



ৰাষ্ট্ৰীয় স্বাস্থ্য অভিযান, অসম

OPERATIONAL GUIDELINE, MATERNAL HEALTH, 2021-22



OFFICE OF THE MISSION DIRECTOR

NATIONAL HEALTH MISSION, ASSAM

Saikia Commercial Complex, Sri Nagar Path, Near Post office Bus Stand

G. S. Road, Christianbasti, Guwahati – 781005

Preface

District RoP document has the budgetary approvals under NHM for the financial year 2021-22 and serve as a reference document for implementation. The district wise approval given by the state are based on the state PIP and RoP approval for FY 2021-22.

As we know that reducing the maternal mortality is a key goal of Reproductive and Child Health Programme (RMNCH+A) under National Health Mission for which several initiatives have been taken by the Ministry of Health and Family Welfare (MoHFW) and also by the state.

In line with our commitment towards achieving a good maternal health and milestone of 180 MMR in FY 2021-22, our major priority set in FY 2021-22 is identification, line listing and follow up of High Risk pregnancies. A high-risk pregnancy is one in which either the mother or the fetus has risk of death or disability as a consequence of one or more conditions that complicate the normal pregnancy. Early identification and intervention of high-risk pregnancies increase the chances of delivering full-term, healthy babies and good health of mother.

Considering the need of EmOC/ CeMOC services, the functionalization of all designated First referral units as per benchmark i.e. 5 C-section in CHC/SDCH and 10 C-section in district hospital and functionalization of all Blood storage centers is also the state priority for FY 2021-22.

Similarly, moving a step ahead in MDSR, in FY 2021-22, it will be implemented in all districts for better information and taking action by promoting routine identification and timely notification of maternal deaths, review of maternal deaths, implementation and monitoring of steps taken to prevent similar deaths in the future. Emphasis will be given on 100% reporting and reviewing of all Maternal Death cases.

The other state priorities in FY 2021-22 are: i) Saturation of home delivery pockets with SBA trained staff ii) LaQshya certification of selected facilities iii) Increasing the number of delivery points iv) Universal screening of Pregnant women for syphilis and hemoglobinopathies (v) Strengthening PMSMA service (vi) Screening of pregnant women for Gestational Diabetes Mellitus in aspirational districts (vii) Performance based incentive in aspirational districts (viii) Ensuring assured delivery of maternal and newborn health care services under SUMAN.

I look forward to work with you to review the progress being made against the priorities set for FY 2021-22. Let us reaffirm our commitment towards provision of affordable and quality health care services which is accountable and responsive to people's needs.

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FMR CODE WISE BUDGET APPROVAL FOR FY 2021-22 UNDER MATERNAL HEALTH (excluding IEC, Infrastructure and HR budget)

FMR Code	Activity	Activity Owner at State HQ	Total Budget Approval (RoP 2021-22)	State HQ Allocation (in Lakhs)	District Allocation (in Lakhs)	Page No
1.1.1.1	PMSMA activities at State/ District level	Programme Executive (Bidyut Prava Baishya)	39.50	2.00	37.50	7-12
1.1.1.2	Diet services for JSSK Beneficiaries (3 days for Normal Delivery and 7 days for Caesarean)	Consultant (MH) / Consultant Nutrition	805.38	0	805.38	13-15
1.1.1.3	Blood Transfusion for JSSK Beneficiaries	Programme Executive (Tanashree Pathak)	122.73	107.73	15.00	16.17
1.1.1.4	Antenatal Screening of all pregnant women coming to the facilities in their first trimester for Sick cell trait, β Thalassemia, Haemoglobin variants esp. Haemoglobin E and Anaemia -Refer Hemoglobinopathies guidelines	Consultant (MH) / Programme Executive (Bidyut Prava Baishya)	27.56	27.56	0	18
1.1.1.5	LaQshya Related Activities	Consultant (MH) / State Consultant (QA)	13.68	6.00	7.68	19-20
1.1.1.6	Any other (Support for voluntary Blood Donation Camp, Operational cost for Blood Storage units)	Programme Executive (Tanashree Pathak)	25.30	15.30	10.00	21-22
1.2.1.1	JSY Benefit (for Home deliveries)	Programme Executive (Tanashree Pathak)	12.99	0	12.99	23-26
1.2.1.2.1	JSY Benefit (for Rural areas)	Programme Executive (Tanashree Pathak)	4480.00	0.00	4480	
1.2.1.2.2	JSY Benefit (for Urban areas)	Programme Executive (Tanashree Pathak)	121.85	0	121.85	
1.2.1.2.3	C-sections (hireing Specialists)	Consultant (MH)	20.00	3.2	16.8	
2.3.1.1.2	Monthly Village Health and Nutrition Days (transportation of thermoflask containing the HIV kits along with Vaccines)	Consultant (MH)	14.14	0	14.14	29
3.1.1.1.1	JSY Incentive to ASHA	State Community Mobilizer/ Consultant (MH)	1968.74	0	1968.74	31
3.3.4	Any other ASHA incentives (Maternal Health activities)	State Community Mobilizer/ Consultant (MH)	740.19	0	740.19	32-38
6.1.1.1.1	MVA /EVA for Safe Abortion services	Bio Medical Engineer/ Programme Executive (Tanashree Pathak)	20.46	20.46	0	

FMR Code	Activity	Activity Owner at State HQ	Total Budget Approval (RoP 2021-22)	State HQ Allocation (in Lakhs)	District Allocation (in Lakhs)	Page No
6.1.1.1.2	Procurement under LaQshya	BME/MH Div	60.00	60	0	
6.1.1.1.3	Equipment for Obstetric ICUs/ HDUs (as per operational guidelines of ICUs and HDUs, 2017)	Bio Medical Engineer/ Consultant (MH)	156.60	156.6	0	
6.1.1.1.4	Any other equipment (please specify)	Bio Medical Engineer/ Consultant (MH)	50.50	50.5	0	
6.2.1.1	RTI /STI drugs and consumables	Drug Store Manager, HQ/ Consultant (MH)	29.97	29.97	0	
6.2.1.2	Drugs for Safe Abortion (MMA)	Drug Store Manager, HQ/ Consultant (MH)	5.85	5.85	0	
6.2.1.3	RPR Kits	DSM, HQ	2.77	2.77	0	
6.2.1.7.1	IFA tablets for Pregnant & Lactating Mothers	Drug Store Manager, HQ/ Consultant (MH)	319.20	319.2	0	
6.2.1.7.3	Calcium tablets	Drug Store Manager, HQ/ Consultant (MH)	266.40	266.4	0	
6.2.1.7.4	Albendazole tablets	Drug Store Manager, HQ/ Consultant (MH)	5.91	5.91	0	
6.2.1.7.5	Other JSSK drugs & consumables	Drug Store Manager, HQ/ Consultant (MH)	1992.46	0	1992.46	42-41
6.2.1.8	Any other Drugs & Supplies (Please specify)	Drug Store Manager, HQ/ Consultant (MH)	819.99	819.99	0	
6.4.3	Free Diagnostics for Pregnant women under JSSK	PE, Free Diagnostics/ Consultant (MH)	2368.00	1268	1100	42--43
7.1	Free Referral Transport - JSSK for Pregnant Women	Programme Executive (108)/ Consultant (MH)	3493.06	3448.06	45	45-46
8.4.2	Incentive/ Awards etc. to SN, ANMs etc. (Including group/team based incentives at sub-centre/PHC for primary care)	Programme Executive (Tanashree Pathak)	237.94	237.94	0	48-73
9.1.5	Strengthening of Training Institutions excluding infrastructure and HR /CAC Training	Training Consultant/ Sr. Consultant (Nurshing) Consultant (MH)	20.10	4.90	15.2	75-76
9.5.1.2	Monitoring and post Training follow up visits by NMTI to ANM/GNM schools	Sr. Consultant (Nurshing)	1.36	1.36	0	
9.5.1.5	TOT for SBA	Consultant (MH)	2.85	2.85	0	
9.5.1.6	Training of Staff Nurses/ANMs / LHV's in SBA	Programme Executive (Tanashree Pathak)	212.01	0	212.01	77-79
9.5.1.11	TOT on safe abortion services	Assistant Manager-Program (Jonali Das)/ Consultant (MH)	1.54	1.54	0	

FMR Code	Activity	Activity Owner at State HQ	Total Budget Approval (RoP 2021-22)	State HQ Allocation (in Lakhs)	District Allocation (in Lakhs)	Page No
9.5.1.12	Training of Medical Officers in safe abortion	Assistant Manager-Program (Jonali Das)/ Consultant (MH)	34.35	0	34.35	80-81
9.5.1.13	ToT for RTI/STI	Programme Executive (Bidyut Prava Baishya)	0.96	0.96	0	
9.5.1.15	Training of ANM/staff nurses in RTI/STI	Programme Executive (Bidyut Prava Baishya)	7.72	0	7.72	82-83
9.5.1.16	Training of Medical Officers in RTI/STI	Programme Executive (Bidyut Prava Baishya)	9.70	0	9.7	84-85
9.5.1.18	BEmOC training for MOs/LMOs	Programme Executive (Tanashree Pathak)	22.76	0	22.76	86-88
9.5.1.19	DAKSHTA training	Consultant (MH)	33.59	0	33.59	89-90
9.5.1.25	Travel cost of Midwifery Educators -From State to National Institute	Sr. Consultant (Nursing)	24.72	24.72	0	
9.5.1.27	Other maternal health trainings (CAC refresher training/GDM/MH Regional Level Meeting)	Consultant (MH)/ Programme Executive (Tanashree)/ Assistant Manager-Program (Jonali Das)	35.80	0	35.8	91-94
9.5.6.1	Blood Bank/Blood Storage Unit (BSU) Training	Programme Executive (Tanashree Pathak)	1.13	1.13	0	
9.5.29.4	Training of ANMS ,Staff Nurses, AWW,AWS	Sr. Consultant (Nursing)	17.35	17.35	0	
10.1.1	Maternal Death Review (both in institutions and community)	Consultant (MH)	17.98	0.11	17.87	96-103
10.1.3	Any other (review of CAC at State and District level)	Assistant Manager-Program (Jonali Das)/ Consultant (MH)	5.37	0.22	5.15	104-107
12.1.1	Printing of MDR formats	SPM/ Consultant (MH)	3.21	3.21	0	
12.1.2	Printing of MCP cards, safe motherhood booklets etc.	SPM/ Consultant (MH)	111.00	111	0	
12.1.3	Printing of labor room registers and casesheets/ LaQshya related printing	SPM/ Consultant (MH)	68.00	68	0	
12.1.5	Any other (Printing of MH Activities Guidelines & Registers)	SPM/ Consultant (MH)	4.49	4.49	0	
16.1.4.1.1 (16.1)	JSY Administrative Expenses	Programme Executive (Tanashree Pathak)	269.29	53.86	215.43	27
18.1.4	“Project Aavaran”- Special ANC Drive	Consultant ,MH	8.90	8.9	0	110-112
Total			19135.35	6895.76	12239.59	

FACILITY BASED

Name of the Activity: PMSMA (Pradhan Mantri Surakshit Matritva Abhiyan)

Activity owner:

- At State level –Bidyutprava Baishya, Program Executive, MH,NHM
- At District level – District Program Manager/District Account Manager,NHM

Brief about Activity - The Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) has been introduced to provide fixed day quality antenatal care services to women in their 2nd/ 3rd trimesters of pregnancy on the 9th day of every month. The initiative aims to ensure that assured and comprehensive antenatal services are provided to pregnant women at designated health facilities by Obstetricians/ medical officers. The Programme also invites active participation from private practitioners on a voluntary basis and in the 31st July 2016 episode of “Mann Ki Baat”, Hon’ble Prime Minister of India has appealed to doctors across India to contribute twelve days in a year to this initiative.

Activities to be done at District Level –

1. Monthly Monitoring of PMSMA sites for assessment of quality of site as per the Quality Assurance Framework for PMSMA.
2. Should develop a district level supportive supervision plan for PMSMA sites (by 7th of every month)
3. Meeting of Committees at District Level to discuss their finding during the PMSMA site monitoring and develop a plan to address the gaps.
4. Organization of special program for pregnant women in 8th month of pregnancy.
5. To establish Counseling corners on PMSMA Day at Facility.
6. District level PMSMA felicitation Program (Probably in Month of December) as per PMSMA guideline.
7. For sitting arrangements, light refreshment and drinking water provision on 9th of every month.
8. Any other expenses related to PMSMA activity.

PMSMA Site Monitoring Checklist

Pradhan Mantri Surakshit Matritva Abhiyan
(PMSMA) Onsite Monitoring Format

State:.....District: Block:
Urban/Rural

Date:...../...../..... Time of visit: Name of health facility.....Type of facility: DH/SDH/CHC/PHC/Private

Name of monitor: Designation:.....Organization:

Availability of HR/ Equipments/Drugs/Diagnostics

Section – A: Service Provider Information:

Sr. No.	Category	Available (Yes/No)	No.(s)	Sr. No.	Category	Available (Yes/No)	No.(s)
A1	Obs & Gynae Specialist			A4	Staff Nurses (SN)		
A2	Medical Officer (MO)			A.4.1	Staff Nurses (Trained in SBA/ Dakshata)		
A2.1	CEmOC trained			A5	Auxiliary Nurse Midwife (ANM)		
A2.2	BEmOC trained			A.5.1	ANM (Trained in SBA/ Dakshata)		
A3	Private provider (O&G/ MO)			A6	Counselor (RMNCH+A/SN/ANM)		

Section – B: Essential Equipment (Verify physically for availability and functionality)

No.	Equipment's & Instruments	Yes/ No	No.	Equipment's & Instruments	Yes/No	No.	Equipment's & Instruments	Yes/No
B1	BP Apparatus		B2	Adult stethoscope		B3	Weighing machine	
B4	Height scale		B5	Measuring tape		B6	Torch	
B7	Thermometer		B8	Fetoscope/Doppler for FHS		B9	Sterile Gloves	
B.10	Plasma Standardized Glucometer							

Section – C: Diagnostic Services (Confirm the availability of lab tests for following:

Write yes for each laboratory service available in house.)

No.	Diagnostic Services	Yes/No	No.	Diagnostic Services	Yes/No
C1	Hemoglobin		C5	Point of Care Test	
C2	Urine Albumin & Sugar		C6	Whole Blood Finger Prick Test	
C3	Screening for Gestational Diabetes Mellitus (OGTT)		C7	Blood Grouping	
C4	Malaria through RDK (in endemic areas)		C8	Ultrasound In-house Outsourced	
C9	Are reports of all blood investigations made available to PW on the same day?		C10	Are USG reports day?	

Section – D: Drugs Available (check the availability of each drug at the PMSMA Clinic or pharmacy. Write yes/no accordingly. If adequate stock not available mention in your remarks)

Sr. No.	Drugs	Yes/ No	Sr. No.	Drugs	Yes/ No	Sr. No.	Drugs	Yes/No
D1	IFA Tablets		D7	Inj. Dexamethasone		D13	Tab. Labetalol	
D2	Tab Folic Acid		D8	Inj Tetanus toxoid		D14	Tab Paracetamol	
D3	Cap Ampicillin		D9	Tab. Calcium 500 mg & Vit. D3		D15	Tab Chloroquine	
D4	Cap Amoxicillin		D10	Tab. Albendazole		D16	Tab Nifedipine	
D5	Tab Metronidazole		D11	Tab. Methyldopa		D17	Erythromycin	
D6	Gentamicin		D12	Inj. Labetalol		D18	Tab Paracetamol	

Section – E: Infrastructure (Confirm the availability of following basic infrastructure)

Sr. No.	Infrastructure	Yes/No
E1	Clean Toilet for PW	
E2	Adequate waiting space for women	
E3	Availability of drinking water	
E4	Availability of refreshments/ food	
E5	Privacy maintained/ ensured	
E6	Examination tables in ANC clinic	
E7	Adequate Sign posting for ANC services	
E8	IEC Material on PMSMA	

E9: Cordial Behavior (Satisfactory/ Scope for Improvement/ Lack of respectful maternity care)

Service Delivery (Check if women are receiving the following services)

Section – F: Identification and Management of High Risk Pregnancies

		Yes/ No			Yes/ No
F1	Women identified with anaemia		F5	Women identified as Seropositive for HIV	
F2	Women identified with severe anaemia		F6	Women identified Seropositive	
F3	Women identified with pregnancy induced hypertension		F7	Women identified with hypothyroidism	
F4	Women identified with diabetes		F9	Women identified with any other high risk factor	
F10	IFA distribution		F13	Treatment for Diabetes	
F11	Calcium supplementation		F14	Treatment for other high risk factors	
F12	Treatment for Hypertension		F15	P.W with high risk factors referred for further treatment	

Section – G: Counselling Services

G1	Counselling Services being provided (Y/N)	Y/N
G2	Cadre Providing Counselling (Please specify if RMNCH+A counsellor/SN/ANM providingcounselling)	
G3	Is Group Counselling being done (Y/N)	
G4	Is One on One Counselling being done (Y/N)	
G5	Is a Counselling tool available (Y/N) eg. flipbook/ safe motherhood booklet	
G6	Are women counselled for Birth Preparedness and Complication Readiness? This includes:	
	• Counseling on facility to be visited for normaldelivery	
	• Counseling on JSSK benefits and 102/108services	
	• Counseling on danger signs duringpregnancy	
G7	Are women counseled for post-partum family planning	
G8	Are women counseled on Nutrition during pregnancy	

Documentation: (Please verify physically if the following records are available and being maintained)

Sr.No.	Record	Yes/No
H1	ANC Register	
H2	Line list of HRP (including place of referral and deliveries)	
H3	MCP Cards	
H4	PMSMA reporting Formats	

Section – I: Check MCP Cards of 5 women who have completed their ANC during the PMSMA:

Write Yes, if the parameter has been recorded

	Gestation al Age	Hb	Weight	BP	FHS	Abdo minal Exam	USG	Appropri at e Color sticker	Waiting time	
									To meet physiician	To get lab tests
Case 1										
Case 2										
Case 3										
Case 4										
Case 5										

Section – J: Follow up of High Risk Pregnancies: Identify 5 high risk pregnant women from the PMSMA register and check for the following by calling/ contacting the high risk pregnant woman (contact details of the HRP to be obtained from the RCH portal/ locally):

J1	Has information of HRP been entered on RCH portal?	Y/N
J2	Was HRP appropriately referred/ provided treatment at PMSMA site?	Y/N
J3	Did HRP follow the advice/ visit the facility that she was referred to?	Y/N
J4	Was birth planning done?	Y/N
J5	Was the HRP counseled on the place of delivery?	Y/N
J6	Was the HRP counseled on danger signs during pregnancy?	Y/N
J7	Was the HRP counseled on JSSK benefits and 102/ 108 services?	Y/N
J8	If delivered, did the HRP go to the appropriate facility/ FRU for delivery?	Y/N/Not applicable
J9	If delivered, did the HRP have a safe delivery?	Y/N/Not applicable
J10	If delivered, was the neonate healthy?	Y/N/Not applicable
J11	In your overall opinion, was the HRP appropriately managed?	Y/ N

District Wise Budget Breakup

Sl	District	Budget Allocation(in Lakhs)	Remarks
1	Baksa	1.125	Amount proposed as per budgetary guideline provided by GoI. The budgetary guideline is based on population norms as follows- For district i) Having population up to 5 lakh should proposed - Rs.50,000/- ii)Having population up to 15 lakh should proposed - Rs.1,50,000/- iii)Having population more than 15 lakh should proposed - Rs.2,00,000/-
2	Barpeta	1.500	
3	Biswanath	1.125	
4	Bongaigaon	1.125	
5	Cachar	1.500	
6	Charaideo	1.125	
7	Chirang	1.125	
8	Darrang	1.125	
9	Dhemaji	1.125	
10	Dhubri	1.500	
11	Dibrugarh	1.125	
12	Dima Hasao	0.375	
13	Goalpara	1.125	
14	Golaghat	1.125	
15	Hailakandi	1.125	
16	Hojai	1.125	
17	Jorhat	1.125	
18	Kamrup Metro	1.125	
19	Kamrup Rural	1.500	
20	Karbi Anglong	1.125	
21	Karimganj	1.125	
22	Kokrajhar	1.125	
23	Lakhimpur	1.125	
24	Majuli	0.375	
25	Morigaon	1.125	
26	Nagaon	1.500	
27	Nalbari	1.125	
28	Sivasagar	1.125	
29	Sonitpur	1.500	
30	South Salmara	1.125	
31	Tinsukia	1.500	
32	Udalguri	1.125	
33	West Karbi Anglong	0.375	
	Total District Allocation	37.500	
	State Allocation	2.00	
	Total Budget Allocation	39.50	

Name of the Activity: Diet Service for JSSK Beneficiaries (SAMAHAR)

Activity owner:

- At State level – Consultant, MH/ Nutrition Consultant, NHM
- At District level – District Program Manager, NHM

Brief about Activity: As per JSSK guideline all pregnant women delivering in the public health Institutions (both normal and C- Section deliveries) are entitled to get free diet for three days for normal delivery and seven days for C- Section delivery. In this regard, Government of Assam has implemented a scheme with name **SAMAHAR**. Under this scheme, a package of non- perishable food items (of approx. 3016 kcal energy and 116g protein per day) will be supplied to all patients admitted for institutional delivery. Along with this additional diet the patient will get the normal hospital diet during her hospital stay. The scheme will be implemented by District Health Society.

Implementation:

1. A letter vide letter no NHM/11021/9/2018/MH-NHM-Part (2)/28183 dated 05/02/2021 has already been shared for implementation of the SAMAHAR scheme to all districts.
2. For selection of competent and suitable vendor/ party, districts are requested to float an open tender following all procurement rules and procedures.
3. There should be option for participation of competent NGOs, cooperative societies and Self Help Groups in the tender.
4. The fund for the scheme will be sanctioned to districts and UCs will be considered for successive fund approval. The expenditure will be booked under the FMR Code 1.1.1.2.
5. A monitoring committee as mentioned in the already shared guidelines is responsible for overall monitoring of the scheme in the district.
6. Districts have to ensure free diet for 35 nos. of health institutions taken up for NQAS Certificate.



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OFFICE OF THE MISSION DIRECTOR
NATIONAL HEALTH MISSION, ASSAM

Saikia Commercial Complex, Sri Nagar Path, Near Post office Bus Stand, G. S. Road, Christianbasti, Guwahati - 781005

Website: <https://nhm.assam.gov.in> :: Phone No: 0361-2340236/39 :: Email Id: mdnrhmasm@gmail.com

No: NHM/11024/9/2018/MH-NHM - Part (2) / 23183
From: Dr. Lakshmanan S, IAS
Mission Director
National Health Mission, Assam

Dated: 24/01/2021
5/02/2021

To: The Joint Director of Health Services cum Member Secy
District Health Society, (All districts.....)

Sub: Implementation of SAMAHAR scheme in district.

Sir/ Madam,

I am to inform you that under the JSSK scheme, all institutional delivery patients are entitled for absolutely free diet service (3 days for normal and 7 days for caesarean section) during their hospital stay. In this regard, Government of Assam is planning to implement the SAMAHAR scheme through the District Health Society. Under the scheme, a package of non perishable food items (of approx. 3016 kcal energy and 116g protein per day) will be supplied to all patients admitted for institutional delivery. Along with this free diet the patient will get the normal hospital diet during her hospital stay. For implementation of the scheme, a detailed guideline is enclosed. Please consider the following points for tendering process.

1. For selection of competent and suitable vendor/ party, you are requested to float an open tender following all procurement rules and procedures.
2. There should be options for participation of competent NGOs, Cooperative Societies and Self Help Groups in the tender.
3. The fund for the scheme will be sanctioned to district and UCs will be considered for successive fund approval. The expenditure will be booked under the **FMR code 1.1.1.2.**
4. A monitoring committee as mentioned in the guidelines is responsible for overall monitoring of the scheme in the district.
5. You are requested complete the process within February, 2021.

Yours sincerely,

(Dr. Lakshmanan S, IAS)
Mission Director
National Health Mission, Assam

Enclosure: As stated.

Memo No: NHM/11024/9/2018/MH-NHM - Part (2) / 23184-90
Copy to:

Dated: 24/01/2021
5/02/2021

1. The PS to the Honourable Health Minister, Dispur, Assam for kind appraisal of Minister.
2. The PS to the Principal Secretary to the Govt. of Assam, Dept. of Health & FW, for kind appraisal of the Principal Secretary to the Govt. of Assam, Dept. of Health & FW, Dispur.
3. The PS to the Commissioner & Secretary to the Govt. of Assam, Dept. of Health & FW, for kind appraisal of the Commissioner & Secretary to the Govt. of Assam, Dept. of Health & FW, Dispur, Assam.
4. The Director, DHS, Hengrabari (FW), Assam
5. The Director, DHS, Hengrabari, Assam
6. The DPMU for necessary action.
7. The Issue Cell for online and off line communication.

Mission Director
National Health Mission, Assam

District Wise Budget Breakup

District wise fund details for JSSK Diet		
Sl. No.	District	Total
1	Baksa	11.85
2	Barpeta	59.27
3	Biswanath	14.76
4	Bongaigaon	17.08
5	Cachar	69.63
6	Charaideo	3.82
7	Chirang	10.17
8	Darrang	27.18
9	Dhemaji	26.27
10	Dhubri	30.52
11	Dibrugarh	40.31
12	Dima Hasao	4.98
13	Goalpara	36.65
14	Golaghat	18.97
15	Hailakandi	16.28
16	Hojai	18.61
17	Jorhat	29.74
18	Kamrup M	56.64
19	Kamrup R	33.02
20	Karbi Anglong	16.98
21	Karimganj	21.07
22	Kokrajhar	21.02
23	Lakhimpur	25.89
24	Majuli	2.67
25	Marigaon	21.30
26	Nagaon	68.02
27	Nalbari	14.70
28	Sibsagar	12.81
29	Sonitpur	29.03
30	South Salmara	7.14
31	Tinsukia	28.34
32	Udalguri	5.10
33	West Karbianglong	5.55
TOTAL		805.38

Name of the Activity: Blood Transfusion for JSSK beneficiaries

Activity owner:

- At State level – Tanashree Pathak, Program Executive,MH,NHM
- At District level – District Accounts Manager,NHM

Brief about Activity: Under JSSK there is provision to provide free blood transfusion to pregnant women to tackle the emergencies and complication of deliveries such as management of severe anemia, PPH & C-sections.

- The transfusion charge of Rs 650/- per transfusion for pregnant women will be waived off irrespective of number of transfusionrequired.
- The District Health Society will take the fund requirement and the Govt Blood Banks will submit the same on quarterly basis as per the caseload
- The fund will be released on quarterly basis to all Govt Blood Bank as per the requirement submitted by the bloodbanks.
- District Health Society will verify the physical performance and the fund utilization of the previous quarter before releasing the next quarterfund.
- The SOC/UC will be submitted to district health society by 5th of every month with all detail line listing to the district healthsociety.
- The imbursement of fund of GMCH will be done from StateHQ.
- 50 % Fund has been approved and allocated to all districts.
- The district will intimate to Maternal Health Divison, state HQ once the district reaches 60 % utilization of allotted fund.
- Other than JSSK beneficiaries, transfusions charges of all other general patients in the Govt. hospital also be waived off and will be booked under FMR Code 1.1.7.7

District wise Budget breakup 2021-22

Sl.no	District	Target (Approx)	Budget Allocation(in Lakhs) @ Rs. 650 /- per transfusion
1	Baksa	120	0.39
2	Barpeta	6816	22.15
3	Biswanath	144	0.47
4	Bongaigaon	864	2.81
5	Cachar	3144	10.22
6	Charaideo	24	0.08
7	Chirang	120	0.39
8	Darrang	2136	6.94
9	Dhemaji	168	0.55
10	Dhubri	1656	5.38
11	Dibrugarh	4248	13.81
12	Dima Hasao	504	1.64
13	Goalpara	696	2.26
14	Golaghat	648	2.11
15	Hailakandi	576	1.87
16	Hojai	576	1.87
17	Jorhat	1080	3.51
18	Kamrup M	6360	5.67
19	Kamrup R	312	1.01
20	Karbi Anglong	336	1.09
21	Karimganj	768	2.50
22	Kokrajhar	168	0.55
23	Lakhimpur	1560	5.07
24	Majuli	60	0.20
25	Marigaon	576	1.87
26	Nagaon	984	3.20
27	Nalbari	816	2.65
28	Sibsagar	144	0.47
29	Sonitpur	1008	3.28
30	South Salmara	0	0.00
31	Tinsukia	1032	3.35
32	Udalguri	120	0.39
33	West Karbianglong	0	0.00
TOTAL BUDGET		37440	122.73
DISTRICT ALLOCATION			107.73
STATE ALLOCATION			15.00

Name of the Activity: Screening of all pregnant women for Hemoglobinopathies

Activity owner:

- At State level –Dr. K. Zaman , Consultant MH/ Bidyutprava Baishya, Program Executive, MH,NHM
- At District level – District Program Manager/ District Community Mobilizer,NHM

Hemoglobinopathies are the commonest genetic disorders worldwide. They include thalasseмии and abnormal variant haemoglobins such as Haemoglobin S, D, E etc.

In India, Thalesaemia –Major is prevalent across the country, but in Assam context the Sickel cell Aneamia and Heamoglogin E trait is very much prevalent in Upper Assam.

Implementation:

- The activity will be implemented in 10 districts of Assam (Bisswanath, Charaideo, Sonitpur, Dibrugarh, Golaghat, Jorhat, Lakhimpur, Majuli, Sivsagar & Tinsukia maily covering tea garden areas where sickle cell anaemia and Heamoglobin E Trait are prevalent.
- All pregnant women in 10 districts of Upper Assam will be mandatorily advised Complete Blood Count. In absence of CBC, at least Haemoglobin estimation is to be done.
- All pregnant women will be tested for HB % by digital hemoglobinometer as clinically it is very difficult to pick up mild or moderate anaemia.
- Pregnant women with Haemoglobin less than 9 mg/dl or abnormal MCV/MCH in complete blood count will be subjected to Haemoglobin HPLC..

A separate guidance note will be shared with all districts. The supply of haemoglobinometer upto SC level where not available will be done from state HQ. Budget of Rs.27.56 Lakhs is allocated for State HQ

Name of the Activity: LaOshya Related Activities (fund for TA /DA of the SPOC for visiting theLaOshya selected facilities)

Activity owner:

- At State level – Consultant, Maternal Health, NHM/Consultant, Quality,NHM
- At District level – District Program Manager/ District Quality Consultant,NHM

- Fund to be utilized for reimbursement of TA / DA of the SPOCs visiting the LaQshya nominated Health Institutions (it should be released as per norms and actual).
- The SPOCs need to conduct minimum Six supportive supervision visits of LaQshya selected health facilities.
- The monitoring report should be shared with Quality Division and Maternal Health Division StateHQ.
- The TA/DA shall be released within 15 days of the visit from District Health Society.
- 50 % fund has been approved by the ministry. If required the remaining amount will be proposed in supplementary PIP.
- Out of 6 total mandatory visits SPOCs have to ensure 3 mandatory physical visits and remaining three visits may be done through virtual mode.

District wise budget Breakup

SI	State/District	No of Laqshya nominated facility	No of visit @ 6 visit per HI	Budget Allocation (in Lakhs)
1	Baksa	2	12	0.12
2	BARPETA	8	48	0.48
3	Bongaigaon	3	18	0.18
4	Biswanath	2	12	0.12
5	Cachar	4	24	0.24
6	Charideo	1	6	0.06
7	Chirang	2	12	0.12
8	Darrang	3	18	0.18
9	Dhemaji	3	18	0.18
10	Dhubri	5	30	0.3
11	Dibrugarh	4	24	0.24
12	Dima Hasao	1	6	0.06
13	Goalpara	5	30	0.3
14	Golaghat	5	30	0.3
15	Hojai	5	30	0.3
16	Hailakandi	2	12	0.12
17	Jorhat	3	18	0.18
18	Kamrup (M)	5	30	0.3
19	Kamrup (R)	9	54	0.54
20	Karbi-Anglong	4	24	0.24
21	Karimganj	6	36	0.36
22	Kokrajhar	4	24	0.24
23	Lakhimpur	7	42	0.42
24	Majuli	1	6	0.06
25	Morigaon	5	30	0.3
26	Nagaon	7	42	0.42
27	Nalbari	2	12	0.12
28	Sivasagar	3	18	0.18
29	Sonitpur	4	24	0.24
30	South salmara	2	12	0.12
31	Tinsukia	5	30	0.3
32	Udalguri	5	30	0.3
33	West karbi Anglong	1	6	0.06
	District Allocation	128	768	7.68
	State Allocation			6.00
	Total Budget Allocation			13.68

Name of the Activity: Organizing blood donation camps and maintenance blood storage units

a) Support for blood donation camp–

- The financial support of Rs. 2500/- quarterly is given based on the no of blocks to organize the voluntary blood donation camps in blocks.
- Block Program Manager in liaison with the Mother Blood Banks will conduct at least one voluntary Blood donation camps per quarter at Block.
- Blocks to organize staff voluntary Blood Donation camps on some special occasions such as on the occasion of Gandhi Jayanti, Voluntary Blood Donation Day, Independence Day, Republic Day etc.
- Fund has been allotted to Mother Blood Bank through ASACS.

b) Maintenance fund for blood storage units

- A support of Rs. 20000 per blood storage unit per annum is provided to all Blood Storage Centres.
- All Blood Storage Centre should have Blood Storage Centre Signboard.
- Should have a Display Board for displaying the stock availability.
- Should have at least three types of register 1) Stock Register 2) Issue Register 3) Cross Match register 4) Expiry register
- Display of protocols on disposal of expiry blood bags in all BSUs.
- Other misc. expenditure except expenditure on fuel or hiring of HR

Activity owner:

- At State level – Tanashree Pathak, Program Executive, MH, NHM
- At District level – District Program Manager/District community Mobilizer, NHM

District Wise Budget Breakup

Sl. No	District	No of Blood Storage Centre	Maintenance Fund @ Rs.20000 per BSU per annum (in lakhs)
1	BARPETA	3	0.60
2	BONGAIGAON	1	0.20
3	Charaideo	1	0.20
4	Cachar	2	0.40
5	Darrang	2	0.40
6	Dhemaji	2	0.40
7	DIBRUGARH	2	0.40
8	Goalpara	1	0.20
9	Golaghat	3	0.60
10	Jorhat	2	0.40
11	KAMRUP METRO	2	0.40
12	Kamrup (R)	8	1.60
13	Kokrajhar	1	0.20
14	Lakhimpur	2	0.40
15	Hojai	2	0.40
16	NAGAON	4	0.80
17	Nalbari	3	0.60
18	Sivasagar	3	0.60
19	Sonitpur	2	0.40
20	Tinsukia	4	0.80
District Allocation		50	10.00
State Allocation			15.3
Total Budget Allocation			25.3

Name of the Activity: JSY (JANANI SURAKSHA YOJANA)

Under the JSY, all PW are entitled for cash assistance irrespective of the age of mother and number of children for giving birth in a government or accredited private health facility.

Activity owner:

- At State level – Tanashree Pathak, Program Executive, MH,NHM
- At District level – District Program Manager/District Account Manager,NHM

Mode of Payment- The state has implemented DBT (Direct Bank Transfer) mode of payment. Under this initiative, eligible pregnant women are entitled to get JSY benefit directly into their bank accounts.

Sub Activities under 1.2.1

- **1.2.1.1 – HomeDelivery**
If expected pregnant women get delivered at home by a trained service she will get monetary assistance of Rs.500. The payment shall be throughPFMS.
- **1.2.1.2.1 - Institutional Deliveries (Rural)**
If an expected Pregnant Women from rural area get delivered at Public Health Facility or Accredited Private Hospital will get a monetary assistance of Rs. 1400/- after delivery irrespective of age, birth order, or income group (BPL&APL)
- **1.2.1.2.2 – Institutional Deliveries (Urban)**
If an expected Pregnant Women from Urban Area get delivered at Public Health Facility or Accredited Private Hospital will get a monetary assistance of Rs. 1000/- after delivery irrespective of age, birth order, or income group (BPL &APL).
- **1.2.1.2.3 –C-Section**
The fund has been approved for hiring specialist for C section @ Rs 4000/- per case. The incentive is not payable to government specialists. Districts need to ensure that incentive to private specialist is paid only through DBT mode. Districts also need to report the progress (physical/financial) quarterly to Maternal Health Division.

Activity owner:

- At State level – Consultant, Maternal Health,NHM
- At District level – District Program Manager / District Accounts Manager,NHM

District Wise Budget Break Up for JSY Home Delivery

Sl. No	District	Budget Allocation (in Lakhs)
1	Baksa	0.084
2	Barpeta	1.322
3	Biswanath	0.125
4	Bongaigaon	0.171
5	Cachar	0.298
6	Charaideo	0.008
7	Chirang	0.331
8	Darrang	0.131
9	Dhemaji	0.010
10	Dhubri	3.221
11	Dibrugarh	0.011
12	Dima Hasao	0.312
13	Goalpara	0.239
14	Golaghat	0.043
15	Hailakandi	0.311
16	Hojai	0.477
17	Jorhat	0.013
18	Kamrup M	0.039
19	Kamrup R	0.091
20	Karbi Anglong	0.252
21	Karimganj	1.602
22	Kokrajhar	0.263
23	Lakhimpur	0.037
24	Majuli	0.004
25	Marigaon	0.445
26	Nagaon	0.598
27	Nalbari	0.076
28	Sibsagar	0.012
29	Sonitpur	0.576
30	South Salmara	1.210
31	Tinsukia	0.157
32	Udalguri	0.105
33	West Karbi Anglong	0.411
District Allocation		12.985
State Allocation		0.00
Total Budget Allocation		12.985

District Wise Budget Break Up for JSY Rural and Urban Delivery

Sl. No	Districts	Target Rural Area	Target Urban Area	Fund Allocation (Rural Area)(in Lakhs)	Fund Allocation (Rural Area)(in Lakhs)
1	Baksa	8180	0	75.9	-
2	Barpeta	31850	559	295.6	4.19
3	Biswanath	8684	132	80.6	0.99
4	Bongaigaon	9846	232	91.4	1.74
5	Cachar	37443	1286	347.5	9.64
6	Charaideo	3419	42	31.7	0.31
7	Chirang	5909	17	54.8	0.13
8	Darrang	18079	143	167.8	1.08
9	Dhemaji	14277	44	132.5	0.33
10	Dhubri	22658	592	210.3	4.44
11	Dibrugarh	19360	922	179.7	6.91
27	Dima Hasao	2151	534	20.0	4.00
12	Goalpara	22646	634	210.2	4.75
13	Golaghat	12887	156	119.6	1.17
14	Hailakandi	12727	119	118.1	0.89
15	Hojai	12648	141	117.4	1.06
16	Jorhat	12243	298	113.6	2.24
17	Kamrup Metro	20890	6671	193.9	50.03
18	Kamrup Rural	17852	10	165.7	0.08
19	Karbi-Anglong	10725	708	99.5	5.31
20	Karimganj	21646	134	200.9	1.00
21	Kokrajhar	13973	521	129.7	3.91
22	Lakhimpur	16401	330	152.2	2.47
23	Majuli	1823	0	16.9	-
24	Morigaon	15932	86	147.8	0.65
26	Nagaon	38228	434	354.7	3.25
25	Nalbari	7795	121	72.3	0.91
28	Sivasagar	8078	97	75.0	0.73
29	Sonitpur	20735	306	192.4	2.30
30	South Salmara	5663	0	52.6	-
31	Tinsukia	16704	838	155.0	6.28
32	Udaguri	7066	98	65.6	0.74
33	West Karbi-Anglong	4243	43	39.4	0.32
	Total District	482763	16245	4480.0	121.85

- *100 % fund has not been allotted against the targets. The district will intimate to Maternal Health Divison, state HQ once the district reaches 60 % utilization of the allotted fund and also if additional fund is required.*

District Wise C-Section Fund

Sl. No	District	Target (considering at least 5 CS per	Fund proposed hiring of Specialist @ 4000/- per CS case
1	Baksa	0	0
2	Barpeta	0	0
3	Biswanath	0	0
4	Bongaigaon	0	0
5	Cachar	30	1.2
6	Charaideo	60	2.4
7	Chirang	0	0
8	Darrang	60	2.4
9	Dhemaji	30	1.2
10	Dhubri	0	0
11	Dibrugarh	0	0
12	Dima Hasao	0	0
13	Goalpara	0	0
14	Golaghat	30	1.2
15	Hailakandi	0	0
16	Hojai	0	0
17	Jorhat	0	0
18	Kamrup M	0	0
19	Kamrup R	30	1.2
20	Karbi Anglong	0	0
21	Karimganj	0	0
22	Kokrajhar	30	1.2
23	Lakhimpur	0	0
24	Majuli	0	0
25	Marigaon	0	0
26	Nagaon	60	2.4
27	Nalbari	30	1.2
28	Sibsagar	0	0
29	Sonitpur	30	1.2
30	South Salmara	0	0
31	Tinsukia	30	1.2
32	Udalguri	0	0
33	West Karbianglong	0	0
District Allocation			16.8
State Allocation			3.2
Total Budget			20.00

Name of the Activity: Programme Management Cost- JSY Administrative Expenses

An amount up to 4% of the fund released under JSY is approved for administrative expenses. It could be utilized towards.

- i. Printing of hoardings, banners, leaflets etc (IEC activities) related to JSY.
- ii. Orientation/ monthly review/monitoring for the Scheme.
- iii. Other office/miscellaneous expenses.

Activity owner:

- At State level – Tanashree Pathak, Program Executive, MH,NHM
- At District level – District Program Manager / District Accounts Manager, NHM

District Wise Budget Breakup for Administrative Expenses under JSY

Sl. no	District	Budget Allocation (in lakhs)
1	Baksa	3.49
2	Barpeta	14.34
3	Biswanath	3.76
4	Bongaigaon	4.31
5	Cachar	16.29
6	Charaideo	1.45
7	Chirang	2.69
8	Darrang	7.71
9	Dhemaji	6.02
10	Dhubri	11.63
11	Dibrugarh	8.41
27	Dima Hasao	1.25
12	Goalpara	9.85
13	Golaghat	5.49
14	Hailakandi	5.57
15	Hojai	5.64
16	Jorhat	5.24
17	Kamrup Metro	10.80
18	Kamrup Rural	7.56
19	Karbi-Anglong	4.87
20	Karimganj	10.09
21	Kokrajhar	6.18
22	Lakhimpur	7.01
23	Majuli	0.77
24	Morigaon	6.98
26	Nagaon	16.55
25	Nalbari	3.36
28	Sivasagar	3.43
29	Sonitpur	9.15
30	South Salmara	3.10
31	Tinsukia	7.36
32	Udaguri	3.06
33	West Karbi- Anglong	2.04
	District Allocation	215.43
	State Allocation	53.86
	Total Budget	269.29

Community Based

Name of the Activity: Monthly Village Health & Nutrition Days**Activity owner:**

- At State level – Consultant, Maternal Health,NHM
- At District level – District Program Manager/District Community Mobilizer,NHM

Brief about Activity: Under Elimination of mother to child transmission (EMTCT) program, all the pregnant women should be screened for HIV& syphilis. Dual test kit will be provided for HIV& syphilis screening upto VHND level. These dual kits will require cold chain maintenance during transport from Sector level to Sub-center/VHNDs. So, additional support of Rs. 25 has been approved for transport of dual kit in thermo flask from PHC to Sub center/VHND. DPM/DCM has to ensure the procurement of Thermo flask at all sub center by using VHNSC fund or from untied fund.

SI No	District	Target	Budget Allocation (in Lakhs)
1	Baksa	1884	0.47
2	Barpeta	3168	0.79
3	Biswanath	1704	0.43
4	Bongaigaon	1296	0.32
5	Cachar	3240	0.81
6	Charaideo	840	0.21
7	Chirang	1044	0.26
8	Darrang	2108	0.53
9	Dhemaji	1176	0.29
10	Dhubri	2244	0.56
11	Dibrugarh	2808	0.70
12	Dima Hasao	912	0.23
13	Goalpara	1860	0.47
14	Golaghat	1716	0.43
15	Hailakandi	1284	0.32
16	Hojai	1128	0.28
17	Jorhat	1320	0.33
18	Kamrup M	612	0.15
19	Kamrup R	3360	0.84
20	Karbi Anglong	1248	0.31
21	Karimganj	2772	0.69
22	Kokrajhar	1944	0.49
23	Lakhimpur	1884	0.47
24	Majuli	408	0.10
25	Marigaon	1464	0.37
26	Nagaon	3096	0.77
27	Nalbari	1464	0.37
28	Sibsagar	1800	0.45
29	Sonitpur	1776	0.44
30	South Salmara	612	0.15
31	Tinsukia	1988	0.50
32	Udalguri	1800	0.45
33	West Karbianglong	600	0.15
TOTAL BUDGET		56560	14.14
DISTRICT ALLOCATION			14.14
STATE HQ ALLOCATION			0.00

COMMUNITY INTERVENTION

Guideline for Community Intervention Activities
Maternal Health, 2021-22

FMR Code: 3.1.1.1.1 - JSY Incentive to ASHAs

ASHAs will be benefited with Incentive for motivating the Pregnant Women and facilitating Institutional Deliveries in the Govt. Health Institutions. Incentive will be up to Rs. 600 per case for Rural Institutional delivery and up to Rs. 400 per case for Urban Institutional delivery.

Responsible Person – District Community Mobilizer

DISTRICT WISE BUDGET

JSY Incentive to ASHAs		
Sl. No	District	Budget
1	Baksa	32.63
2	Barpeta	128.43
3	Biswanath	34.99
4	Bongaigaon	39.89
5	Cachar	152.77
6	Charaideo	13.75
7	Chirang	23.61
8	Darrang	72.50
9	Dhemaji	57.07
10	Dhubri	91.95
11	Dibrugarh	79.67
12	Dima Hasao	10.00
13	Goalpara	92.02
14	Golaghat	51.82
15	Hailakandi	51.08
16	Hojai	50.82
17	Jorhat	49.63
18	Kamrup Metro	101.07
19	Kamrup Rural	71.24
20	Karbi-Anglong	44.66
21	Karimganj	86.70
22	Kokrajhar	57.12
23	Lakhimpur	66.30
24	Majuli	7.27
25	Morigaon	63.78
26	Nagaon	153.64
27	Nalbari	31.42
28	Sivasagar	32.48
29	Sonitpur	83.52
30	South Salmara	22.59
31	Tinsukia	68.86
32	Udaguri	28.45
33	West Karbi- Anglong	17.04
Total District		1968.74

FMR: 3.3.4 - Any Other ASHA Incentives

Following are the activities approved under the FMR code-

1. ASHA Incentive for CAC services
2. ASHA Incentive for full ANC
3. ASHA Incentive for community based distribution of Misoprostol
4. Identification of HRP cases and ensuring Institutional delivery

Responsible Person – District Community Mobilizer

Activity 1: ASHA incentive for CAC services

Justification:

This initiative is a step towards building awareness and improving women's access to safe abortion services. Unsafe abortion contributes to 8% of maternal deaths in the country and is the third highest cause of maternal mortality. The goal of the programme is to help rural as well as urban women to reach facilities through ASHAs to obtain safe abortion services and post abortion contraception. All the CAC facilities of the district need to be instructed to record information on ASHA who accompanied the women to the facilities.

Total **58477** nos of cases will be accompanied by ASHA to the facility for the CAC service and ASHAs will be paid Rs 150/- per case.

Deliverables: The aim of the program is to offer quality services to women who are in need.

District wise fund allocation

ASHA incentive for CAC Services						
Sl no	District	Estimated one year total MTP/CAC cases	Assuming that 60% Of total cases will be accompanied by ASHA	Unit Cost (in Rs)	Total amount @ Rs. 150 per case	Proposed 80% of total Budget
1	Baksa	2577	1546	150	231930	1.86
2	Barpeta	4120	2472	150	370800	2.97
3	Biswanath	2144	1286	150	192960	1.54
4	Bongaigaon	4083	2450	150	367470	2.94
5	Cachar	1831	1099	150	164790	1.32
6	Charaideo	593	356	150	53370	0.43
7	Chirang	1731	1039	150	155790	1.25
8	Darrang	9050	5430	150	814500	6.52
9	Dhemaji	7906	4744	150	711540	5.69
10	Dhubri	4870	2922	150	438300	3.51
11	Dibrugarh	2766	1660	150	248940	1.99
12	Dima Hasao	551	331	150	49590	0.40
13	Goalpara	4804	2882	150	432360	3.46
14	Golaghat	1708	1025	150	153720	1.23
15	Hailakandi	974	584	150	87660	0.70
16	Hojai	2176	1306	150	195840	1.57

ASHA incentive for CAC Services						
Sl no	District	Estimated one year total MTP/CAC cases	Assuming that 60% Of total cases will be accompanied by ASHA	Unit Cost (in Rs)	Total amount @ Rs. 150 per case	Proposed 80% of total Budget
17	Jorhat	1347	808	150	121230	0.97
18	Kamrup M	2244	1346	150	201960	1.62
19	Kamrup R	5015	3009	150	451350	3.61
20	Karbi Anglong	2531	1519	150	227790	1.82
21	Karimganj	1070	642	150	96300	0.77
22	Kokrajhar	3908	2345	150	351720	2.81
23	Lakhimpur	6452	3871	150	580680	4.65
24	Majuli	1045	627	150	94050	0.75
25	Morigaon	1726	1036	150	155340	1.24
26	Nagaon	6562	3937	150	590580	4.72
27	Nalbari	3296	1978	150	296640	2.37
28	Sivasagar	1313	788	150	118170	0.95
29	Sonitpur	1637	982	150	147330	1.18
30	South Salmara	0	0	150	0	0.00
31	Tinsukia	5780	3468	150	520200	4.16
32	Udalguri	1478	887	150	133020	1.06
33	West Karbi Anglong	174	104	150	15660	0.13
Total		97462	58477		8771580	70.17

Following points to be considered regarding disbursement of incentive to ASHAs:

- 1) Incentive of Rs. 150/- will be applicable for both Induced and Incomplete abortion cases accompanied by ASHA
- 2) ASHA will get the incentive for accompanying women to the facility for CAC services. Cases need to be done by CAC trained Medical Officers using surgical method (EVA & MVA) or may be by Medical Method of Abortion (MMA) using drugs.
- 3) In case of abortion done by Medical Method (using MMA drugs) – the three visits with clients to be completed by ASHA to receive the incentive.
- 4) ASHA have to maintain records of all women accompanied by her for CAC services from her area by maintaining the format provided
- 5) Format should be filled properly by filling all the required information
- 6) As given in the format, registration number of the woman as per Admission / Evacuation register should be mentioned so that can be verified by the authority for payment. (Name of the woman not required in the format)
- 7) Post Abortion Contraception needs to be given due importance. After abortion, no women should be left without contraceptive counseling and contraception.

- 8) If the woman accepts IUCD after abortion (PAIUCD), the ASHA will get additional amount of Rs. 150 per case. The amount can be claimed under **FMR code: 3.1.1.2.5 (FP activity guideline)**
- 9) BPM / BCM will verify the records to process the payment
- 10) ASHA will submit ASHA Incentive Master Claim Form to receive the incentive

Activity 2:ASHA Incentive for full ANC

Responsible Person – District Community Mobilizer

Brief about the incentive: Incentives are subject to conditionality that full ANC is conducted which includes Registration within 12 weeks including 1st ANC and subsequently 3 ANC (total 4 ANC and 1 ANC by PHC MO), TT injection, IFA, Urine and blood examination. The payment to the ASHA shall be Rs 50 on registration within 12 weeks and Rs 100 on completion of full ANC (4 ANC, Inj. TT2/Booster, consumption of 100/200 IFA). Examination of blood for Hb% and Urine examination for sugar and Albumin. Moreover, one of the ANCs preferably 3rd or 4th to be conducted by MO.

- ASHA /Link workers will play active role for registration on of all Pregnant Women of her village / area at the Sub Centre/ VHND sooner confirmation on of pregnancy within the 1st Trimester.
- ASHA / Link worker will be entitled for incentive against Registration on & Quality ANC in Two Installments:
 - a) Rs 50/- for Registration on within 12 weeks only (1st ANC)
 - b) Rs 100/- on full ANC (Total 4 ANCs including Inj. TT2/Booster, consumption on of 100/200 IFA Tablets).
- One of the ANCs (3rd or 4th ANC) to be done by MO, PHC and be recorded in MCP (Card with Seal &Signature of MO, PHC.). However, Antenatal checkup may also be done by Community Health Officer(RHP).
- Urine examination on for Albumin / Sugar & also Blood Test for Hb%, Grouping.

Documents to be submitted:

- Claim Form: ANC Claim Coupon.
- Supporting documents –
 - MCP Card.
 - OPD Slip with signature of Medical Officer/ Community Health Officer (RHP)

Details of District wise fund distribution

Sl. No	District	Estimated PW who will received 4 ANC in 2021-22	Proposed 70 % of the Estimated PW who will received 4 ANC in 2021-22	Fund Required for Full ANC @ Rs. 150	Proposed 100% fund in PIP 2021-22
1	Baksa	13364.1	9386.62	14.08	14.08
2	Barpeta	37466.1	26169.07	39.25	39.25
3	Biswanath	12314.07	8523.61	12.79	12.79
4	Bongaigaon	11610.45	9182.57	13.77	13.77
5	Cachar	36533.25	24571.45	36.86	36.86
6	Charaideo	6709.59	4848.59	7.27	7.27
7	Chirang	7350.66	5966.43	8.95	8.95
8	Darrang	21210.48	13469.75	20.20	20.20
9	Dhemaji	13980.96	8763.50	13.15	13.15
10	Dhubri	39425.49	28927.32	43.39	43.39
11	Dibrugarh	18458.55	12895.41	19.34	19.34
12	Dima Hasao	2687.22	2625.87	3.94	3.94
13	Goalpara	23721.03	16391.25	24.59	24.59
14	Golaghat	14489.55	11402.31	17.10	17.10
15	Hailakandi	16221.87	11868.15	17.80	17.80
16	Hojai	19054.98	12922.28	19.38	19.38
17	Jorhat	13965.84	9651.40	14.48	14.48
18	Kamrup M	15957	9804.69	14.71	14.71
19	Kamrup R	27665.82	18990.24	28.49	28.49
20	Karbi Anglong	11524.23	9164.65	13.75	13.75
21	Karimganj	31959.27	21921.69	32.88	32.88
22	Kokrajhar	14206.32	11335.62	17.00	17.00
23	Lakhimpur	19830.15	13413.02	20.12	20.12
24	Majuli	2577.6	2070.43	3.11	3.11
25	Marigaon	17855.46	14387.51	21.58	21.58
26	Nagaon	36440.01	26247.70	39.37	39.37
27	Nalbari	12047.22	8080.66	12.12	12.12
28	Sibsagar	8316.72	5960.46	8.94	8.94
29	Sonitpur	23577.93	14709.03	22.06	22.06
30	South Salmara	11593.53	8179.20	12.27	12.27
31	Tinsukia	21440.97	14983.76	22.48	22.48
32	Udalguri	11257.38	8223.99	12.34	12.34
33	West Karbianglong	4516.83	4187.65	6.28	6.28
	Asam Total	579330.63	409225.86	613.84	613.84

Activity 3:ASHA Incentive for community based distribution of Misoprostol

Responsible Person – District Community Mobilizer

Brief about the incentive: As per GoI directives, community-based distribution of misoprostol is to be implemented in selected high home delivery pockets through ASHA. Thus ASHA need to be incentivized for the same. The incentive proposed is @Rs 150 per misoprostol consumed by the mother at home or during transit delivery

Deliverable:

1. To ensure that Misoprostol is distributed in 8th month of pregnancy in cases likely to deliver at home, in order to prevent PPH
2. It will include 2 visits to the mother & family
3. This also should include counseling of the mothers regarding Institutional delivery, danger signs identification and birth preparedness
4. ASHA's will be trained on administration on misoprostol in 5 days ASHA's training.
5. Claims to be made through mater claim forms.

BUDGET FOR ASHA INCENTIVE FOR COMMUNITY BASED DISTRIBUTION OF MISOPROSTOL FY 2021-22						
Sl. No	District	Estimated Home delivery in FY 2021-22 (Reducing 3% from FY 2019-2020)	Considering 70% cases will be covered by ASHA (fulfilling the conditionalities)	Fund required for ASHA incentive for Community based distribution of Misoprostol @ Rs 150 per case (in Lakhs)	Funds Proposed 50 % (Remaining amount will be proposed in SPIP, if required)	Remarks
1	Dhubri	11580	8106	12.16	6.08	Will be implemented in the entire district as home delivery is more than 20 % out of the reported delivery
2	Dima Hasao	1107	775	1.16	0.58	
3	Karimganj	5404	3783	5.67	2.84	
4	South Salmara	4434	3104	4.66	2.33	
5	West Karbi Anglong	1437	1006	1.51	0.75	
6	Barpeta	2914	2039	3.06	1.53	Will be implemented in Home Delivery Pockets
7	Bongaigaon	128	90	0.13	0.07	
8	Cachar	114	80	0.12	0.06	
9	Chirang	595	416	0.62	0.31	
10	Darrang	256	179	0.27	0.13	
11	Goalpara	307	215	0.32	0.16	
12	Hailakandi	359	251	0.38	0.19	
13	Karbi Anglong	831	582	0.87	0.44	
14	Morigaon	946	662	0.99	0.50	
15	Nagaon	1852	1297	1.94	0.97	
16	Nalbari	57	40	0.06	0.03	
17	Sonitpur	573	401	0.60	0.30	
Total		32894	23026	34.54	17.27	

Activity 4: Identification of HRP cases and ensuring Institutional delivery

Responsible Person – District Community Mobilizer

Brief about the incentive:

- An incentive of Rs. 100 will be given to ASHAs on ensuring that the pregnant women registered as HRP in MCTS /RCH portal is delivered at any Govt health Institution.
- This incentive is additional to the JSY incentive for institutional delivery.
- Incentive will be claimed from Claim form, on production of proof that the pregnant women were already registered on MCTS portal as HRP.

Details of district wise fund distribution

ASHA incentive for Identification of HRP cases and ensuring Institutional delivery					
Sl. No	District	Estimated PW who will received 4 ANC in 2021-22	Proposed 70 % of the Estimated PW who will received 4 ANC in 2021-22	Fund Required for Full ANC @ Rs. 150	Proposed 100% fund in PIP 2021-22
1	Baksa	13364.1	9386.62	14.08	14.08
2	Barpeta	37466.1	26169.07	39.25	39.25
3	Biswanath	12314.07	8523.61	12.79	12.79
4	Bongaigaon	11610.45	9182.57	13.77	13.77
5	Cachar	36533.25	24571.45	36.86	36.86
6	Charaideo	6709.59	4848.59	7.27	7.27
7	Chirang	7350.66	5966.43	8.95	8.95
8	Darrang	21210.48	13469.75	20.20	20.20
9	Dhemaji	13980.96	8763.50	13.15	13.15
10	Dhubri	39425.49	28927.32	43.39	43.39
11	Dibrugarh	18458.55	12895.41	19.34	19.34
12	Dima Hasao	2687.22	2625.87	3.94	3.94
13	Goalpara	23721.03	16391.25	24.59	24.59
14	Golaghat	14489.55	11402.31	17.10	17.10
15	Hailakandi	16221.87	11868.15	17.80	17.80
16	Hojai	19054.98	12922.28	19.38	19.38
17	Jorhat	13965.84	9651.40	14.48	14.48
18	Kamrup M	15957	9804.69	14.71	14.71
19	Kamrup R	27665.82	18990.24	28.49	28.49
20	Karbi Anglong	11524.23	9164.65	13.75	13.75
21	Karimganj	31959.27	21921.69	32.88	32.88
22	Kokrajhar	14206.32	11335.62	17.00	17.00
23	Lakhimpur	19830.15	13413.02	20.12	20.12
24	Majuli	2577.6	2070.43	3.11	3.11
25	Marigaon	17855.46	14387.51	21.58	21.58
26	Nagaon	36440.01	26247.70	39.37	39.37

ASHA incentive for Identification of HRP cases and ensuring Institutional delivery					
Sl. No	District	Estimated PW who will received 4 ANC in 2021-22	Proposed 70 % of the Estimated PW who will received 4 ANC in 2021-22	Fund Required for Full ANC @ Rs. 150	Proposed 100% fund in PIP 2021-22
27	Nalbari	12047.22	8080.66	12.12	12.12
28	Sibsagar	8316.72	5960.46	8.94	8.94
29	Sonitpur	23577.93	14709.03	22.06	22.06
30	South Salmara	11593.53	8179.20	12.27	12.27
31	Tinsukia	21440.97	14983.76	22.48	22.48
32	Udalguri	11257.38	8223.99	12.34	12.34
33	West Karbianglong	4516.83	4187.65	6.28	6.28
	Asam Total	579330.63	409225.86	613.84	613.84

PROCUREMENT

Name of the Activity: Other JSSK Drugs and Consumables

Activity owner:

- At State level – DSM, HQ / Consultant, Maternal Health,NHM
- At District level –District Drug Store Manager,NHM
- At Facility level - In charge of thefacility

Brief about the Activity: Government of India has launched Janani Shishu Suraksha Karyakram (JSSK) on 1st June, 2011. The scheme has been launched to benefit pregnant women who access Government Health Institutions for institutional deliveries. Under the scheme entitlement of free drugs and consumables is also covered.

METHOD OF PROCUREMENT OF DRUGS AND CONSUMABLES

- The drugs and consumables required for delivery (normal/assisted/C-section) which are not available in Essential Drug list will be procuredonly.
- The Joint Director of Health and District Drug store Manager has to ensure that Drugs and consumables enlisted in the EDL are available in all healthinstitutions.
- The pharmacist and GNM/ANM of the Health Institution will prepare comprehensive packets which will include all essential drugs and consumables required for a deliverybeforehand.
- Availability of packets at labour room or OT as per daily case load with additional 20% buffer is a must. For example if per day delivery load of a health institution is 10 than the pharmacist/ GNM will make 12packets.
- The Health Institutions will submit the claims for reimbursement to the District Health Society within 5th of every month with alldetails.
- The district Health Society will release the fund by 15th of every month after verification of the claims submitted.
- Necessary records shall be kept at the Health Institute/ Block/ District Level for auditpurpose.
- Proper stock registers of the items which have been procured to bemaintained.
- Districts need to intimate the Maternal Health division once the 60 % utilization is done against the allotted expenditure for additional requirement of fund if any .
- Districts must follow all the financial norms, procedures and guidelines.

District Wise Budget Breakup

Sl. No.	District	Target (Approx)	Budget Allocation (in Lakhs)
1	Baksa	8180	18.6
2	Barpeta	32409	119.8
3	Biswanath	8816	29.4
4	Bongaigaon	10078	47.7
5	Cachar	38729	164.4
6	Charaideo	3461	7.9
7	Chirang	5926	22.0
8	Darrang	18223	57.1
9	Dhemaji	14321	53.5
10	Dhubri	23250	64.7
11	Dibrugarh	20282	96.8
12	Dima Hasao	2684	11.6
13	Goalpara	23280	80.4
14	Golaghat	13043	47.2
15	Hailakandi	12846	28.6
16	Hojai	12788	49.0
17	Jorhat	12541	73.6
18	Kamrup M	27561	159.0
19	Kamrup R	17862	73.7
20	Karbi Anglong	11433	33.3
21	Karimganj	21779	75.3
22	Kokrajhar	14494	46.8
23	Lakhimpur	16730	65.6
24	Majuli	1823	4.2
25	Marigaon	16019	40.6
26	Nagaon	38662	172.3
27	Nalbari	7917	43.2
28	Sibsagar	8175	35.6
29	Sonitpur	21041	107.1
30	South Salmara	5663	11.9
31	Tinsukia	17542	65.1
32	Udalguri	7165	15.4
33	West Karbianglong	4286	9.0
District Allocation		499008	1930.38
State Allocation			62.08
Total Budget Allocation			1992.46

Name of the Activity: Free Diagnostic for pregnant women under JSSK.

Activity owner:

- At State level – Consultant, Maternal Health, NHM/PE Free Diagnostics,NHM
- At District level – District Program Manager / District Accounts Manager,NHM
- At Facility level - In charge of thefacility

Brief about the Activity: Government of India has launched Janani Shishu Suraksha Karyakram (JSSK) on 1st June, 2011. The scheme has been launched to benefit pregnant women who access Government Health Institutions for institutional deliveries. Under the scheme entitlement of free Diagnostic is also covered.

Guideline for Free Lab Service to Pregnant Woman under this head:

- The user charges for diagnostic tests for all pregnant women will be waived off. No user charges for any diagnostic test shall betaken.
- In the Health Institution where lab services are being provided through in-house laboratories including Sonapur DH, Kamrup M and Moran Tiloi FRU, Dibrugarh (where Laboratory under HLL is not functioning) then the reimbursement against the pregnant women availing the diagnostic services will be booked under this FMR Code6.4.3.
- The Health Institutions will claim for reimbursement to the District Health Society on 5th of every month with alldetails.
- The district Health Society will release the fund by 15th of every month after verification of the claimssubmitted.
- Necessary records shall be kept at the Health Institute/ Block/ District Level for audit purpose.
- Districts must follow all the financial norms, procedures and guidelines.
- District will report to the state HQ once 60% of the allotted fund isutilized for allotment of Additional fund.

Guideline for Free USG for Pregnant Woman under this head:

- The JSSK reimbursement rate per USG for Pregnant woman is Rs.250 where in-house USG service isavailable.
- In the health facilities where laboratory is operational under HLL i.e. DH, SDCH and FRUs, fund sanctioned under this head shall be utilized only for providing free USG to pregnant woman, rest all laboratory investigations will be reimbursed under FMR Code6.4.1 However, Rs. 400 per pregnant woman is approved for providing free USG by outsourcingthe service from a private diagnostic center subject to non-availability of in-house USG facility in the hospital concerned.
- The outsourced diagnostic centre must have legal documents for running the USG services under PCPNDT Act

District Wise Budget Allocation

Sl. No	District	Target (Approx)	Budget Allocation (in lakhs)
1	Baksa	16974	30.00
2	Barpeta	47322	80.00
3	Biswanath	15413	30.00
4	Bongaigaon	16605	20.00
5	Cachar	44433	60.00
6	Charaideo	8768	20.00
7	Chirang	10789	10.00
8	Darrang	24358	20.00
9	Dhemaji	15847	10.00
10	Dhubri	52310	25.00
11	Dibrugarh	23319	60.00
12	Dima Hasao	4748	15.00
13	Goalpara	29641	20.00
14	Golaghat	20619	20.00
15	Hailakandi	21461	20.00
16	Hojai	23368	30.00
17	Jorhat	17453	60.00
18	Kamrup M	17730	50.00
19	Kamrup R	34340	30.00
20	Karbi Anglong	16573	20.00
21	Karimganj	39641	20.00
22	Kokrajhar	20498	25.00
23	Lakhimpur	24255	40.00
24	Majuli	3744	15.00
25	Marigaon	26017	30.00
26	Nagaon	47464	80.00
27	Nalbari	14612	40.00
28	Sibsagar	10778	20.00
29	Sonitpur	26599	90.00
30	South Salmara	14791	30.00
31	Tinsukia	27095	30.00
32	Udalguri	14872	20.00
33	West Karbianglong	7573	30.00
	DISTRICT ALLOCATION	740011	1,100.00
	STATE ALLOCATION		1268.00
	TOTAL BUDGET		2368.00

REFFERAL TRANSPORT

FMRCode:7.1Name of the Activity: Free ReferralTransport

Activity owner:

- At State level – Upasana Das, Program Executive / Consultant, Maternal Health,NHM
- At District level – District Program Manager / District Accounts Manager,NHM

Brief about the Activity: Government of India has launched Janani Shishu Suraksha Karyakram (JSSK) on 1st June, 2011. The scheme has been launched to benefit pregnant women who access Government Health Institutions for institutional deliveries. Under the scheme entitlement of free referral transport is also covered. For free referral services under JSSK 102, 108 and Adaroni services are available in each district. Apart from these services, districts have been allotted with an additional fund for free referral transport under JSSK.

Implementation Guideline:

1. Fund will be utilized for pregnant women for free transport from home to facility, facility to facility and drop back to home, if free referral transport facility(102/108) is notavailable.
2. Amount of Rs 700 (maximum) shall be reimbursed to the pregnantwomen.
3. Amount shall be reimbursed to the pregnant women coming from difficult/inaccessible areas. The selection of beneficiaries for reimbursement of payment is purely at the discretion of the in charge/ superintendent of health institutions.
4. The superintendent/Deputy Superintendent/ In charge of the Health Institution will certify for the payment.
5. The amount will be paid to the beneficiaries along with the JSY benefits on discharge of pregnant women.
6. It will be paid through PFMS only.
7. Necessary records shall be kept at the Health Institute/ Block/ District Level for auditpurpose.
8. District will report to the state HQ once 60% of the allotted fund isutilized is additional fund is required.

District Wise Budget Breakup

Sl. No	District	Target(Approx)	Budget allocation (in Lakhs)
1	Baksa	143	1.00
2	Barpeta	286	2.00
3	Biswanath	143	1.00
4	Bongaigaon	143	1.00
5	Cachar	286	2.00
6	Charaidow	143	1.00
7	Chirang	71	0.50
8	Darrang	286	2.00
9	Dhemaji	143	1.00
10	Dhubri	429	3.04
11	Dibrugarh	286	2.00
27	Dima Hasao	143	1.00
12	Goalpara	143	1.00
13	Golaghat	143	1.00
14	Hailakandi	143	1.00
15	Hojai	286	2.00
16	Jorhat	71	0.50
17	Kamrup Metro	286	2.00
18	Kamrup Rural	143	1.00
19	Karbi-Anglong	286	2.00
20	Karimganj	143	1.00
21	Kokrajhar	143	1.00
22	Lakhimpur	143	1.00
23	Majuli	286	2.00
24	Morigaon	143	1.00
26	Nagaon	143	1.00
25	Nalbari	143	1.00
28	Sivasagar	143	1.00
29	Sonitpur	143	1.00
30	South Salmara	429	3.00
31	Tinsukia	143	1.00
32	Udaguri	143	1.00
33	West Karbi- Anglong	286	2.00
	Total District Allocation	6435	45.04
	State Allocation	492574	3448.02
	Total Budget		3493.06

PERFORMANCE BASED INCENTIVE
GUIDELINE

FMR Code: 8.4.2

Name of the Activity: Performance based Incentives

Activity owner:

- At State level – Tanashree Pathak, Program Executive, MH,NHM
- At District level – District Program Manager/ District Accounts Manager,NHM

Districts Selected for Performance Based Incentive in 2021-22: Performance Based Incentive will be rolled out in following 7 Districts

A. Aspirational Districts –

1. Baksa
2. Barpeta
3. Darrang
4. Dhubri
5. Goalpara
6. Hailakandi
7. Udalguri

Details of fund allocated to the Districts:

Sl. No	District	Total Budget
1	Baksa	5.22
2	Barpeta	50.30
3	Darrang	18.30
4	Dhubri	132.97
5	Goalpara	19.38
6	Hailakandi	5.51
7	Udalguri	6.25
Total		237.94

Performance based incentive no. 1

Performance Based Incentive (PBI) for all sub centre ANMs in the 7 Aspirational districts for identification, line listing of severely anaemic pregnant women and confirmation of Hb percentage (<7gm %) at PHC/CHC/SDH/DH byMO

PBI Indicator	Proportion of pregnant women line listed and treated for severe anaemia
Eligibility Criteria for the PBI	All SC ANMs in 7 Aspirational districts
Performance targets	ANMs will be entitled to receive an incentive of 100 per case after identification, line listing of severely anaemic pregnant women and confirmation of Hb percentage (<7gm%) at BPHC/CHC/SDH/DH by MO.
Amount of incentive	Rs 100 per case
Source of data verification	Check entries in High risk pregnancy register MCP card of identified pregnant women MCTS entry
Level of Incentive	Individual service provider- ANM
Period of performance and frequency of incentive	Incentives will be paid on quarterly basis. Payment will be provided when (or withheld until)reported performance/ achievements are objectively verified by SDM & HO
Voucher	Voucher 1

Budget Approved (RoP 2021-22: Rs 1.4 Lakhs)

Sl. No	District	Traget (approx)	Budget Allocation
1	Baksa	158	0.2
2	Barpeta	356	0.4
3	Darrang	199	0.2
4	Dhubri	222	0.2
5	Goalpara	157	0.2
6	Hailakandi	116	0.1
7	Udalguri	161	0.2
TOTAL		1368	1.4

Voucher 1

Voucher for giving incentive to ANM for identifying Severely Anaemic Pregnant women

Name of District.....
Name of Block.....
Name of SC.....
Name of ANM.....
Phone No.....
Population under SC.....
Total expected PW in year.....
Total registered PW upto this Quarter.....
Total registered PW in this Quarter.....
Anaemic PW identified in this Quarter.....
Severely Anaemic PW identified in Quarter (A).....

Verify from

1. Line Listing of Severely Anaemic in HRPR register
2. Photocopy of MCP card of line listed pregnant women
3. Facility Records where Hb was measured

Incentive to be given (AX100) Rs.....

This is certified that ANM..... of SC.....
block..... has identified..... severely anaemic Pregnant
women. Thus

she may be given Rs..... as an incentive for a period of 3 months (.....to.....)
in Year

Signature.....

SDM & HO/Block – In Charge

Name:

Designation:

Date:

Performance based incentive no. 2

Performance Based Incentive for all sub centre ANMs in the 7 Aspirational districts for identification of high risk pregnancy (Hypertension, any bleeding during ANC,) excluding severe anaemia.

PBI Indicator	High Risk Pregnancy Identification for any cause other than Severe Anaemia.
Eligibility Criteria for the PBI	All SC ANMs in 7 Aspirational districts
Performance targets	An incentive of 1000 shall be paid to any individual ANM if she exceeds detection of at least 7% high risk cases out of total ANCs registered (from April to December).
Amount of incentive	Rs 1000 per annum (from April to December) if she exceeds detection of at least 7% high risk cases out of total ANCs registered.
Source of data verification	RCH entry
Level of Incentive	Individual service provider- ANM
Period of performance and frequency of incentive	Incentives will be paid on annual basis (in January month). Payment will be provided when line listing of HRP due to Severe Anemia is verified in RCH portal by SDM&HO, BPM, and BAM.
Voucher	Attached as

Budget Approved (RoP 2021-22: Rs 13.7 Lakhs)

Sl. No	District	Target(approx.)	Budget Allocation(in Lakhs)
1	Baksa	158	1.6
2	Barpeta	356	3.6
3	Darrang	199	2.0
4	Dhubri	222	2.2
5	Goalpara	157	1.6
6	Hailakandi	116	1.2
7	Udalguri	161	1.6
TOTAL		1368	13.7

Voucher - 2

Voucher for giving incentive to ANM for identifying High Risk Pregnancies

Name of District.....
Name of Block.....
Name of SC.....
Name of NM.....
Phone No.....
Population under SC.....
Expected PW yearly.....
Total registered PW in financial year (A).....
Total High Risk Pregnancies Identified.....
Total High Risk Pregnancies Identified excluding severe Anaemia (B).....

Percentage of High Risk Pregnancies identified (B/AX100).....
(Incentive to be given only if this percentage is exceeding 7%)

This is certified that ANM..... of SC.....
block..... has identified..... number of High Risk Pregnant
women as per standard guidelines. This is % of total ANC registered, which is exceeding
7%. Thus she may be given Rs 1000 as an incentive for aFY.....
Signature.....

SDM & HO/Block –In Charge

Name:.....
Designation:.....
Date:.....

Performance based incentive no. 3

Performance Based Incentive to SBAs in 7 Aspirational districts for home deliveries attended by SBAs in notified villages based on GoI criteria.

PBI Indicator	Proportion of home deliveries attended by SBA trained Staff (ANM,GNM/CHO)
Eligibility Criteria for the PBI	SBA trained in the 7 Aspirational districts conducting home deliveries in Home Delivery Pockets.
Performance targets	Home deliveries attended by SBAs.
Amount of incentive	`Rs 1000 per delivery
Source of data verification	HMIS
Level of Incentive	Individual service provider- ANM/GNM/CHO
Period of performance and frequency of incentive	Incentives will be paid on Monthly basis. ANM/GNM/CHO should maintain proper records. Payment will be provided when reported performance/ achievements are verified by SDM& HO, BPM and BAM.
Voucher	Attached as Voucher

Budget Approved (RoP 2021-22): Rs 144.77 Lakhs

SI No	District	Target (approx.)	Budget Allocation (in lakhs)
1	Barpeta	1993	19.93
2	Darrang	127	1.27
3	Dhubri	11961	119.56
4	Goalpara	295	2.95
5	Hailakandi	101	1.01
TOTAL		14477	144.72

Voucher for giving incentive to SBA trained ANM for performing safe home deliveries in notified villages

This is only applicable if the village has been notified by the district to state. The list of notified village has to be attached before giving this incentive

Name of District.....
 Name of Block.....
 Name of SC.....
 Name of ANM.....
 Phone No.
 Number of villages notified for home deliveries.....
 Number of cases performed... (Line listing to be attached)

This is certified that ANM..... of SC..... block..... has conducted Home deliveries in notified villages, ensured MCTS registration, mother & newborn are healthy at the end of 6 weeks and birth certificate has been handed over. Thus she may be given Rs 1000 per case which is Rs in total for a period of 3 months (.....to.....) in Financial Year.....

Signature.....
 SDM & HO/Block –In Charge Name:.....
 Designation:
 Date:

Performance based incentive no. 4

Performance Based Incentive to SBA trained ANM/CHO posted at SC designated as DPs in 7 Aspirational districts entitled to receive the incentive of Rs 300/- per case when she conducts beyond 3 deliveries per month.

PBI Indicator	Proportion of Institutional deliveries at sub- Centers designated as delivery points(DP) conducting >3deliveries/month
Eligibility Criteria for the PBI	SBA trained ANM / GNM/ CHO posted at Sub-Centre designated as DPs in 7 Aspirational districts
Performance targets	SBA trained ANM / GNM/ CHO entitled to receive the incentive of Rs 300 per case when he/she conducts beyond 3 deliveries per month. She will be entitled to receive incentive from 4 th delivery onwards.
Amount of incentive	Rs. 300 per delivery from 4 th delivery onwards
Source of data verification	HMIS
Level of Incentive	Sub-Centre service provider–SBA trained ANM/CHO
Period of performance and frequency of incentive	Incentives will be paid on Monthly basis. ANM should maintain proper records.
Voucher	Attached as voucher 4

Budget Approved (RoP 2021-22): 0 .40 Lakhs

Sl. No	District	Budget Allocation (in lakhs)
1	Baksa	0.03
2	Barpeta	0.08
3	Darrang	0.05
4	Dhubri	0.15
5	Goalpara	0.03
6	Hailakandi	0.00
7	Udalguri	0.05
TOTAL		0.40

Voucher – 4

Voucher for PBI to SBA trained ANM/CHO posted at SC designated as DPs in 7 Aspirational districts entitled to receive the incentive of Rs 300/- per case when she conducts beyond 3 deliveries per month.

Name of District.....
Name of SC
Phone No.....

Name of Block.....
Name of SBA.....

Month wise deliveries

Month	No. of deliveries (A)	No. of deliveries after 3 rd (A-3)
Total		

Deliveries entitled to receive incentive (copy from shaded cell) (B)
Incentive for deliveries (BX 300) = C Rs.....

Month wise No. of PPIUCD

Month	No. of PPIUCD inserted (D)	No. of PPIUCD after 3 rd (D-3)
Total		

PPIUCD entitled to receive incentive (copy from shaded cell) (E).....
 Incentive for PPIUCD (EX50) = F Rs.....

Total incentive(C+F)= G

This is certified that SBA trained of PHC.....
 block..... has conducted..... Deliveries in PHC,
 ensured 48 hour stay, Zero dose vaccination of BCG, OPV & Hep B has been given. Thus From 4th
 Delivery onwards she may be given Rs300 per case. In addition to that, she has performed
 PPIUCD insertions. ThusRs..... (FromRowG)intotalforaperiodof3
 months (.....to) in Financial Year... may be given to her and her assistant.

Signature.....
 SDM& HO/Block –In Charge

Name:
 Designation:
 Date:

Performance based incentive no. 5

Performance Based Incentive to SBAs posted at PHC (excluding BPHC) designated as DPs in the 7 Aspirational districts, Rs. 300/- per case when she conducts more than 10 deliveries per month.

PBI Indicator	Proportion of Institutional deliveries at PHCs (Excluding BPHC) designated as delivery points (DP) conducting >10 deliveries/month
Eligibility Criteria for the PBI	SBA posted at PHCs in 7 Aspirational districts
Performance targets	SBA entitled to receive the incentive of Rs 300 per case when he/she conducts beyond 10 deliveries per month. This means he/she will get the incentive from 11 th delivery onwards.
Amount of incentive	Rs. 300 per delivery from 11 th delivery onwards
Source of data verification	HMIS
Level of Incentive	Individual Incentive: SBA trained ANM/SN
Period of performance and frequency of incentive	Incentives will be paid on monthly basis. ANM/SN should maintain proper records. Payment will be provided when reported performance/ achievements are verified by SDM & HO, BPM and BAM.
Voucher	Attached as Voucher 5

Budget Approved (RoP 2021-22): 2.79 lakhs

Sl. No	District	Budget Allocation
1	Baksa	0.43
2	Barpeta	0.65
3	Darrang	0.00
4	Dhubri	0.00
5	Goalpara	0.09
6	Hailakandi	0.00
7	Udalguri	1.62
TOTAL		2.79

Voucher -5

Voucher for PBI to SBAs posted at PHC (excluding BPHC) designated as DPs in the 7 Aspirational districts Rs. 300/- per case when she conducts more than 10 deliveries per month.

Name of District.....
Name of PHC.....
Phone No.....

Name of Block.....
Name of SBA.....

Month wise deliveries

Month	No. of deliveries (A)	No. of deliveries after 10 th (A-10)
Total		

Deliveries entitled to receive incentive (copy from shaded cell) (B)

Incentive for deliveries (BX300) =C Rs.....

Month wise No. of PPIUCD

Month	No. of PPIUCD inserted (D)	No. of PPIUCD after 10 th (D-10)
Total		

PPIUCD entitled to receive incentive (copy from shaded cell)(E).....

Incentive for PPIUCD (EX50)= F Rs.....

Total incentive(C+F)= G

This is certified that SBA trained of PHC.....
..... block..... has conducted..... Deliveries in PHC,
ensured 48 hour stay, Zero dose vaccination of BCG, OPV & Hep B has been given. Thus From 11th
Delivery onwards she may be given Rs300 per case. In addition to that, she has performed
PPIUCD insertions. Thus Rs..... (From Row G) in total for a period of 3
months (.....to) in Financial Year... may be given to her and her assistant.

Signature.....

SDM &HO/Block –In Charge Name:.....

Designation:

Date:

Performance based incentive no. 6

Performance Based Incentive to SBAs posted at CHC (non FRU) designated as DPs in the 7 Aspirational districts, Rs. 300/- per case when she conducts more than 20 deliveries per month.

PBI Indicator	Proportion of institutional deliveries at CHC (Non FRU) conducting >20 deliveries/month
Eligibility Criteria for the PBI	MO & SBAs posted at CHCs in 7 Aspirational districts
Performance targets	SBA entitled to receive the incentive of Rs 300 per case when she conducts beyond 20 deliveries per month. This means she will get the incentive from 21 st delivery onwards. She Should ensure: minimum 48 hour stay for the mother, Zero dose vaccination for BCG, OPV and Hep B to new-born. In addition, ANM/SN will be entitled for an additional 50 for PPIUCD insertion per case from 21 st case onwards.
Amount of incentive	Rs. 300 per delivery from 21 st delivery onwards and additional Rs.50 for PPIUCD insertion per case for each delivery in a month
Source of data verification	HMIS Facility Records
Level of Incentive	It will be provided to team of Medical officer, SBA trained ANM/SN and her assistant/support staff.
Period of performance and frequency of incentive	Incentives will be paid on quarterly basis. ANM/SN should maintain proper records. Payment will be provided when reported performance/ achievements are objectively verified by SDM&HO
Voucher	Attached as Voucher 6

Budget Approved (RoP 2021-22): 0.138 Lakhs

Sl. No	District	Budget Allocation (in Lakhs)
1	Baksa	0.000
2	Barpeta	0.138
3	Darrang	0.000
4	Dhubri	0.000
5	Goalpara	0.000
6	Hailakandi	0.000
7	Udalguri	0.000
TOTAL		0.138

Voucher - 6

Voucher for PBI to SBAs & MO posted at CHC designated as DPs in 7 Aspirational districts entitled to receive the incentive of Rs 300/- per case when she/he conducts beyond 20 deliveries per month.

Name of District.....
Name of PHC.....
Phone No.....

Name of Block.....
Name of SBA.....

Month wise deliveries

Month	No. of deliveries (A)	No. of deliveries after 10 th (A-20)
Total		

Deliveries entitled to receive incentive (copy from shaded cell) (B)

Incentive for deliveries (BX 300) = C Rs.....

Month wise No. of PPIUCD

Month	No. of PPIUCD inserted (D)	No. of PPIUCD after 10 th (D-20)
Total		

PPIUCD entitled to receive incentive (copy from shaded cell) (E).....

Incentive for PPIUCD (EX50)= F Rs.....

Total incentive (C+F)=G

This is certified that SBA trained of PHC.....
..... block..... has conducted..... Deliveries in PHC,
ensured 48 hour stay, Zero dose vaccination of BCG, OPV & Hep B has been given. Thus From 11th
Delivery onwards she may be given Rs300 per case. In addition to that, she has performed
PPIUCD insertions. Thus Rs (From Row G) in total for a period of 3 months (.....to) in
Financial Year... may be given to her and her assistant.

Signature.....

SDM & HO/Block –In Charge Name:.....

Designation:

Date:

Performance based incentive no. 7

Performance Based Incentive to EmOC Team posted at Sub District CHC/FRU in the 7 Aspirational districts, Rs. 3000/- per case beyond 5 C-Sections.

PBI Indicator	Proportion of C sections per month at CHC – FRU/SDCH beyond 5 C-sections	
Eligibility Criteria for the PBI	EmOC Team CHC-FRU/SDCH) in 7 Aspirational districts	
Performance targets	EmOC Team entitled to receive Rs 3000 per C-Section beyond 5 C-Sections. This means from 6 th C-Section the team will receive Rs 3000 per case. The team should adhere to infection prevention protocols as per MNH toolkit	
Amount of incentive	Rs 3000 per case from 6 th C section onwards	
Source of data verification	HMIS Facility Records	
Level of Incentive	Sub district FRU- EmOC team including OBGYN specialist, anesthetist, pediatrician, staff nurse, OT assistant, grade IV staff.	
	Staff	Entitlement per case (in Rs)
	O& G/EmOC Trained	700
	Anesthetist/LSAS Trained	700
	Pediatrician	700
	Staff Nurse	400
	OT Assistant	250
	Grade IV	250
	In case one of the staff is not posted at the facility, the amount may be assumed as untied fund and used for LR strengthening.	
Period of performance and frequency of incentive	Incentives will be paid on quarterly basis. ANM/SN should maintain proper records. Payment will be provided when reported performance/achievements are objectively verified by SDM &HO	
Voucher	Attached as Voucher 7, 8 & 9	

District wise Budget (Rs 2021-22) : 17.42 Lakhs

Sl.no	District	HI	Budget Alloted (in lakhs)	Remarks
1	Barpeta	BARPETA ROAD	7.20	
2	Barpeta	PATHSALA	7.20	
3	Darrang	SIPAJHAR CHC	1.58	
4	Darrang	KHARUPETIA CHC	0.72	Fund proposed considering atleast incentive for 2 cases
5	Dhubri	Chapar CHC	0.00	
6	Goalpara	Dudhnoi FRU	0.72	Fund proposed considering atleast incentive for 2 cases
TOTAL			17.42	

Voucher – 7

Voucher for PBI to EmOC team posted at FRU designated in the 7 Aspirational districts, for conducting C sections beyond 5 (*Voucher for O&G/ EmOC/Anaesthetist/ LSAS/ Paediatrician. To be filled separately for each person only*)

Name of FRU	
Name of Block	
Name of District	
Name of O&G/EmOC Trained	
Phone No.	
Number of C sections in Quarter	.....(Verified from Delivery Register)
Month wise C sections	

Month	No. of C sections(A)	No. of C Sections after 5 th (A-5)	
Total			
Deliveries entitled to receive incentive (copy from shaded cell) (B)			.....
Incentive for deliveries (BX 700)=C			Rs.....

This is certified that Dr. of FRU..... block..... has conducted..... C-sections at FRU, ensured 48 hours stay. Thus from 6th C-section onwards she/he may be given Rs 700 per case. Thus Rs (From Row C) in total for a period of 3 months (..... to) in Financial Year..... may be given to her.

Signature.....
Facility in charge

Name:.....
Designation:.....
Date:.....

Voucher – 8

Voucher for PBI to EmOC team posted at FRU designated in the 7 Aspirational districts, for conducting C sections beyond 5 (*Voucher for staff nurse*)

Name of FRU	
Name of Block	
Name of District	
Name of Staff nurse	
Phone No.	
Number of C sections in Quarter	..... (Verified from Delivery Register)

Month wise C sections		
Month	No. of C sections(A)	No. of C Sections after 5 th (A-5)
Total		
Deliveries entitled to receive incentive(copy fromshaded cell) (B)		.....
Incentive for deliveries (BX 400) = C		Rs.....

This is certified that of FRU.....
block..... has supported in conduction of C-sections at FRU, ensured 48 hours stay. Thus from 6th C-section onwards she/he may be given Rs 400 per case. Thus Rs..... (From Row C) in total for a period of months (.....to.....) in Financial Year..... maybe given to her.

Signature.....
 Facility in charge

Name:.....
 Designation:.....
 Date:.....

Voucher – 9

Voucher for PBI to EmOC team posted at FRU designated in the 7 Aspirational districts, for conducting C sections beyond 5 (*Voucher for OT Assistant/Grade IV*)

Name of FRU	
Name of Block	
Name of District	
Name of Staff	
Phone No.	

Number of C sections in Quarter		..... (Verified from Delivery Register)	
Month wise C sections			
Month	No. of C sections(A)	No. of C Sections after 5 th (A- 5)	
Total			
Deliveries entitled to receive incentive (copy from shaded cell) (B)		.....
Incentive for deliveries (BX 250)=C		Rs.....	

This is certified that.....of FRU.....Block..... has supported in conduction of C-sections at FRU, ensured 48 hours stay. Thus from 6th C-section onwards she/he may be given Rs 250 per case. Thus Rs..... (From Row C) in total for a period of 3 months (.....to.....) in Financial Year.....maybe given to her.

Signature.....
Facility in charge

Name:.....
Designation:.....
Date:.....

Performance based incentive no. 8

Performance Based Incentive to EmOC Team posted at District Hospital in the 7 Aspirational districts, Rs. 3000/- for Night C-sections.

PBI Indicator	No. of C sections performed at night at District Hospital
Eligibility Criteria for the PBI	EmOC Team at District Hospital in 7 Aspirational districts
Performance targets	EmOC Team entitled to receive Rs 3000 per C Section for performing C-sections in Night (8 pm to 8 am)
Amount of incentive	Rs 3000 per case
Source of data verification	HMIS
Level of Incentive	Sub district FRU- EmOC team including OBGYN specialist, anesthetist, pediatricians, staff nurse, OT assistant, grade IV staff.
Staff	Entitlement per case (in Rs)
O& G/EmOC Trained	700
Anesthetist/LSAS Trained	700
Pediatrician	700
Staff Nurse	400
OT Assistant	250
Grade IV	250
In case one of the staff is not posted at the facility, the amount may be utilized for Labour Room maintenance. Record regarding its utilization should be properly maintained	
Period of performance and frequency of incentive	Incentives will be paid on Monthly basis. Facility should maintain proper records. Payment will be provided when reported performance/achievements are objectively verified by Superintendent of District Hospital.
Voucher	Attached as Voucher 10, 11 & 12

Budget Approved (RoP 2021-22): 35.85 lakhs

Sl. No	District	District Hospital	Budget Allocation(in Lakhs)
1	Baksa	Dr. Ravi Baro Civil Hospital	0.08
2	BARPETA	BARPETA CIVIL HOSPITAL	6.24
3	Darrang	MANGALDAI CIVIL HOSPITAL	9.19
4	Dhubri	Dhubri Civil Hospital	7.26
5	Goalpara	200 Bedded Civil Hospital	10.96
6	Hailakandi	S.K.Roy Civil Hospital	1.21
7	Udalguri	UDALGURI CIVIL HOSPITAL	0.00
			34.94

Voucher –10

Voucher for Performance Based Incentive to EmOC team posted at DH designated in the 7 Aspirational districts, for conducting C sections in night (*Voucher for O&G/ EmOC/Anaesthetist/ LSAS/ Paediatrician. To be filled separately for each person only if O&G/EmOC has conducted the deliveries*)

Name of FRU	
Name of Block	
Name of District	
Name of O&G/EmOC Trained	
Phone No.	
Number of C-sections in Quarter	..... (Verified from Delivery Register)

Month wise C sections		
Month	No. of C sections(A)	No. of C Sections Conducted in night
Total		
Deliveries entitled to receive incentive (copy from shaded cell) (B)		.....
Incentive for deliveries (BX 700)=C		Rs.....

This is certified that Dr. of FRU..... block.....hasconducted.....C-sections at FRU, ensured 48 hours stay.

Thus for conduction of C-section in night, she/he may be given Rs 700 per case. Thus Rs..... (From Row C) in total for a period of 3 months (.....to.....) in Financial Year...may be given to her.

Signature.....
SDM & HO/Block –In Charge

Name:
Designation:
Date:

Voucher – 11

Voucher for Performance Based Incentive to EmOC team posted at FRU designated in the 7 Aspirational districts, for conducting C sections in night (*Voucher for staff nurse*)

Name of FRU	
Name of Block	
Name of District	
Name of staff nurse	
Phone No.	

Number of C sections in Quarter		..... (Verified from Delivery Register)	
Month wise C sections			
Month	No. of C sections(A)	No. of Sections Conducted in night	C in
Total			
Deliveries entitled to receive incentive (copy from shaded cell) (B)		.....
Incentive for deliveries (BX 400)=C		Rs.	

This is certified that.....of FRU..... block.....has conducted.....C-sections at FRU, ensured 48 hours stay.

Thus for conduction of C-section in night, she/he may be given Rs 400 per case. Thus Rs.....

(From Row C) in total for a period of 3 months (.....to.....) in Financial Year..... may be given to her.

Signature.....
SDM & HO/Block –In Charge

Name:
Designation:
Date:

Voucher – 12

Voucher for Performance Based Incentive to EmOC team posted at FRU designated in the 7 Aspirational districts, for conducting C sections in night (*Voucher for OT Assistant/ Grade IV*)

Name of FRU			
Name of Block			
Name of District			
Name of staff			
Phone No.			
Number of C sections in Quarter			..... (Verified from Delivery Register)
Month wise C sections			
Month	No. of C sections(A)	No. of C Sections Conducted in night	
Total			
Deliveries entitled to receive incentive(copy fromshaded cell) (B)			.....
Incentive for deliveries (BX 250)=C			Rs.....

This is certified that.....of FRU..... block.....hasconducted.....C-sections at FRU ensure 48 hourstay.

Thus for conduction of C-section in night, she/he may be given Rs 400 per case. Thus Rs.....

(From Row C) in total for a period of 3 months (.....to.....) inFinancialYear... maybe given to her.

Signature.....
SDM & HO/Block –In Charge

Name:
Designation:
Date:

Performance based incentive no. 9

Performance Based Incentive to SC ANM, ASHA, AWWs following the mentioned performance targets

PBI Indicator	Composite Indicator	
Eligibility Criteria for the PBI	ANM, ASHA & AWW at SCs in 7 Aspirational districts	
Performance targets	<ol style="list-style-type: none"> 1. Early ANC registration within 12 weeks >80% pregnant women out of total registered 2. Four(4) ANC check-up >80% of pregnant women out of total registered 3. Identification of HRP more than 7% of total registered ANC. 4. Complete vaccination of the children upto 1 year >80% 5. >20% of deliveries in ANM SC having PPIUCD insertion 	
Amount of incentive	Rs 5000 per Sub-Centre per annum if they achieve targets.	
Source of data verification	HMIS data RCH register	
Level of Incentive	SC ANM, ASHA & AWW	
	Staff	Entitlement (In Rs)
	ANM 1	700
	ANM 2	700
	ASHAs (Equally divided amongst ASHA)	3600
Period of performance	Incentive will be given on annual basis. Facility should maintain proper records. Payment will be provided when reported performance/achievements are objectively verified by Medical Superintendent	
Annexure	Attached as voucher 13	

Budget Approved (RoP 2021-22): 22.43 Lakhs

Sl. No.	Name of the District	Budget Allocation in Lakhs
1	Baksa	2.94
2	Barpeta	4.95
3	Darrang	3.30
4	Dhubri	3.51
5	Goalpara	2.91
6	Hailakandi	2.01
7	Udalguri	2.81
Total		22.43

Voucher 13

Voucher cum Certification by Block In charge for giving annual Performance based incentive to SC ANMs and ASHAs

As per below given criteria evaluated by..... (Name)
Designation... I certify following (Tick the applicable criteria)

1. Early ANC registration within 12 weeks >80% pregnant women out of total registered
2. Four(4) ANC check-up >80% of pregnant women out of total registered
3. Identification of HRP more than 7% of total registered ANC.
4. Complete vaccination of the children upto 1 year >80%
5. >20% of deliveries in ANM SC having PPIUCD insertion

Thus ANM..... And Of SC may be incentivized Rs 700 each. The remaining amount of Rs 3600 is to be distributed amongst ASHAs. There are..... Nos. of ASHAs, each ASHA will receive Rs.....

Signature.....
SDM & HO/Block –In Charge Name:.....
Designation:
Date: ...

TRAINING

Activity = 1**Name of the Activity:** Strengthening of Comprehensive Abortion Care Service delivery and training sites at Nagaon and Kokrajhar District Hospital**Activity owner:**

- At State level – Consultant Maternal Health, NHM Assam
IDF/ Consultant, MH, NHM
- At District level – District Program, NHM
Hospital Superintendent
CAC Master Trainer of DH

Justification: Abortion has been legal in India for a broad range of conditions since the passage of the Medical Termination of Pregnancy (MTP) Act of 1971. In an effort to improve the quality of abortion care, Ministry of Health and Family Welfare (MoHFW), Government of India (GoI) is recommending norms for standardization of CAC Trainings and Service delivery sites. As part of this initiative, CAC training and service delivery site of Nagaon and Kokrajhar civil hospital, Assam needs to be strengthening as per the GoI norm which will demonstrate the ideal training and service quality standards. It is expected that this site would be the demonstration site for all other facilities offering CAC training and/or service delivery in the state.

Deliverables:

Improved CAC service provision as per the standardized norms so that women seeking CAC services receive high level of care. Improved quality of woman centered CAC trainings and Improved post-training CAC service delivery by trained providers from the centers

Detail for utilization of fund as per GoI guideline:

Budget for Strengthening District Hospital on CAC Services at Kokrajhar and Nagaon District	
Item/Activity	Approximate cost (in Rs)
A. Infrastructure	
Seating arrangement in OPD	50000
Drinking water facilities in OPD	25000
Renovation of Toilet facilities in OPD	50000
Contraceptive corner in OPD and recovery room	20000
Seating arrangements in counselling room	15000
Beds for recovery room and minor OT	100000
B. Capacity building / Orientation	
CAC sensitization / orientation workshop for Minor all staff other related staff of the hospital	20000
C. CAC equipment and supplies	
Additional sets of equipment for examination room	20000
Infection Prevention Equipment for examination room	20000
D. IEC materials	
Client take away material	20000
Hoarding	50000
E. Training material	

Setting up of training room	50000
Sister-U and Mama-U model for hands on training	50000
LCD projector	50000
Laptop	50000
Audio system	30000
F. Miscellaneous	
Furniture/ electrical work for setting up/modifying OPD, counselling room, labour room and general OT/AC and Mis expenses required from time to time	100000
Total expected cost (in Rs)	720000
In Lakh	7.20

Summary of activities	Amount (in Lakhs)
Budget for Strengthening District Hospital on CAC Services_Kokrajhar District	7.2
Budget for Strengthening District Hospital /MCH on CAC Services_Nagaon District	7.2
Total amount	14.4

Activity - 2

Name of the Activity: Operational cost for the existing Model CAC Centre, AMCH, Dibrugarh.

Deliverables:

Aligning with MoHFW's vision, NHM, Assam has developed a Model CAC training and service delivery centre at Assam Medical College, Dibrugarh. Besides normal district level CAC training, Model CAC centre has also boosted the scope of learning among the PG and interns as training centre is equipped with all the parameters required in a model procedure room.

The fund will be utilized as operational cost for maintaining the standards, including capacity building/orientation of the staff and other miscellaneous expenditure incurred from time to time.

Details of fund:

Activity	Fund Proposed (in Rupees)	In Lakh
Amount for operational cost of the Comprehensive Abortion Care Model Training Centre, Dibrugarh	80000.00	0.80

FMR CODE: 9.5.1.6

Name of the Activity: Training of staff Nurse/ ANMs/LHVs in SBA

Activity owner:

- At State level – Tanashree Pathak, Program Executive, MH, NHM
- At District level – District Program Manager/ District Community Mobilizer/ Hospital Administrator, NHM

- **Training Venue:** The training to be conducted at Designated SBA training site in district.
- **Trainers:** District Resource Person on SBA
- **Participants:** ANMs/GNMs/CHOs to be nominated from delivery points who are not trained earlier.
- **Batch Size:**
 - 6 participants (4 Nursing staff and 2 CHOs in one batch is applicable for Training sites(DH/FRU/CHCs) having equal to or more than 250 deliveries per month.)
 - 4 participants (4 Nursing staff in one batch is applicable for Training sites DH/FRU/CHCs) having less than 250 deliveries per month.
- **Duration:** 21 Days
- **Nominations:**
 - Saturation of SC which have Home delivery pockets with SBA trained CHO/ANM will be a must. At the beginning of the financial year , the district shall prepare saturation micro plan and submit to State HQ within April 2019
 - Those ANMs who have been trained on SBA before 2012 shall also be oriented to fulfill the saturation.
 - ANMs/GNMs: To be nominated from the delivery points or from the SC covering High home delivery pockets
 - CHOs: To be nominated as per the performance. High performing CHOs should be given priority
- **Time Line:** The training programme to be completed by 31st Dec 2019 as per guideline.
- After Completion of each training batch the completion certificate with the list of participants are to be sent to the Maternal Health Cell, NHM.
- Districts will book the expenditure with 15 days from the completion of each training batch and SOE/UC will be submitted to the state HQ on monthly basis.

A brief training report with photographs of the programme needs to be submitted along with the UC_SoE.

BUDGET DETAILS

Sl.no	Component	Category	Rate (In Rs)	No. of Days	Unit	Amount in Rs.
1	DA	SN	400	21	6	50,400.00
2	Honorarium to Resource Person	Resource Person	600	21	3	37,800.00
3	Lunch & Tea for Trainees	Participants	250	21	10	52,500.00
4	Mis. Expenditure	Participants	200	1	6	1,200.00
5	TA(Rs.200 On average as per State Govt.Rule)	Participants	200	2	6	2,400.00
	Total					144,300.00
	Institutional Overhead					5000
	Grand Total					149,300.00

District Wise Budget Breakup

S.No	Name of the district	Training Site	No of Batch per site for FY 2021 - 22	Total Training Batches	Total budget (in Rs)	In Lakh
1	Baksa	1	3	3	447900.00	4.479
2	Barpeta	2	3	6	895800.00	8.958
3	Biswanath	2	2	4	597200.00	5.972
4	Bongaigaon	1	3	3	447900.00	4.479
5	Cachar	1	3	3	447900.00	4.479
6	Charaideo	1	3	3	447900.00	4.479
7	Chirang	1	3	3	447900.00	4.479
8	Darrang	1	4	4	597200.00	5.972
9	Dhemaji	1	3	3	447900.00	4.479
10	Dhubri	1	6	6	895800.00	8.958
11	Dibrugarh	1	3	3	447900.00	4.479
12	Dima Hasao	1	4	4	597200.00	5.972
13	Goalpara	1	5	5	746500.00	7.465
14	Golaghat	2	2	4	597200.00	5.972
15	Hailakandi	1	5	5	746500.00	7.465
16	Hojai	1	3	3	447900.00	4.479
17	Jorhat	2	3	6	895800.00	8.958
18	Kamrup M	1	3	3	447900.00	4.479
19	Kamrup R	5		8	1194400.00	11.944
20	Karbi Anglong	1	6	6	895800.00	8.958
21	Karimganj	2	4	8	1194400.00	11.944
22	Kokrajhar	1	3	3	447900.00	4.479
23	Lakhimpur	1	3	3	447900.00	4.479
24	Majuli	1	3	3	447900.00	4.479
25	Morigaon	1	3	3	447900.00	4.479
26	Nagaon	3	3	9	1343700.00	13.437
27	Nalbari	2	4	8	1194400.00	11.944
28	Sibsagar	2	3	6	895800.00	8.958
29	Sonitpur	1	3	3	447900.00	4.479
30	South Salmara	0	0	0	0.00	0.000
31	Tinsukia	2	4	8	1194400.00	11.944
32	Udalguri	1	3	3	447900.00	4.479
33	West Karbi Anglong	0	0	0	0.00	0.000
Total		45	103	142	21200600.00	212.006

FMR Code : 9.5.1.12**Name of the Activity: Training of Medical Officers in safe abortion (CAC)****Activity owner:**

- At State level – Consultant MH, NHM / Jonali Das, IDF
- At District level – District Program Manager/ District Community Mobilizer, NHM

District wise training load and fund allocation

Sl no	Name of District	MO-MBBS/SN	Batch no	Unit cost (in Laks)	Total budget (in Lakh)	Remark
1	Baksa	3/3	1	1.041	1.041	
2	Barpeta	3/3	1	1.041	1.041	
3	Biswanath	0	0	0.000	0.000	
4	Bongaigaon	3/3	1	1.041	1.041	
5	Cachar	3/3	1	1.041	1.041	
6	Charaideo	0	0	0.000	0.000	
7	Chirang	3/3	1	1.041	1.041	
8	Darrang	3/3	1	1.041	1.041	
9	Dhemaji	3/3	1	1.041	1.041	
10	Dhubri	6/6	2	1.041	2.082	<i>One batch in each Dhubri and South Salmara District</i>
11	Dibrugarh	9/9	3	1.041	3.123	<i>One batch in each Dibrugarh, Sibsagar and Charaideo District</i>
12	Dima Hasao	3/3	1	1.041	1.041	
13	Goalpara	3/3	1	1.041	1.041	
14	Golaghat	0	0	0.000	0.000	
15	Hailakandi	3/3	1	1.041	1.041	
16	Hojai	0	0	0.000	0.000	
17	Jorhat	9/9	3	1.041	3.123	<i>One batch in each Jorhat, Golaghat and Majuli District</i>
18	Kamrup M	3/3	1	1.041	1.038	
19	Kamrup R	3/3	1	1.041	1.041	
20	Karbi Anglong	6/6	2	1.041	2.082	<i>One batch in each Karbi Anglong and West Karbi Anglong District</i>
21	Karimganj	3/3	1	1.041	1.041	
22	Kokrajhar	3/3	1	1.041	1.041	
23	Lakhimpur	3/3	1	1.041	1.041	
24	Majuli	0	0	0.000	0.000	
25	Marigaon	3/3	1	1.041	1.041	
26	Nagaon	6/6	2	1.041	2.082	<i>One batch in each Nagaon and Hojai District</i>
27	Nalbari	3/3	1	1.041	1.041	
28	Sibsagar	0	0	0.000	0.000	
29	Sonitpur	6/6	2	1.041	2.082	<i>One batch in each Sonitpur and Biswanath District</i>
30	South Salmara	0	0	0.000	0.000	
31	Tinsukia	3/3	1	1.041	1.041	
32	Udalguri	3/3	1	1.041	1.041	
33	West Karbianglong	0	0	0.000	0.000	
Total		99/99	33		34.35	

Deliverables: MOs (MBBS) including Nursing staff (SN) from the same facility to be trained on MTP Act, safe technology of Manual Vacuum Aspiration & on Medical method of abortion, Instrument processing, Infection prevention, Post Abortion Contraception and counseling and other required technical part. It is important that the nursing staff should have adequate information, knowledge and necessary skills to provide appropriate and correct information to women on abortion and post abortion contraception.

Estimated budget for Training of Medical Officers/SN

Category of Participants: MO- MBBS/SN
 Duration of training: 12 Days / 6 Days
 Participants per batch: MO -3 / SN -3
 Venue: District Hospital / Medical College

Sl no	Component	Category	Rate (In Rs)	No of days	Unit	Amount in Rs
1	DA	MO - MBBS	700.00	12	3	25200.00
		SN	400.00	6	3	7200.00
2	Honorarium	Resource Person	600.00	12	2	14400.00
3	Lunch & Tea for Trainees & RP	Participant-MO	250.00	12	6	18000.00
		Participants -SN	250.00	6	3	4500.00
4	Contingency per participants (Training materials)	participants	200.00	1	6	1200.00
5	TA (On actuals)	participants	500.00	1	6	3000.00
6	Accommodation (on actuals)	MO - MBBS	700.00	11	3	23100.00
		SN	500.00	5	3	7500.00
Total						104100.00

1.041

➤ **Participants:**

1. Medical Officer (Only MBBS) from delivery points (**12 daystraining**)
2. Nursing staff (SN) from the same facility so that they can assist medical officer during the procedure and in maintaining MTP records as per the MTP Act 1971 in the facility (**First 6 daystraining**)
 - **Resource person:** CAC master trainer from the District Civil Hospital / MedicalCollege / Ipas
 - **Time Line:** The training to be completed by 31st March 2021 as per guideline
 - Districts will book the expenditure with 15 days from the completion of the training batch.
 - SOE/UC will be submitted to the state HQ after completion of the training
 - A brief training report with photographs of the training needs to be submitted along with the UC & SoE.

Name of the Activity: RTI/STI for

SN/ANM Activity owner:

- At State level – Consultant, MH/ Bidyutprava Baishya, Program Executive, MH,NHM
- At District level – District Program Manager/ District Community Mobilizer,NHM
- **Trainers:** District Resource Person onRTI/STI
- **Participants:**ANMs/GNMs
- **Nominations:** The participants will be preferably nominated from High Deliverypoints/ Institutions having ICTC centres/ RTI/STI clinics who have not trainedearlier.
- **Batch:** one Batch per District with 10 participants in onebatch.
- **Time Line:** The training programme to be completed by 31st March 2021 as perguideline.
- Districts will book the expenditure with 15 days from the completion of thetraining batch.
- SOE/UC will be submitted to the state HQ after completion of thetraining
- A brief training report with photographs of the programme needs to be submittedalong with the UC &SoE.

Budget Detail

Per Batch Budget Break Up

Venue: District Hospital					
SN	Particulars	Unit Cost	Unit	Duration	Total
1	TA for Participants (On actual)	200	10	2	4000
	DA for Participants	400	10	2	8000
2	Honorarium for Resource Persons	600	2	2	2400
3	Stationary & training materials	100	10	1	1000
4	Working lunch, snacks and Tea	250	12	2	6000
5	Contingency (Banner , and mislenious, any unseen expenditure)	2000	1	1	2000
Total for 1 batch (10 participants)					23,400.00
Cost per batch (In Lakh)					0.23
Total for 33 Batches in all the districts					7.72

District Wise Budget Breakup

Districtwise training load and budget					
Sl no	Name of District	ANM/SN/CHO	Batch no	Unit cost	Total budget @ 0.234 Lakhs per batch(in Lakh)
1	Baksa	10	1	23400.00	0.234
2	Barpeta	10	1	23400.00	0.234
3	Biswanath	10	1	23400.00	0.234
4	Bongaigaon	10	1	23400.00	0.234
5	Cachar	10	1	23400.00	0.234
6	Charaideo	10	1	23400.00	0.234
7	Chirang	10	1	23400.00	0.234
8	Darrang	10	1	23400.00	0.234
9	Dhemaji	10	1	23400.00	0.234
10	Dhubri	10	1	23400.00	0.234
11	Dibrugarh	10	1	23400.00	0.234
12	Dima Hasao	10	1	23400.00	0.234
13	Goalpara	10	1	23400.00	0.234
14	Golaghat	10	1	23400.00	0.234
15	Hailakandi	10	1	23400.00	0.234
16	Hojai	10	1	23400.00	0.234
17	Jorhat	10	1	23400.00	0.234
18	Kamrup M	10	1	23400.00	0.232
19	Kamrup R	10	1	23400.00	0.234
20	Karbi Anglong	10	1	23400.00	0.234
21	Karimganj	10	1	23400.00	0.234
22	Kokrajhar	10	1	23400.00	0.234
23	Lakhimpur	10	1	23400.00	0.234
24	Majuli	10	1	23400.00	0.234
25	Marigaon	10	1	23400.00	0.234
26	Nagaon	10	1	23400.00	0.234
27	Nalbari	10	1	23400.00	0.234
28	Sibsagar	10	1	23400.00	0.234
29	Sonitpur	10	1	23400.00	0.234
30	South Salmara	10	1	23400.00	0.234
31	Tinsukia	10	1	23400.00	0.234
32	Udalguri	10	1	23400.00	0.234
33	West Karbianglong	10	1	23400.00	0.234
Total		330	33		7.72

Name of the Activity: Training of Medical Officer in RTI/STI

Activity owner:

- At State level – Bidyutprava Baishya, Program Executive, MH,NHM
 - At District level – District Program Manager/ District Community Mobilizer,NHM
- **Trainers:** District Resource Person on RTI/STI
 - **Participants:** Medical Officer
 - **Nominations:** The participants will be preferably nominated from High Delivery points/ Institutions having ICTC centres/ RTI/STI clinics who have not trained earlier.
 - **Batch:** one Batch per District with 10 participants in one batch.
 - **Time Line:** The training programs are to be completed 31st March 2022 as per guideline.
 - Districts will book the expenditure with 15 days from the completion of the training batch.
 - SOE/UC will be submitted to the state HQ after completion of the training
 - A brief training report with photographs of the programme needs to be submitted along with the UC & SoE.

Per Batch Budget Breakup

SN	Particulars	Unit Cost	Unit	Duration	Total
1	TA for Participants (On actual)	200	10	2	4000
2	DA for Participants (Accommodation, dinner, etc)	600	10	2	12000
3	Honorarium for Resource Persons	600	2	2	2400
4	Stationary & training materials	100	10	1	1000
5	Working lunch, snacks and Tea	250	12	2	6000
6	Contingency (Banner , and miscellaneous, any unseen expenditure)	2000	1	1	4000
Total for 1 batch (10 participants)					29,400.00
Cost per batch (In Lakh)					0.29
Total for 33 Batches in all the districts					9.702

District Wise Budget Breakup

Sl no	Name of District	Medical Officer	Batch no	Unit cost	Total budget @ 0.294 Lakhs per batch (in Lakh)
1	Baksa	10	1	29400.00	0.294
2	Barpeta	10	1	29400.00	0.294
3	Biswanath	10	1	29400.00	0.294
4	Bongaigaon	10	1	29400.00	0.294
5	Cachar	10	1	29400.00	0.294
6	Charaideo	10	1	29400.00	0.294
7	Chirang	10	1	29400.00	0.294
8	Darrang	10	1	29400.00	0.294
9	Dhemaji	10	1	29400.00	0.294
10	Dhubri	10	1	29400.00	0.294
11	Dibrugarh	10	1	29400.00	0.294
12	Dima Hasao	10	1	29400.00	0.294
13	Goalpara	10	1	29400.00	0.294
14	Golaghat	10	1	29400.00	0.294
15	Hailakandi	10	1	29400.00	0.294
16	Hojai	10	1	29400.00	0.294
17	Jorhat	10	1	29400.00	0.294
18	Kamrup M	10	1	29400.00	0.292
19	Kamrup R	10	1	29400.00	0.294
20	Karbi Anglong	10	1	29400.00	0.294
21	Karimganj	10	1	29400.00	0.294
22	Kokrajhar	10	1	29400.00	0.294
23	Lakhimpur	10	1	29400.00	0.294
24	Majuli	10	1	29400.00	0.294
25	Marigaon	10	1	29400.00	0.294
26	Nagaon	10	1	29400.00	0.294
27	Nalbari	10	1	29400.00	0.294
28	Sibsagar	10	1	29400.00	0.294
29	Sonitpur	10	1	29400.00	0.294
30	South Salmara	10	1	29400.00	0.294
31	Tinsukia	10	1	29400.00	0.294
32	Udalguri	10	1	29400.00	0.294
33	West Karbianglong	10	1	29400.00	0.294
Total		330	33		9.70

Name of the Activity: BEmOC Training for Medical Officer

The BEmOC training is to be conducted with an aim of strengthening the knowledge & skills of MBBS doctors so that they are able to identify and manage common obstetric complications.

Activity owner:

- At State level – Tanashree Pathak, Program Executive, MH,NHM
 - At District level – District Program Manager/ District Community Mobilizer,NHM
-
- **Venue:** BEmOC Training will be conducted in six medical colleges. The Training Plan is in Annex-1
 - **Trainers:** Resource person from Medical College
 - **Participants:** MO-MBBS (1yr rural posting), MO Ayurved & MO Homeopathy are not eligible for BEmOC Training.
 - **Process:**
 - Request letter to Principal cum chief Superintendent of 6 medical colleges for feasible date for training will be sent from StateHQ.
 - DPM/DCM will follow up the same with the Medical Colleges for training date and will inform the same to the Consultant Maternal Health.
 - Once the Training date will be received from the Medical colleges, then it will be communicated to the districts covered for training. The districts covered for training will send their nominations to the stateHQ.
 - Nominated names will also be sending to the host district for necessary action.
 - **Time line:** The Training to be completed within 31st March 2022.
 - Districts will book the expenditure with 15 days from the completion of the training batch.
 - SOE/UC will be submitted to the state HQ after completion of the training
 - A brief training report with photographs of the programme needs to be submitted along with the UC & SoE

BEmOC Training plan and District wise Budget Breakup

SI No	Name of Medical college	District	Districts covered	No of MOs	No of batches (per batch 5 participants)	Total Cost @Rs. 1.626 Lakh per batch
1	Assam Medical College	Dibrugarh	Dibrugarh	2	2	3.252
			Tinsukia	2		
			Sivsagar	2		
			Charaideo	2		
			Lakhimpur	2		
2	Barpeta Medical College	Barpeta	Barpeta	2	2	3.252
			Nalbari	2		
			Kamrup (R)	2		
			Chirang	2		
			Baksa	2		
3	GMCH	Metro	Kamrup (M)	1	2	3.252
			Dhubri	2		
			South Salmara	2		
			Bongaigaon	2		
			Kokrajhar	2		
			Golapara	1		
4	Jorhat medical College	Jorhat	Jorhat	2	3	4.878
			Majuli	2		
			Golaghat	2		
			Dhemaji	2		
			Dima Hasao	2		
			Hojai	2		
5	Tezpur Medical College	Sonitput	Nagaon	2	2	3.252
			Morigaon	2		
			Sonitpur	2		
			Biswanath	1		
			Darrang	2		
			Udalguri	1		
6	Silchar Medical College	Cachar	Hailakandi	3	2	3.252
			Karimganj	3		
			Cachar	2		
7	Diphu Medical College	Karbi Anglong	Karbi Anglong	2	1	1.622
			West Karbi Anglong	2		
Total				64	14	22.76

Per Batch Budget Breakup

Sl.No	Component	Category	Rate (In Rs)	Duration	Unit	Amount in Rs.	Remark
1	DA	MO	700	11	5	38,500.00	
2	Accomodation (on actuals)	MO	700	11	3	23,100.00	Accomodation for 3 participants from outside the districts
3	Honararium to Resource Person	Resource Person	1,000.00	10	4	40,000.00	
4	Lunch & Tea for Trainees	Participants	250	10	12	30,000.00	
5	Contingency per participants(Training materilas,Misc.Exp)	Participants	200	1	5	1,000.00	
6	LCD, Venue etc		2500	10	1	25,000.00	
7	TA (Rs.1000 On average as per State Govt.Rule) on actuals	Participants	1,000.00	1	5	5,000.00	NB:- Rs.200 for Home District Participants and Rs.1000 for Outstation Participants.
Total						162,600.00	

1.626

Name of the Activity: DAKSHATA training

About the Activity: It is a Strategic Initiative to improve Intra-immediate postpartum Care. Goal of the initiative is to empower the providers for improved Maternal and New Born Health care during institutional deliveries through “Dakshata” program. It is a 3 days training capsule of building the skills of health care providers to a clinically competent providers and also to ensure availability of essential supplies in labour room with strong clinical mentorship and leadership.

Activity owner:

- At State level – Consultant, MH/Addl. Consultant MH,NHM
 - At District level – District Program Manager/ District Community Mobilizer,NHM
- **Venue:** DistrictHospital/FRU
 - **Duration :** 3Days
 - **Trainers:** District Resource Person onDakshata
 - **Participants:** MO-MBBS (24X7 HI) and Staff nurse of labourroom
 - **Batch:** one Batch per District with 10-15 participants in onebatch.
 - **Time Line:** The training to be completed by 31st March 2022 as per guideline.
 - Districts will book the expenditure within 15 days from the completion of the training batch.
 - SOE/UC will be submitted to the state HQ after completion of the training
 - A brief training report with photographs of the programme needs to be submitted along with the UC & SoE.

Per Batch Budget Breakup

Budget for per batch of training						
Sl.No	Particulars	Category	Rate (In Rs)	No. of Days	Unit	Amount in Rs.
1	TA of participants (on actuals)	Participants	200	2	15	6,000.00
2	DA of participants (as per RCH norms)	Participants	400	3	15	18,000.00
3	Honorarium	Trainers	600	3	3	5,400.00
4	Food to participants (breakfast, working tea & lunch)	participants and RP	250	3	15	11,250.00
5	Incidental expenses	Photocopy, Job aids, flip charts, LCD projector etc	200	1	15	3,000.00
6	Misc		3000	1	1	3,000.00
Total amount Rs.						46,650.00

0.4665

District Wise Target and Budget

Training Plan with budget details				
Sl no	District	No of batch	Fund required @ Rs. 46650 per batch	Amount (in Lakh)
1	Baksa	2	93300	0.933
2	Barpeta	3	139950	1.3995
3	Biswanath	2	93300	0.933
4	Bongaigaon	2	93300	0.933
5	Cachar	2	93300	0.933
6	Charaideo	2	93300	0.933
7	Chirang	2	93300	0.933
8	Darrang	2	93300	0.933
9	Dhemaji	3	139950	1.3995
10	Dhubri	3	139950	1.3995
11	Dibrugarh	2	93300	0.933
12	Dima Hasao	2	93300	0.933
13	Goalpara	2	93300	0.933
14	Golaghat	2	93300	0.933
15	Hailakandi	2	93300	0.933
16	Hojai	2	93300	0.933
17	Jorhat	2	93300	0.933
18	Kamrup M	2	93300	0.933
19	Kamrup R	2	93300	0.933
20	Karbi Anglong	2	93300	0.933
21	Karimganj	2	93300	0.933
22	Kokrajhar	2	93300	0.933
23	Lakhimpur	2	93300	0.933
24	Majuli	2	93300	0.933
25	Morigaon	2	93300	0.933
26	Nagaon	3	139950	1.3995
27	Nalbari	2	93300	0.933
28	Sibsagar	2	93300	0.933
29	Sonitpur	3	139950	1.3995
30	South Salmara	2	93300	0.933
31	Tinsukia	3	139950	1.3995
32	Udalguri	2	93300	0.933
33	West Karbi Anglong	2	93300	0.933
Total		72	3358800	33.588

1. **Name of the Activity: Other Maternal Health Trainings (Refresher training on CAC)**

Activity owner:

- At State level – Jonali Das, IDF/ Consultant, MH,NHM
- At District level – District Program Manager/ District Community Mobilizer,NHM

Deliverables: Refresher training on CAC for the providers on new and safe technology of Manual Vacuum Aspiration& on Medical method of abortion. Training will also include nursing staff from the same facility to orient on the counseling and other required technical part. It is important that the nursing staff should have adequate information, knowledge and necessary skills to provide appropriate and correct information to women on abortion and post abortioncontraception.

District wise training load and fund allocation

Sl. no	Name of District	In Lakhs
1	Cachar	0.41
2	Dhemaji	0.41
3	Dhubri	0.41
4	Dibrugarh	0.41
5	Goalpara	0.41
6	Lakhimpur	0.41
7	Sivasagar	0.41
District allocation		2.87
State HQ allocation		0
Total approval		2.87

Estimated Budget for Refresher Training

Category of Participants:	MO-MBBS/SN
Duration of training:	3 Days
Participants per batch:	MO - 4 /SN-4
Venue:	District Hospital / Medical College

Sl. No	Component	Category	Rate (In Rs)	No of days	Unit	Amount (in Rs)
1	DA	MO - MBBS	700.00	3	4	8400.00
		SN	400.00	3	4	4800.00
2	Honorarium	Resource Person	600.00	3	2	3600.00
3	Lunch & Tea for Trainees & RP	Participants & RP	250.00	3	12	9000.00
4	Contingency per participants (Training materials, Misc Exp)	participants	200.00	1	8	1600.00
5	TA (on actuals)	Participants	500.00	1	8	4000.00
6	Accommodation (on actuals)	MO - MBBS	700.00	2	4	5600.00
		SN	500.00	2	4	4000.00
Total						41000.00
Budget per batch (in Lakhs)						0.41

➤ **Participants:**

1. MO MBBS (already trained in MTP/CAC)
 2. Nursing staff from the same facility so that they can assist medical officer during the procedure and in maintaining records as per the MTP Act 1971
- Resource person: CAC master trainer from the District Civil Hospital / Medical College/ Ipas
 - Time Line: The training to be completed by 31st Dec 2020 as per guideline
 - Districts will book the expenditure with 15 days from the completion of the training batch.
 - SOE/UC will be submitted to the state HQ after completion of the training
 - A brief training report with photographs of the training needs to be submitted along with the UC & SoE.

2. Name of the Activity: District and Block level GDM Training for Non-Aspirational

Activity owner:

- At State level – Addl. Consultant, MH/ Tanashree Pathak, Program Executive, MH,NHM
- At District level – District Program Manager/ District Community Mobilizer,NHM

Gestational Diabetes Mellitus (GDM) is defined as the Impaired Glucose Tolerance (IGT), with onset or first recognition during pregnancy. In India, GDM rates are estimated to be 10 – 14.3% and are expected to increase to 20%. Undiagnosed or inadequately treated GDM can lead to significant maternal and fetal complications. Moreover, women with GDM and their offsprings are at increased risk of developing type 2 diabetes later in life. With growing evidence of the prevalence globally and in India, the Government of Assam has acknowledged GDM as a public health issue and accordingly planned for training at State, District and Block level.

Evidences from India show that women in the country are at much higher risk of developing glucose intolerance during pregnancy as compared to white women. In India, GDM rates are estimated to be 10 – 14.3% and are expected to increase to 20%. Undiagnosed or inadequately treated GDM can lead to significant maternal and foetal complications.

Implementaion:

- State has completed GDM ToT for all districts in FY 2020-21. Cascade trainings in Aspirational Districts is completed.
- State has planned to roll out the GDM programme in Aspirational Districts in FY 2021-22. In order to scale up the GDM Programme in the entire State in FY 2022-23, cascade trainings at district and block level for Non-Aspirational districts is framed.
- **Participants:** One Medical Officer/ GNM from each block will trained at district level.
- The trained Medical and GNM from each will further impart training to the block level service providers
- **Resource Person:** District Level Master Trainers.
- **Venue :** At district HQ for district level TOTs & for block level servive providers at respective Blocks.

District wise budget breakup

2 Days GDM training at District and Block level, 2021 - 22													
Sl No	District	No of MO	No of SN	Cost per MO	Cost per SN	Total cost of MO	Total cost of SN	Resource Fee	Institutional Over Head	Fund allotted for the district level training	Fund for block level orientation @ Rs. 10000/block	Total Fund allotted to the districts	Amount in Lakh
1	Biswanath	3	3	2250	1650	6750	4950	2400	2000	16100	30000	46100	0.461
2	Bongaigaon	4	4	2250	1650	9000	6600	2400	2000	20000	40000	60000	0.6
3	Cachar	8	8	2250	1650	18000	13200	2400	2000	35600	80000	115600	1.156
4	Charaideo	2	2	2250	1650	4500	3300	2400	2000	12200	20000	32200	0.322
5	Chirang	2	2	2250	1650	4500	3300	2400	2000	12200	20000	32200	0.322
6	Dhemaji	5	5	2250	1650	11250	8250	2400	2000	23900	50000	73900	0.739
7	Dibrugarh	6	6	2250	1650	13500	9900	2400	2000	27800	60000	87800	0.878
8	Dima Hasao	3	3	2250	1650	6750	4950	2400	2000	16100	30000	46100	0.461
9	Golaghat	5	5	2250	1650	11250	8250	2400	2000	23900	50000	73900	0.739
10	Hojai	2	2	2250	1650	4500	3300	2400	2000	12200	20000	32200	0.322
11	Jorhat	6	6	2250	1650	13500	9900	2400	2000	27800	60000	87800	0.878
12	Kamrup M	5	5	2250	1650	11250	8250	2400	2000	23900	50000	73900	0.739
13	Kamrup R	12	12	2250	1650	27000	19800	2400	2000	51200	120000	171200	1.712
14	Karbi Anglong	4	4	2250	1650	9000	6600	2400	2000	20000	40000	60000	0.6
15	Karimganj	5	5	2250	1650	11250	8250	2400	2000	23900	50000	73900	0.739
16	Kokrajhar	4	4	2250	1650	9000	6600	2400	2000	20000	40000	60000	0.6
17	Lakhimpur	6	6	2250	1650	13500	9900	2400	2000	27800	60000	87800	0.878
18	Majuli	1	1	2250	1650	2250	1650	2400	2000	8300	10000	18300	0.183
19	Marigaon	3	3	2250	1650	6750	4950	2400	2000	16100	30000	46100	0.461
20	Nagaon	9	9	2250	1650	20250	14850	2400	2000	39500	90000	129500	1.295
21	Nalbari	4	4	2250	1650	9000	6600	2400	2000	20000	40000	60000	0.6
22	Sibsagar	6	6	2250	1650	13500	9900	2400	2000	27800	60000	87800	0.878
23	Sonitpur	4	4	2250	1650	9000	6600	2400	2000	20000	40000	60000	0.6
24	South Salmara	2	2	2250	1650	4500	3300	2400	2000	12200	20000	32200	0.322
25	Tinsukia	4	4	2250	1650	9000	6600	2400	2000	20000	40000	60000	0.6
26	West Karbianglong	4	4	2250	1650	9000	6600	2400	2000	20000	40000	60000	0.6
		119	119			267750	196350	62400	52000	578500	1190000	1768500	17.685

REVIEW RESEARCH & SURVILLANCE

Name of the Activity: MATERNAL DEATH REVIEW (both in institutions and community)

Activity owner:

- At State level –Consultant, MH/ Addl. Consultant, MH/SDM, MH,NHM
- At District level – District Program Manager/ District Data Manager/
DistrictAccounts Manager/ Nodal Officer MDR, District

Sub-activities approved under 10.1.1

1. MDR Maintenance fund for 6 MedicalColleges.
2. Incentive for investigating team for conducting verbalautopsy.
3. Reimbursement of travel expenses (as per actual) 2 relatives per deceased motherand maximum of 3 cases at district level in the DC reviewmeeting.
4. Fund for monthly MDR Meeting atDistrict.
5. Incentive for 1st Informer for reporting Maternal Health

Total Funds allocated to the districts

SL no	District	State level MDR Task force meeting	Fund for Verbal autopsy	MDR Maintenance fund to Medical College	Fund for district review meeting on MDR	Travel allowance	1st Responder for Maternal death Incentive	Total fund for the District
1	State Level	0.113						0.113
2	Baksa		0.14		0.18	0.048	0.07	0.444
3	Barpeta		0.31	0.24	0.18	0.048	0.16	0.935
4	Biswanath		0.10		0.18	0.048	0.05	0.377
5	Bongaigaon		0.13		0.18	0.048	0.06	0.418
6	Cachar		0.39	0.24	0.18	0.048	0.20	1.056
7	Charaideo		0.07		0.18	0.048	0.04	0.334
8	Chirang		0.08		0.18	0.048	0.04	0.342
9	Darrang		0.17		0.18	0.048	0.09	0.485
10	Dhemaji		0.14		0.18	0.048	0.07	0.435
11	Dhubri		0.28		0.18	0.048	0.14	0.650
12	Dibrugarh		0.21	0.24	0.18	0.048	0.11	0.784
13	Dima Hasao		0.03		0.18	0.048	0.02	0.277
14	Goalpara		0.20		0.18	0.048	0.10	0.525
15	Golaghat		0.19		0.18	0.048	0.10	0.515
16	Hailakandi		0.18		0.18	0.048	0.09	0.501
17	Hojai		0.20		0.18	0.048	0.10	0.528
18	Jorhat		0.14	0.24	0.18	0.048	0.07	0.684
19	Kamrup Metro		0.20	0.24	0.18	0.048	0.10	0.761
20	Kamrup Rural		0.23		0.18	0.048	0.12	0.575
21	Karbi Anglong		0.12	0.24	0.18	0.048	0.06	0.648
22	Karimganj		0.28		0.18	0.048	0.14	0.655
23	Kokrajhar		0.15		0.18	0.048	0.08	0.460
24	Lakhimpur		0.21		0.18	0.048	0.11	0.545
25	Majuli		0.03		0.18	0.048	0.01	0.267
26	Morigaon		0.20		0.18	0.048	0.10	0.531
27	Nagaon		0.41		0.18	0.048	0.20	0.838
28	Nalbari		0.12		0.18	0.048	0.06	0.405
29	Sivasagar		0.11		0.18	0.048	0.05	0.387
30	Sonitpur		0.21	0.24	0.18	0.048	0.11	0.786
31	South Salmara		0.11		0.18	0.048	0.06	0.396
32	Tinsukia		0.23		0.18	0.048	0.12	0.577
33	Udalguri		0.14		0.18	0.048	0.07	0.434
34	West Karbi Anglong		0.05		0.18	0.048	0.03	0.308
Total		0.113	5.774	1.680	5.940	1.584	2.887	17.977

Details

1. Name of the Activity: MDR maintenance fund for 6 medical colleges

- The Medical College does not have RKS fund for the regular activities on FB MDR. Funds are made available will help in carrying out the routine FB MDR meeting, photocopying of Annexure and other contingent activities related to FB MDR & holding the meeting (Monthly).
- It is subject to 100% reporting and analysis of the FBMDR.
- The fund should be released quarterly based on the reports received.
- Medical Colleges also need to report corrective actions to MD, NHM
- District Program manager and District Account Manager to facilitate timely fund transfer of the same and report to state after fund transfer.

Budget details:

Activity : MDR Maintenance fund for 8 Medical Colleges

Sl	District	Name of Medical College	Fund for 1 month	Fund for One year	In lakh
A	B	C	D	E	F
1	Barpeta	FAAMCH	1750.00	21000.00	0.210
2	Cachar	SMCH	1750.00	21000.00	0.210
3	Dibrugarh	AMCH	1750.00	21000.00	0.210
4	Jorhat	JMCH	1750.00	21000.00	0.210
5	Kamrup Metro	GMCH	1750.00	21000.00	0.210
6	Sonitpur	TMCH	1750.00	21000.00	0.210
7	Karbi Anglong	DMCH	1750.00	21000.00	0.210
8	Lakhimpur	LMCH	1750.00	21000.00	0.210
Total			14000.00	168000.00	1.680

2. Name of the Activity: Incentive for investigating team for conducting verbal autopsy.

- All the maternal deaths will be investigated using Verbal Autopsy Format within three weeks of reporting maternal death.
- *Incentive:* Each member of investigation team is entitled to an incentive of Rs. 150 for conducting the verbal autopsy. The investigating team should ideally comprise of 3 persons
- Block Medical Officer (BMO)/Health Officer In-charge in urban area would constitute a 3 member team for conducting verbal autopsy.
- Members could be Lady Health Visitor (LHV), Block Public Health Nurse (BPHN), Sector Health Nurse, Health supervisor and Nurse Tutor or Auxiliary Nurse Midwife (ANM). BMO can nominate a Medical officer to be part of the team depending on availability of MOs and type of case. It should also be ensured that of the three, at least one would be a woman.

Role of investigation team

- One member would conduct the interview, one would record and the third would coordinate the process. The investigators must be properly trained to communicate with bereaved families and be sympathetic while asking questions.
- If Medical officer is part of the team, the portion on “cause of death” can be filled; else this portion will be filled by BMO.

District wise Budget Breakup

Sl. No	District	Expected Maternal Deaths 2021-22	Expected 80% will be reported	Rs 150 /member max upto 3 member per Verbal Autopsy Team	Total Fund required (in lacs)
1	Baksa	40	32	14378	0.14
2	Barpeta	86	69	31118	0.31
3	Biswanath	28	22	9957	0.10
4	Bongaigaon	35	28	12679	0.13
5	Cachar	109	87	39200	0.39
6	Charaideo	20	16	7041	0.07
7	Chirang	21	17	7614	0.08
8	Darrang	48	38	17166	0.17
9	Dhemaji	38	31	13800	0.14
10	Dhubri	78	62	28101	0.28
11	Dibrugarh	59	47	21076	0.21
12	Dima Hasao	9	7	3300	0.03
13	Goalpara	55	44	19823	0.20
14	Golaghat	53	43	19134	0.19
15	Hailakandi	51	40	18200	0.18
16	Hojai	56	44	19995	0.20
17	Jorhat	40	32	14410	0.14
18	Kamrup Metro	54	43	19553	0.20
19	Kamrup Rural	64	51	23128	0.23
20	Karbi Anglong	33	27	11978	0.12
21	Karimganj	79	63	28476	0.28
22	Kokrajhar	43	34	15498	0.15
23	Lakhimpur	59	47	21102	0.21
24	Majuli	7	6	2606	0.03
25	Morigaon	56	45	20176	0.20
26	Nagaon	113	90	40636	0.41
27	Nalbari	33	26	11813	0.12
28	Sivasagar	30	24	10630	0.11
29	Sonitpur	59	47	21210	0.21
30	South Salmara	31	25	11189	0.11
31	Tinsukia	65	52	23277	0.23
32	Udalguri	38	31	13742	0.14
33	West Karbi Anglong	15	12	5356	0.05
Total		1604	1283	577365	5.77

3. Name of the Activity: Support to the Family Member of the deceased as Travel

Cost to Attend the Maternal Death Review meeting

- At DC review meetings family member of at least three cases to be called.
- Incentive to family member @ Rs 200/member (maximum up to 2members) is to be provided as travel expenditure
- Claim Procedure: Register to be maintained for disbursement of the cash assistance.
- Responsible person: DAM

District wise Budget Breakup

Sl. No	District	Expected Maternal Deaths 2021-22	Quarterly atleast 3 cases will be reviewed	Rs 200 per family member (maximum upto 2 member)	Amount in Lakh
1	Baksa	40	12	4800.000	0.048
2	Barpeta	86	12	4800.000	0.048
3	Biswanath	28	12	4800.000	0.048
4	Bongaigaon	35	12	4800.000	0.048
5	Cachar	109	12	4800.000	0.048
6	Charaideo	20	12	4800.000	0.048
7	Chirang	21	12	4800.000	0.048
8	Darrang	48	12	4800.000	0.048
9	Dhemaji	38	12	4800.000	0.048
10	Dhubri	78	12	4800.000	0.048
11	Dibrugarh	59	12	4800.000	0.048
12	Dima Hasao	9	12	4800.000	0.048
13	Goalpara	55	12	4800.000	0.048
14	Golaghat	53	12	4800.000	0.048
15	Hailakandi	51	12	4800.000	0.048
16	Hojai	56	12	4800.000	0.048
17	Jorhat	40	12	4800.000	0.048
18	Kamrup Metro	54	12	4800.000	0.048
19	Kamrup Rural	64	12	4800.000	0.048
20	Karbi Anglong	33	12	4800.000	0.048
21	Karimganj	79	12	4800.000	0.048
22	Kokrajhar	43	12	4800.000	0.048
23	Lakhimpur	59	12	4800.000	0.048
24	Majuli	7	12	4800.000	0.048
25	Morigaon	56	12	4800.000	0.048
26	Nagaon	113	12	4800.000	0.048
27	Nalbari	33	12	4800.000	0.048
28	Sivasagar	30	12	4800.000	0.048
29	Sonitpur	59	12	4800.000	0.048
30	South Salmara	31	12	4800.000	0.048
31	Tinsukia	65	12	4800.000	0.048
32	Udalguri	38	12	4800.000	0.048
33	West Karbi Anglong	15	12	4800.000	0.048
Total		1604	396	158400.000	1.584

4. Monthly Maternal Death Review Meeting at District

- District Maternal Death Audit committee will review all Maternal Death cases every month under the chairmanship of Joint Director of Health services on 5th of every month (if 5th of any month is a holiday the meeting to be scheduled on next immediate working day).
- The review under the chairmanship of Joint Director of Health services should cover 100% of maternal deaths.
- Review of all Maternal Death cases under the chairmanship of Deputy Commissioner will be done in quarterly basis.
- The monthly MDR meeting minutes should have to be shared with the Maternal Health Division on 10th of every month.
- The MDR should be in details depicting the probable cause of death with details of action taken.

District wise Budget Breakup

Sl No	District	Rs 1500 per month on lump sum	Total fund required for one year	Total fund required (in lacs)
1	Baksa	1500	18000	0.18
2	Barpeta	1500	18000	0.18
3	Biswanath	1500	18000	0.18
4	Bongaigaon	1500	18000	0.18
5	Cachar	1500	18000	0.18
6	Charaideo	1500	18000	0.18
7	Chirang	1500	18000	0.18
8	Darrang	1500	18000	0.18
9	Dhemaji	1500	18000	0.18
10	Dhubri	1500	18000	0.18
11	Dibrugarh	1500	18000	0.18
12	Dima Hasao	1500	18000	0.18
13	Goalpara	1500	18000	0.18
14	Golaghat	1500	18000	0.18
15	Hailakandi	1500	18000	0.18
16	Hojai	1500	18000	0.18
17	Jorhat	1500	18000	0.18
18	Kamrup Metro	1500	18000	0.18
19	Kamrup Rural	1500	18000	0.18
20	Karbi Anglong	1500	18000	0.18
21	Karimganj	1500	18000	0.18
22	Kokrajhar	1500	18000	0.18
23	Lakhimpur	1500	18000	0.18
24	Majuli	1500	18000	0.18
25	Morigaon	1500	18000	0.18
26	Nagaon	1500	18000	0.18
27	Nalbari	1500	18000	0.18
28	Sivasagar	1500	18000	0.18
29	Sonitpur	1500	18000	0.18
30	South Salmara	1500	18000	0.18
31	Tinsukia	1500	18000	0.18
32	Udalguri	1500	18000	0.18
33	West Karbi Anglong	1500	18000	0.18
Total			594000	5.94

5) Incentive for 1st Informer for reporting Maternal Health

GoI introduced MDR (Maternal Death Review) and later MDSR (Maternal Death Surveillance and Response), which is a continuous cycle of identification, notification and review of maternal deaths followed by actions to improve quality of care and prevent future deaths. However, the reporting of maternal deaths is still very low and its review for corrective action is negligible.

To ensure 100% reporting of maternal deaths, under the SUMAN initiative, any person who first reports a maternal death shall be entitled to get an incentive of Rs 1000/-. **This is only for reporting Community Based Maternal Deaths.**

Sl. No	Districts	Estimated Community Based Maternal Deaths(approx.)	Proposed amount is 75%
1	Baksa	10	0.072
2	Barpeta	21	0.156
3	Biswanath	7	0.050
4	Bongaigaon	8	0.063
5	Cachar	26	0.196
6	Charaideo	5	0.035
7	Chirang	5	0.038
8	Darrang	11	0.086
9	Dhemaji	9	0.069
10	Dhubri	19	0.141
11	Dibrugarh	14	0.105
12	Dima Hasao	2	0.016
13	Goalpara	13	0.099
14	Golaghat	13	0.096
15	Hailakandi	12	0.091
16	Hojai	13	0.100
17	Jorhat	10	0.072
18	Kamrup Metro	13	0.098
19	Kamrup Rural	15	0.116
20	Karbi Anglong	8	0.060
21	Karimganj	19	0.142
22	Kokrajhar	10	0.077
23	Lakhimpur	14	0.106
24	Majuli	2	0.013
25	Morigaon	13	0.101
26	Nagaon	27	0.203
27	Nalbari	8	0.059
28	Sivasagar	7	0.053
29	Sonitpur	14	0.106
30	South Salmara	7	0.056
31	Tinsukia	16	0.116
32	Udalguri	9	0.069
33	West Karbi Anglong	4	0.027
Total		385	2.887

FMR Code:10.1.3

Name of the Activity:

1. District level review on CAC services
2. CAC District level Committee Meeting

Activity owner:

- At State level – Consultant Maternal Health, NHM Assam
IDF/ Consultant, MH, NHM
- At District level – District Program, NHM

About the activity 1: District level review on CAC services

District level meeting on operationalize safe abortion Services which will include Joint Director of Health Services/ Addl CM&HO, District Program Manager, District Data Manager, District Community Mobilizer, District Accounts Manager, Block Data Manager of NHM, Assam and CAC Master trainers, CAC trained medical officers offering CAC services at the district and representative from the State Office.

Deliverables: Review & Strengthen the CAC service delivery points including record keeping and reporting

Discussion points:

- Discussion and review the status of Comprehensive Abortion Care Services in the district
- Facility wise availability of trained manpower, equipment's, MMA drugs and MVA kits for safe service delivery
- Discussion on all the formats related to MTP servicers as per the MTP act 1971.
- Discussion on Illegal medical practitioner performing abortion and recommend to higher authority for strategic action to control over it
- Proper record keeping of CAC (MTP) cases and records of post abortion contraception at the facility level
- Discussion on timely reporting and inclusion of CAC (MTP) data in the HMIS portal without any discrepancy. Approved Private sites data also needs to be included in the HMIS portal
- Plan strategies as required to improve the CAC service quality in the district
- Keeping meeting minutes at the district and a copy should be shared with Maternal Health, National Health Mission, Assam.

District level review meeting on CAC services_2021 -2022			
FMR CODE – 10.1.3			
Estimated budget for One Day meeting at District level			
Category of Participants			
JDHS/Addl CM&HO	1		
Master Trainers	2		
Trained Medical Officers	7		
DPM/DDM/DCM	3		

Block Data Manager		5				
Total no of participants		18				
SI No	Component	Rate (In Rs)	No. of Days	Unit	Amount in Rs.	Remark
1	Refreshment of the participants	250	1	18	4,500.00	
2	Contingency per participants (Training materilas)	150	1	18	2,700.00	
Total					7,200.00	
Estimated budget for one meeting is Rs. 7200.00 (0.072)						

About the activity 2: CAC District level Committee Meeting

All the members of the District Level Committee (DLC) have to attend the meeting. The meeting will be organized for 3 times in a year.

The amendments of Medical Termination of Pregnancy (MTP) Act in 2002 decentralized the process of approval of a private place/clinic to offer abortion services at the district level. The District level Committees (DLC) is empowered to approve a private place for offering MTP services. **Public sector facilities are approved by default to offer MTP services and do not require approval from DLC.**

The MTP rules 2003 allow for a private place to be approved by the DLC offer services either in the First trimester, i.e. up to 12 weeks of gestation, or for both first and second trimester, i.e. up to 20 weeks.

Deliverables:

The District Level Committee's (DLC) role is to give the approval of private site and also monitor the approved places and ensure that services are provided under safe and hygienic conditions.

Discussion points for the meeting:

- Discussion and review the status of Comprehensive Abortion Care Services in the private places of the district
- Monitoring visit to private approved site for quality of services and discuss the findings/Gaps in the meeting
- Requirements for approval of private place for offering CAC services. Review the status of application received/ approved / application pending.(Up to 12 weeks – first trimester / up to 20 weeks – Both first & second trimester)
- Facility wise availability of trained manpower, equipment's, MMA drugs, MVA kits for safe service delivery
- Discussion on all the formats related to MTP servicers as per the MTP act 1971 and implementation of the same at all the private sites offering services.
- Discussion on Illegal medical practitioner performing abortion and recommend to higher authority for strategic action to control over it

- Proper record keeping of CAC (MTP) cases and records of post abortion contraception at the facility level
- Discussion on timely reporting to the Joint Director of Health Services which includes both qualitative and quantitative report.
- Plan strategies as required to improve the CAC services in the private sites of the district
- Keeping meeting minutes at the district and a copy should be shared with Maternal Health, National Health Mission, Assam.

CAC District level Committee Meeting _2021 -2022						
FMR CODE – 10.1.3						
Estimated budget for the meeting at District						
Category of Participants						
Jt.DHS/Addl CM&HO			1			
District Level Committee members			5			
DPM			1			
Total no of participants			7			
Sl No	Component	Rate (In Rs)	No. of Days	Unit	Amount in Rs.	Remark
1	Refreshment of the participants	250	1	7	1,750.00	1 from District HQ
2	Contingency per participants (Training materilas)	150	1	7	1,050.00	
Total					2,800.00	
Estimated budget for one meeting Rs. 2800.00						
Proposed 3 meetings per year per district. Total amount per district is Rs. 8400.00						

District wise budget details for both the activities 1 and 2				
Sl no	District	Amount for CAC review at district (1 meeting per year)	Amount for DLC meeting at district (3 meetings per year)	Total District Budget
1	Baksa	7200	8400	15600
2	Barpeta	7200	8400	15600
3	Biswanath	7200	8400	15600
4	Bongaigaon	7200	8400	15600
5	Cachar	7200	8400	15600
6	Charaideo	7200	8400	15600
7	Chirang	7200	8400	15600
8	Darrang	7200	8400	15600
9	Dhemaji	7200	8400	15600
10	Dhubri	7200	8400	15600
11	Dibrugarh	7200	8400	15600
12	Dima Hasao	7200	8400	15600
13	Goalpara	7200	8400	15600
14	Golaghat	7200	8400	15600
15	Hailakandi	7200	8400	15600
16	Hojai	7200	8400	15600
17	Jorhat	7200	8400	15600
18	Kamrup M	7200	8400	15600
19	Kamrup R	7200	8400	15600
20	Karbi Anglong	7200	8400	15600
21	Karimganj	7200	8400	15600
22	Kokrajhar	7200	8400	15600
23	Lakhimpur	7200	8400	15600
24	Majuli	7200	8400	15600
25	Marigaon	7200	8400	15600
26	Nagaon	7200	8400	15600
27	Nalbari	7200	8400	15600
28	Sibsagar	7200	8400	15600
29	Sonitpur	7200	8400	15600
30	South Salmara	7200	8400	15600
31	Tinsukia	7200	8400	15600
32	Udalguri	7200	8400	15600
33	West Karbianglong	7200	8400	15600
Total		237600	277200	514800
Amount in Lakhs		2.376	2.772	5.148

IEC / BCC

1. FMR Code:11.4.1

Name of the Activity: Maternal Health- Media mix of Mid media/ Mass Media

2. FMR Code:11.4.2

Name of the Activity: Interpersonal communication

The Detail Budget Break-up, activities are available in IEC /BCC Operational Guideline.

Innovation under Maternal Health

FMR Code 18.1.4: “Project Aavaran”- Special ANC Drive

Special ANC Drive- Strengthening the coverage and tracking of ANC services in pregnant women in Bongaigaon and Morigaon districts of Assam: A pilot project

Introduction & rationale

Maternal mortality in Assam (215/1 lakh live births as per SRS MMR Bulletin 2016-18) is highest among the states in India. Quality Antenatal care during pregnancy providing evidence based interventions can prevent maternal and neonatal deaths and lead to a positive pregnancy experience for the women. However the coverage of various interventions during ANC can be improved as seen from NFHS 5 data: Pregnant women having at least 4 ANC was 50.7%, protection against TT was 94.5%, IFA consumption for 100 days or more during pregnancy was 47% and IFA consumption for 180 days during pregnancy was 18.5%. In order to improve the coverage of interventions during ANC as well as improved tracking of service delivery a pilot project is prepared for 2 districts of Assam.

Justification:

Increase in coverage and tracking of interventions (like TT injections, number of ANC, IFA consumption etc.) by pregnant women can lead to improved maternal and foetal outcomes and can reduce maternal mortality.

Details of Activities:

- House to house visit by ANM/ASHA to identify the pregnant women in the area to find left out/drop out pregnant women. Also those pregnant women who come to their mother’s home for delivery.
- Pregnancy test will be done for women with history of missed periods at the time of visit using the pregnancy testing kits.
- Service providers will fill out a format provided from the State at the time of visit.
- Checking and verification of investigations done for the pregnant women at the time for visit.
- Mobilizing the pregnant women in 1st trimester to nearest CHC/BPHC/SC for registration and investigations if not done in last 30 days.
- Mobilizing the pregnant women in 2nd/3rd trimester to PMSMA site for check up by a Obs & Gyn specialist/ Senior Medical Officer.
- Updating the MCP card and RCH register as per the findings of various investigations by concern ANM/GNM. Data is to be uploaded in RCH portal within a week.
- Tracking the High Risk Pregnant women for follow up and institutional delivery with proper referral linkage.

This activity is to be done as a special ANC drive in 1st week of the month per quarter for 3 quarters in the FY 2021-22. Activity is to be started from 5th of the month chosen for the drive and to be continued till 11th of the said month.

Performance of both the selected districts on MH Indicators is as follows:

Data on MH Indicators for “Project Aavaran” - special ANC drive and establishing linkages with existing programmes

Sl. No.	Indicator	Bongaigaon	Morigaon
1	ANC registration against total expected pregnancies	58.2%	67.7%
2	1 st trimester ANC registration	86.8%	82.4%
3	4 ANC check ups	72.0%	73.5%
4	HRP Identification	16.4%	9.1%
5	Institutional Delivery	91.8%	84.3%

Data Source: HMIS (Apr-Dec 2020)

Outcome expected:

- Increase in ANC registration and 1st trimester registration.
- To ensure full antenatal check-ups for every pregnant woman, including one check up by a specialist (on PMSMA Day) in 3rd trimester preferably.
- Increase in HRP identification.

Details of Budget for both the districts:

Budget for Strengthening the coverage and tracking of ANC services in pregnant women in bongaigaon and Morigaon districts of Assam: A pilot project							
Bongaigaon and Morigaon District							
Sl no	District	Block	Total ASHAs	ASHA Supervisor (Rural) In position	Total		
1	Bongaigaon	4	752	67	819		
2	Marigaon	3	948	79	1027		

Budget for Bongaigaon District							
Sl no	Particulars	Unit	Amount (In RS)	Total amount for one quarter	For 6 months	Amount In Lakh	Remark
1	DC level launch of the pilot project in the district (One time expenditure)	1	10000	10000	0	0.1	the budget will also include IEC materials (banners, campaigns etc)

Budget for Bongaigaon District							
2	Miscellaneous expenditure	819	50	40950	245700	2.46	Notepad, pen for ASHAs of Bongaigaon District, Register for SC
3	Printing of format, checklist	1660 5	1	16605	99630	1.00	Printing of reporting format for each of ASHAs
4	Prize for 3 best performing sub centres in the district	3	10000	30000	0	0.3	Rs 10000 for each Sub Centre
Total budget for Bongaigaon District						3.85	

Budget for Morigaon District							
Sl no	Particulars	Unit	Amount (In RS)	Total amount for one quarter	For 6 months	Amount In Lakh	Remark
1	DC level launch of the pilot project in the district (One time expenditure)	1	10000	10000	0	0.1	the budget will also include IEC materials (banners, campaigns etc)
2	Miscellaneous expenditure	1027	50	51350	308100	3.08	Notepad, pen for ASHAs of Morigaon District
3	Printing of format, checklist	2601 7	1	26017.2	156103. 2	1.56	Printing of reporting format for each of ASHAs
4	Prize for 3 best performing sub centres in the district	3	10000	30000	180000	0.3	Rs 10000 for each Sub Centre
Total budget for Morigaon District						5.05	

Guidance –

Mission Director,
National Health Mission, Assam.

Executive Director,
National Health Mission, Assam.

Officer on Special Duty (OSD)
National Health Mission, Assam

Contact Details of Maternal Health Cell, NHM HQ., Assam			
Sl. No	Name of the Contact Person	Designation	Contact No.
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3	Ms. Bidyutprava Baishya	Programme Executive	7002918653
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5	Ms. Namita Das	Data Manager, State HQ	8638214638
6	Mr.Kishor Choudhury	Administrative Assistant	9435268760

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