



DISTRICT
ROP
OF
National Viral Hepatitis Control Program
for the
Financial Year 2024-26



NATIONAL VIRAL HEPATITIS CONTROLPROGRAMME
NATIONAL HEALTH MISSION, ASSAM

BUDGET SUMMARY

Scheme/ Activity/Sub-Activity	FMR Code	FY 2024-25	FY 2025-26	Remarks
Prevention	NDCP. 5 Sl no.80	52.10	52.10	
Screening and Testing through facilities	NDCP. 5 Sl no 81	9.0	9.0	Kits will be under 15FC.
Screening and Testing through NGOs	NDC . 5 Sl no 82	0	0	
Treatment	NDCP . 5 Sl no	513.20	525.87	Drugs Rs 367.32 lakh is under Central Supplies (Kind Grand) FY 2024-25. Drugs Rs 379.99 lakh is under Central Supplies (Kind Grand) FY 2025-26.
Total		574.3	586.97	

FMR Code		Activities	FY 2024-25			FY 2025-26		
			Total (in Lakhs)	State Allocation (in lakhs)	District Allocation (in lakhs)	Total (in Lakhs)	State Allocation (in lakhs)	District Allocation (in lakhs)
NDCP .5	80	Prevention	52.1	52.1	0	52.1	52.1	0
	80.1	State level review meeting under NVHCP	2.00	2.00	0	2.00	2.00	0
	80.2	SVHMU: Cost of travel for supervision and monitoring	2.00	2.00	0	2.00	2.00	0
	80.3	SVHMU: Meeting Costs/Office expenses/Contingency/data entry works	2.6	2.6	0	2.6	2.6	0
	80.4	MTC/TC: Non-recurring Equipment- (computer, printer photocopier scanner etc)	0	0	0	0	0	0
	80.5	IEC under NVHCP	35.00	35.00	0	35.00	35.00	0
	80.6	Printing for formats/registers under NVHCP	4.00	4.00	0	4.00	4.00	0
	80.7	Incentives (Allowance, Incentives, staff welfare fund)	0	0	0	0	0	0
	80.8	Outreach for demand generation, testing and treatment of Viral Hepatitis through Mobile Medical Units/NGOs/CBOs/etc	6.5	6.5	0	6.5	6.5	0
NDCP .5	81	Screening and Testing through facilities	9.0	3.9	5.1	9.0	3.9	5.1
	81.1	Kits	0	0	0	0	0	0

	81.2	MTC: Management of Hep A & E	0	0	0	0	0	0
	81.3	TC: Management of Hep A & E	0	0	0	0	0	0
	81.4	Sample transportation cost under NVHCP	7.0	1.9	5.1	7.0	1.9	5.1
	81.5	5 day training of Lab techs	2.00	2.00	0	2.00	2.00	0
	81.6	State lab: Meeting Costs/Office expenses/Contingency	0	0	0	0	0	0
NDCP .5	82	Screening and Testing through NGOs	0	0	0	0	0	0
NDCP .5	83	Treatment	513.20	500	13.2	525.87	512.67	13.2
	83.1	MTC: Meeting Costs/Office expenses/Contingency (photocopy, internet/communication/ Resistance testing in selected cases/ Printing M & E tools/ Tablets for M & E if needed/data entry works) etc)	9.00	0	9.00	9.00	0	9.00
	83.2	TC: Meeting Costs/Office expenses/Contingency/data entry works	17.5	13.3	4.2	17.5	13.3	4.2
	83.3	Drugs	477.7	477.7	0	490.37	490.37	0
	83.4	Other Consumables	0	0	0	0	0	0
	83.5	3 day training of Medical Officer of the Model Treatment Centre (15 Medical officers in each batch)	5.00	5.00	0	5.00	5.00	0
	83.6	1 day training of pharmacist of the Treatment sites (MTC/TCs)	1.00	1.00	0	1.00	1.00	0
	83.7	1 day training of DEO of the Treatment sites (MTC/TCs)	2.00	2.00	0	2.00	2.00	0
	83.8	1 day training of Peer support of the Treatment sites (MTC/TCs)	1.00	1.00	0	1.00	1.00	0
NVHCP		Sub total	574.3	556	18.3	586.97	568.67	18.3

KEY DELIVERABLES UNDER NHM 2024-26

Sl. No.	Indicator Type	Indicator Statement	Indicator	Unit	Target for 2024-25	Target for 2025-26	Source of Data
78	Output	Management of Hepatitis C - under the program	% of Hepatitis C Patients benefited i.e number who received treatment against target.	Percentage	6532 (100%)	6532 (100%)	NVHCP MIS Portal
79	Output	Management of Hepatitis B - under the program	% of Hepatitis B Patients benefited i.e number who received treatment against target	Percentage	712 (100%)	712 (100%)	NVHCP MIS Portal
80	Output	Pregnant women screened for hepatitis B	% of pregnant women screened for hepatitis B (HBsAg) against the target (Institutional Deliveries)	Percentage	6,32,934 (100%)	6,32,934 (100%)	RCH Portal
81	Output	Administration of HBIG to newborns of HBsAg positive pregnant women	% of new borns administered HBIG among new borns delivered to HBsAg positive pregnant women at health care facility	Percentage	1328 (100%)	1328 (100%)	RCH Portal

CONDITIONALITIES FRAMEWORK 2024-26

Conditionalities	Indicators of 2024-26	Source of verification	% Incentive/ Penalty
A. Percentage put on treatment for hepatitis B against the target	a. More than 90%: incentive 3 points (+3) b. More than 60% to 90%: incentive 1 points (+1) c. More than 30% to 60%: penalty 1 points (-1) d. 30% or Less: penalty 3 points (-3)	Report from NVHCP Division, MoHFW	+3 to -3
B. Percentage put on treatment for hepatitis C against the target	a. More than 90%: incentive 3 points (+3) b. More than 60% to 90%: incentive 1 points (+1) c. More than 10% to 60%: penalty 1 points (-1) d. 10% or Less: penalty 3 points (-3)	Report from NVHCP Division, MoHFW	+3 to -3
C. Percentage of pregnant women screened for hepatitis B (HBsAg) against the target (Institutional Deliveries)	a. More than 90%: incentive 2 points (+2) b. More than 70% to 90%: incentive 1 points (+1) c. More than 50% to 70%: penalty 1 points (-1) d. 50% or Less: penalty 2 points (-2)	Report from NVHCP Division, MoHFW	+2 to -2
D. Percentage of newborns administered HBIG among newborns delivered to HBsAg positive pregnant women at health care facility	a. More than 90%: incentive 2 points (+2) b. More than 70% to 90%: incentive 1 points (+1) c. More than 50% to 70%: penalty 1 points (-1) d. 50% or Less: penalty 2 points (-2)	Report from NVHCP Division, MoHFW	+2 to -2

NATIONAL VIRAL HEPATITIS CONTROL PROGRAM (NVHCP)

Aim:

1. Combat hepatitis and achieve country wide elimination of Hepatitis C by 2030;
2. Achieve significant reduction in the infected population, morbidity and mortality associated with Hepatitis B and C viz. Cirrhosis and Hepato-cellular carcinoma (liver cancer);
3. Reduce the risk, morbidity and mortality due to Hepatitis A and E.

Key Objectives:

1. Enhance community awareness on hepatitis and lay stress on preventive measures among general population especially high-risk groups and in hot spots.
2. Provide early diagnosis and management of viral hepatitis at all levels of healthcare
3. Develop standard diagnostic and treatment protocols for management of viral hepatitis and its complications.
4. Strengthen the existing infrastructure facilities, build capacities of existing human resources and raise additional human resources, where required, for providing comprehensive services for management of viral hepatitis and its complications in all districts of the country.
5. Develop linkages with the existing National programs towards awareness, prevention, diagnosis and treatment for viral hepatitis.
6. Develop a web-based “Viral Hepatitis Information and Management System” to maintain a registry of persons affected with viral hepatitis and its sequelae.

Components:

1. Preventive component: This is the cornerstone of the NVHCP. It includes

- a. Awareness generation & behavior change communication
- b. Immunization of Hepatitis B (birth dose, high risk groups, health care workers)
- c. Safety of blood and blood products
- d. Injection safety, safe socio-cultural practices
- e. Safe drinking water, hygiene and sanitary toilets

2. Diagnosis and Treatment:

- a. Screening of pregnant women for HBsAg to be done in areas where institutional deliveries are <80% to ensure their referral for institutional delivery for birth dose Hepatitis B vaccination.
- b. Free screening, diagnosis and treatment for both hepatitis B and C would be made available at all levels of health care in a phased manner.
- c. Provision of linkages, including with private sector and not for profit institutions, for diagnosis and treatment.
- d. Engagement with community/peer support to enhance and ensure adherence to treatment and demand generation.

3. Monitoring and Evaluation, Surveillance and Research

Effective linkages to the surveillance system would be established and operational research would be undertaken through Department of Health Research (DHR). Standardised monitoring & evaluation framework would be developed and an online web-based system is established.

4. Training and Capacity Building:

This will be a continuous process and will be supported by NCDC (National Centre for Disease Control), ILBS (Institute of Liver and Biliary Sciences) and state tertiary care institutes and

Coordinated by NVHCP. The hepatitis induction and update programs for all level of health care workers would be made available using both, the traditional cascade model of training through master trainers and various platforms available for enabling electronic, e-learning and e-courses.

1. Program Management:

- a. National Viral Hepatitis Management Unit (NVHMU): To establish a NVHMU in the first year.
- b. State Viral Hepatitis Management Unit (SVHMU) - To establish a State Viral Hepatitis Management Unit in the first year within existing state health governance structure i.e. State Health Society. This would be structured on similar lines as the NVHMU.

2. Prevention:

- a. Develop and implement the protocol for ante-natal screening of pregnant women for Hepatitis B; and start screening in the first year.
- b. Develop and implement tracking mechanism to ensure institutional delivery for all Hepatitis B carrier pregnant women.
- c. Increase Hepatitis B zero dose immunization to over 90%
- d. Implement safe injection practices in government systems immediately
- e. Blood safety targets
- f. To develop institutional mechanism for periodic testing of drinking water sources in coordination with Department of Drinking Water and Sanitation (DoDWS).
- g. Improved IEC for prevention and checking transmission

3. Diagnosis & Treatment

A. Diagnosis:

- a. Set up the National Reference Laboratory by the end of first year.
- b. Establish State level reference laboratories in each state by the end of first year.
- c. Develop District Diagnostics centres with viral load testing capabilities by the end of first year.
- d. Start first line diagnosis through Rapid Diagnostic Kits at all levels by the end of first year.
- e. Test 1.6 lakh individuals in the first year, 10.1 lakh in second year and 30.1 lakh in the third year for Hepatitis C.
- f. Start screening people belonging to high-risk groups for Hepatitis B in first year.
- g. Encourage opportunistic screening for HBV and HCV of patients visiting health care facilities

B. Treatment:

- a. Establish at least one Model Hepatitis Treatment Centre in each state\UT in the first year in an institution identified by the respective state\UT government. Increase the number of such centres if required (on the basis of need assessment) in consultation with the concerned state\UT government, in subsequent years.
- b. Establish at least one Treatment Centre at district level in the public sector, preferably in a medical college or the District Hospital, by the end of second year to offer access to quality assured management of Viral Hepatitis.
- c. Number of new hepatitis C cases to be treated across the country: over 3 lakh patients in 3 years
- d. Start treatment for Hepatitis B for people needing treatment, by the end of first year

4. Training:

- a. Ensure all trainings to operationalize state reference laboratories and Model Treatment Centres by the end of first year.
- b. To develop capacities of state\UT teams for training of personnel at the district laboratories and treatment centres.
- c. To develop IT driven institutional mechanisms for offering online counselling and courses to personnel at all levels. The program will also explore facilitation through teleconsulting where required.

d. To develop capacities of functionaries in Community Health Centre, Primary Health Centre and Health and Ayushman Arogya Mandir-Sub Centres (CHC, PHC and AAM-SCs) to implement diagnostic and treatment support protocol appropriate at that level

5. Monitoring and Evaluation, Surveillance and Research:

a. To develop and operationalize the Viral Hepatitis Information Management System (VHIMS) for:

- i. Maintaining a registry of patients
- ii. Tracking of patients for ensuring treatment adherence and compliance.
- iii. Developing dashboards and reports for monitoring of the Program.

b. Co-ordinate with the National Viral Hepatitis Surveillance Program

- i. Surveillance of acute viral hepatitis
- ii. Surveillance of chronic viral hepatitis
- iii. Surveillance of sequelae of chronic viral hepatitis

C. Research: Identify evidence based operational research and implement in collaboration with DHR.

Key Coordination programme at State level: -

1. Integrated Disease Surveillance Programme (IDSP)
2. Assam State AIDS Control Society (ASACS).
3. Swachh Bharat Mission
4. Universal Immunization Programme (UIP)
5. National Blood Safety Programme (NBSP)
6. MCH and RCH

Model Hepatitis Treatment Centre: -

1. To ensure screening/ diagnosis in suspected cases of hepatitis B and hepatitis C infection
2. Treatment & management of viral hepatitis
3. In referrals for cases screened / diagnosed elsewhere, for the management of hepatitis
4. Management of complicated cases referred from other treatment centres. Prescription and dispensation for the first month shall be done at the MTC and if the patient is stable, he can be transferred out to the nearest dispensing site for regular follow up. In case of any adverse event, s/he may come back to MTC.
5. Management of cases under special categories as per national guidelines (e.g.: paediatric patients, thalasseemics, patient with treatment failure etc.)
6. Ensure compliance and completion of treatment
7. Training and mentoring of other treatment sites
8. Operational research

Key Functions of MTC: -

1. Screening / Diagnosis of Suspected cases
2. Management of uncomplicated cases
3. Ensure that national guidelines and protocols are adhered to
4. Manage the complicated cases referred from Treatment centres
5. Maintain the data base and ensure timely reporting.
6. Undertake training and mentoring of the Treatment centres in their region (as defined by NVHMU and SVHPU)
7. Participate in operational research as per the program needs.

Treatment Centre: -

1. To ensure Screening/ Diagnosis in suspected cases of Hepatitis B/C Infection
2. Treatment and Management of uncomplicated Hepatitis B/C infection
3. In referrals for cases screened / diagnosed elsewhere, for the management of hepatitis and prescription with drugs to be dispensed after first month from site nearest to patient convenience
4. Out referrals to MTC for clinical management as per national treatment guidelines.
5. Ensure compliance and completion of treatment

Key Functions of a Treatment Centre: -

1. Screening / Diagnosis of Suspected cases
2. Management of uncomplicated cases
3. Ensure that national guidelines and protocols are adhered to
4. Referrals for complicated cases to MTC
5. Maintain the data base and ensure timely reporting

Trainings: -

Trainings are important for any new initiative as well as for building capacity of the service delivery points for effective implementation. To ensure standardized and uniform quality of service delivery, there will be capacity building of different cadres of staff in the NVHCP, using standardized training modules and facilitator guides.

The trainings for building capacities of the human resource under the NVHCP will be planned by NVHMU and conducted by identified institutions like model treatment centres and state laboratories using both conventional and digital technology.

Monitoring and Evaluation of the Treatment sites: -

The treatment sites and the laboratory will be reviewed regularly by the nodal officers for the site level day to day functioning. In addition, the district/state and National officials will also undertake supervisory site visits for supportive supervision and mentoring. The suggested frequency of the monitoring and mentoring visits are:

Level	Frequency visit
State	Quarterly
District	Once monthly

Recording tools: -

The following recording tools are to be used under the program:

1. Site Feasibility Form:
2. Patient Treatment card:
 - To be maintained at centre
 - Patient Treatment card (for the patient to retain)
3. Hepatitis C Treatment register:
4. Drug stock and dispensing register
5. Excel based tool for comprehensive record in the documents above

TO-BE DISPLAYED OUT SIDE OF THE TREATMENT CENTRE'S



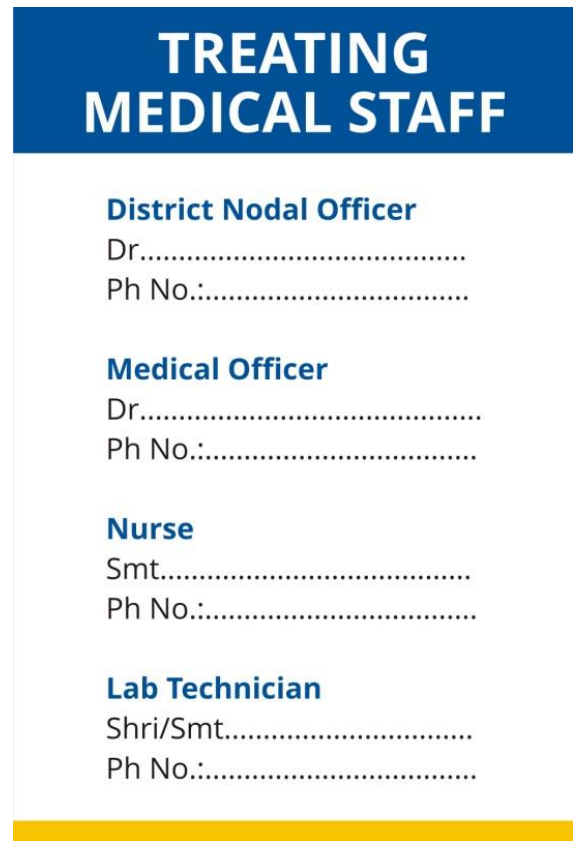
The sign is a blue rectangle with white text. At the top left is the National Health Mission Assam logo, and at the top right is the National Viral Hepatitis Control Program logo. The text in the center reads: "DISTRICT TREATMENT CENTRE UNDER NATIONAL VIRAL HEPATITIS CONTROL PROGRAMME".

Should be Visible from 15 feet of distance



The sign has a yellow header with the text "SERVICES PROVIDED" in blue. Below the header is a blue background with a list of services in white text, each preceded by a white right-pointing triangle: "FREE SCREENING", "FREE DIAGNOSIS", "FREE COUNSELLING", and "FREE TREATMENT".

Should be Visible from 10 feet of distance



The sign has a blue header with the text "TREATING MEDICAL STAFF" in white. Below the header, on a white background, are the following sections in blue text: "District Nodal Officer" with fields for "Dr....." and "Ph No.:....."; "Medical Officer" with fields for "Dr....." and "Ph No.:....."; "Nurse" with fields for "Smt....." and "Ph No.:....."; and "Lab Technician" with fields for "Shri/Smt....." and "Ph No.:.....". A yellow horizontal bar is at the bottom of the sign.

Should be Visible from 6 feet of distance

SOP: Outdoor and Indoor Patient Management of Viral Hepatitis

1. Purpose:

- a) To ensure that all new patients, follow up patients and referred patients from other centres either having symptoms/ known case of viral Hepatitis A, B, C, and E are registered and reported so that they get the required care from service providers in the hospital. These patients should get free diagnosis facility, free counseling and free treatment under NVHCP.
- b) To respond to the need and expectations of the patients and to enhance patient satisfaction.

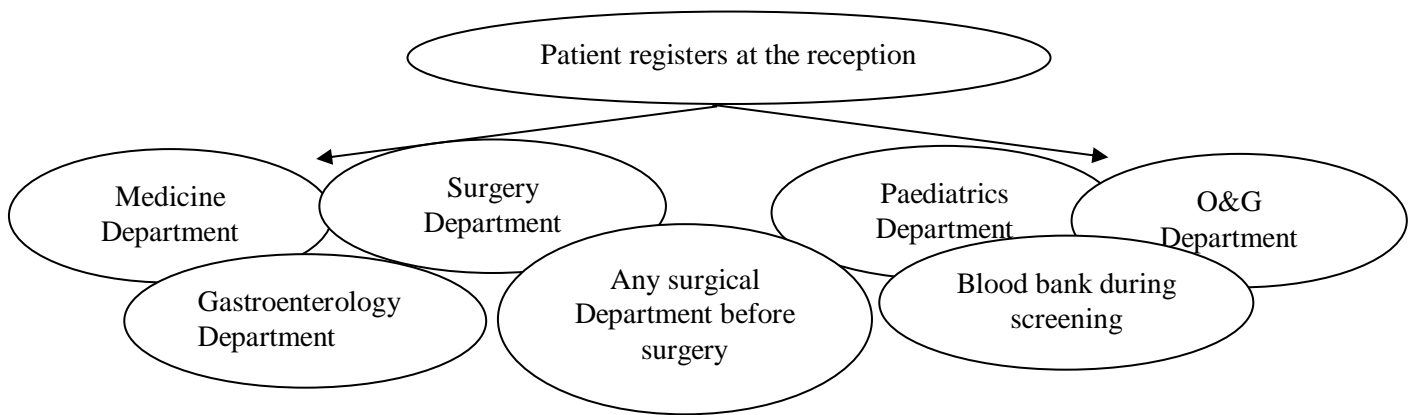
2. Scope:

- a) It covers the persons who visit the OPD facility (new and follow up patients) for treatment, investigation, consultation, checkup, Antenatal care (ANC) and immunization.
- b) It covers the persons who donate blood and on routine screening are detected with Viral Hepatitis.
- c) It covers patients coming to ICTC centres and ART centres and are diagnosed with Viral Hepatitis.
- d) It covers IPD patients who are detected with Viral hepatitis during routine screening before any surgical procedure.

3. Responsibility:

- a) The registration clerks are responsible for issuing registration slip and providing consultation appointments. Any cases of hepatitis detected will be marked in red in the register book itself and the names of those patients will be handed over to the Data entry operator and Pharmacist dedicated for the NVHCP program. They will provide the patient, testing and treatment card of the three types to these patients.
- b) The Doctors will be responsible for examination of the patients and for determining the line of management of the ailment / case thereof. They will also report such cases to the Nodal person for Management and treatment for Viral Hepatitis

Patient Flow at the Model Treatment centre



There are two components:

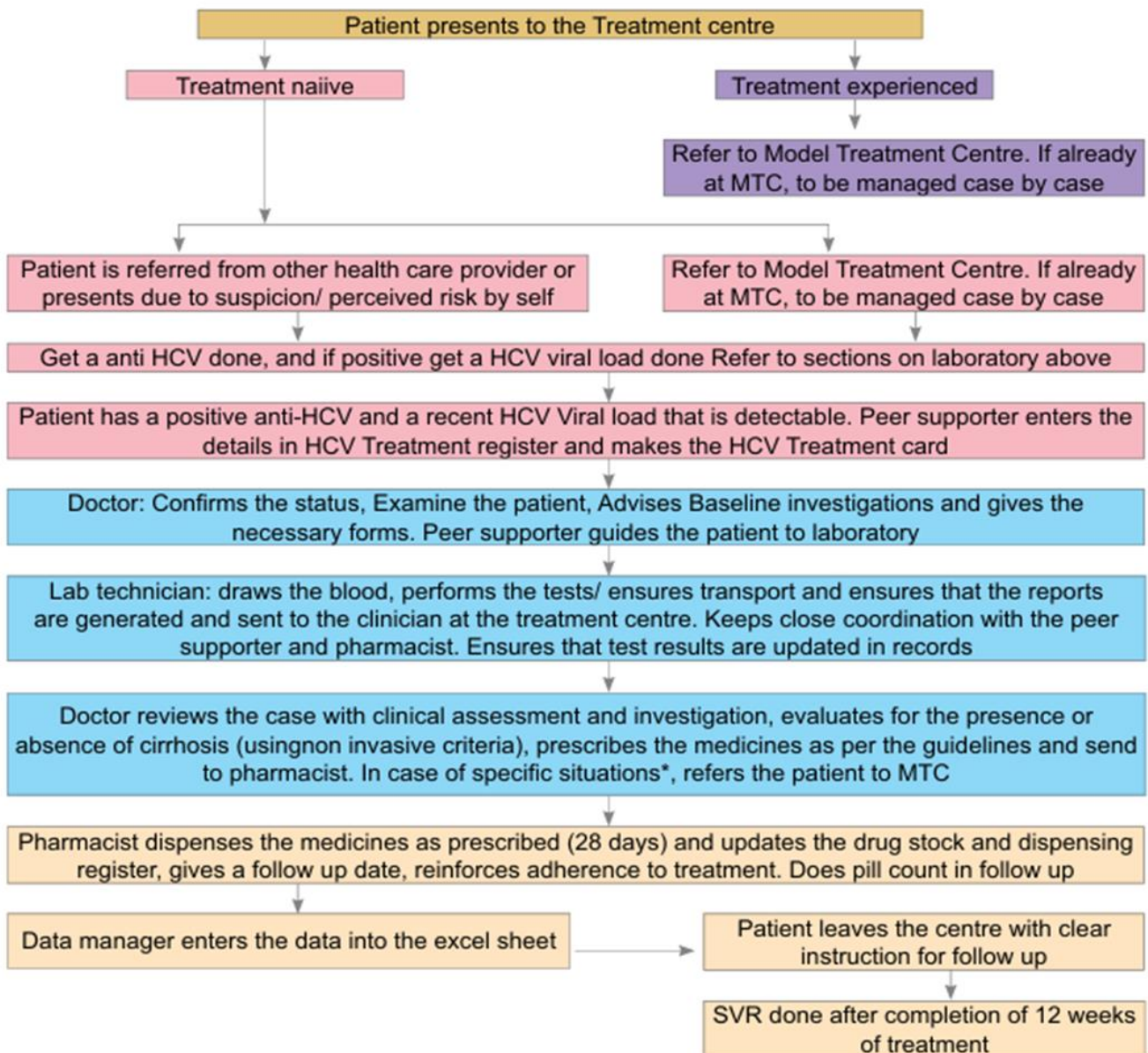
- 1. **Enrollment of new patient into care (including referred patients also)**
- 2. **Follow up visits of the patient**

Enrollment of the Patient

- The patients who present to the center could either have a definite diagnosis or might have suspected infection.
- In case the person is found to have hepatitis C infection by the anti-HCV test (from a government facility), they should be confirmed with HCV RNA as per the diagnosis algorithm in the national guidelines. There are 2 testing algorithms
 - Jaundiced Patient
 - Patient not Jaundiced
- Every person who has a detectable HCV RNA is eligible to receive treatment after taking consent

Enrollment into Care

- Every patient found anti HCV positive is registered in care for onward enrolment and has to be confirmed with a detectable HCV viral load for being eligible for treatment.
- Cases where anti-HCV is positive but no HCV viral RNA is detected do not have an active HCV infection and do not need treatment.
- Sequential entries for all the registration are to be maintained in the hepatitis C Treatment Register.
- Once confirmed, the testing and treatment card for the patient is made. It is made in two sets: one to be kept at the center and other given to the patient.
- The center should take an address proof (Aadhaar card as UID is mandatory) from the patient.
- The confidentiality of the information provided by the patient is to be protected at all cost.
- The testing and treatment card will capture patient demographic information diagnosis and treatment details.



A patient with acute or chronic viral hepatitis infection may present at a healthcare setting with or without jaundice. The patient may be referred by a treating doctor/health worker/mid level provider for investigations after taking a written informed consent with a complete test requisition form.

Testing for HBV in pregnant women- Screening of all pregnant women should be carried out for HBsAg detection. Institutional delivery of HBsAg positive pregnant women must be mandated to prevent transmission to the child by giving birth dose Hepatitis B vaccine. A birth dose of HBIG as per requirement will be given to the new born at the district level.

Self-presenting asymptomatic individuals at high risk may be provided access to testing by a defined mechanism in the health care facility.

The algorithms to be followed for diagnosis are as under:

The following groups of people are at high risk for acquiring HCV infection

1. People who inject drugs (PWID)
2. Men who have sex with men
3. Female sex workers
4. People who received blood transfusion before routine testing for hepatitis C
5. People who need frequent blood transfusion, such as, thalassemic and dialysis patients
6. People living with HIV
7. Inmates of prisons and other closed settings
8. The services will be delivered through designated treatment sites that are located within an existing public health facility, including tertiary care facilities followed by district hospitals.
9. The extent of services will depend upon the availability of the expertise and resources in the selected sites.
10. The treatment for hepatitis C will also involve management of patients that present with a range of clinical presentations,
11. cirrhotic and non-cirrhotic,
12. treatment naive or treatment experienced,
13. Special situations like renal impairment etc.

TREATMENT AND MANAGEMENT

The following types of drugs shall be provided by the State NVHCP cell. Any indent for drugs should be made in advance. The districts should bear the cost for transportation of their drugs. **Any drugs likely to be expired before consumption shall also be notified to the State cell so that those drugs can be diverted to other districts.**

1. Tab Tenofovir 300mg
2. Tab Entacavir 0.5mg
3. Tab Entacavir 1 mg
4. Tab Daclatasvir 300mg
5. Tab Sofosbuvir 400mg
6. Tab Sofosbuvir 400mg + Valpatasvir 100mg

State Demographics: -

Area	: 78438 km ²
Population	: 3,12,05,576 (census 2011)
No. of Districts	: 33
No. of Govt. Medical Colleges	: 12 (Twelve)
No. of District Hospital	: 22

No. of Model Treatment Centre (MTC): –

1. Guwahati Medical College & Hospital, Guwahati, Kamrup (Metro),
2. Assam Medical College & Hospital, Dibrugarh,
3. Silchar Medical College & Hospital, Cachar

No. of Treatment Centre (TC): 35 nos.:

1. Jorhat Medical College & Hospital, Jorhat
2. Tezpur Medical College & Hospital, Sonitpur
3. Fakhruddin Ali Ahmed Medical College, Barpeta
4. Diphu Medical College and Hospital, Karbi Anglong
5. Dhubri Medical College and Hospital, Dhubri
6. Kokrajhar Medical College and Hospital, Kokrajhar
7. Lakhimpur Medical College and Hospital, Lakhimpur
8. Nagaon Medical College and Hospital, Nagaon
9. Nalbari Medical College and Hospital Nalbari
10. Dr. Ravi Boro District Civil Hospital, Baksa
11. Barpeta District Civil Hospital Kalgachia, Barpeta
12. Bongaigaon District Civil Hospital, Bongaigaon
13. S.M. Deb District Civil Hospital Silchar, Cachar
14. J.S.B District Civil Hospital, Chirang
15. Sonari District Civil, Charaideo
16. Mangaldai District Civil Hospital, Darrang
17. Dhemaji District Civil Hospital, Dhemaji
18. Haflong District Civil Hospital, Dima Hasao
19. Goalpara District Civil Hospital, Goalpara
20. Kushal Konwar District Civil Hospital, Golaghat
21. S.K.Roy District Civil Hospital, Hailakandi
22. Hojai District Civil Hospital, Hojai
23. TRB District Civil Hospital, Kamrup
24. Sonapur District Civil Hospital, Kamrup Metro
25. Karimganj District Civil Hospital, Karimganj
26. Sri Sri Pitambardev Goswami District Civil Hospital, Majuli
27. STHG District Civil Hospital, Marigaon
28. Sivasagar District Civil Hospital, Sivasagar
29. Kanaklata District Civil Hospital, Sonitpur
30. LGB District Civil Hospital, Tinsukia
31. Udalguri District Civil Hospital, Udalguri
32. Hatsingimari District Civil Hospital, South Salmara Mancachar
33. Titabor SDCH, Jorhat
34. Biswanath Chariali SDCH, Biswanath
35. Hamren SDCH, West Karbi Anglong

FINANCIAL YEAR: - 2024-25**FMR Code:****NDCP. 5, Sl. No 80****Activity: Prevention****1. Prevention**

1. State level review meeting under NVHCP
2. SVHMU: Cost of travel for supervision and monitoring
3. SVHMU: Meeting Costs/Office expenses/Contingency/data entry works
4. MTC/TC: Non-recurring Equipment- (computer, printer photocopier scanner etc)
5. IEC under NVHCP
6. Printing for formats/registers under NVHCP
7. Incentives (Allowance, Incentives, staff welfare fund)
8. Outreach for demand generation, testing and treatment of Viral Hepatitis through Mobile Medical Units/NGOs/CBOs/etc

Activity Owner: **SPO/SNO/PE/FC NVHCP for State Activity**
DPM/DNO/DME/DAM for District Activity

Total Approved Budget for 2024-25: Rs. 52.10 Lakhs

FMR	Particulars	Unit of measure	Unit cost (Rs.)	Quantity /target	Budget (Rs. Lakhs)	Remarks
80.1	State level review meeting under NVHCP	Per Meeting	100000	2	2.00	<i>State Activity</i>
80.2	SVHMU: Cost of travel for supervision and monitoring	State Cell	200000	1	2.00	<i>State Activity</i>
80.3	SVHMU: Meeting Costs/Office expenses/Contingency/ data entry works	State Cell	260000	1	2.60	<i>State Activity</i>
80.4	SVHMU/ MTC/TC: Non recurring Equipment's (computers/printer/photocopier scanner etc)	State Cell	-	-	-	-
80.5	IEC under NVHCP	Dist/State	100000	35	35.00	<i>State /District Activity</i>
80.6	Printing for formats/registers under NVHCP	State Cell	400000	1	4.00	<i>State Activity</i>
80.7	Incentive (allowance Incentive, Staff welfare fund)	State Cell	-	-	-	<i>State Activity</i>
80.8	Outreach for demand generation, testing and treatment of Viral Hepatitis through Mobile Medical Units/NGOs/CBOs/etc	State Cell/District	5000	130	6.50	<i>State /District Activity</i>
TOTAL					52.10	

FMR code 80.1: - At state level, half yearly meetings for the Steering Committee and SVHMU officers will be held every year with programme funds @ Rs 1,00,000/- each Meeting. **Total Amount Rs 2,00,000.**

FMR code 80.2: - Supervisory visits to centers delivering services will be made by the State level officers & experts drawn from other organization as well @ Rs 2,00,000 for supervision and monitoring. **Total Amount Rs 2,00,000/-.**

FMR code 80.3: - Office expenses & contingency for office maintenance @ Rs 2,60,000/-.

FMR code 80.5: - IEC under NVHCP

- To develop communication material vis-a-vis the target audiences and deliver effectively.
- Awareness generation regarding prevention and checking transmission of Hepatitis
- To compliment and support the detection and treatment services being provided through the Govt. Health Institutions.

- **IEC/BCC activities** to be done through:
 - Mass Media –TV, Radio and press in local languages.
 - Outdoor Media - Hoardings, Bus panels, Wall paintings, posters, Rallies including Banners.
 - Rural Media - IPC meetings, School talks/quiz, Folk media, Exhibitions and Health Melas.
 - Interpersonal Communication (IPC) through the health staff involving communities
- World Hepatitis Day is commemorated on 28th July every year for creating public awareness on Hepatitis through various advocacy activities such as:
 - Rally, Miking activities in all the blocks of the districts. The content from a radio jingle provided by the centre which has been translated into Assamese is to be played.
 - Poster for awareness on hepatitis to be displayed in all the health institutions of the districts
 - Half page newspaper ad for awareness on hepatitis to be printed in local newspapers.
 - Radio jingle to be played in All India Radio.

Total approved amount Rs 35,00,000/- is kept at State HQ

FMR code 80.6 :- Printing of registers as well as formats, patient testing & treatment cards, posters/banners etc. for special activities instructed by the GoI in due course, etc to be done in the State level. **Budget for Printing: Rs 4.00 Lakhs.**

FMR code 80.8 :- Outreach for demand generation, testing and treatment of Viral Hepatitis through Mobile Medical Units/NGOs/CBOs/etc. Assam has a total of 130 MMUs catering to tea garden areas, vulnerable population, char areas etc. Budget for Outreach activities like kit testing, awareness generation, camps etc through Mobile Medical Unit amounting to a **total of Rs 6.50 lakhs @ Rs 5000 each for 130 MMUs is kept at State HQ. (@ of Rs 5000 per camp with Hepatitis B and C per camp at the targeted intervention sites or in area with hotspots/reported increased number of cases)**

FMR Code:**NDCP. 5, Sl. No 81****Activity: Screening and Testing through facilities****2: Screening and Testing through facilities: -**

1. Kits
2. MTC: Management of Hep A & E
3. TC: Management of Hep A & E
4. Sample transportation cost under NVHCP
5. 5-day training of Lab techs
6. State lab: Meeting Costs/Office expenses/Contingency

Activity Owner: SPO/SNO/PE/FC NVHCP for State Activity
DPM/DNO/DAM for District Activity

Total Approved Budget for 2024-25: Rs. 9.00 Lakhs

FMR	Particulars	Unit of measure	Unit cost (Rs.)	Quantity/target	Budget (Rs. Lakhs)	Remarks
81.1	Kits	State Cell	-	-	-	Kits will be procured under 15FC
81.2	MTC: Management of Hep A & E	No. of District	-	-	-	
81.3	TC: Management of Hep A & E	No. of District	-	-	-	
81.4	Sample transportation cost under NVHCP	No. of District	15000	34	5.10	<i>District Activity</i>
81.5	5-day training of Lab techs	No. of Batch	200000	1	2.00	<i>State Activity</i>
81.6	State lab: Meeting Costs/Office expenses/Contingency	State	-	-	-	
					7.1	

FMR code 81.4: - This activity is for sample transport for viral load estimation from the TC to their nearest MTC. Even if there is one sample it will be needed to be transported to the nearest MTC through cold chain and triple layer packing for viral load, hence cost per district for 12 months is estimated to be Rs 15,000 x 34 districts.

Total approved amount Rs 5,10,000/-

Prior communication shall be done to that Medical College for coordination.

District wise fund breakup under FMR Code- 81.4

<u>Sl.No.</u>	<u>District/ State HQ</u>	<u>Phy. Target</u>	<u>Allocated Fund In Rupees)</u>
1	Bajali	12 months	15,000
2	Baksa	12 months	15,000
3	Barpeta	12 months	15,000
4	Biswanath	12 months	15,000
5	Bongaigaon	12 months	15,000
6	Cachar	12 months	15,000
7	Chirang	12 months	15,000
8	Charaideo	12 months	15,000
9	Darrang	12 months	15,000
10	Dhemaji	12 months	15,000
11	Dhubri	12 months	15,000
12	Dibrugarh	12 months	15,000
13	DimaHasao	12 months	15,000
14	Goalpara	12 months	15,000
15	Golaghat	12 months	15,000
16	Hailakandi	12 months	15,000
17	Hojai	12 months	15,000
18	Jorhat	12 months	15,000
19	Kamrup (M)	12 months	15,000
20	Kamrup (R)	12 months	15,000
21	Karbi Anglong	12 months	15,000
22	Karimganj	12 months	15,000
23	Kokrajhar	12 months	15,000
24	Lakhimpur	12 months	15,000
25	Majuli	12 months	15,000
26	Morigaon	12 months	15,000
27	Nagaon	12 months	15,000
28	Nalbari	12 months	15,000
29	Sonitpur	12 months	15,000
30	Sivasagar	12 months	15,000
31	South Salmara	12 months	15,000
32	Tinsukia	12 months	15,000
33	Udalguri	12 months	15,000
34	West Karbi Anglong	12 months	15,000
District Total (In Rupees)			5,10,000
State HQ Allocation			1,90,000
Total (In Rupees)			7,00,000
Total (In Lakhs)			7.0

FMR code 81.5: - A budget of Rs 2.00 lakhs is to develop capacities in the state by training of different levels of personnel to operationalize laboratories and Treatment Centres and NVHCP-MIS portal under NVHCP and to implement diagnostic and treatment support protocol appropriate at various levels of health care.

Total amount Rs 2,00,000/-

FMR Code:**NDCP. 5, Sl. No 83****Activity: Treatment****3: Treatment**

1. MTC: Meeting Costs/Office expenses/Contingency (photocopy, internet/communication/ Resistance testing in selected cases/ Printing M & E tools/ Tablets for M & E if needed/dataentry works etc)
2. TC: Meeting Costs/Office expenses/Contingency/data entry works
3. Drugs
4. Other Consumables/HB Kit, DNA Cost
5. 3-day training of Medical Officer of the Model Treatment Centre (15 Medical officers in each batch)
6. 1 day training of pharmacist of the Treatment sites (MTC/TCs)
7. 2-day training of DEO of the Treatment sites (MTC/TCs)
8. 1 day training of Peer support of the Treatment sites (MTC/TCs)

Activity Owner: SPO/SNO/PE/FC NVHCP for State Activity
DPM/DNO/DAM for District Activity

Total Approved Budget for 2024-25: Rs. 513.20 Lakhs

New FMR	Particulars	Unit of measure	Unit cost (Rs.)	Quantity/target	Budget (Rs. Lakhs)	Remarks
83.1	MTC: Meeting Costs/Office expenses/Contingency (photocopy, internet/communication/ Resistance testing in selected cases/ Printing M & E tools/ Tablets for M & E if needed/data entry works)etc)	No. of MTC	3,00,000	3	9.00	<i>District Activity</i>
83.2	TC: Meeting Costs/Office expenses/Contingency/dataentry works	No. of TC	12,000	35	4.20	<i>District Activity</i>
83.3	Drugs	State cell	477,69,900	1	477.7	<i>State Activity</i>
83.4	Other Consumables	State Cell	-	-	-	<i>Other Consumables will be procured under 15FC</i>
83.5	3-day training of Medical Officer of the Model Treatment Centre (15Medical officers in each batch)	No. of Batch	2,50,000	2	5.00	<i>State Activity</i>
83.6	1 day training of pharmacist of the Treatment sites (MTC/TCs)	No. of Batch	1,00,000	1	1.00	<i>State Activity</i>
83.7	2-day training of DEO of the Treatment sites (MTC/TCs)	No. of Batch	2,00,000	1	2.00	<i>State Activity</i>
83.8	1 day training of Peer support of the Treatmentsites (MTC/TCs)	No. of Batch	1,00,000	1	1.00	<i>State Activity</i>

	Total	499.9	
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FMR code 83.1: - The Meeting Costs/Office expenses/Contingency (photocopy, internet/communication/ Resistance testing in selected cases/ Printing M & E tools/ data entry related works/ documentation process and any other such expenses related to NVHCP program for proper record keeping, record entry in MIS and implementation of the program of each MTC @ Rs 3.00 Lakhs each for 3 nos of existing MTCs.

Total Amount Rs 9.00 Lakhs for Existing 3nos of MTCs

District wise fund breakup under FMR Code- 83.1

Sl.No.	District/ State HQ	Facility Name	Allocated Fund (In Rupees)
1	Dibrugarh	Assam Medical College & Hospital, Dibrugarh,	Rs 3,00,000.00/-
2	Cachar	Silchar Medical College & Hospital, Silchar	Rs 3,00,000.00/-
3	Kamrup Metro	Guwahati Medical College & Hospital, Guwahati	Rs 3,00,000.00/-
Total			Rs 9,00,000.00/-

A **detailed report** shall have to be submitted to the State NVHCP cell after the completion of the activities along **with the UC and SOE.**

For hepatitis C positive patient, when the patient is diagnosed to be eligible for treatment, depending upon the base line investigation and the complicated cases (e.g. decompensated cirrhosis, thalassemics with HCV infection, and HCV infection in renal impairment etc), the treatment needs to be given at Model Treatment Centres (MTCs). The MTC have to perform all the functions of a treatment centre, also receive in-referrals and also be the centres for training, mentoring and conducting operational research under the NVHCP.

FMR code 83.2: - The Meeting Costs/Office expenses/Contingency (photocopy, internet/communication/ Resistance testing in selected cases/ Printing M & E tools etc @ Rs 12,000/- each for 35 nos of Treatment Centre's (TCs) .

Total Amount Rs. 4.20 lakhs

District wise fund breakup under FMR Code- 83.2

Sl.No.	District/ State HQ	Facility Name	Allocated Fund (In Rupees)
1	Jorhat	Jorhat Medical College & Hospital, Jorhat	Rs. 12,000.00/-
2	Sonitpur	Tezpur Medical College & Hospital, Sonitpur	Rs. 12,000.00/-
3	Barpeta	Fakhruddin Ali Ahmed Medical College, Barpeta	Rs. 12,000.00/-
4	Karbi Anglong	Diphu Medical College and Hospital, Karbi Anglong	Rs. 12,000.00/-
5	Dhubri	Dhubri Medical College and Hospital, Dhubri	Rs. 12,000.00/-
6	Kokrajhar	Kokrajhar Medical College and Hospital, Kokrajhar	Rs. 12,000.00/-
7	Lakhimpur	Lakhimpur Medical College and Hospital, Lakhimpur	Rs. 12,000.00/-
8	Nagaon	Nagaon Medical College and Hospital, Nagaon	Rs. 12,000.00/-
9	Nalbari	Nalbari Medical College and Hospital Nalbari	Rs. 12,000.00/-
10	Baksa	Dr. Ravi Boro District Civil Hospital, Baksa	Rs. 12,000.00/-
11	Barpeta	Barpeta District Civil Hospital Kalgachia, Barpeta	Rs. 12,000.00/-

12	Bongaigaon	Bongaigaon District Civil Hospital, Bongaigaon	Rs. 12,000.00/-
13	Cachar	S.M. Deb District Civil Hospital Silchar, Cachar	Rs. 12,000.00/-
14	Chirang	J.S.B District Civil Hospital, Chirang	Rs. 12,000.00/-
15	Charaideo	Sonari District Civil, Charaideo	Rs. 12,000.00/-
16	Darrang	Mangaldai District Civil Hospital, Darrang	Rs. 12,000.00/-
17	Dhemaji	Dhemaji District Civil Hospital, Dhemaji	Rs. 12,000.00/-
18	Dima Hasao	Haflong District Civil Hospital, Dima Hasao	Rs. 12,000.00/-
19	Goalpara	Goalpara District Civil Hospital, Goalpara	Rs. 12,000.00/-
20	Golaghat	Kushal Konwar District Civil Hospital, Golaghat	Rs. 12,000.00/-
21	Hailakandi	S.K.Roy District Civil Hospital, Hailakandi	Rs. 12,000.00/-
22	Hojai	Hojai District Civil Hospital, Hojai	Rs. 12,000.00/-
23	Kamrup	TRB District Civil Hospital, Kamrup	Rs. 12,000.00/-
24	Kamrup Metro	Sonapur District Civil Hospital, Kamrup Metro	Rs. 12,000.00/-
25	Karimganj	Karimganj District Civil Hospital, Karimganj	Rs. 12,000.00/-
26	Majuli	Sri Sri Pitambardev Goswami District Civil Hospital, Majuli	Rs. 12,000.00/-
27	Marigaon	STHG District Civil Hospital, Marigaon	Rs. 12,000.00/-
28	Sivasagar	Sivasagar District Civil Hospital, Sivasagar	Rs. 12,000.00/-
29	Sonitpur	Kanaklata District Civil Hospital, Sonitpur	Rs. 12,000.00/-
30	Tinsukia	LGB District Civil Hospital, Tinsukia	Rs. 12,000.00/-
31	Udalguri	Udalguri District Civil Hospital, Udalguri	Rs. 12,000.00/-
32	South Salmara Mancachar	Hatsingimari District Civil Hospital, South Salmara Mancachar	Rs. 12,000.00/-
33	Jorhat	Titabor SDCH, Jorhat	Rs. 12,000.00/-
34	Biswanath	Biswanath Chariali SDCH, Biswanath	Rs. 12,000.00/-
35	West Karbi Anglong	Hamren SDCH, West Karbi Anglong	Rs. 12,000.00/-
District Total (In Rupees)			Rs. 4,20,000/-
State HQ Allocation			Rs. 13,30,000/-
Total (In Rupees)			Rs. 17,50,000/-
Total (In Lakhs)			Rs. 17.50/-

A **detailed report** shall have to be submitted to the State NVHCP cell after the completion of the activities along **with the UC and SOE.**

For the greater interest of the patient once they are screened and if they found to be positive, they should get proper treatment.

FMR: 83.3: - Total approved budget is Rs.477.7 lakhs. Rs. 367.342 lakhs as kind grant and is to be provided by Central Programme Division, remaining **Rs. 110.358 lakhs** is the budget for Procurement (Immunoglobulin Inj. for Hepatitis B, Hepatitis B vaccination of negative HRGs and drugs for treatment for Hepatitis B and C) to be done by the States

The budget has been kept at State HQ.

FMR code 83.5/83.6/83.7/83.8: - To develop capacities in the state by training of different levels of personnel to operationalize laboratories and Treatment Centres and NVHCP-MIS portal under NVHCP and to implement diagnostic and treatment support protocol appropriate at various levels of healthcare.

A **total approved budget of Rs 5.00 lakhs** is under FMR code 83.5 for 3 day MO training for MTC, **approved budget of Rs 1.00 lakhs** is under FMR code 83.6 for 1 day pharmacist training, **approved budget of Rs 2.00 lakhs** is under FMR code 83.7 2 days DEO training and **approved budget of Rs 1.00 lakhs** is under FMR code 83.8 for 1 day peer supporters training.

Financial Year: - 2025-26**FMR Code:****NDCP. 5, Sl. No 80****Activity: Prevention****1: Prevention**

1. State level review meeting under NVHCP
2. SVHMU: Cost of travel for supervision and monitoring
3. SVHMU: Meeting Costs/Office expenses/Contingency/data entry works
4. MTC/TC: Non-recurring Equipment- (computer, printer photocopier scanner etc)
5. IEC under NVHCP
6. Printing for formats/registers under NVHCP
7. Incentives (Allowance, Incentives, staff welfare fund)
8. Outreach for demand generation, testing and treatment of Viral Hepatitis through Mobile Medical Units/NGOs/CBOs/etc.

Activity Owner: SPO/SNO/PE/FC NVHCP for State Activity
DPM/DNO/DME/DAM for District Activity

Total Approved Budget for 2025-26: Rs. 52.10 Lakhs

New FMR	Particulars	Unit of measure	Unit cost (Rs.)	Quantity/target	Budget (Rs. Lakhs)	Remarks
80.1	State level review meeting under NVHCP	Per Meeting	100000.000	2	2.00	<i>State Activity</i>
80.2	SVHMU: Cost of travel for supervision and monitoring	State Cell	200000.000	1	2.00	<i>State Activity</i>
80.3	SVHMU: Meeting Costs/Office expenses/Contingency/data entry works	State Cell	260000.00	1	2.60	<i>State Activity</i>
80.4	SVHMU/ MTC/TC: Non recurring Equipment's (computers/printer/photocopier scanner etc)	State cell/District	-	-	-	<i>State /District Activity</i>
80.5	IEC under NVHCP	Nos of District/State	100000.000	35	35.00	<i>State /District Activity</i>
80.6	Printing for formats/registers under NVHCP	State Cell	400000.000	1	4.00	<i>State Activity</i>
80.7	Incentive (allowance Incentive, Staff welfare fund)	State Cell	-	-	-	<i>State Activity</i>
80.8	Outreach for demand generation, testing and treatment of Viral Hepatitis through Mobile Medical Units/NGOs/CBOs/etc	State Cell/District	5000.000	130	6.50	<i>State /District Activity</i>
					52.10	

FMR code 80.1: - At state level, half yearly meetings for the Steering Committee and SVHMU officers will be held every year with programme funds @ Rs 1,00,000/- each Meeting .

Total Amount Rs 2,00,000.

FMR code 80.2: - Supervisory visits to centers delivering services will be made by the State level officers & experts drawn from other organization as well @ Rs 2,00,000 for supervision and monitoring.

Total Amount Rs 2,00,000/-.

FMR code 80.3: - Office expenses & contingency for office maintenance @ Rs 2,60,000/-.

FMR code 80.5: - IEC under NVHCP

- To develop communication material vis-a-vis the target audiences and deliver effectively.
- Awareness generation regarding prevention and checking transmission of Hepatitis
- To compliment and support the detection and treatment services being provided through the Govt. Health Institutions.

- **IEC/BCC activities** to be done through:
 - Mass Media –TV, Radio and press in local languages.
 - Outdoor Media - Hoardings, Bus panels, Wall paintings, posters, Rallies including Banners.
 - Rural Media - IPC meetings, School talks/quiz, Folk media, Exhibitions and Health Melas.
 - Interpersonal Communication (IPC) through the health staff involving communities
- World Hepatitis Day is commemorated on 28th July every year for creating public awareness on Hepatitis through various advocacy activities such as:
 - Rally, Miking activities in all the blocks of the districts. The content from a radio jingle provided by the centre which has been translated into Assamese is to be played.
 - Poster for awareness on hepatitis to be displayed in all the health institutions of the districts
 - Half page newspaper ad for awareness on hepatitis to be printed in local newspapers.
 - Radio jingle to be played in All India Radio.

Total approved amount Rs 35,00,000/- is kept at State HQ.

FMR code 80.6 :- Printing of registers as well as formats, patient testing & treatment cards, posters/banners etc. for special activities instructed by the GoI in due course, etc to be done in the State level. **Budget for Printing: Rs 4.00 Lakhs.**

FMR code 80.8 :- Outreach for demand generation, testing and treatment of Viral Hepatitis through Mobile Medical Units/NGOs/CBOs/etc. Assam has a total of 130 MMUs catering to tea garden areas, vulnerable population, char areas etc. Budget for Outreach activities like kit testing, awareness generation, camps etc through Mobile Medical Unit amounting to a **total of Rs 6.50 lakhs @ Rs 5000 each for 130 MMUs is kept at State HQ. (@ of Rs 5000 per camp with Hepatitis B and C per camp at the targeted intervention sites or in area with hotspots/reported increased number of cases)**

FMR Code:**NDCP. 5, Sl. No 82****Activity: Screening and Testing through facilities****2: Screening and Testing through facilities: -**

1. Kits
2. MTC: Management of Hep A & E
3. TC: Management of Hep A & E
4. Sample transportation cost under NVHCP
5. 5-day training of Lab techs
6. State lab: Meeting Costs/Office expenses/Contingency

Activity Owner: SPO/SNO/PE/FC NVHCP for State Activity
DPM/DNO/DAM for District Activity

Total Approved Budget for 2025-26: Rs. 9.00 Lakhs

New FMR	Particulars	Unit of measure	Unit cost (Rs.)	Quantity/target	Budget (Rs. Lakhs)	Remarks
81.1	Kits	State Cell	-	-	-	Kits will be under 15FC
81.2	MTC: Management of Hep A & E	No. of District	-	-	-	-
81.3	TC: Management of Hep A & E	No. of District	-	-	-	-
81.4	Sample transportation cost under NVHCP	No. of District	15000	34	5.10	<i>District Activity</i>
81.5	5-day training of Lab techs	No. of Batch	200000	1	2.00	<i>State Activity</i>
81.6	State lab: Meeting Costs/Office expenses/Contingency	State	-	-	-	
Total					7.1	

FMR code 81.4: - This activity is for sample transport for viral load estimation from the TC to their nearest MTC. Even if there is one sample it will be needed to be transported to the nearest MTC through cold chain and triple layer packing for viral load, hence cost per district for 12 months is estimated to be Rs 15,000 x 34 districts.

Total approved amount Rs 5,10,000/-

Prior communication shall be done to that Medical college for coordination.

District wise fund breakup under FMR Code- 81.4

<u>Sl.No.</u>	<u>District/ State HQ</u>	<u>Phy. Target</u>	<u>Allocated Fund In Rupees)</u>
1	Bajali	12 months	Rs. 15,000/-
2	Baksa	12 months	Rs. 15,000/-
3	Barpeta	12 months	Rs. 15,000/-
4	Biswanath	12 months	Rs. 15,000/-

Operational Guideline NVHCP

5	Bongaigaon	12 months	Rs. 15,000/-
6	Cachar	12 months	Rs. 15,000/-
7	Chirang	12 months	Rs. 15,000/-
8	Charaideo	12 months	Rs. 15,000/-
9	Darrang	12 months	Rs. 15,000/-
10	Dhemaji	12 months	Rs. 15,000/-
11	Dhubri	12 months	Rs. 15,000/-
12	Dibrugarh	12 months	Rs. 15,000/-
13	DimaHasao	12 months	Rs. 15,000/-
14	Goalpara	12 months	Rs. 15,000/-
15	Golaghat	12 months	Rs. 15,000/-
16	Hailakandi	12 months	Rs. 15,000/-
17	Hojai	12 months	Rs. 15,000/-
18	Jorhat	12 months	Rs. 15,000/-
19	Kamrup (M)	12 months	Rs. 15,000/-
20	Kamrup (R)	12 months	Rs. 15,000/-
21	Karbi Anglong	12 months	Rs. 15,000/-
22	Karimganj	12 months	Rs. 15,000/-
23	Kokrajhar	12 months	Rs. 15,000/-
24	Lakhimpur	12 months	Rs. 15,000/-
25	Majuli	12 months	Rs. 15,000/-
26	Morigaon	12 months	Rs. 15,000/-
27	Nagaon	12 months	Rs. 15,000/-
28	Nalbari	12 months	Rs. 15,000/-
29	Sonitpur	12 months	Rs. 15,000/-
30	Sivasagar	12 months	Rs. 15,000/-
31	South Salmara	12 months	Rs. 15,000/-
32	Tinsukia	12 months	Rs. 15,000/-
33	Udalguri	12 months	Rs. 15,000/-
34	West Karbi Anglong	12 months	Rs. 15,000/-
District Total (In Rupees)			Rs. 5,10,000/-
State HQ Allocation			Rs. 1,90,000/-
Total (In Rupees)			Rs. 7,00,000/-
Total (In Lakhs)			Rs. 7.00

FMR code 81.5: - To develop capacities in the state by training of different levels of personnel to operationalize laboratories and Treatment Centres and NVHCP-MIS portal under NVHCP and to implement diagnostic and treatment support protocol appropriate at various levels of healthcare.

Total approved amount Rs 2,00,000/-

FMR Code:**NDCP. 5, Sl. No 83****Activity: Treatment****3: Treatment**

1. MTC: Meeting Costs/Office expenses/Contingency (photocopy, internet/communication/ Resistance testing in selected cases/ Printing M & E tools/ Tablets for M & E if needed/dataentry works) etc)
2. TC: Meeting Costs/Office expenses/Contingency/data entry works
3. Drugs
4. Other Consumables/HB Kit, DNA Cost
5. 3-day training of Medical Officer of the Model Treatment Centre (15 Medical officers in each batch)
6. 1 day training of pharmacist of the Treatment sites (MTC/TCs)
7. 2-day training of DEO of the Treatment sites (MTC/TCs)
8. 1 day training of Peer support of the Treatment sites (MTC/TCs)

Activity Owner: SPO/SNO/PE/FC NVHCP for State Activity
DPM/DNO/DAM for District Activity

Total Approved Budget for 2025-26: Rs. 525.87 Lakhs

New FMR	Particulars	Unit of measure	Unit cost (Rs.)	Quantity/ target	Budget (Rs. Lakhs)	Remarks
83.1	MTC: Meeting Costs/Office expenses/Contingency (photocopy, internet/communication/ Resistance testing in selected cases/ Printing M & E tools/ Tablets for M & E if needed/data entry works) etc)	No. of MTC	300000.00	3	9.00	District Activity
83.2	TC: Meeting Costs/Office expenses/Contingency/data entry works	No. of TC	12000.00	35	4.20	District Activity
83.3	Drugs	State cell	49037078.00	1	490.37	State Activity
83.5	3-day training of Medical Officer of the Model Treatment Centre (15 Medical officers in each batch)	No. of Batch	250000.00	2	5.00	State Activity
83.4	Other Consumables	State Cell	-	-	-	Other Consumables will be procured under 15FC
83.6	1 day training of pharmacist of the Treatment sites (MTC/TCs)	No. of Batch	100000.00	1	1.00	State Activity
83.7	2-day training of DEO of the Treatment sites (MTC/TCs)	No. of Batch	200000.00	1	2.00	State Activity

83.8	1 day training of Peer support of the Treatment sites (MTC/TCs)	No. of Batch	100000.00	1	1.00	State Activity
Total					499.9	

FMR code 83.1: - The Meeting Costs/Office expenses/Contingency (photocopy, internet/communication/ Resistance testing in selected cases/ Printing M & E tools/ data entry related works/ documentation process and any other such expenses related to NVHCP program for proper record keeping, record entry in MIS and implementation of the program of each MTC @ Rs 3.00 Lakhs each for 3 nos of existing MTCs, **Total Amount Rs 9.00 Lakhs for Existing 3nos of MTCs**

District wise fund breakup under FMR Code- 83.1

Sl.No.	District/ State HQ	Facility Name	Allocated Fund (In Rupees)
1	Dibrugarh	Assam Medical College & Hospital, Dibrugarh,	Rs 3,00,000.00/-
2	Cachar	Silchar Medical College & Hospital, Silchar	Rs 3,00,000.00/-
3	Kamrup Metro	Guwahati Medical College & Hospital, Guwahati	Rs 3,00,000.00/-
Total			Rs 9,00,000.00/-

A **detailed report** shall have to be submitted to the State NVHCP cell after the completion of the activities along **with the UC and SOE.**

For hepatitis C positive patient, when the patient is diagnosed to be eligible for treatment, depending upon the base line investigation and the complicated cases (e.g. decompensated cirrhosis, thalassemics with HCV infection, and HCV infection in renal impairment etc), the treatment needs to be given at Model Treatment Centres (MTCs).

The MTC have to perform all the functions of a treatment centre, also receive in-referrals and also be the centres for training, mentoring and conducting operational research under the NVHCP.

FMR code 83.2: - The Meeting Costs/Office expenses/Contingency (photocopy, internet/communication/ Resistance testing in selected cases/ Printing M & E tools etc @ Rs 50,000/- each for 35 nos of TCs .

Total Amount Rs. 17.50lakhs

District wise fund breakup under FMR Code- 83.2

Sl.No.	District/ State HQ	Facility Name	Allocated Fund (In Rupees)
1	Jorhat	Jorhat Medical College & Hospital, Jorhat	Rs. 12,000.00/-
2	Sonitpur	Tezpur Medical College & Hospital, Sonitpur	Rs. 12,000.00/-
3	Barpeta	Fakhruddin Ali Ahmed Medical College, Barpeta	Rs. 12,000.00/-
4	Karbi Anglong	Diphu Medical College and Hospital, Karbi Anglong	Rs. 12,000.00/-
5	Dhubri	Dhubri Medical College and Hospital, Dhubri	Rs. 12,000.00/-
6	Kokrajhar	Kokrajhar Medical College and Hospital, Kokrajhar	Rs. 12,000.00/-
7	Lakhimpur	Lakhimpur Medical College and Hospital, Lakhimpur	Rs. 12,000.00/-
8	Nagaon	Nagaon Medical College and Hospital, Nagaon	Rs. 12,000.00/-
9	Nalbari	Nalbari Medical College and Hospital Nalbari	Rs. 12,000.00/-
10	Baksa	Dr. Ravi Boro District Civil Hospital, Baksa	Rs. 12,000.00/-
11	Barpeta	Barpeta District Civil Hospital Kalgachia, Barpeta	Rs. 12,000.00/-
12	Bongaigaon	Bongaigaon District Civil Hospital, Bongaigaon	Rs. 12,000.00/-

13	Cachar	S.M. Deb District Civil Hospital Silchar, Cachar	Rs. 12,000.00/-
14	Chirang	J.S.B District Civil Hospital, Chirang	Rs. 12,000.00/-
15	Charaideo	Sonari District Civil, Charaideo	Rs. 12,000.00/-
16	Darrang	Mangaldai District Civil Hospital, Darrang	Rs. 12,000.00/-
17	Dhemaji	Dhemaji District Civil Hospital, Dhemaji	Rs. 12,000.00/-
18	Dima Hasao	Haflong District Civil Hospital, Dima Hasao	Rs. 12,000.00/-
19	Goalpara	Goalpara District Civil Hospital, Goalpara	Rs. 12,000.00/-
20	Golaghat	Kushal Konwar District Civil Hospital, Golaghat	Rs. 12,000.00/-
21	Hailakandi	S.K.Roy District Civil Hospital, Hailakandi	Rs. 12,000.00/-
22	Hojai	Hojai District Civil Hospital, Hojai	Rs. 12,000.00/-
23	Kamrup	TRB District Civil Hospital, Kamrup	Rs. 12,000.00/-
24	Kamrup Metro	Sonapur District Civil Hospital, Kamrup Metro	Rs. 12,000.00/-
25	Karimganj	Karimganj District Civil Hospital, Karimganj	Rs. 12,000.00/-
26	Majuli	Sri Sri Pitambardev Goswami District Civil Hospital, Majuli	Rs. 12,000.00/-
27	Marigaon	STHG District Civil Hospital, Marigaon	Rs. 12,000.00/-
28	Sivasagar	Sivasagar District Civil Hospital, Sivasagar	Rs. 12,000.00/-
29	Sonitpur	Kanaklata District Civil Hospital, Sonitpur	Rs. 12,000.00/-
30	Tinsukia	LGB District Civil Hospital, Tinsukia	Rs. 12,000.00/-
31	Udalguri	Udalguri District Civil Hospital, Udalguri	Rs. 12,000.00/-
32	South Salmara Mancachar	Hatsingimari District Civil Hospital, South Salmara Mancachar	Rs. 12,000.00/-
33	Jorhat	Titabor SDCH, Jorhat	Rs. 12,000.00/-
34	Biswanath	Biswanath Chariali SDCH, Biswanath	Rs. 12,000.00/-
35	West Karbi Anglong	Hamren SDCH, West Karbi Anglong	Rs. 12,000.00/-
District Total (In Rupees)			Rs. 4,20,000/-
State HQ Allocation			Rs. 13,30,000/-
Total (In Rupees)			Rs. 17,50,00/-
Total (In Lakhs)			Rs. 17.50

A **detailed report** shall have to be submitted to the State NVHCP cell after the completion of the activities along **with the UC and SOE**.

For the greater interest of the patient once they are screened and if they found to be positive, they should get proper treatment.

FMR: 83.3: - Total approved budget is Rs.490.37 lakhs. Rs. 379.996 lakhs as kind grant and is to be provided by Central Programme Division, remaining Rs. 110.38 lakhs are the budget for Procurement (Immunoglobulin Inj. for Hepatitis B, Hepatitis B vaccination of negative HRGs and drugs for treatment for Hepatitis B and C) to be done by the States
The budget has been kept at State HQ.

FMR code 83.5/83.6/83.7/83.8: - To develop capacities in the state by training of different levels of personnel to operationalize laboratories and Treatment Centres and NVHCP-MIS portal under NVHCP and to implement diagnostic and treatment support protocol appropriate at various levels of healthcare.

A total approved budget of Rs 5.00 lakhs is under FMR code 83.5 for 3 day MO training for MTC, approved budget of Rs 1.00 lakhs is under FMR code 83.6 for 1 day pharmacist training, approved budget of Rs 2.00 lakhs is under FMR code 83.7 2 days DEO training and approved budget of Rs 1.00 lakhs is under FMR code 83.8 for 1 day peer supporters training.

ROLE AND RESPONSIBILITIES

District Nodal Officer: -

1. Overall responsibility of the functioning of the centre, reporting to state / central unit, participation in review meeting, coordinate and develop referral system and linkages with other departments of the hospital
2. Ensure that patient are not discriminated in the hospital and are not denied admission/ care.
3. Ensure that all ethical practices including confidentiality are maintained.
4. Ensure availability of adequate stock of quality drugs as per defined targets at all times
5. Ensure reporting of any short expiry drug in a timely manner to allow timely relocation and avoid financial loss
6. All administrative matters relating to the centre including sanctioning of leave of contractual staff, annual performance appraisal of the staff etc as per guidelines
7. Ensure adherence to the highest standards of quality and excellence in patient care
8. Ensure that all staff should be entering data electronically
9. Review and monitor the functioning of the centre periodically and in depth and ensure submission of reports as required.
10. Act as Focal point for interaction with central unit/ State program management officials etc

District Program Manager: -

1. S/he has to work under the guidance and supervision of State Program Office/District nodal officer.
2. Print and share all circulars/information sent by NHM/States to the Nodal Officer and maintain a file for orders/communication. Undertake regular monitoring of initiatives being implemented in the district and provide regular report & feedback to the District Society and State Health Society.
3. Maintain the attendance register for the staff and get it verified by the nodal officer (daily/ end of the month if required)
4. Implementation of the program activities in the district, over all Monitoring and reporting to the State NVHCP, and timely Conducting Review meetings.
5. Maintain the personnel file/s including the bio-data of the staff, copies of certificates, appointment letters, contractual service agreement, performance appraisal report, training details, remuneration etc (if required)

District Data Manager: -

1. S/he has to work under the guidance and supervision of District nodal officer/ District Program Manager.
2. Ensure that all data recording and reporting is updated for all NVHCP program activities under the initiative, including surveillance of viral hepatitis, if the lab is also participating in the surveillance program for viral hepatitis
3. Print and share all circulars/information sent by NHM/States to the Nodal Officer and maintain a file for orders/communication
4. Timely update of NVHCP-MIS portal, Preparation of Monthly reporting & other reports whenever assigned by the State NVHCP /Nodal Officer.

District Account Manager: -

1. Timely Release of Fund.
2. Arrangement of Fund to be released to Health Institutions as per the guideline and keep track for collection of SOE and UC for adjustment entry in the books of Accounts.
3. To support all matters relating to accounts, budgeting and financial matters and management of accounting procedure pertaining to NVHCP in the District.
4. To organize and maintain the fund flow mechanism from State to District and then from District to Health facilities.
5. Accurate and timely submission of quarterly report on expenditure to State NVHCP Cell.

Laboratory In-charge (State Lab):

Designated Microbiologist of the Institution, or Pathologist in the absence of Microbiologist Job Responsibilities

1. Supervises the work of laboratory personnel
2. Verification and signing of reports generated in the laboratory
3. Ensuring that all job responsibilities are adhered to, by all laboratory personnel
4. Management of funds with relation to laboratory

5. Ensure participation in and review of EQA
6. Ensure training and competence of all the laboratory personnel
7. Ensuring timely reporting of data.

Technical officer (State Lab):

1. Supervises the work of Laboratory technician under the guidance of the Laboratory In-charge.
2. Molecular testing where available
3. Preparation of SOPs and work instructions.
4. Verification of reports generated in testing laboratory
5. Preparation of quality control (QC) samples
6. Preparation & distribution of proficiency panels (PT) panels
7. Inventory and financial document management in lab.
8. Maintaining and monitoring timely calibration / verification of all devices and ensuring that all monitoring and measurements are done with devices having valid verification / calibration status.
9. Adherence to Bio-safety guidelines.
10. Maintenance of records and logs in laboratory.
11. Disposition of nonconforming products in her area of operation.
12. Help in the conduct of teaching and training programs.
13. Participate in surveillance activities of programme, through NCDC
14. Onsite field visit to district lab for mentoring and quality assurance.
15. Reporting to laboratory In-charge
16. Any other duty assigned by laboratory In-charge>

Laboratory Technician (State/District Laboratory):

Job Responsibilities

1. Collect / receive specimens in the laboratory.
2. Assist in sample transportation to referral laboratory as and when required.
3. Performs tests for hepatitis markers and preparation of reports.
4. Storage and maintenance of serum samples as per guidance.
5. Confirmation of reference samples from state medical college labs and compilation of reports.
6. Perform regular internal quality control testing, EQA and their documentation
7. To maintain essential records in the laboratory
8. Inventory preparation for equipment and reagents.
9. Indent for supplies to the Laboratory through Lab In charge and ensure sufficient stock of Laboratory consumables is available.
10. Participate in trainings and workshops conducted.
11. Assist in molecular testing of samples where required.
12. To maintain cleanliness in and safety and follow proper biomedical waste disposals.
13. Any other work/ activity assigned from time to time.

Data Entry Operator (State laboratory):

Job responsibilities of Data Entry Operator:

5. S/he has to work under the guidance and supervision of nodal officer (Microbiologist)
6. Ensure that all data recording and reporting is updated for all activities under the initiative, including surveillance of viral hepatitis, if the lab is also participating in the surveillance program for viral hepatitis
7. Print and share all circulars/information sent by NHM/States to the Nodal Officer and maintain a file for orders/communication
8. Maintain the attendance register for the staff and get it verified by the nodal officer (daily/ end of the month)
9. Maintain the personnel file/s including the bio-data of the staff, copies of certificates, appointment letters, contractual service agreement, performance appraisal report, training details, remuneration etc
10. Prepare and send all the monthly reports prescribed by the initiative after approval of Nodal Officer
11. Assist in analysis of data under the supervision of the Nodal Officer
12. Any other duty assigned by nodal officer.

TERMS OF REFERENCE FOR VARIOUS STAFF AT TREATMENT SITE

1. Nodal Officer:

1. Overall responsibility of the functioning of the centre, reporting to state / central unit, participation in review meeting, coordinate and develop referral system and linkages with other departments of the hospital
2. Ensure that patient are not discriminated in the hospital and are not denied admission/ care.
3. Ensure that all ethical practices including confidentiality are maintained.
4. Ensure availability of adequate stock of quality drugs as per defined targets at all times
5. Ensure reporting of any short expiry drug in a timely manner to allow timely relocation and avoid financial loss
6. All administrative matters relating to the centre including sanctioning of leave of contractual staff, annual performance appraisal of the staff etc as per guidelines
7. Ensure adherence to the highest standards of quality and excellence in patient care
8. Ensure that all staff should be entering data electronically
9. Review and monitor the functioning of the centre periodically and in depth and ensure submission of reports as required.
10. Act as Focal point for interaction with central unit/ State program management officials etc.

2. Medical officer (MO) of Model Treatment Centre (MTC):

1. S/he is the functional team leader of the centre under the overall guidance of the Nodal officer. The MO has to supervise the administrative and medical functions of the centre on a day- to- day basis and provide leadership to staff to work as a cohesive team and deliver the services effectively
2. S/he should examine the patients, advise required investigations, review the investigations and prescribe the treatment.
3. Refer difficult/ complicated cases to the Nodal Officer or other specialist for further expert opinion and interventions including admission and inpatient care, if required
4. Monitor the consumption and availability of drugs, and alert the concerned authorities in case of impending shortage well in advance so as to enable adequate replenishment without disruption of services
5. S/he must ensure that all records, registers, cards are updated on a daily basis and reports are sent to the concerned authorities on time. All reports should be checked by the MO before taking approval from the Nodal Officer for sending them to the concerned authorities
6. S/he has to ensure that the guidelines for running and maintaining the centre are abided by.
7. Facilitate and coordinate trainings in the centre.
8. Ensure that a daily due list is prepared for the patients expected to visit and a follow up action is taken to contact the defaulting patients.
9. Any other duty assigned by Nodal Officer/ Programme.

3. Pharmacist:

Qualification: The pharmacist should hold a Degree in Pharmacy from a recognized institute. If candidate with degree is not available, diploma holder in pharmacy with 3 years of experience in health care institution can be considered. S/he must be registered in the concerned state pharmacy council.

Job responsibilities of Pharmacist:

1. S/he has to work under the guidance and supervision of nodal officer/MO
2. Dispense drugs with proper counselling / interaction with patient
3. Advise the patients and family about the importance of adherence during each visit
4. Counsel the patient on possible drug toxicities and report the same, if significant
5. Do pill count and report any adverse effects of drugs Also, confirm the next visit date and inform the patient
6. Maintenance of the drug stores
7. Maintain and update drug stock and drug dispensing registers regularly every day. Inform the concerned medical and nodal officer in case of any discrepancy. Duly take signature of nodal officer every fortnightly in the stock register
8. Ensure that the centre has enough stock of drugs for at least 3 months and inform the concerned authority about any near expiry or excess stocks well in time for relocation to other sites and ensure FEFO protocol is followed
9. Physical verification of the drugs under the supervision of the nodal officer and/or the MO
10. Besides all the above, any other duty assigned by nodal officer.

In case pharmacist is not available/on leave, the nodal officer in consultation with the head of institute will make any alternative arrangement so that the functioning does not suffer and regular staff of the facility must also be integrated for service delivery.

4. Data entry operator:

Job responsibilities of Data Entry Operator:

1. S/he has to work under the guidance and supervision of MO and/or nodal officer
2. Ensure that all data recording and reporting is updated
3. Print and share all circulars/information sent by central unit/States to the Nodal Officer/MO and maintain a file for the important orders/communication
4. Maintain the attendance register for the centre staff and get it verified by the nodal officer every day and by the Nodal Officer at the end of the month
5. Maintain the HR file including the bio-data of the staff, copies of certificates, appointment letters, contractual service agreement, performance appraisal report, training details, remuneration etc
6. Prepare and send all the monthly reports prescribed by central unit after approval of Nodal Officer
7. Assist in analysis of data under the supervision of the Nodal Officer
8. Any other duty assigned by nodal officer.

5. Peer supporter

Qualification: The peer supporter should be a person preferably with or recovered from the disease (hepatitis B or hepatitis C), with a minimum of intermediate (12th) level education. S/he must also have sound knowledge of the local language and working knowledge of English.

Job responsibilities of peer supporter:

1. S/he has to work under the guidance and supervision of nodal officer /MO
2. Be the first interface with patient at centre
3. Ensure entries in the visit register
4. Be a peer educator for patients at centre and provide psycho-social support to newly registered patients
5. Provide assistance to patients enrolled at the centre, within the hospital (OP and IP)
6. Discuss the importance of adherence to treatment and need of viral load at 12 weeks post treatment (SVR) with the patients, keep track of drug adherence of patients, counselling them on the importance of regularity of visits and timely investigations
7. Follow up the patients and assist in patient retrieval, where necessary and as far as possible
8. Undertake data entry in absence of the data entry operator
9. Any other duty related to the initiative assigned by nodal officer/MO

