**	**65.850**

F) Guideline for implementation of HMIS:

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: 6.1.2.5.2 → Tablets; software for 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
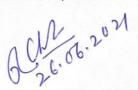   ii) Utilization of fund following all norms

Annexure – F
District wise breakup of fund for Tablets; software for implementation of ANMOL
FMR Code: 6.1.2.5.2 → Tablets; software for implementation of ANMOL

SI	District	No of ANMs	For DPMU				IDSP	Total	Amount
			DPM	DDM	ADDM	BDM			
1	Baksa	315	1	1	1	6	5	329	Rs.7,89,600.00
2	Barpeta	607	1	1	1	7	5	622	Rs.14,92,800.00
3	Darrang	381	1	1	1	4	5	393	Rs.9,43,200.00
4	Dhubri	450	1	1	1	7	5	465	Rs.11,16,000.00
5	South Salmara	75	1	1	1	1	5	84	Rs.2,01,600.00
6	Goalpara	346	1	1	1	5	5	359	Rs.8,61,600.00
7	Hailakandi	216	1	1	1	4	5	228	Rs.5,47,200.00
8	Udalguri	268	1	1	1	3	5	279	Rs.6,69,600.00
	Sub Total Aspirational Districts	**2658**	**8**	**8**	**8**	**37**	**40**	**2759**	**Rs.66,21,600.00**

Note: Fund for non-aspirational districts shall be allocated after supply of Tablet

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

e-Hospital solution of NIC is being implemented in all District Hospitals and Medical Unit of Assam Secretariat.

In the year 2021-22, it is proposed to implement e-Hospital solution in 3 new District Hospitals at Majuli, Hojai and Charaideo.

Following modules are currently available in the e-Hospital application:

i) Patient Registration (OPD & Casualty)
ii) IPD (Admission, Discharge & Transfer)
iii) Billing, Lab Information System
iv) Radiology Information System
v) Clinic
vi) Dietary
vii) Laundry
viii) Store & Pharmacy
ix) OT Management.

1. **One-time cost (Only for District Hospital at Hojai and Majuli):**

   a) An amount of Rs. 7.00 lakhs each is approved for one time cost for implementation of e-Hospital solution at District Hospital of Hojai and Majuli which includes procurement of Computer, Printer, UPS and establishment of Internet connectivity, etc.

   b) 10 numbers of Computer sets with Printer and UPS can be procured for each district hospital.

   c) An amount of Rs. 6.00 lakhs earmarked for procurement of 10 numbers of Computer sets with Printer and UPS.

   d) The allotment of the Desktop Computer and UPS along with Printer can be done priority wise depending on number of Beds, OPD loads, IPD loads, number of Nursing Station/ Ward etc.

   e) Computer, Printer and UPS provided for implementation of e-Hospital solution should be installed in the respective locations like OPD Registration Counter, IPD Registration Counter, Emergency Registration Counter, Laboratory, Store, Dispensing Room, etc.

   f) 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.

   g) 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.
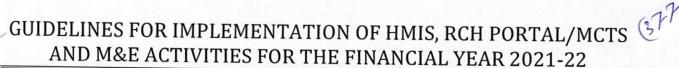
h)   Fund allocation for District Hospital at Charaideo shall be communicated after the District Hospital is made functional.

2. **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.

b)   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.

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

d)   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. 270 numbers of Desktop Computer, Printer and UPS provided from NHM State HQ in the financial year 2020-21 are under warranty period. Details of Service Support for Desktop Computer, Printer and UPS:

Item	Make/ Model No	Contact Number for support
Desktop Computer (3 years warranty)	ACER VERITON M4660G	Name of the OEM: M/s Acer India Pvt. Ltd. Tool Free No: 1800116677 1st Level: Name: Sita Sitaraman Mobile No: 033-44272400 E-mail: sita.sitaraman@acer.com 2nd Level: Name: Debjyoti Sanyal Mobile No: 09836466415 E-mail: debjyoti.sanyal@acer.com 3rd Level: Name: Praveen Bisht Mobile No: 09910100474 E-mail: Praveen.bisht@acer.com Name of the Supplier: M/s Eastern Technology Group Contact No: 97060-61650, 98649-8270 E-mail: etgr_solution@yahoo.com etgr.service15@gmail.com

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Item	Make/ Model No	Contact Number for support
UPS (2 years warranty) (Warranty for the battery is 1 Year)	Make: zebronic Model: zeb-u725	Name of the OEM: M/s Zebronics India Pvt Ltd. Tool Free No: 18001217097 Name of the Supplier: M/s Eastern Technology Group Contact No: 97060-61650, 98649-8270 E-mail: etgr_solution@yahoo.com etgr.service15@gmail.com
Printer (3 years warranty)	Lexmark, B2236DW	Name of the OEM: M/s Lexmark International (India) Private Limited. Tool Free No: 0008-0005-01018 1st Level: Name: Ms. Shibani/ Mr. Perumal E-mail: lexsupport@inspirisys.com , perumal.sg@inspirisys.com 2nd Level: Name: Mr. Vijayakumar Srinivasan E-mail: vijaya.srinivasan@lexmark.com 3rd Level: Name: Mr. Rajesh Onkar E-mail: rajesh.onkar@lexmark.com Name of the Supplier: M/s Chandra Enterprises Contact No: 96780-65006, 96780-65001 E-mail: mschandrainfocom@gmail.com mschandraenterprises@rediffmail.com

3   **Financial:**

a)   All financial norms should be followed.

b)   District wise detail fund breakup may be seen at **Annexure – G**

c)   **The expenditure should be booked under the head of account (FMR Code: FMR code 17.6 – Implementation of Hospital Management System)**

d)   Total expenditure should not exceed amount allocated for the financial year.

e)   Payment related to M/s Luminous Infoways Pvt. Ltd. (empaneled vendor of NIC) shall be made from NHM State HQ. District should not make any payment to M/s Luminous Infoways Pvt. Ltd. However, concerned Superintendent/ Deputy Superintendent shall provide the certificate for completion of work and go-live of e-Hospital solution.

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Annexure – G

Fund breakup for implementation of e-Hospital Solution (Hospital Management System of NIC)
FMR Code: FMR code 17.6 – Implementation of Hospital Management System

SI	District	Name of the District Hospital	Amount allocated for the FY 2021-22 (Rs. In Lakhs)
1	Baksa	Dr. Ravi Baro Civil Hospital	1.250
2	Barpeta	Barpeta Civil Hospital	2.150
3	Bongaigaon	Bongaigaon Civil Hospital	1.250
4	Cachar	S.M. Dev Civil Hospital	1.250
5	Chirang	JSB CIVIL Hospital	0.500
6	Darrang	Mangaldai Civil Hospital	4.850
7	Dhemaji	Dhemaji Civil Hospital	1.850
8	Dhubri	Dhubri Civil Hospital	4.850
9	Dima Hasao	Haflong Civil Hospital	0.930
10	Goalpara	200 Bedded Civil Hospital	3.000
11	Golaghat	Swahid Kushal Konwar Civil Hospital	3.500
12	Hailakandi	S.K.Roy Civil Hospital	1.850
13	Hojai	District Hospital, Hojai	7.900
14	Kamrup (M)	Medical Unit, Assam Secretariat	0.300
15	Kamrup (M)	District Hospital Sonapur	1.600
16	Kamrup (R)	TRB Civil Hospital	0.930
17	Karimganj	Karimganj Civil Hospital	3.000
18	Kokrajhar	RNB CH Kokrajhar	1.650
19	Majuli	District Hospotal, Majuli	7.900
20	Morigaon	Morigaon Civil Hospital	3.000
21	Nagaon	B P Civil Hospital + MCH wing	4.100
22	Nalbari	SMK Civil Hospital	2.300
23	Sivasagar	Sivasagar Civil Hospital	2.300
24	Sonitpur	Kanaklata Civil Hospital	2.900
25	Tinsukia	LGB Civil Hospital	3.000
26	Udalguri	UDALGURI CIVIL HOSPITAL	0.930
27		State HQ	33.302
		Total	**102.342**

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