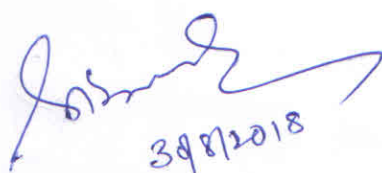


**Operational Guidelines for  
Newborn and Child Health  
Activities as per approval of  
ROP:18-19**

**Financial year: 2018-19**

Child Health Division,  
National Health Mission, Assam

  
30/8/2018



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**Index of the Activities, FMR codes and Approved Budget**

S. No	FMR code	Activity	State Allocation	District Allocation	Total	Page No.
1	1.3.1.1	Operating Expenses for Facilities (E.g. Operating cost rent, electricity, stationary, Internet, office expenses etc.) SNCUs	118.5	255	373.5	4-6
2	1.3.1.2	Newborn Stabilisation Units (NBSUs)	43.8	0	43.8	7-8
3	1.3.1.3	Newborn Care Corners (NBCC)	10.24	92.16	102.4	9-10
4	1.3.1.5	Family Participatory Care (FPC) and Kangaroo Mother Care Units (KMCUs)	0	152.07	152.07	11-14
5	1.3.1.13	Any Other (Please specify) Operational Cost of PICUs	0	57.5	57.5	15-16
6	1.3.2.6	Any Other (please specify) State Resource Centre for Newborn Care (SRCNC)	4	7	11	17-18
7	3.1.1.1.3	ASHA incentives for Home Based Newborn Care Programme (HBNC) (Rs. 1394.9 lakhs) & Home Based Care for Young Child (New Activity) (Rs.291.7-19.17 lakhs (For ASHA incentives for Child Death Reports by ASHA which was not approved in ROP)	1.96	1665.6	1667.56	19-22
8	3.1.1.1.4	Incentive to ASHA for follow up of SNCU discharge babies and for follow up of LBW babies	0	159.47	159.47	23-25
9	3.1.1.1.12	Any Other ASHA incentives (Please specify) Guidelines for ASHA incentives to ASHA for Child Death Reporting (CDR)	0	19.17	19.17	26
10	5.3.7	Infrastructure for Paediatric OPD and Ward	40	0	40	27
11	6.1.1.2.a	Procurement of Biomedical equipments: CH (Equipments for Paediatric OPD and Ward)	150	0	150	28-29
12	6.1.1.2.b	Procurement of Biomedical equipments: CH-Any Other Equipments (Please Specify)	72.91	0	72.91	30
13	6.2.2.1	JSSK drugs and consumables	0	241.95	241.95	31-32
14	6.4.4	Free Diagnostic for sick infants under JSSK	0	71.42	71.42	33-35

*[Handwritten Signature]*  
30/8/2018



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15	7.2	Free Referral Transport-JSSK for sick infants	345	27	372	36
16	9.5.2.1	IMNCI (including F-IMNCI)-(Pre Service IMNCI for training of to be pass out student of Medical Colleges)	0	12.77	12.77	37-38
17	9.5.2.7	IMNCI trainings for ANM/LHV	0	110.42	110.42	39-41
18	9.5.2.9	F-IMNCI training for Medical Officers (MOs)	0	79.1	79.10	42-43
19	9.5.2.12	TOT for NSSK	4.97	0	4.97	44
20	9.5.2.13	NSSK training for Medical Officers	0	22.1	22.10	45-46
21	9.5.2.14	NSSK training for Staff Nurses (SNs)	0	37.57	37.57	47-48
22	9.5.2.15	NSSK trainings for ANMs	0	18.79	18.79	49-50
23	9.5.2.16	4 days training of Facility Based Newborn Care (FBNC)	0	26.48	26.48	51-52
24	9.5.2.17	2 weeks observership for Facility Based Newborn Care (FBNC)	0	55.52	55.52	51-52
25	9.5.2.21	Training for Family Participatory Care (KMC)	2.83	1.89	4.72	53-55
26	10.1.2	Child Death Review	0	44.18	44.18	56-58
27	12.2.1	Printing for IMNCI	23.5	2.4	25.9	59-60
28	12.2.4	Printing of Child Death Review (CDR) formats	27.8	0	27.8	61
29	12.2.9	Printing and translation cost for Family Participatory Care	3.75	0	3.75	62
30	12.2.10	Printing (SNCU data management)	28.35	0	28.35	63
31	12.2.11	Printing of HBNC referral card and other formats	89.28	0	89.28	64
32	12.2.12	Any other (please specify) Printing of HBNC vouchers (Vinyl Boards)	36.51	0	36.51	65-66
33	16.1	SNCU Data Management (Excluding HR)	1.002	10.198	11.20	67
34	18.5	CH-Scale up of e-CDR	8.4	0	8.4	68-69
		Total	1012.8	3169.75	4182.56	

Note: It doesn't include cost of Human Resource and IEC/BCC activities

  
30/8/2016 3





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**Child Health District ROP Guidelines 2018-19 (Excluding HR and IEC/BCC activity)**

**Activity: Operating Expenses for Facilities (E.g. operating cost rent, electricity, stationary, Internet, office expenses etc**

**FMR Code: 1.3.1.1 (Total Approval-373.5 lakhs)**

1.3.1.1: SNCU wise Operational Cost sanctioned in FY 2018-19.

**Relevance of the Activity: All Districts (Medical College SNCU/District Hospital SNCU)**

**FNR Owner/Resource Person for the Activity: State:-Consultant, Child Health (UNICEF Supported), NHM, Assam, District: DPMs**

**SNCU Power Audit in 29 districts = FMR Owner SE-Electrical and JE electrical for preventive maintenance at district level.**

1.3.1.1: SNCU wise Operational Cost sanctioned in FY 2018-19.

Name of the District/SNCU	Fund Allocated.
Lakhimpur, Golaghat, Sonitpur (DH), Darrang, Dhemaji, Morigaon, Nalbari, Dhubri, Bongaigaon, Kokrajhar, Goalpara, Karimganj, Hailakandi, Sivasagar, Tinsukia, Udalguri, Karbi Anglong.	□ 7.00 Lakhs per SNCU
Dibrugarh (AMCH), Kamrup Metro (GMCH), Jorhat (JMCH), Cachar (SMCH)	□ 20 Lakhs per SNCU
Sonitpur (TMCH), Kamrup Metro (MMCH), Barpeta FAMCH, SNCU District Hospital-Nagaon	□ 10 Lakhs per SNCU
Kamrup Metro (Sonapur), Dima Hasao,	□ 5 Lakhs Per SNCU
<b>Baksa and Chirang</b>	3 lakhs per SNCU

Additional funds may be sanctioned to SNCUs as per the expenditure and requirements subject to SoE, UC

**Guideline for Utilization of SNCU Operational Cost**

**Important Notes:**

- District Health Society will transfer all the funds to Medical College as early as possible on receiving the district ROP.
- The operational committee of SNCUs must approve and maintain minutes of all decisions for expenditure related to SNCUs.
- Expenditure of SNCU operational cost should be aimed at zero out of pocket expenditure in the treatment of newborn.

**Expenditure can be incurred for following activities.**

**A. Purchase of Medicines and Consumables and Diagnostics/Investigations:**

- i. Emergency drugs and surgical items not available in SNCU/ Hospital/ District medical store.
- ii. Consumables and Disposables required for sick new-borns.
- iii. Most essential investigation which are not available in the hospital laboratory.
- iv. Disinfectants, cleaning agents, essential stationary items.

30/8/2018





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**B. Repair and Maintenance:**

- i. Minor repair of SNCU equipments, accessories and bio-medical equipments not covered under Annual Maintenance Contract of state HQ.
- ii. Maintenance of Electrical, Furniture and water supply fittings.

**C.**

- i. Printing of clinical protocols/guidelines/poster for SNCU (Note more then 7000/- per annum)

**D. Petty Cash:**

- i. Petty Cash of ₹ 2000 for SNCU may be maintained with SNCU Nodal Officer/Staff Nurse In-charge at any given point of time.
- ii. This cash is for the purpose of fulfilling any kind of emergency expenditure, so as to keep the SNCU functioning and provide timely care for sick new-born.
- iii. After the expenditure is done, this cash may be refilled after duly submitting the receipts.
- iv. In any given month expenditure through this mode cannot exceed ₹ 5000.
- v. All the necessary records should be maintained as per accounting norms of NHM, Assam.

**E. Fuel Expenditure:**

- i. Fuel expenses for running DG Sets.
- ii. Logbook of power cuts and utilisation of DG set is to be maintained by the facility.
- iii. Average requirement of fuel per hour for running the DG Set is to be certified by SNCU committee every year.

- F. Any other emergency expenditure required for smooth functioning of SNCU with due approval from Committee.

**Instruction:**

1. For purchase of stationary, disposables, medicines & surgical items, procedure of one year rate contract should be followed. This rate contract should be renewed every year. Only items which are not available through supply system of NHM or State may be procured through this channel.
2. The Nodal officer of the SNCU will put up requirement in advance and will get approval from the SNCU Operational Cost utilization committee.
3. Inventory will be maintained by the institution for the item purchased.
4. Bills will be paid after physical verification and stock book entry through the DAM/BAM/BPM/BAM of the hospital/MCs as per existing rules of the hospital.
5. Utilization certificate of the fund will be submitted to the Director Finance, NHM Assam through District Health Society as per existing rules.
6. Proper preventive maintenance of electric equipments should be done to avoid accidents/fire incidents. (Switching off of ACs for at least an hour, timely maintenance).

The committee for utilization of SNCU Operational Cost will be as follows

**For Medical College SNCUs;**

1. Principal/ Superintendent of the Medical College Hospital : Chairman
2. HoD, Department of Paediatrics : Member Secretary
3. Nodal Officer, SNCUs/Senior Most Paediatrician : Member
4. BPM/BAM : Member

  
30/08/2018



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**For District Hospital SNCUs**

- |  |                    |
|--|--------------------|
| 1. Superintendent of the District Hospital | : Chairman         |
| 2. Nodal Officer, SNCU                     | : Member Secretary |
| 3. DAM                                     | : Member           |
| 4. Hospital Administrator                  | : Member           |

The goal of this activity is **“To Ensure Zero out of pocket expenditure”** for the treatment of Newborn admitted and being treated in the SNCUs.

*For conducting Electric Audits in all the SNCUs Rs. 1.5 lakhs per SNCU kept at SHQs (Electric Audits of all SNCUs will be done in coordination with SE-Electrical)= 43.5 lakhs*

Funds at SHQ including Electric Audit = 118.5 lakhs (including electric audit)

  
30/07/2018





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**1.3.1.2:-Guideline for Utilization of NBSU Operational Cost**

**Relevance of the Activity: All Districts and Facilities having NBSUs**

**Funds Approval: 43.8 lakhs**

**FMR Owner/Resource person for the Activity: State:-Consultant-CH, District: DPMs, Block: BPMs**

**FMR Code: -1.3.1.2**

**JE instrumentation will ensure rationalisation of equipments post NBSU rationalisation.**

**The sanction for NBSUs will be issued separately due to ongoing rationalisation process, however the mechanism of spending operational cost will be as under:-)**

The Operational Cost for functioning New-Born Stabilization Units (NBSU) in the districts @ 30,000/- per NBSU as per the budget sheet.

Guidelines for utilization of the Operational Cost:

1. All local purchases should be done as per existing system.
2. Purchase of consumable like disposable nasal prongs for oxygen delivery, feeding tube, Distilled water for oxygen concentrator etc.
3. Keeping standby oxygen Unit with Oxygen cylinder, trolley, disposable tubes, wrench and refilling of empty oxygen cylinder to be used at the time of non-functioning of oxygen concentrator.
4. Ensure availability of Baby caps, radiant warmer bed spread, blanket etc.
5. Repairing/ Replacement of mattress cover and day to day maintenance of material within NBSU.
6. Antiseptic solution & disinfectant - bleaching powder, Lysol (5%), Detergent, liquid hand wash, utility gloves, mopper etc.
7. Keeping functional water taps, electrical switches, FL bulb, furniture etc.
8. Surgical attire for service provider, like gown, face mask, head cap, sleeper, shoe cover, gloves etc.
9. Printing of new-born Bed Head ticket, Nurses record sheet, Discharge sheet, Referral sheet and NBSU admission register. (must be in GOI format which are already supplied)
10. Monthly utilization certificate with detail of expenditure to be submitted for further release of fund.

**Instruction:**

Admission criterion for NBSU is as per table given below,

Care at Birth	Care of Normal New-born	Care of Sick New-born
Prevention of Infection	Breastfeeding/ Feeding Support.	Management of LBW infants $\geq$ 1800 gms. With no other complications.
Provision of Warmth	Immunisation Services.	Phototherapy for new-borns with hyper-bilirubinaemia.
Resuscitation		Management of new-born sepsis.
Early Initiation of Breastfeeding		Stabilisation and referral of sick new-borns and those with very low birth weight.
Weighing of New-born		Referral Services.

NBSU Register

*John*  
30/8/2018



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NBSU REGISTER																	
Sl. no	Date and time of Admission	Name of the baby	Child ID No.	Name of the mother	Mother ID No.	Father's name	Address	Contact No.	S/C or Ward	BPHC/UHC	Name of ASHA/Link Worker	Contact no. of ASHA/LW	Date of Birth	Place of Birth	TYPE OF DELIVERY		
															Normal	Assisted	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	

NBSU REGISTER																											
Gestation	BIRTH WEIGHT (kg)				CAUSE OF ADMISSION	MANAGEMENT			OUTCOME (Date of)				Cause of Death	REFERRAL HOSPITAL	DURATION OF STAY				FEEDING			IHM VACCIN			REMARKS		
	> 37 weeks	34 - 37 weeks	< 34 weeks	Normal		LBW <2.5 Kg	VLBW	Oxygen	Antibiotic	Phototherapy	Discharge	Referral			LAMA	Died	< 1 day	1-3 day	4-7 day	> 7 day	Breastfed within 1 hr.	Expressed breastfeeding	Gavage feeding	BCG		OPV-0	Hep. B-0
18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	

The goal of this activity is "To Ensure Zero out of pocket expenditure" for the treatment of Newborn admitted and being treated in the NBSUs.

Total Approval of the activity: 43.8 lakhs for 146 NBSUs (42 discontinued in ROP out of 188)

*[Handwritten Signature]*  
30/8/2018





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1.3.1.3: Newborn Care Corners (NBCCs)

Relevance of the Activity: All Districts and All Facilities having NBCCs

FMR Owner/Resource Person for the Activity: State:-Consultant, Child Health,  
Districts: DPMs, Block: BPMs

FMR Code: -1.3.1.3

Total Approval-102.4L (Sanctioned 92.16L @ 9000/- per NBCC) at SHQs-10.24L

NBCC operational cost			
Name of the District	No of existing NBCC	NBCC (Cost proposed)	NBCC Operational cost sanctioned
Baksa	39	3.9	3.51
Barpeta	33	3.3	2.97
Bongaigaon	32	3.2	2.88
Cachar	42	4.2	3.78
Chirang	23	2.3	2.07
Darrang	31	3.1	2.79
Dhemaji	26	2.6	2.34
Dhubri	60	6	5.4
Dibrugarh	39	3.9	3.51
Dima Hassao	13	1.3	1.17
Goalpara	54	5.4	4.86
Golaghat	31	3.1	2.79
Hailakandi	24	2.4	2.16
Jorhat	36	3.6	3.24
Kamrup ( M)	29	2.9	2.61
Kamrup ( R)	49	4.9	4.41
Karbi Anglong	61	6.1	5.49
Karimganj	47	4.7	4.23
Kokrajhar	52	5.2	4.68
Lakhimpur	37	3.7	3.33
Morigaon	36	3.6	3.24
Nagaon	72	7.2	6.48
Nalbari	21	2.1	1.89
Sivsagar	27	2.7	2.43
Sonitpur	47	4.7	4.23
Tinsukia	40	4	3.6
Udalguri	23	2.3	2.07
Total	1024	102.4	92.16

*John*  
30/07/2018



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New Born Care Corners are for essential care of newborn and screening and referral from the delivery point and are expected to remain ready 24x7. To meet the routine and emergency expenditure an amount of ₹ 9,000/- (Rupees Nine Thousand) per NBCC is provided.

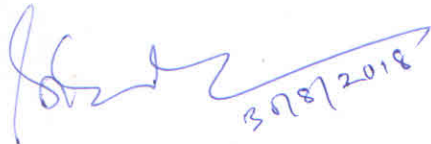
(\*Additional funds may be allotted to NBCC (as per requirements) subject to submission of SOE/UC)

Guidelines for utilization of the Operational Cost:

1. All local purchases should be done as per existing system.
2. Disposables like nasal prongs for oxygen delivery, refilling of oxygen cylinder.
3. Baby receiving towels (Two towels of size 75cm X 75cm are required for each delivery. Total no. required = Daily expected delivery X 2 plus 20% extra) duly sterilized, baby caps, radiant warmer bed spread, blanket, identification tags.
4. Replacement of cracked Mattress cover and day to day maintenance of other-wear and tear-able materials.
5. Antiseptic solution & disinfectant - bleaching powder, Lysol (5%), detergent, soap, hand wash, Utility gloves.
6. Surgical attire for Service Provider, e.g. gown, face mask, head cap, sleeper, shoe cover, gloves if not procured from RKS.
7. Emergency Drugs, if not available at store with clear mentioning of the period.
8. To keep the Water taps, electrical switches, electrical bulbs functional.
9. NBCC reporting format, and register development (must be in GOI format, soft copy of which is already supplied)
10. Expenditure of funds approved for new NBCCs must start only after the NBCC is fully established.
11. All Newborn Care Corners (NBCCs) should have the Neonatal Resuscitation Protocols fixed at appropriate height for reading of the service providers.

Out of the total amount Rs. 10.24 lakhs is kept at SHQ which will be utilised for the operational cost of upcoming/new Newborn Care Corners (NBCCs) at Health and Wellness Centres etc.

*The goal of this activity is "To Ensure Zero out of pocket expenditure.*

  
3/7/8/2018





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**1.3.1.5-Kangaroo Mother Care Units (KMCUs)**

**Relevance of the Activity: All districts (Except Chirang)**

**FMR Owner/Resource Person for the Activity: State:-PE (Ms. Sangeeta Saikia), Child Health, District: DPMs**

**Operational Guidelines for setting up KMC unit**

**(Total Approval = 152.07)**

Seven KMC units are functional in the state namely GMCH Guwahati, SMCH,-Cachar, Golaghat DH, Kokrajhar DH, Karimganj DH, JMCH and AMCH Dibrugarh. The KMC units are planned to be scaled up in all districts.

**Establishment Cost of KMCU at 9 KMCU at Barpeta, Darrang, Goalpara, Morigaon, Nagaon, Sonitpur (DH), Tinsukia, Lakhimpur and Nalbari @ 6.188 lakhs (Reapproved from 2017-18).**

**Establishment cost of KMCU at Baksa, Bongaigaon, Dhemaji, Dhubri, Dima Hasao, Hailakandi, Kamrup-M (Sonapur), Kamrup-M(MMCH), Karbi-Anglong, Sivasagar, Sonitpur-Tezpur-TMCH, Udalguri @ Rs.6.188/- per districts**

1. Facility must provide existing space nearest to SNCU for setting up of KMC Unit. Total space required for setting up of 8 bedded units is around 1000-1200 sq. ft.

2. KMC unit will be 8 bedded units and must be located nearest to the SNCU.
3. 300-400 sq. ft. area dedicated for ancillary areas like Bathroom, Toilet and Breastfeeding Corner.
4. 600-800 sq. ft. area to be dedicated for service provision.
5. Walls of this unit must be fully tiled along with different colour schemes.
6. All windows to be covered with colourful curtains.
7. This unit must prominently display the sign board (Sample given in Annexure).
8. All the beds must be separated from each other by curtains for maintaining privacy.
9. Incentive based workers cost is also projected.

**Selection Criteria of incentive based workers for KMC Unit:**

District to follow the ASHA selection criteria for selecting incentive based workers. The incentives based worker selection to be done **only after the unit is established** and functional.

**Unit cost of setting up KMC unit.**

Head	Unit	Unit Cost	Total	In lakh
Renovation Cost	1	1,00,000	1,00,000	1.00
Beds – Semi Reclining	8	12,000	96,000	0.96
Chairs with high comfortable back supporting upto head. With mattress.	8	5,000	40,000	0.40
Mattress	8	3,000	24,000	0.24
Pillows	16	300	4,800	0.048
Bed Sheets	16	200	3,200	0.032
Baby Blankets	16	500	8,000	0.08

*John*  
30/07/2018





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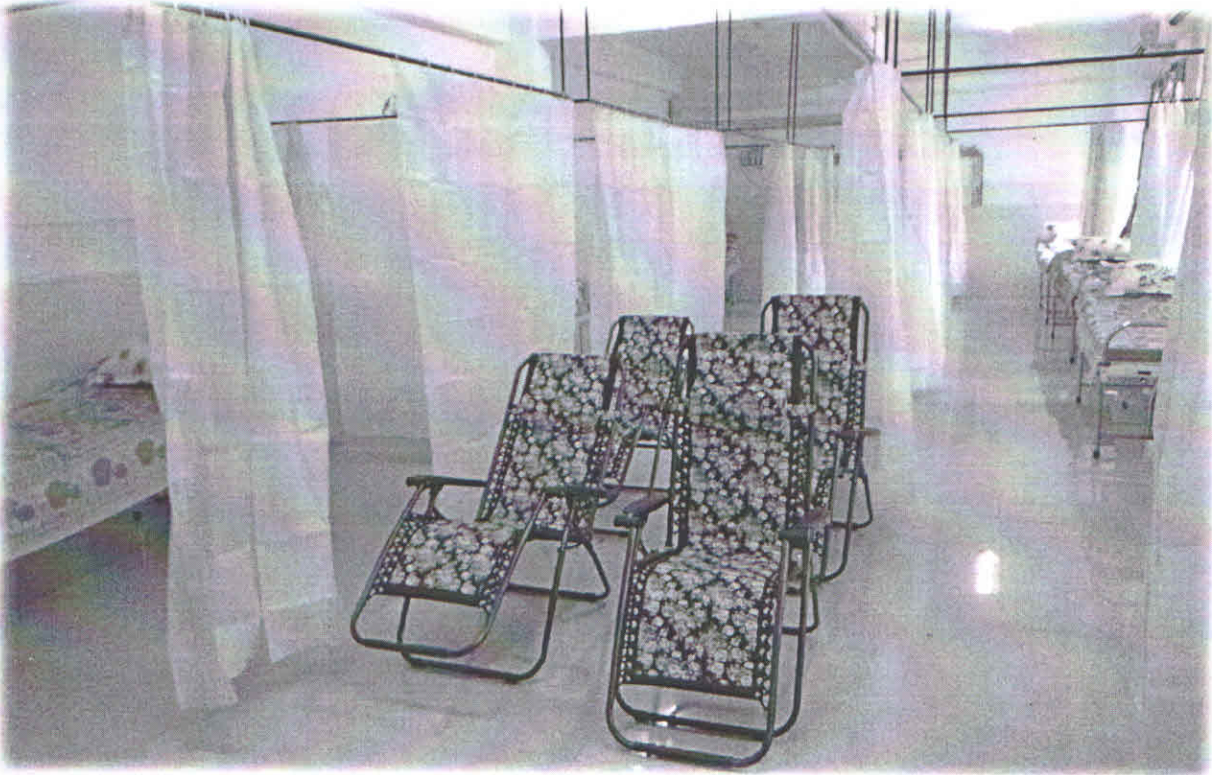
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Privacy Screen Mobile	2	□3,000	□6,000	0.06
Lockers for Mothers	8	□2,000	□16,000	0.16
Digital Weighing Machine	1	□3,000	□3,000	0.03
Refrigerator	1	□20,000	□20,000	0.20
Paediatric Stethoscope	2	□2000	□4,000	0.04
Digital Thermometer	2	□200	□400	0.004
Room Thermometer	2	□200	□400	0.004
Training Mannequin	1	□15,000	□15,000	0.15
LED TV (50 Inch) (With warranty of 3-5 years)	1	□60,000	□60,000	0.60
Pen Drive 32 GB	1	□2,000	□2,000	0.02
6 incentive based workers @3000 per month (incentive based as per admissions □ 50 per admission) incentive should not exceed 3000/-.	6	□36,000	□2,16,000	2.16
<b>Total</b>				<b>6.188</b>

Districts must select the location for setting up of KMC unit and intimate Child Health Division for necessary visit by state officials before setting up the unit for approval.

Sample Photograph for setting up of KMC Unit.



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30/8/2014



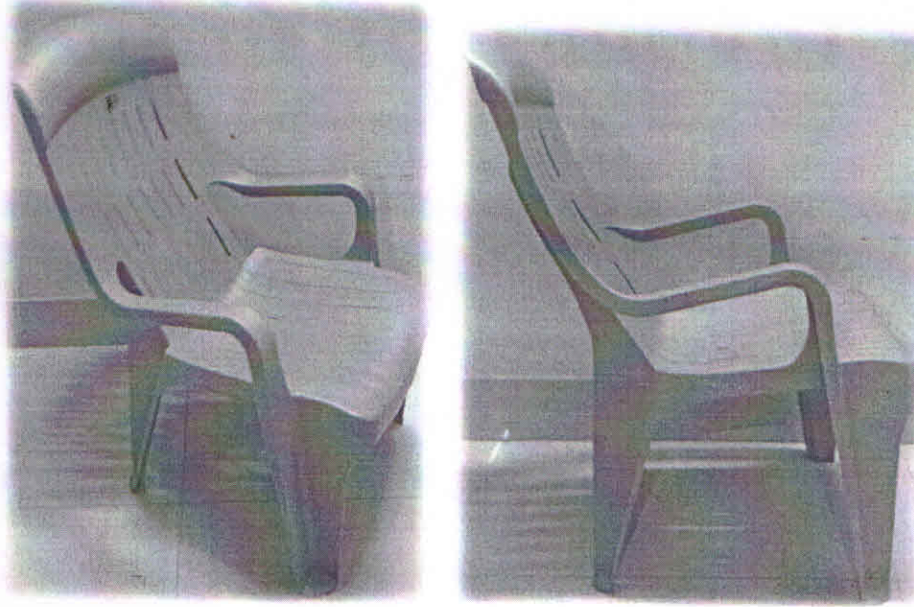


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Sample of Reclining Chair



Operational Cost for KMC units

**FMR: 1.3.1.5**

**FMR Owner/Resource Person for the Activity:** State:-PE (Ms. Sangeeta Saikia), Child Health, Consultant CH and District Level-DPMs

**Operational cost for 7 established KMCUs @ Rs. 3.16/- per KMCU for GMCH Guwahati, SMCH,- Cachar, Golaghat DH, Kokrajhar DH, Karimganj DH, JMCH and AMCH Dibrugarh.**

The Operational Cost for functioning Kangaroo Mother Care (KMC) units in the districts @ 3,16,000/- per KMC unit. The fund may be released to respective Health Institution (KMC Unit) from available fund with District Health Society.

The breakup of the budget is as follows:-

Budget Breakup for Operational Cost per KMC unit				
Head	Unit	Unit Cost	Total	In Lakh
6 incentive based workers @3000 per month (incentive based as per admissions □ 50 per admission)	6	□36,000	□2,16,000	2.16
Operational Cost to be used for recurring expenditure of unit	1	□1,00,000	□1,00,000	1.00
<b>Total</b>				<b>3.16</b>

**Selection Criteria of incentive based workers for KMC Unit:** District to follow the ASHA selection criteria for selecting incentive based workers. The functional units may go ahead with the selection of incentive based worker after getting prior approval from State HQ, HR wing. The incentive based

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workers to be paid @ Rs. 50/- per admission in any case the total incentives in a month should not exceed Rs. 3000/- per month.

**Expenditure can be incurred for following activities.**

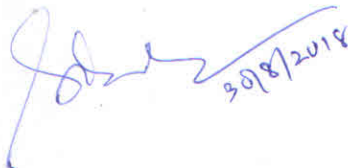
**G. Purchase of Medicines and Consumables:**

- v. Emergency drugs and surgical items not available in SNCU/ Hospital/ District medical store.
- vi. Consumables and Disposables required for the new-borns.
- vii. Most essential investigation which are not available in the hospital laboratory.
- viii. Disinfectants, cleaning agents, essential stationary items.

**H. Repair and Maintenance:**

- iii. Minor repair of equipments, accessories and bio-medical equipments not covered under Annual Maintenance Contract of state HQ.
- iv. Maintenance of Electrical, Furniture and water supply fittings.
- I. Any other emergency expenditure required for smooth functioning of KMC Unit with due approval from Committee established for SNCU.
- J. Overall functioning of KMC unit to be assigned to SNCU Nodal officers already identified at hospital and the funds related activities should be under existing SNCU committee.

Procedure for Expenditure: The committee (FMR:1.3.1.1) for utilising SNCU operational cost will also be responsible for KMCU operational cost utilisation. The operational committee of SNCUs/KMCUs must approve and maintain minutes of all decisions for expenditure related to KMCUs.

  
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**Guideline for Utilization of PICU Operational Cost**

**FMR: 1.3.1.13 (Total Approval = Rs.57.5lakhs)**

**District** Kamrup Metro, Silchar, Jorhat, Nagaon, Dibrugarh PICUs established & functional at GMCH (Guwahati), SMCH (Silchar), JMCH (Jorhat), AMCH (Dibrugarh) & established but non functional in Nagaon.

(Three PICUs under NVBDCP for the JE management and treatment at district hospital Sivasagar, Golaghat and Lakhimpur to be monitored along with the PICUs under Child Health) Total established PICUs in the State will be eight (8).

**FMR Owner/Resource Person for the Activity:** State:-Consultant Child Health (UNICEF Supported), Districts: DPMs.

**(Relevance of the activity: Medical Colleges of JMCH-Jorhat, SMCH-Silchar, AMCH-Dibrugarh, GMCH- Kamrup Metro and DH-Nagaon only)**

Paediatric Intensive Care Units (PICUs) functional at Medical Colleges have been established for an instrumental role in lowering the high Under Five mortality in the state. To ensure the quality care in these units and to maintain the smooth functioning, an operational cost of ₹ 15 Lakhs for JMCH (Jorhat), SMCH (Silchar) & GMCH (Guwahati) and ₹ 7.5 Lakhs for AMCH (Dibrugarh) is provided for 6 month (New PICU). Also operational cost of ₹ 5 Lakhs is also provided for PICU at Nagaon which is already established but not functional.

State and district officials will ensure the monitoring of

This fund should be used for:

A. Medicines and Consumables:

- i. Emergency drugs and surgical items not available in PICU/ Medical College Hospital.
- ii. Consumables and Disposables required for sick children.
- iii. Most essential investigation which are not available in the hospital.
- iv. Disinfectants, cleaning agents, essential stationary items.

B. Repair and Maintenance:

- i. Minor repair of PICU equipments, accessories and bio-medical equipments.
- ii. Maintenance of Electrical, Furniture and water supply fittings.

C. Petty Cash:

- i. Petty Cash of ₹ 1000 for PICU may be maintained with PICU Nodal Officer.
- ii. This cash is for the purpose of fulfilling any kind of emergency expenditure, so as to keep the PICU functioning and provide timely care for sick new-born.
- iii. After the expenditure is done, this cash may be refilled after duly submitting the Receipts.
- iv. In any given month expenditure through this mode cannot exceed ₹ 2500.
- v. All the necessary records should be maintained as per accounting norms of NHM, Assam.

K. Back up power to be ensured for continuous power supply in the PICUs.

- L. Any other emergency expenditure required for smooth functioning of PICU with due approval from Committee.

30/07/2018



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**Instruction:**

1. PICU at Nagaon DH can spend the amount only after functioning of the unit, i.e. when the admissions are started. The training/orientation programme for the PICU in-charge/Paediatrician will be done at GMCH Guwahati, PICU.
2. Quotation for purchase of stationary, disposable, medicine, surgical items will be obtained and approved for any item costing more than ₹ 500/- (five hundred) as per existing rule. All purchase of items costing more than ₹ 500/- may be purchased with approval of the Superintendent of the hospital.
3. The Nodal officer of the PICU will put up requirement in advance and will get approval from the PICU Operational Cost utilization committee.
4. Inventory will be maintained for the item purchased.
5. Bills will be paid after physical verification and stock book entry through the BPM of the hospital as per existing rules of the hospital.
6. Utilization certificate of the fund will be submitted to the Director Finance, NHM Assam and details of utilization item wise should be forwarded to the CH section NHM Assam.
7. PICU in-charges to ensure monthly report is sent to the Child Health division, NHM Assam including the details of purchases (If any) and the appraisal of the committee for utilisation of PICU operational cost.

**The committee for utilization of PICU Operational Cost is as follows:**

**For Medical College PICU at Medical College;**

1. Principal/ Superintendent of the Medical College Hospital : Chairman
2. HoD, Department of Paediatrics : Member Secretary
3. Nodal Officer, PICU/Senior Most Paediatrician : Member
4. BPM/BAM : Member

**For District Hospital PICU:**

1. Superintendent of the District Hospital : Chairman
2. Nodal Officer, PICU : Member Secretary
3. DAM : Member
4. Hospital Administrator : Member

The operational committee of PICUs must approve and maintain minutes of all decisions for expenditure related to PICUs.

30/08/2018





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**Guidelines for fund utilisation for State Resource Centre for Newborn Care (SRCNC)**

**FMR code: 1.3.2.6 (New Activity) Total Approval = Rs.11 lakhs**

**(Relevance: SHQ, District Kamrup Metro & MC, GMCH, Guwahati)**

**FMR Owner: Consultant Nutrition (UNICEF Supported) and DPM (Kamrup M)**

In order to improve the skills of service providers at the facilities providing specialized newborn care services at SNCUs, NBSUs there needs quality skilled training. The FBNC training is provided to SNCU MOs and SNs for improving such skills to ensure quality of services and care. There are four medical colleges in Assam which are providing FBNC trainings. In order to train the increasing manpower at such facilities and covering the load there is a need of a training hub for capacity building.

**Purpose:**

There is a need to fulfill the training requirement specifically for skill based trainings like FBNC which are very crucial for saving lives of newborns and to reduce NMR and IMR. The purpose will be fulfilled by establishing a State resource centre at Medical collage which will cater as a training hub for quality skill based trainings in the state.

**Activities for establishing SRC:**

- GMCH is selected to establish a training hub as a State Resource centre.
- The gap assessment will be done for filling the gaps necessary for establishing state resource centre.
- SRC nodal person will be designated for coordinating the establishment and functioning of SRC.
- The faculty will be engaged to provide the 4 days FBNC training at the centre
- 14 days FBNC observer ship training will also be conducted at the centre.
- State level pool of experts will be developed.

**Roles and responsibilities:**

- Act as a technical guiding force for FBNC trainings
- Undertake the activities of 4 days FBNC trainings
- Undertake the 14 days observership trainings
- Undertake the mentoring, supportive supervision visits to SNCUs in the districts for improving quality and providing onsite capacity building.
- Support to improve the skills and practices in newborn care.

**Course of Action:**

Existing underutilised/unutilised space will be identified in the Government Medical College and Hospital, Guwahati, Assam under the guidance of Head of the Department (HoD) Paediatrics, GMCH, Guwahati with support of DPMU/BPMU. The funds will be transferred to the districts which will disburse the funds to GMCH for carrying out the civil works. The procurement of manikins will be coordinated through Child Health Division, NHM and JE instrumentation procurement division. The Human Resource for setting up the State Resource Centre will be hired once the unit is established and ready to start.

30/07/2018



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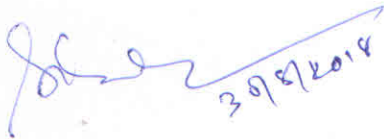
**Outcome:**

- Improved skills and quality of care in SNCUs service providers
- Self sustainability in doing capacity building and developing skills in service providers.

Human Resource for the establishment of State Resource Centre for Newborn Care (SRCNC) is approved at **budget head 9.2.3** including Project Coordinator, Assistant Nursing Coordinator and Admin cum Account Assistant with the condition that recruitment for SRCNC is done when the unit is ready for operationalisation.

**Budget proposed:**

Sl. No	FMR	Activity	Unit cost (Rs)	Remarks
1	1.3.2.6	Infrastructure: Refabrication, Refurbishing, Office furnishings and furniture	600000	Adequate space at medical college will be used for SRC daily work and training sessions. This amount will be used for any renovation
2	1.3.2.6	Manikins: For neonatal resuscitation and other skills	400000	To be spent at SHQ
	1.3.2.6	Contingency	100000	Annual
		Total cost	1100000	

  
30/07/2014





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**Activity: Incentives for Home Based Newborn Care Programme & HBYC**

**Relevance of the Activity: All Districts and Blocks**

**FMR Owner/Resource Persons for the Activity: State:- SCM, Consultant-CH, District: DCMs, Block: BCMs**

**ASHA Incentives for Home Based New-born Care (HBNC)**

**FMR Code: 3.1.1.1.3**

**Total Budget Approved: 1686.74 out of which 1394.9/-lakhs for HBNC and 291.7 for HBYC (Kept for HBYC Rs. 291.9 -19.17 for CDR incentive to ASHA at FMR 3.1.1.1.12)**

**Total sanctioned under the FMR 1667.56 (1665.6 district+1.96 State)**

To reduce the Neonatal Mortality, effective implementation of HBNC is very important. In this regard a revised guideline has been issued by the Government of India. Therefore you are requested to implement HBNC in your district as per revised guideline and monitor the HBNC implementation.

**HBNC Visit Schedule:**

1. Home Delivery: 1, 3, 7, 14, 21, 28, 42 days. (Total 7 visits)
2. Institutional Delivery: 3, 7, 14, 21, 28, 42 days. (Total 6 visits)

**Payment to ASHA:**

- ✓ ASHA will receive ₹ 250/- for conducting home visits for the care of new-born and post-partum mother provided she had made all the required 6/7 home visits and the child is alive on 42nd days of birth.
- ✓ In case delivery outcome is more than one (like twin delivery or triplets) incentive provided to ASHA will be ₹ 250 × total numbers of new-borns. This incentive will be paid for each alive new-born at the end of 42 days.
- ✓ In case of Caesarean Section delivery or in case of other complications like PPH, Placenta retention, etc. where the mother has to stay in facility for prolonged duration; ASHA will be entitled to full incentive of ₹ 250/- if she completes all the remaining visits after the mother and new-born are discharged from hospital.
- ✓ In case when a new-born is admitted in SNCU, ASHAs are eligible to full incentive amount of ₹ 250/- for completing the visits considering day of discharge as Day 1.
- ✓ In case the woman delivers at her maternal house and returns to her husband's house, two ASHAs undertake the HBNC visits then each ASHA will get ₹ 125/- as an incentive for providing HBNC to the new-born. Thus total incentive will be ₹ 250/- per new-born.
- ✓ ASHA will submit the Home Based New-born form (Along with BPHC copy of HBNC vouchers signed by ASHA Supervisor) and ANM to PHC/Block Accounts Manager after taking approval from MO/PHC who will review the implementation of HBNC during monthly meeting of ASHA & ASHA Supervisor.
- ✓ ANM should certify the caesarean section delivery or SNCU admission with photocopy of SNCU discharge sheet as supporting document.
- ✓ District/Block wise HBNC ranking will be done as per the criteria specified at district and State Head Quarter respectively for assessing the quality of the HBNC programmes.

**Conditionality for making payment to ASHAs:**

ASHA will be entitled to receive above mentioned incentive (₹250/-) only, if she fulfils the following conditionality:

- Complete all visit as per guideline.
- Recorded weight & temperature in HBNC form properly.
- Ensures BCG, OPV 0 dose and Hepatitis B birth dose, 1st dose of OPV and Pentavalent vaccination.

*John*  
3/7/2018





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- Ensures registration of birth of the baby.
  - The baby is alive up to 42 days.
- Each HBNC form should have the following additional things mentioned on it.
1. Mode of delivery – Normal/ Caesarean.
  2. In case of SNCU admission – SNCU case ID mentioned on discharge card.
  3. Duration of stay in SNCU. (From \_\_\_\_ to \_\_\_\_ date)
  4. Birth registration number.
  5. Immunization status.
  6. Gender
  7. Date of Birth.

**3.1.1.1.3 - Incentive for Home based newborn care**

Sl	Districts	Estimated live births	Total amount @ Rs 250 (In Rs)	Total amount @ Rs 250 (In Lakhs)	75% target of estimated live births (D)	Proposed 75% of total, approved and sanctioned amount from Gol
1	Baksa	18,898	4724445	47.24	14173	35.43
2	Barpeta	39,733	9933179	99.33	29800	74.50
3	Bongaigaon	16,230	4057382	40.57	12172	30.43
4	Cachar	50,146	12536486	125.36	37609	94.02
5	Chirang	9,992	2498093	24.98	7494	18.74
6	Darrang	21,884	5470892	54.71	16413	41.03
7	Dhemaji	17,674	4418569	44.19	13256	33.14
8	Dhubri	49,764	12440917	124.41	37323	93.31
9	Dibrugarh	27,590	6897621	68.98	20693	51.73
23	Dima Hasao	4,298	1074412	10.74	3223	8.06
10	Goalpara	25,228	6306983	63.07	18921	47.30
11	Golaghat	24,985	6246329	62.46	18739	46.85
12	Hailakandi	23,204	5800913	58.01	17403	43.51
13	Jorhat	22,454	5613590	56.14	16841	42.10
14	Kamrup M	25,186	6296388	62.96	18889	47.22
15	Kamrup R	29,979	7494751	74.95	22484	56.21
16	Karbi Anglong	22,339	5584784	55.85	16754	41.89
17	Karimganj	36,276	9069079	90.69	27207	68.02
18	Kokrajhar	20,689	5172165	51.72	15516	38.79
19	Lakhimpur	27,209	6802180	68.02	20407	51.02
20	Marigaon	25,618	6404619	64.05	19214	48.03
21	Nagaon	77,229	19307373	193.07	57922	144.81
22	Nalbari	15,473	3868362	38.68	11605	29.01
24	Sibsagar	23,315	5828779	58.29	17486	43.72
25	Sonitpur	40,324	10081021	100.81	30243	75.61
26	Tinsukia	30,170	7542618	75.43	22628	56.57
27	Udalguri	18,107	4526833	45.27	13580	33.95
	<b>Total</b>	<b>743,995</b>	<b>185998762</b>	<b>1859.99</b>	<b>557996</b>	<b>1394.99</b>

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30/8/2018





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## Home Based Care for Young Child (HBYC)

To be started in all Aspirational districts and Karimganj.

(Dhubri, Darrang, Goalpara, Barpeta, Baksa, Hailakandi, Udalguri and Karimganj)

FMR: 3.1.1.1.3 (Total funds = 291.7 lakhs) out of which 19.17 lakhs sanctioned under Child Death Reports by ASHA Activity: Any Other ASHA incentives (please specify) FMR code: 3.1.1.1.12 which was not approved by Gol in ROP 2018-19.

Total Amount = 291.7-19.17 = 272.53 lakhs; sanctioned to districts = 270.67 lakhs kept at SHQ for IEC/BCC/orientation of HBYC programme = 1.96 lakhs

The objective of the Home Based Care for Young Child is to reduce child mortality and morbidity and improve nutrition status, growth and early childhood development of young child through focused and effective home visits by ASHAs.

The purposes of the additional home visits by ASHAs are promotion of evidence based interventions delivered in four key domains namely nutrition, health, child development and WASH (Water, Sanitation and Hygiene).

### Salient features of Home Based Care of Young Child Programme are:

- Convergent action by MWCD & MoHFW
- Evidence Based Intervention
- Convergence and Integration across interdependent domains of Health, Nutrition, WASH & early childhood development
- Five additional home visits by ASHA in coordination with AWWs starting from 3<sup>rd</sup> month and extending into 2<sup>nd</sup> year of life (in 3<sup>rd</sup>, 6<sup>th</sup>, 9<sup>th</sup>, 12<sup>th</sup> and 15<sup>th</sup> months)
- Additional incentives of INR 250/- for five visits to be provisioned for ASHA under NHM and disbursed using existing ASHA payment mechanism.
- SBCC (Social Behaviour Change Communication) plan to focus on addressing adverse social norms in health care seeking especially for girl child.
- ASHAs and AWWs will make home visits at 3<sup>rd</sup>, 6<sup>th</sup>, 9<sup>th</sup>, 12<sup>th</sup> and 15<sup>th</sup> month for the same ASHAs would be paid an incentives of Rs. 50/visit with total incentives of Rs. 250/-per child for making five visits. Overall these visits will ensure counseling for continuation of exclusive breastfeeding, complimentary feeding, growth monitoring, vaccination and sickness related counseling.
- HBYC visits will also ensure the continuum of care from the time of birth and help the State to meet target for exclusive breastfeeding for 6 months and adequate complimentary feeding with continued breastfeeding thereafter.
- Additional home visits by ASHAs will promote evidence based intervention delivered in four key domains namely nutrition, health, child development and WASH (water sanitation and hygiene).

In addition following activities will be ensured:

- Counselling for optimal IYCF practices , Growth monitoring , Health and nutrition education
- Education on improved caring practices including early childhood care and development.
- Regular health check up for all children, Primary immunization

30/07/2018



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- Deworming as per guidelines, Counselling to ensure proper nutrition during sickness and Referral for sick children

Activity will be initiated once the training of ASHA and ASHA supervisor is completed which will be done on priority:

**District wise fund allocated for the incentives and supervision of activity is as under:**

Sl. No	Name of the District	Projected Population 2018-19	Expected Live Births (2018-19)	Considering 75% coverage	A. Incentives for all five visits @ Rs. 250 per visit for 1 ASHA for 6 month	B. Monitoring (data collection cost of HBYC @ 5 entries per infant*Children visited*INR 5 per entry) + 100000 per periodic assessment every 6 month/district	Block	C. IEC materials and printing (Posters, Banners, Stickers, AV, HBYC cards, registers @ 20000 per block)	No of ASHA Sup.	D. Incentive 500/Mon/Sup. for 6 month	Total for HBYC Implementation
1	Baksa	1,021,502	18,142	13,606	1700800	220080	7	140000	97	291000	2351880
2	Barpeta	1,947,682	38,143	28,608	3575945	407594	8	160000	149	447000	4590539
3	Darrang	1,072,724	21,008	15,756	1969521	246952	5	100000	82	246000	2562473
4	Dhubri	2,282,737	47,773	35,830	4478730	497873	8	160000	176	528000	5664603
5	Hailakandi	758,289	22,276	16,707	2088329	258833	5	100000	67	201000	2648162
6	Goalpara	1,167,960	24,219	18,164	2270514	277051	6	120000	97	291000	2958565
7	Udalguri	887,614	17,383	13,037	1629660	212966	3	60000	95	285000	2187626
8	Karimganj	1,417,044	34,825	26,119	3264844	376484	6	120000	114	342000	4103328
	Total	10,555,552	223,769	167,827	20978342	2497834	48	1200000	877	2631000	27067177

**HBYC incentives**

- Incentives for five visits @ Rs. 250/child (Considering 75% coverage in the 1<sup>st</sup> year of implementation (Proposed for 6 months from 01.09.2018 to 31.03.2018)
- Monitoring for entering HBYC data @ 5 entries/child\*Rs.5/entry + 0.5 lakhs per district for 6 month assessment (Proposed for 6 months from 01.09.2018 to 31.03.2018).
- IEC materials and printing (Posters, Banners, Stickers, AV, HBYC cards, registers @ 20000 per block)
- Annual Incentives for supervisors @ 500/month/Sup. For 6 months.

**Note: Activity to be initiated after the training is done. The training of the ASHA/ASHA Supervisors to be done by ASHA division and SPM.**

**Data entry to be ensured by Block Data Manager (BPM) once the programme is implemented**

**The IEC/BCC activity to be ensured by District Media Expert (DME) strictly as per guidelines of HBYC programme once the programme is in implementation stage.**

*John*  
30/07/2018





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**Activity: Incentives to ASHA for follow up of SNCU discharge babies and for follow up of LBW babies**

FMR code: 3.1.1.1.4

**Relevance of the Activity: All Districts and Blocks**

**FMR Owner/Resource Person for the Activity: State:-Consultant CH, SCM, District: DCMs, Block: BCMs**

**Total Budget Approved: 159.47**

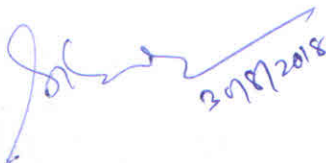
**Guidelines for incentive to ASHA for follow up of SNCU discharge babies and follow up of LBW babies**

Low Birth Weight (LBW) and SNCU discharged newborns are at the greatest risk of dying and /or developing the related complications or developmental delays which increases the chances of severe morbidities. Percentage of LBW new-borns dying within one year of age is very high. Also those LBW new-borns who survive their initial period of life, are very prone to developmental delays related to Social/Emotional, Language/Communication, Cognitive, Physical Development, etc. This causes high morbidity among these children. The percentage of LBW new-borns as per National Family Health Survey (NFHS) 2015-16 is 15.8%.

The follow-up of SNCU discharged babies as per the SNCU Online reporting system indicates that almost 65% of the mortality following SNCU discharge is within one month of discharge, risk being highest during first week (GoI). SNCU discharged newborn are at additional risk of developmental delays and non-communicable diseases (NCDs) at later age. Therefore, it is imperative that these babies are followed up closely after being discharged from SNCU.

Newborn discharged after treatment of sickness from Special Newborn Care Units (SCNU) and those who are born as preterm or low birth weight babies form the two major risk groups for newborn/child mortality. The cohort of Low Birth Weight (LBW) babies contributes significantly to the prevalence of underweight and stunted children and has higher mortality during infancy when compared to children born with normal weight. They are also likely to have compromised growth, delayed cognitive development and neurological deficits unless proactive monitoring is under taken throughout infancy to improve eventual outcomes.

- In case of SNCU discharged newborns, the day of discharge is to be taken as day one. ASHAs would make the first home visit within 24 hours of discharge (Day 1) and complete the remaining home visits as per HBNC visit schedule i.e. 3, 7, 14, 21, 28 and 42nd day from the day of discharge. –
- On completion of these visits ASHA will conduct follow up visit once every quarter starting from 3rd month onwards till one year of life i.e., four visits at the completion of 3 rd, 6th, 9th and 12th month of life
- In case of LBW or preterm newborn who did not require SNCU admission, after completion of HBNC visits (till 42 days of birth), ASHA will visit once every quarter starting from 3<sup>rd</sup> month onwards till one year of life i.e., four visits at the completion of 3 rd, 6th, 9th and 12th month of life.

  
27/7/2018





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Thus it is very important to follow-up these new-borns for extended period of time. To address this issue GoI has released revised HBNC Guidelines to include the follow-up of LBW New-borns up to 1 year of age. Each LBW new-borns will receive the full package of care under existing HBNC program up to 42 days of life as per HBNC schedule of visits. Beyond this period (i.e. from 3<sup>rd</sup> month to 12<sup>th</sup> month) each LBW new-born will be followed up on quarterly basis up to 1 years of life i.e. 12 months. This schedule comes to 4 additional visits per LBW new-born.

Objective of these visits:

1. Ensuring compliance with follow up visits and treatment as advised on the discharge- ticket by SNCU / NBSU (Newborn Stabilization Unit)
2. Timely identification of danger signs with prompt referral using JSSK referral mechanism
3. Enabling access to health care services for treatment as and when required
4. Integrating Anganwadi Center (AWC) services including growth monitoring and supplementary food
5. Early identification of danger signs.
6. Identification of developmental delays.
7. Adherence to the discharge instructions.
8. Ensuring Kangaroo Mother Care (Skin to skin contact and exclusive breastfeeding).
9. Early and prompt referral.
10. Regular assessment of nutritional status through weight monitoring and assessment using MUAC.

ASHA Incentives:

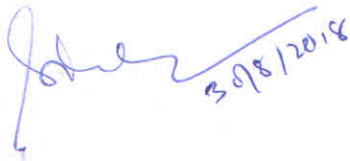
ASHA will be incentivised @ ₹50 per visit for these 4 visits. Total ASHA incentive for completing follow-up of one LBW new-born will be ₹200 for 4 visits. ASHA incentive is payable as per schedule mentioned below.

Payment to ASHA will be as follows,

Scheduled Visits	ASHA Incentive per new-born	Payable at time
0-42 days of life	₹ 250.	Immediately after HBNC schedule is completed and adherence to HBNC guidelines.
3 <sup>rd</sup> , 6 <sup>th</sup> , 9 <sup>th</sup> , 12 <sup>th</sup> month	₹ 50 per visit i.e. 50×4= ₹200.	At the end of one year age of child.

Reporting Mechanism: LBW follow-up cards are already included in the HBNC form book supplied from the state.

- The HBNC voucher contains SNCU discharge/Low Birth Weight baby follow-up, HBNC voucher will be submitted by the ASHA along with form in similar line of HBNC voucher.
- ASHA will submit the monthly report to ASHA Supervisor by 1<sup>st</sup> of every month.
- ASHA Supervisor (Sub-Centre wise) will submit compiled report to BPHC by 3<sup>rd</sup> of every month.
- Block PHC will compile the information and send it to district by 7<sup>th</sup> of every month.
- Districts will compile the block reports and send it to State by 10<sup>th</sup> of every month.

  
3/9/2018





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Targets and amount sanctioned as per the table given below:

Sl	Districts	Live births	~LBW	Target of (50%)	For 80% achievements (Targets/dist)	@ Rs 200/LBW child followup	SNCU discharge followup	@ 200/- SNCU discharge	Total for followup
1	Baksa	18,898	4,346	2173	1739	3.48	100	0.200	3.68
2	Barpeta	39,733	9,139	4569	3655	7.31	389	0.778	8.09
3	Bongaigaon	16,230	3,733	1866	1493	2.99	179	0.358	3.34
4	Cachar	50,146	11,534	5767	4613	9.23	1011	2.022	11.25
5	Chirang	9,992	2,298	1149	919	1.84	100	0.200	2.04
6	Darrang	21,884	5,033	2517	2013	4.03	458	0.916	4.94
7	Dhemaji	17,674	4,065	2033	1626	3.25	327	0.654	3.91
8	Dhubri	49,764	11,446	5723	4578	9.16	354	0.708	9.86
9	Dibrugarh	27,590	6,346	3173	2538	5.08	963	1.926	7.00
23	Dima Hasao	4,298	988	494	395	0.79	83	0.166	0.96
10	Goalpara	25,228	5,802	2901	2321	4.64	297	0.594	5.24
11	Golaghat	24,985	5,747	2873	2299	4.60	408	0.816	5.41
12	Hailakandi	23,204	5,337	2668	2135	4.27	428	0.856	5.13
13	Jorhat	22,454	5,165	2582	2066	4.13	792	1.584	5.72
14	Kamrup M	25,186	5,793	2896	2317	4.63	1000	2.000	6.63
15	Kamrup R	29,979	6,895	3448	2758	5.52		2.002	7.52
16	Karbi Anglong	22,339	5,138	2569	2055	4.11	119	0.238	4.35
17	Karimganj	36,276	8,344	4172	3337	6.67	226	0.452	7.13
18	Kokrajhar	20,689	4,758	2379	1903	3.81	350	0.700	4.51
19	Lakhimpur	27,209	6,258	3129	2503	5.01	385	0.770	5.78
20	Marigaon	25,618	5,892	2946	2357	4.71	138	0.276	4.99
21	Nagaon	77,229	17,763	8881	7105	14.21	706	1.412	15.62
22	Nalbari	15,473	3,559	1779	1424	2.85	385	0.770	3.62
24	Sibsagar	23,315	5,362	2681	2145	4.29	196	0.392	4.68
25	Sonitpur	40,324	9,275	4637	3710	7.42	571	1.142	8.56
26	Tinsukia	30,170	6,939	3470	2776	5.55	236	0.472	6.02
27	Udalguri	18,107	4,165	2082	1666	3.33	87	0.174	3.51
	Total	743,995	171,119	85559	68448	136.90	11289	22.578	159.47

*[Handwritten signature]*  
30/07/2018



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**Activity: Any Other ASHA incentives (please specify) FMR code: 3.1.1.1.12**

**Guidelines for incentive to ASHA for Child Death Reporting @ 50/child death reported**

**Relevance of the Activity: All Districts and Blocks**

**FMR Owner: State:-SCM & Consultant-CH District: DCMs, Block: BCMs**

**Relevance of the activity: All districts (Total Approval = 19.17 lakhs)**

*Process of notification:* ASHAs to follow a dual reporting system wherein she informs the ANM and the Block Medical Officer (BMO) within 24 hours of receiving information either through phone or SMS.

ANM, when she gets to know about the child death directly or through ASHA, reports to the BMO within 24 hours by SMS/Phone call.

ASHA (and AWW where ASHA is not available) will visit the family of the deceased child and fill the *Notification Card* (Form 1) in duplicate. One copy of the notification card will be submitted to the ANM and the other handed over to the family. This process has to be completed within 48 hours of the child death.

Informant, who contacts family thereafter, will first enquire whether someone has already given them the Notification Card. If yes, then s/he would address bereavement issues, offer support and leave.

In case ASHA is primary informant she will be given an honorarium of Rs. 50/-. The Notification Cards should be maintained as records

S. No	District	Estimated deaths	Total
1	Baksa	803	0.40
2	Barpeta	1688	0.84
3	Bongaigaon	725	0.36
4	Cachar	2534	1.27
5	Chirang	446	0.22
6	Darrang	1459	0.73
7	Dhemaji	583	0.29
8	Dhubri	3171	1.59
9	Dibrugarh	1313	0.66
10	Dima Hassao	205	0.10
11	Goalpara	1293	0.65
12	Golaghat	1299	0.65
13	Hailakandi	1479	0.74
14	Jorhat	1020	0.51
15	Kamrup M	904	0.45
16	Kamrup R	1076	0.54
17	Karbi Anglong	1276	0.64
18	Karimganj	2046	1.02
19	Kokrajhar	1530	0.77
20	Lakhimpur	1156	0.58
21	Morigaon	1464	0.73
22	Nagaon	4468	2.23
23	Nalbari	918	0.46
24	Sivasagar	1229	0.61
25	Sonitpur	2156	1.08
26	Tinsukia	1458	0.73
27	Udalguri	650	0.32
28	Assam	38348	19.17

**All notification cards to be maintained as records in the sub center.**

*John*  
26/07/2018 26





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**Activity: Infrastructure for Paediatric OPD and ward**

**Establishment of Facility Based Paediatric Care (FBPC) Unit at district Hospital**

**FMR: 5.3.7**

**Relevance of the Activity: District Hospitals of Goalpara, Nalbari, Karbi-Anglong, Karimganj, Lakhimpur, Tinsukia, Kokrajhar, Cachar district hospital, Morigaon, Darrang.**

**FMR Owner/Resource Person for the Activity: State:- Consultant Nutrition (UNICEF Supported) and SE-Civil Works, Districts:DPMs, AE-Civil works**

**Relevance of the Activity: District Hospitals of Goalpara, Nalbari, Karbi-Anglong, Karimganj, Lakhimpur, Tinsukia, Kokrajhar, Cachar district hospital, Morigaon, Darrang.**

**Total Budget Approved: 40 lakhs (At State level)**

Goalpara, Karbi Anglong, Lakhimpur, Morigaon, Cachar

Under five mortality of Assam which is 52 per thousand live births is second highest in the country after Madhya Pradesh (MP) 55/1000 live births. This is very important for state to focus on paediatric care to reduce the mortality considerably to achieve all SDG & IAPPD targets.

Govt. of India in 2015 released guideline for strengthening of Facility Based Paediatric Care (FBPC) services at District Hospitals. Based on this guideline, state has decided to set up the FBPC units in 10 selected districts during first phase. Total budget of **Rs. 4 lakhs per district** is approved for up-gradation and renovation of FBPC unit in FMR 5.3.7 for districts Goalpara, Nalbari, Karbi-Anglong, Karimganj, Lakhimpur, Tinsukia, Kokrajhar, Cachar DH, Morigaon, Darrang.

Design of the unit to be prepared by SE civil works which should be approved by Consultant-Child Health. The space for the establishment to be identified and spending including the approval of design to be done from SHQ with the help of SE civil works.

**Note: Amount to be kept at SHQ.**

Name of the District	Amount to be kept at SHQ for FBPC unit
Goalpara	4
Nalbari	4
Karbi Anglong	4
Karimganj	4
Lakhimpur	4
Tinsukia	4
Kokrajhar	4
Morigaon	4
Darrang	4
Cachar	4
<b>Total:</b>	<b>40</b>

The identified space within existing infrastructure be utilised for establishing the FBPC unit in the district Hospital as per the Operational Guidelines attached and already shared in Financial Year 2017-18. The establishment of FBPC should be done as per the existing norms following the due procedures.

The floor plans for each room for FBPC unit are mentioned in details in Strengthening Facility Based Paediatric Care guidelines along with detailed list of equipments, furniture, modifications, etc.

30/8/2018



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**Activity: Equipments for Paediatric OPD and Wards**

**FMR: 6.1.1.2.a**

**Relevance of the Activity: District Hospitals of Goalpara, Nalbari, Karbi-Anglong, Karimganj, Lakhimpur, Tinsukia, Kokrajhar, Cachar district hospital, Morigaon, Darrang.**

**FMR Owner/Resource Person for the Activity: State: Consultant CH, Consultant Nutrition (UNICEF Supported) JE-Instrumentation, District: DPMs**

**Total Budget Approved: 150 lakhs (At state level)**

The break up for maintenance and developing play area in the district hospitals as per FBPC guidelines for district Goalpara, Nalbari, Karbi-Anglong, Karimganj, Lakhimpur, Tinsukia, Kokrajhar, Cachar district hospital, Morigaon, Darrang @ 4 lakhs per district. Funds will be sanctioned to the district after space is identified.

*Note: Amount will be released to district after space identification and initiation of establishment*

Name of the District	Amount Sanctioned
Goalpara	4
Nalbari	4
Karbi Anglong	4
Karimganj	4
Lakhimpur	4
Tinsukia	4
Kokrajhar	4
Morigaon	4
Darrang	4
Cachar	4
<b>Total:</b>	<b>40</b>

**Budget Break up**

**FMR** 6.1.1.2.a

**Activity:** Equipments for Paediatric OPD and Wards

**Costing per Unit**

	Unit Cost	In Lakhs,
<b>Emergency care (ETAT) and HDU</b>		
Maintenance cost	3,00,000	3.00
<b>Paediatric OPD &amp; Ward</b>		
Play area	1,00,000	1.00
<b>Total per FBPC Unit</b>	<b>4,00,000</b>	<b>4.00</b>

In addition Rs. 9 lakhs per Facility Based Paediatric Care Unit (FBPCU) is to be kept at SHQ for purchase of essential equipments and furniture's as under (Total kept at SHQs for purchase of equipments=110 lakhs) Finalisation of the equipment will be as per the FBPC guidelines from GoI.

*Note: This amount will be spent at SHQ*

**Budget Break up**

**FMR** 6.1.1.2.a

**Activity:** Equipments for Paediatric OPD and Wards

*John*  
29/07/2018





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Costing per Unit

	Unit Cost	In Lakhs,
<b>Emergency care (ETAT) and HDU</b>		
Furniture for paediatric ward (beds, chairs, stools, benches for parent-attendant)	2,00,000	2.00
Purchase of essential and desirable equipment ( for both emergency & HDU)	6,00,000	6.00
<b>Paediatric OPD &amp; Ward</b>		
Gap filling for essential and desirable equipment in paediatric OPD and ward	3,00,000	3.00
<b>Total per FBPC Unit</b>	<b>11,00,000</b>	<b>11.00</b>

  
3/7/2018



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**Equipments for SNCUs at medical colleges (FAAMCH & AMCH)**

**FMR: 6.1.1.2b**

**FMR Owner/Resource Persons of the Activity: JE-Instrumentation/Consultant CH**

**Relevance of the activity: State Head Quarter (SHQ), AMCH and FAAMCH.**

**Total Budget=72.91 lakhs**

**Introduction:** The facility based newborn care at SNCUs is critical for saving newborn lives. In order to provide quality services the SNCUs should be well equipped with essential equipments, skilled human resources etc. Preterm, LBW and severe illness newborn need special care in the SNCUs. Out of the total 29 SNCUs established in the State 27 are functional. The SNCUs in Medical College is catering to huge load of cases with complications. These SNCUs needs to be strengthened to provide quality care and services:

**Requirement:**

- USG machine with Doppler and Neonatal probe for SNCU AMCH, Dibrugarh (7.5Lakhs)
- Ventilators at FAAMCH (2 nos) 15.43 lakhs per Unit
- Infusion Pump at FAAMCH (10 nos) 0.28 lakhs per unit
- Monitors at FAAMCH (10 nos) 3.17 lakhs per unit.

*Note: To be spent at SHQ*

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3/7/2018





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**Activity: JSSK Drugs and Consumables**

**Guideline for JSSK drugs and consumables**

**FMR code: 6.2.2.1 (Total Approval: 241.95 lakhs)**

**Relevance of Activity: All districts including all level of facility (PHCs, CHCs, SDHs DHs/MCs or equivalent institutions.**

**FMR Owner/Resource Person of the Activity: State-PE (Ms. Sangeeta Saikia) and Consultant-CH, District-DPMs, Blocks-BPMs**

***No Expense Treatment***

The goal of this activity is “To Ensure Zero out of pocket expenditure” for the treatment of infants (up to one year) under JSSK, regardless of the level of facility.

As per the Govt. of India all sick newborn and infants (up to one year) should avail free treatment, drugs and diagnostics in the health facilities under Janani Shishu Suraksha Karyakram (JSSk). For smooth management of sick new-born and Infants, fund is approved to District Health Societies to reimburse the expenditure incurred by all health facilities (such as DH, CHC/FRU, PHC or any other hospitals like Medical Colleges) for **specified essential drugs & consumables not available at the Health Facilities**. The breakup of fund is considered with the number of probable sick new-born and infants. District Health Society may also disburse the funds to the facilities having high load OPDs & IPDs of Infants upto 1 year.

In case of the un-availability of the drugs/consumables already included under EDL/the drug&consumables required in emergency not available under EDL the pharmacist of the hospital/facility will give the **Not Available** receipt with computer generated stock reports and the prescription slip, which will be duly verified by the facility incharge for the purchase of medicine from JSSK funds (From common kitty). The reimbursement of funds will be done by the district level committee during monthly meeting.

A Committee under the chairmanship of Joint Director will be formed for deciding the procedure of reimbursement of the expenditure incurred under JSSK drugs and consumables:

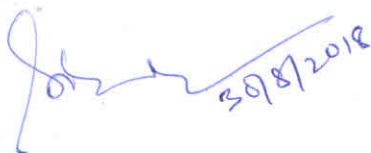
The suggestive Committee Members are as follows:

- Joint Director – Chairman
- Paediatrician – Nodal Officer
- DPM – Convener
- SDM&HOs of all blocks

Approval is accorded for the sick infant @ Rs. 150/- per infant as per the budget sheet/annexure. (The amount is for calculation purpose only free drugs and consumables cost to be ensured if it exceeds. 150/-)

**In addition cost of blood transfusion (if required) for infants under JSSK including the SNCU babies for exchange transfusion @ Rs. 250/unit is approved** (The amount is for calculation purpose only blood transfusion to be ensured free of cost if it exceeds Rs. 250/-) . **The blood transfusion also includes purchase of the blood/blood products for any infant up-to one year of age.**

The goal of this activity is “To Ensure Zero out of pocket expenditure” for the treatment of infants (up to one year) under JSSK, regardless of the level of facility.

  
30/8/2018

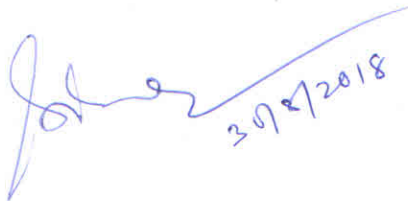


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SI	Districts	Estimated live births	Target (20% of LB)	Total amount @ Rs 150 per child (in Rs)	Amt. (lakhs)	5% for BT	Blood Transf. @ 250	JSSK drugs & Cons.
1	Baksa	18,898	3780	566933.41	5.67	189	47244	6.1
2	Barpeta	39,733	7947	1191981.53	11.92	397	99332	12.9
3	Bongaigaon	16,230	3246	486885.78	4.87	162	40574	5.3
4	Cachar	50,146	10029	1504378.29	15.04	501	125365	16.3
5	Chirang	9,992	1998	299771.15	3.00	100	24981	3.2
6	Darrang	21,884	4377	656507.03	6.57	219	54709	7.1
7	Dhemaji	17,674	3535	530228.23	5.30	177	44186	5.7
8	Dhubri	49,764	9953	1492910.04	14.93	498	124409	16.2
9	Dibrugarh	27,590	5518	827714.53	8.28	276	68976	9.0
23	Dima Hasao	4,298	860	128929.47	1.29	43	10744	1.4
10	Goalpara	25,228	5046	756837.98	7.57	252	63070	8.2
11	Golaghat	24,985	4997	749559.50	7.50	250	62463	8.1
12	Hailakandi	23,204	4641	696109.57	6.96	232	58009	7.5
13	Jorhat	22,454	4491	673630.79	6.74	225	56136	7.3
14	Kamrup M	25,186	5037	755566.51	7.56	312	78000	8.3
15	Kamrup R	29,979	5996	899370.08	8.99	300	74948	9.7
16	Karbi Angl.	22,339	4468	670174.05	6.70	223	55848	7.3
17	Karimganj	36,276	7255	1088289.46	10.88	363	90691	11.8
18	Kokrajhar	20,689	4138	620659.85	6.21	207	51722	6.7
19	Lakhimpur	27,209	5442	816261.58	8.16	272	68022	8.8
20	Marigaon	25,618	5124	768554.27	7.69	256	64046	8.3
21	Nagaon	77,229	15446	2316884.70	23.17	772	193074	25.1
22	Nalbari	15,473	3095	464203.48	4.64	155	38684	5.0
24	Sibsagar	23,315	4663	699453.49	6.99	233	58288	7.6
25	Sonitpur	40,324	8065	1209722.49	12.10	403	100810	13.1
26	Tinsukia	30,170	6034	905114.22	9.05	302	75426	9.8
27	Udalguri	18,107	3621	543219.96	5.43	181	45268	5.9
	<b>Total</b>	<b>743,995</b>	<b>148799</b>	<b>22319851.42</b>	<b>223.20</b>	<b>7500</b>	<b>1875024</b>	<b>241.9</b>

  
30/12/2018





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**Activity: Free Diagnostic for Sick Infants under JSSK**

**FMR Code: 6.4.4 (Total Approval: 71.42 lakhs)**

**Relevance of Activity: All districts including all level of facility (PHCs, CHCs, SDHs DHs/MCs or equivalent institutions.**

**FMR Owner/Resource Person of the Activity: State-PE (Ms. Sangeeta Saikia), Consultant-CH, District-DPMs and BPMs**

***No Expense Diagnostics all test to be free***

The goal of this activity is **“To Ensure Zero out of pocket expenditure” for the treatment of infants (up to one year) under JSSK, regardless of the level of facility.**

As per the Govt. of India all sick newborn and infants (up to one year) should avail free treatment, drugs and diagnostics in the health facilities under JSSK. For smooth management of sick new-born and Infants, fund is approved to District Health Societies to reimburse the expenditure incurred by all health facilities (such as DH, CHC/FRU, PHC or any other hospitals like Medical Colleges) for specified essential diagnostics which are not available at the Health Facilities. The breakup of fund is considered with the number of probable sick new-born and infants and also with the available special facilities to manage those sick children.

The breakup of fund is considered with the number of probable sick new-born and infants requiring any investigation/diagnostics.

Process of utilisation of JSSK fund for diagnostics,

1. Districts must identify the required diagnostic investigations for various units providing Paediatric Services like SNCU, NBSU, PICU, Paediatric Ward, Paediatric OPD, NRC, etc.
2. Further after assessing the requirement, districts must list down the investigations which are not available in the health facilities. This list should be facility wise as different facilities will have different requirements.
3. Further these investigations must be outsourced to the outside facilities maintaining all financial norms under NHM. Preference to be given to any other nearby Govt. Institution like Medical College, Regional Diagnostic Laboratory, Hospitals already under PPP, etc.
4. For outsourcing to private laboratories preference must be given to those accredited by NABL. In case no NABL accredited lab is available in the districts/block, the district level committee can accredited and empanel the laboratory which are of proper standing under the clinical establishment act for the tests which are not available in the hospital/HLL labs.

In case of the un-availability of the any unavailable test already required in emergency not available which is not available in the hospital/HLL labs the lab incharge of the hospital/facility will give **the Not Available in the laboratory** receipt duly signed and the prescription slip, which will be duly verified by the facility incharge for the diagnostic from JSSK funds (From common kitty). The reimbursement of funds will be done by the district level committee during monthly meeting.

A Committee under the chairmanship of Joint Director will be formed for deciding the procedure of reimbursement of the expenditure incurred under JSSK diagnostics:

The suggestive Committee Members are as follows:

- Joint Director – Chairman
- Paediatrician – Nodal Officer
- DPM – Convener

20/07/2018





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- SDM&HOs of all blocks

5. Once the required investigations are outsourced, the investigations must be done through that facility only and in no case patient should incur out of pocket expenditure.
6. All payments to the outsourcing facility must be done directly from facility.
7. Cash benefit to patients/caregivers should not be offered under any circumstances using JSSK funds.

Investigations required for Newborns for management in SNCU and NBSU:

- |   |                        |
|---|------------------------|
| a. Sr. Bilirubin (Total and Conjugated),    | j. G6PD Deficiency,    |
| b. Blood Glucose,                           | k. Sr. Albumin,        |
| c. Complete Blood Count,                    | l. Blood Grouping,     |
| d. ESR (Micro),                             | m. Urine Culture,      |
| e. Sr. Ionised Calcium                      | n. CSF Culture,        |
| f. Electrolytes                             | o. TLC, DLC            |
| (Sr. Sodium, Sr. Potassium, Sr. Magnesium), |                        |
| g. Sepsis Screening,                        | p. C-Reactive Protein, |
| h. Blood Culture,                           | q. Haemoglobin,        |
| i. X-Ray,                                   | r. USG, etc.           |

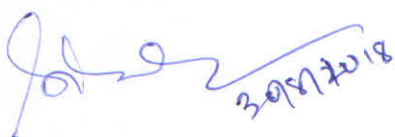
All tests must be as per the treatment guidelines given in FBNC training module and based on clinical condition of the newborn. Also all investigations are not required in NBSU due to limitations on service provision.

Routine investigations required for management of SAM at NRC,

- a. Blood Glucose,
- b. Haemoglobin,
- c. Packed Cell Volume,
- d. Electrolytes (Sr. Sodium, Sr. Potassium, Sr. Magnesium),
- e. Screening for infections (TLC, DLC, Blood Culture, Urine RE, Urine Culture, Chest X-Ray, Mantoux Test, Screening for HIV after counselling)
- f. Screening for Malaria.

Guidelines for utilization of the fund:

1. Amount calculated is on average. Actual expenditure for treatment of each individual may vary.
2. Under JSSK scheme infants up to 1 year of age are entitled to receive free treatment, free diagnostics and free referral transport.
3. Under JSSK scheme there is no provision to provide cash incentive to caregiver of the patient and to service provider.
4. This fund is not meant to reimburse the charges levied by Health Facility for investigation at the laboratory/radiology in-house.
5. The present fund under JSSK for Infants is meant to use for reimbursement to Health facilities treating infants with required diagnostic services under facility-based management of New-born and infants. It is to be certified by the Facility in-charge that the bill submitted for reimbursement contains only approved drugs and not available from other sources at the time of use.
6. Districts should reimburse on monthly basis observing all financial norms.
7. Monthly submission of SoE and UC is mandatory along with statement of Physical and Financial achievement.

  
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SI	Districts	Estimated live births	Target (20% of Live Births)	Revised Target as per approval	Approval
1	Baksa	18,898	3780	3628	1.81
2	Barpeta	39,733	7947	7629	3.81
3	Bongaigaon	16,230	3246	3116	1.56
4	Cachar	50,146	10029	9628	4.81
5	Chirang	9,992	1998	1919	0.96
6	Darrang	21,884	4377	4202	2.10
7	Dhemaji	17,674	3535	3393	1.70
8	Dhubri	49,764	9953	9555	4.78
9	Dibrugarh	27,590	5518	5297	2.65
23	Dima Hasao	4,298	860	825	0.41
10	Goalpara	25,228	5046	4844	2.42
11	Golaghat	24,985	4997	4797	2.40
12	Hailakandi	23,204	4641	4455	2.23
13	Jorhat	22,454	4491	4311	2.16
14	Kamrup M	25,186	5037	4836	2.42
15	Kamrup R	29,979	5996	5756	2.88
16	Karbi Anglong	22,339	4468	4289	2.14
17	Karimganj	36,276	7255	6965	3.48
18	Kokrajhar	20,689	4138	3972	1.99
19	Lakhimpur	27,209	5442	5224	2.61
20	Marigaon	25,618	5124	4919	2.46
21	Nagaon	77,229	15446	14828	7.41
22	Nalbari	15,473	3095	2971	1.49
24	Sibsagar	23,315	4663	4477	2.24
25	Sonitpur	40,324	8065	7742	3.87
26	Tinsukia	30,170	6034	5793	2.90
27	Udalguri	18,107	3621	3477	1.74
	<b>Total</b>	<b>743,995</b>	<b>148799</b>	<b>142847</b>	<b>71.42</b>

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**Relevance of the Activity: State Level**

**Free referral for infants under JSSK**

**FMR code: 7.2**

**FMR Owner of the Activity: PE-Referral Transport, District-DPMs**

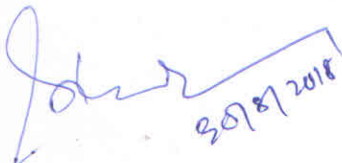
**Total Approval: Rs. 372 lakhs** (1 lakhs per districts i.e. 27 lakhs) and Rs. 345 lakhs at SHQ  
The goal of this activity is “**To Ensure Zero out of pocket expenditure**” for the transport and referral of infants (up to one year) for treatment under JSSK, regardless of the level of facility and from facility to facility.

The referral transport for 74400 sick infants @ Rs 500/ sick infant is approved by GoI. This fund is to be used for referral transport of the sick infant from home to facility and from one facility to others transport. No infant should incur the OOPE for referral transport for treatment. Total approval is 372/- lakhs

Rs. 1 lakhs per district for all 27 districts (i.e. 27 lakhs) to ensure transportation of the cases of birth defect for treatment, Adverse Event Following immunisation (AEFI) or supplementation (AEFS) and transportation of sick infants within one year in urgency in case 102/108 facility is not available.

**To be sanctioned in distric = 27 lakhs**

**To be kept at SHQ = 345 lakhs**

  
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**Name of the Activity: IMNCI (including F-IMNCI; primarily budget for planning for pre-service IMNCI activities in medical colleges, nursing colleges, and ANMTCs other training)**

**FMR: 9.5.2.1 (Timeline: December 2018)**

**Owner of the Activity: State Level: Consultant (CH) and Consultant Training, DPMs at districts & ABPMs/BPMs MCs.**

**Guideline for F-IMNCI pre service training in medical colleges**

**Total = 12.77lakhs @0.85 per batch for 15 batches of ~60-70 students per batch**

This facility-based-care IMNCI (Integrated Management of Neonatal and Childhood Illness) training focuses on providing appropriate inpatient management of major causes of neonatal and childhood mortality such as asphyxia, sepsis, and low birth weight in neonates; and pneumonia, diarrhoea, malaria, meningitis, and severe acute malnutrition in children.

F-IMNCI training for medical students of all the six medical college (15 batches ~ 50-60 per batch) is sanctioned. The purpose of the F-IMNCI training is to ensure the pass out students joining government health system can treat the neonatal and childhood illnesses more effectively. The fund should be released to respective Medical Colleges (training venue) for this training.

Existing trainers of f-IMNCI for Medical Colleges will be the resource persons for this training and capacity building of the students. This training is **for to be pass out students** of Medical Colleges. To be done as per the Government of India Pre Service package of f-IMNCI.

The tentative budget for the training is provided in the table below which is suggestive; however, **norms for RCH trainings must be followed.**

F-IMNCI orientation pre service for Medical Students in Medical colleges					
70 participants+ 4 Trainers					
S. N.	Activity	Cost per batch			
		Unit Cost	Unit	No of Days	Total Cost
4	Honorarium to the Resource Person	4000	4	2	32,000
6	Food to the participants (Breakfast/ Lunch/ Tea (Participants + RP)	250	54	2	27,000
8	Training Kit (Pen, Pad, folder, pencil, Eraser)	100	50	1	5,000
9	Printing of modules and Chart Booklet for Participants	200	50	1	10,000
					74,000

*Handwritten signature and date: 30/12/2018*



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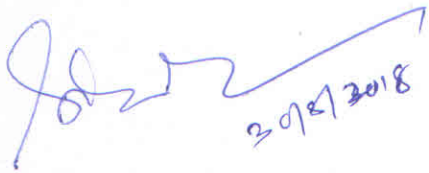
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11	Contingency per batch (15%)				11,100
Cost of One batch					85,100

Plan for pre service F-IMNCI trainings for all to be pass out students of Medical College is as below:

District	Name of the Institute	Batches	Total (In Lakhs)
Kamrup Metro	GMCH	3	2.55
Dibrugarh	AMCH	4	3.40
Jorhat	JMCH	2	1.70
Cachar	SMCH	2	1.70
Barpeta	FAAMCH	2	1.70
Sonitpur	TMCH	2	1.70
Total		15	12.77

  
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**Name of the Activity: IMNCI Training for ANMs / LHVs**

**FMR: 9.5.2.7 (Total Budget=110.42 @5.52lakhs per batch for 20 batches)**

**FMR Owner/Resource Person of the Activity: State Level: Consultant (CH) and Cosnultant Training, DCMs and BCMs at districts.**

**Guideline for IMNCI training for ANMs/ LHVs (Deadline: October 2018)**

The IMNCI strategy includes both preventive and curative interventions that aim to improve practices in health facilities, the health system and at home. At the core of the strategy is integrated case management of the most common childhood problems with a focus on the most common causes of death by using structured format and algorithm. To be strictly done as per GoI, IMNCI guidelines including the field visits.

**District wise Training batches and approval of funds**

S.N.	District	Batches approved (To be discussed)	Funds to be allocated
1	Barpeta	1	5.521
2	Baksa	1	5.521
3	Bongaigaon	1	5.521
4	Cachar	1	5.521
5	Chirang	1	5.521
6	Darrang	1	5.521
7	Dhemaji	0	0
8	Dhubri	1	5.521
9	Dibrugarh	0	0
10	Goalpara	1	5.521
11	Golaghat	0	0
12	Hailakandi	1	5.521
13	Jorhat	0	0
14	Kamrup(M)	0	0
15	Kamrup(R)	1	5.521
16	Karbi Anglong	1	5.521
17	Karimganj	1	5.521
18	Kokrajhar	1	5.521
19	Lakhimpur	1	5.521
20	Morigaon	0	0

*John*  
30/07/2018



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21	Nagaon	1	5.521
22	Nalbari	0	0
23	Dima Hasao	1	5.521
24	Sivasagar	1	5.521
25	Soanitpur	1	5.521
26	Tinsukia	1	5.521
27	Udalguri	1	5.521
	<b>Total</b>	20	110.42

General Instructions:

- ✓ Participants for the training will be ANM, LHV. Facilitators will be the master trainers from districts.
- ✓ Training venue should have accommodation facility for the trainees as well as facilitators.
- ✓ Training is strictly residential and the arrangements must be made directly by district.
- ✓ Training must be combination of class room sessions and field visits.
- ✓ At least 3 morning sessions must be dedicated for field visits at Anganwadi centres for practice of case assessment (0-2m, 2m-5 yrs.), 2 morning sessions at SNCU to have practical sessions for identification of sick children (0-2 months) and 1 morning session at Paediatric OPD for identification of sick children (2 months – 5 yrs.) Every morning session at field must be followed by class room session and group presentation during afternoon session.
- ✓ District needs to ensure travel arrangements for field visits & incentives to 1 Paediatrician and 1 SN.
- ✓ Districts should print the training materials which include modules, assessment formats beforehand.
- ✓ Districts must maintain all the name based data base of the training.

*Note: The tentative budget for the training is provided in the table below which is suggestive; however, norms for RCH trainings must be followed.*

24 participants + 3 RP					
S. N.	Activity	Cost per batch			
		Unit Cost	Unit	No of Days	Total Cost
1	DA to the participants	400	24	8	76,800
2	Accommodation to participants where residential facility is not available.	1000	24	8	192,000
3	Honorarium to the Resource Person	600	3	8	14,400
4	Accommodation to resource persons where residential facility is not available.	3000	3	8	72,000
5	Food to the participants (Breakfast/ Lunch/ Dinner/ Tea (Participants + RP)	250	28	8	56,000

*John Joseph*



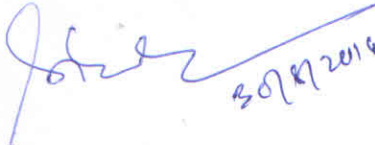


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6	Hiring of vehicle for field visit @2 vehicles per day	2000	2	4	16,000
7	Hiring of Venue	5000	1	8	40,000
8	Honorarium to the Resource Person at District Hospital for 1 SN @300/) for 3 days	300	1	3	900
9	Contingency (Including Printing of modules and Chart Booklet for Participants, Pen, Pad, folder, pencil, Eraser)	300	24	1	7,200
10	TA to the participants as per actual	200	24	1	4,800
11	Institutional Overhead (15%)				72,015

  
30/07/2016



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**Name of the Activity: F-IMNCI training of Medical Officer**

**Guidelines for F-IMNCI training of MOs**

**FMR: 9.5.2.9 (Total Budget=79.1 @6.59 per batch for 12 batches in 4 MCs)**

**FMR owner/Resource Person of the Activity: State Consultant-Child Health and Consultant Training, Districts-DPMs and ABPMs in MCs (Timeline: 1 batch each in August, September, and October)**

This facility-based-care IMNCI (Integrated Management of Neonatal and Childhood Illness) training focuses on providing appropriate inpatient management of major causes of neonatal and childhood mortality such as asphyxia, sepsis, and low birth weight in neonates; and pneumonia, diarrhoea, malaria, meningitis, and severe acute malnutrition in children.

Child Health Division, NHM, Assam is planning to conduct F-IMNCI training for MOs and SNs at medical colleges to ensure better quality and improved hands on training for case management at facility level.

Four medical colleges, namely GMCH, AMCH, JMCH and SMCH will be conducting the trainings for 2017-18. Department of Community Medicine of these four medical colleges will conduct these trainings. The training materials must be printed at district level and provided to medical colleges. Strict compliance to Govt. of India f-IMNCI modules is to be ensured.

This training will be done in the Medical Colleges involving participants from various districts in the State. The fund should be released to respective Medical Colleges (training venue) on priority. **Priority for this training to be given to Medical Officers posted in the Newborn Stabilization Units (NBSUs) @ 6.59/- per batch for Medical officers.** Numbers of batches are as under:

District	Name of the Institute	Batches	
Kamrup Metro	GMCH	3	19.7
Dibrugarh	AMCH	3	19.7
Jorhat	JMCH	3	19.7
Cachar	SMCH	3	19.7
<b>Total</b>		<b>12</b>	<b>79.1</b>

Note: The tentative budget for the training is provided in the table below which is suggestive; however, norms for RCH trainings must be followed.

F IMNCI Training of MOs in Medical Colleges (16 participants+ 4 Trainers)					
S. N.	Activity	Cost per batch			
		Unit Cost	Unit	No of Days	Total Cost
1	DA to the participants (MO)	700	8	11	61,600
2	DA to the participants (SN)	400	8	11	35,200
3	Accommodation to participants where residential facility is not available.	1000	16	11	176,000
4	Honorarium to the Resource Person	1000	4	11	44,000
5	Accommodation to resource persons where residential facility is not available.	3000	4	11	132,000

  
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6	Food to the participants (Breakfast/ Lunch/ Tea (Participants + RP)	250	20	11	55,000
7	Hiring of Venue	5000	1	11	55,000
8	Training Kit (Pen, Pad, folder, pencil, Eraser)	100	16	1	1,600
9	Printing of modules and Chart Booklet for Participants	200	16	1	3,200
10	Travel cost to the participants as per actual	600	16	1	9,600
					573,200
11	Contingency per batch (15%)				85,980
Cost of One batch					659,180

30/07/2018



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**Name of the Activity: TOT for NSSK**

**FMR: 9.5.2.12 (Total Budget=1.66 per batch\*3 batches = 4.97 lakhs)**

**Navjaat Shishu Suraksha Karyakram (NSSK) TOT at State Level (SHQ activity)**

**FMR Owner/Resource Person of the Activity: Consultant Child Health & Consultant Training (Deadline: 30<sup>th</sup> September 2018)**

Three batches of NSSK (TOT) will be done at SHQ. This activity will be done on urgent basis to saturate all districts with NSSK trainers so, that NSSK training could be done on urgent basis. Participants for the training will be Paediatrician/Specialists/medical Officers/Senior Staff Nurse/Public Health Nurse etc. To be strictly done as per NSSK training package. Availability of Neonatalies/Mannikins must be ensured for hands on training.

Note: The tentative budget for the training is provided in the table below which is suggestive; however, norms for RCH trainings must be followed.

**Budget Line: 9.5.2.12, NSSK ToT (3 batches at State level)**

S.N.	Head	Category	Unit Cost	No of Days	No	Total Cost
1	DA (MO)	MO/Ayush MO	700	2	16	22,400
	DA (SN)	SN	400	2	16	12,800
2	Honorarium	Resource Person	600	2	4	4,800
4	Breakfast, Tea, Lunch		250	2	37	18,500
5	Accommodation for trainers where residential facility is not available.		3,000	1	4	12,000
6	Accommodation for participants		1,000	1	32	32,000
7	Training materials, Misc.		300	1	32	9,600
8	TA (As per actual)		1,000	1	32	32,000
Total						144,100
9	Institutional Overhead (15% of training expenses)					21,615
<b>Grand Total</b>						<b>165,715</b>
3 batches @ 1.66L=4.97L						497145

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30/9/2018





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**NSSK Trainings: District may go for the mixed batches of staff for NSSK trainings as per the requirements.**

**Name of the Activity: NSSK training for Medical Officer**

**FMR: 9.5.2.13 (1.47 per batch for 15 batches=22.10 lakhs)**

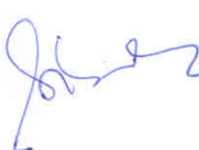
**Navjaat Shishu Suraksha Karyakram (NSSK) for Medical Officer (Deadline:Oct. 2018)**

**FMR Owner of the Activity: Consultant Child Health & Consultant Training at State level and DPMs at district level**

15 batches of training as per the list below are sanctioned for the districts. This training is to be done to all Specialists and Medical Officers working in the delivery points. All high delivery points should be saturated with the availability of NSSK trained Medical Officers. Funds allocated for this training is 1.47 per batch, however State RCH norms must be followed. To be strictly done as per NSSK training package. Availability of Neonatalies/Mannikins must be ensured for hands on training.

***Note: Priority to be given to saturate all high delivery load facilities with NSSK trained MOs/specialists***

S.N.	District	Batches approved and sanctioned	Budget (in lakhs)
1	Barpeta	1	1.47
2	Baksa	1	1.47
3	Bongaigaon	1	1.47
4	Cachar	1	1.47
5	Chirang	1	1.47
6	Darrang	1	1.47
7	Dhemaji	0	0.00
8	Dhubri	1	1.47
9	Dibrugarh	0	0.00
10	Goalpara	1	1.47
11	Golaghat	0	0.00
12	Hailakandi	1	1.47
13	Jorhat	0	0.00
14	Kamrup(M)	0	0.00
15	Kamrup(R)	0	0.00
16	Karbi Anglong	1	1.47
17	Karimganj	1	1.47
18	Kokrajhar	1	1.47
19	Lakhimpur	0	0.00
20	Morigaon	0	0.00
21	Nagaon	1	1.47
22	Nalbari	0	0.00
23	Dima Hasao	0	0.00
24	Sivasagar	0	0.00
25	Sonitpur	1	1.47

  
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26	Tinsukia	0	0.00
27	Udalguri	1	1.47
Total		15	22.10

*Note: The tentative budget for the training is provided in the table below which is suggestive; however, norms for RCH trainings must be followed.*

9.5.2.13: NSSK Training for Medical Officers

S.N.	Head	Category	Unit Cost	No of Days	No	Total Cost
1	DA	MO/Ayush MO	₹ 700	2	32	₹ 44,800
2	Honorarium	Resource Person	₹ 600	2	4	₹ 4,800
4	Breakfast, Tea, Lunch		₹ 250	2	37	₹ 18,500
5	Accommodation for trainers where residential facility is not available.		₹ 3,000	1	4	₹ 12,000
6	Accommodation for participants		₹ 1,000	1	32	₹ 32,000
7	Training materials, Misc.		₹ 300	1	32	₹ 9,600
8	TA (As per actual)		₹ 200	1	32	₹ 6,400
Total						128,100
9	Institutional Overhead (15% of training expenses)					₹ 19,215
Grand Total						147,315

  
20/11/2018





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**Name of the Activity: NSSK training for Staff Nurses**

**FMR: 9.5.2.14 (Budget Allotted = 1.25/batch for 30 batches =37.57 lakhs)**

**Navjaat Shishu Suraksha Karyakram (NSSK) for Staff Nurses (Deadline: Nov. 2018)**

**FMR Owner of the Activity: Consultant Child Health & Consultant Training at State level and DPMs/BPMs/ABPMs at district level**

30 batches of training as per the list below are sanctioned for the districts. This training is to be done to all Staff Nurses working in the delivery points. All high delivery points labour room staff nurses must be trained in NSSK on priority. District to ensure saturation of high delivery points with the availability of NSSK trained Staff Nurses on priority. Funds allocated for this training is 1.25 per batch, however State RCH norms must be followed. To be strictly done as per NSSK training package. Availability of Neonatalies/Mannikins must be ensured for hands on training.

**District wise batches allocation:**

S.N.	District	No of Batches (NSSK SN/CHO/ANM)	Total cost @ Rs 125235 per batch
1	Barpeta	2	2.50
2	Baksa	1	1.25
3	Bongaigaon	1	1.25
4	Cachar	1	1.25
5	Chirang	1	1.25
6	Darrang	1	1.25
7	Dhemaji	1	1.25
8	Dhubri	2	2.50
9	Dibrugarh	1	1.25
10	Goalpara	1	1.25
11	Golaghat	1	1.25
12	Hailakandi	1	1.25
13	Jorhat	1	1.25
14	Kamrup(M)	1	1.25
15	Kamrup(R)	1	1.25
16	Karbi Anglong	1	1.25
17	Karimganj	1	1.25
18	Kokrajhar	1	1.25
19	Lakhimpur	1	1.25
20	Morigaon	1	1.25
21	Nagaon	2	2.50
22	Nalbari	1	1.25
23	Dima Hasao	1	1.25
24	Sivasagar	1	1.25
25	Sonitpur	1	1.25
26	Tinsukia	1	1.25
27	Udalguri	1	1.25

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20/11/2018



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Total	30	37.57
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Note: The tentative budget for the training is provided in the table below which is suggestive; however, norms for RCH trainings must be followed.

S.N.	Head	Category	Unit Cost	No of Days	No	Total Cost
1	DA	CHO/SN	□ 400	2	32	□ 25,600
2	Honorarium	Resource Person	□ 600	2	4	□ 4,800
4	Breakfast, Tea, Lunch		□ 250	2	37	□ 18,500
5	Accommodation for trainers where residential facility is not available.		□ 3,000	1	4	□ 12,000
6	Accommodation for participants		□ 1,000	1	32	□ 32,000
7	Training materials, Misc.		□ 300	1	32	□ 9,600
8	TA (As per actual)		□ 200	1	32	□ 6,400
Total						□ 108,900
9	Institutional Overhead (15% of training expenses)					□ 16,335
Grand Total						□ 125,235

  
27/07/2018





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**Name of the Activity: NSSK training for ANMs/CHOs**

**FMR: 9.5.2.15 (Total Budget = 1.252 per batch for 15 batches = 18.79lakhs**

**Navjaat Shishu Suraksha Karyakram (NSSK) for ANMs (Deadline: October 2018)**

**Owner of the Activity: Consultant Child Health, SCM & Consultant Training at State level and DCMs/BCMs/ at district and block level**

15 batches of training as per the list below are sanctioned for the districts priority is given to aspirational districts. The training of staff (including ANMs/CHOs/others) posted at **high home delivery pockets is to be done**. Funds allocated for this training is 1.25 per batch, however State RCH norms must be followed. To be strictly done as per NSSK training package. Availability of Neonatalies/Mannikins must be ensured for hands on training.

Since, CHOs are conducting deliveries in many health institutions and their contribution towards improving health indicators is considerable, they also will have to be trained in NSSK for improving service delivery in those institutions. The budget for the same may be considered as per ANM for TA, DA, Accommodation, etc.

**District wise batch and budget allocation is as under:**

S.N.	District	Batches approved and to be sanctioned	Budget (in lakhs)
1	Barpeta	1	1.252
2	Baksa	1	1.252
3	Bongaigaon	1	1.252
4	Cachar	1	1.252
5	Chirang	1	1.252
6	Darrang	1	1.252
7	Dhemaji	0	0.000
8	Dhubri	1	1.252
9	Dibrugarh	0	0.000
10	Goalpara	1	1.252
11	Golaghat	0	0.000
12	Hailakandi	1	1.252
13	Jorhat	0	0.000
14	Kamrup(M)	0	0.000
15	Kamrup(R)	0	0.000
16	Karbi Anglong	1	1.252
17	Karimganj	1	1.252
18	Kokrajhar	1	1.252

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19	Lakhimpur	0	0.000
20	Morigaon	0	0.000
21	Nagaon	1	1.252
22	Nalbari	0	0.000
23	Dima Hasao	0	0.000
24	Sivasagar	0	0.000
25	Sonitpur	1	1.252
26	Tinsukia	0	0.000
27	Udalguri	1	1.252
Total		15	18.785

**Note: The tentative budget for the training is provided in the table below which is suggestive; however, norms for RCH trainings must be followed.**

S.N.	Head	No of Days	No	Total Cost
1	DA (400/person/day)	2	32	□ 25,600
2	Honorarium (600/person/day)	2	4	□ 4,800
4	Breakfast, Tea, Lunch	2	37	□ 18,500
5	Accommodation for trainers where residential facility is not available.	1	4	□ 12,000
6	Accommodation for participants	1	32	□ 32,000
7	Training materials, Misc.	1	32	□ 9,600
8	TA (As per actual)	1	32	□ 6,400
Total				□ 108,900
9	Institutional Overhead (15% of training expenses)			□ 16,335
Grand Total				□ 125,235

27/07/2014





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**Name of the Activity: 4 days training for Facility Based Newborn Care (FBNC) and 2 weeks (14 days) observership for Facility Based Newborn Care (FBNC)**

**FMR: 9.5.2.16 & 9.5.2.17**

**Owner of the Activity: Consultant Child Health & Consultant Training at State level and DPMs at district level, ABPMs at MCs level.**

4 days training for FBNC (4 batches) (Budget = 6.62\*4=26.48, (Deadline: October, 2018)

2 weeks training for Observership for FBNC (16 batches)=3.47\*16=55.52 (Deadline: November, 2018)

To conduct the training of doctors & Nurses under FBNC (4 days) and Observership (14 days) in the state the following institutions are identified for the activity in FY 2018-19. The fund should be released to respective Medical Colleges (training venue) for FBNC (4 Days) under FMR: 9.5.2.16 and for Observership (14 Days) A.9.5.2.17 of District RoP 2017-18 from available fund with District Health Society. GoI package of FBNC and observership training must be adhered to including hands on training using manikins.

The priority for 4 days FBNC training to be given to the Staff Nurses and Medical Officers/Paediatricians posted in the Special Newborn Care Units.

**Observership for Facility Based Newborn Care (FBNC) training to be imparted to the Staff already trained in 4 days FBNC.**

District	Name of the Institute	Batches - FBNC (4 Days) 9.5.2.16	Batches - Observership (14 Days) 9.5.2.17	Budget
Kamrup Metro	GMCH	1	4	6.62+13.88=20.5
Dibrugarh	AMCH	1	4	6.62+13.88=20.5
Jorhat	JMCH	1	4	6.62+13.88=20.5
Cachar	SMCH	1	4	6.62+13.88=20.5

**Note: The tentative budget for the training is provided in the table below which is suggestive; however, norms for RCH trainings must be followed.**

Budget Break-up for FBNC (4 days training)	
Travel of Resource Persons from Duty Station to training venue and back (20,000 per person * 4)	80,000
Honorarium of 4 resource persons (4000*4days*4RP)	64,000
Accommodation for 4 Resource Persons (4*5000*4Days)	80,000
Travel of participants from duty station to training venue and back (5000*24)	1,20,000
DA & Accommodation for 24 participants (24*2000*4days) Lump sum	1,92,000
Lunch, Tea, Coffee, Dinner for 30 Persons @750 per day (30*750*4days)	90,000
Audio-visual & Venue Charges	10,000
Training Materials Printing @500 per set for 24 sets.	12,000
Postage, Xerox, Stationary, etc.	5,000
Secretarial Support and logistics arrangements	4,000
Miscellaneous (Banner, Photography, Contingency, etc.)	5,000
Total	6,62,000

**Budget for 2 weeks observership training:**

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30/07/2018



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**Note: The tentative budget for the training is provided in the table below which is suggestive; however, norms for RCH trainings must be followed.**

FBNC Observership Training.	
(14 Days) (Batch Size - 6)	
(2 Doctors and 4 Staff Nurses)	
Travel of Participants from duty station and back @5000 for 6 persons (As per Actuals)	30,000
DA & Accommodation of Participants @2000 for 6 persons for 14 days (Lump sum)	1,68,000
Breakfast, Lunch, Dinner, Tea, Coffee for Participants @750 (8*750*14)	84,000
Local travel for Participants @1000 per day per batch	14,000
Honorarium for Faculty @1500 per day for 2 Faculties	42,000
Contingency for Stationary, training materials. Clerical and Logistics	6,000
Printing of training materials @500*6	3,000
Total	3,47,000

  
30/8/2018





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**Name of the Activity: Training for Family Participatory Care (KMC)**

**FMR: 9.5.2.21-Budget=4.72 (1 State ToT @ 2.83 & 7 District trainings cum orientation at 0.27=1.89)**

**FMR Owner of the Activity: Consultant Child Health & Consultant Training at State level and DPMs/HAs<sup>2</sup> at district level and ABPMs at MCs**

Level-I State Level Training of Trainers (TOT) at State/District Hospital (October, 2018)

Level-II Training of all Service Providers in SNCUs 1-2 days (At SNCUs) (September, 2018 in all district having TOT available already)

Level-III Structured session with parents-attendants on daily basis

Family Participatory Care (FPC) essentially means involving the families of sick and pre term newborn as partners in care giving and decision making in the newborn care facilities. However, the primary responsibility of care continues with the conventional health care providers namely the nurse and Doctors. Family Participatory Care (FPC) provides a setting in which family is empowered, encouraged, and supported as the constant care providers, in addition to available nursing staff, to compliment care of sick newborn in nursery, from admission till discharge.

As per the guidelines four suggestive sessions are:

Session-1: Protocols for Entry into Nursery

Session 2: Developmentally supportive care and feeding

Session 3: Kangaroo Mother Care

Session 4: Preparation for Discharge

Kangaroo Mother Care is a low resource, evidence based, high impact intervention and standardized care for low birth weight infants which, like breastfeeding should be part of routine care. It can prevent half of all deaths in infants weighing less than 2000 gm. In order to develop skills for KMC at SNCUs and KMC units in Assam KMC trainings are planned as ToT in SHQs and at the 7 districts.

One ToT is already done and 40 master trainers are available in the state in 20 districts. One more ToT will be done at State level for remaining districts in year 2018-19 for the KMC scale up. The districts have to nominate the MOs and SNs specifically from NBSUs and SNCUs for KMC trainings. The practical session or orientation will be done by visiting nearest SNCU/KMC unit.

**The allotment of Family Participatory Care (FPC) & KMC training batches is as below:**

S. No	Name of the District for training of Family Participatory Care for Kangaroo Mother Care	Batch	Amount
1	Karimganj	1	0.27
2	Dibrugarh	1	0.27
3	Cachar	1	0.27
4	Jorhat	1	0.27
5	Kamrup M	1	0.27
6	Kokrajhar	1	0.27

*Signature*  
30/07/2018



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7	Golaghat	1	0.27
8	State (ToT)	1	2.82
9	Total	8	4.72

**Note: The tentative budget for the training is provided in the table below which is suggestive; however, norms for RCH trainings must be followed. (One State Level TOT)**

24 participants+ 3 Trainers					
S. N.	Activity	Cost per batch			
		Unit Cost	Unit	No of Days	Total Cost
1	DA to the participants (MO)	700	8	2	11,200
2	DA to the participants (SN)	400	16	2	12,800
3	Accommodation to participants where residential facility is not available.(Single Room)	2000	24	2	96,000
4	Accommodation to National Level resource persons	5000	1	2	10,000
	Accommodation to State resource persons where residential facility is not available.	4000	2	2	16,000
5	Honorarium to the Resource Person (National)	1500	1	2	3,000
	Honorarium to the Resource Person (State)	1000	2	2	4,000
6	Food to the participants (Breakfast/ Lunch/ Tea (Participants + RP)	500	27	2	27,000
7	Hiring of Venue	10000	1	2	20,000
8	Training Kit(FPC Module, DVDs & Stationaries)	300	24	1	7,200
9	TA to Participants	1000	24	1	24,000
10	Travel cost to Resource Person( National)	10000	1	1	10,000
11	Travel cost to Resource Person( State)	1000	2	2	4,000
					245,200
12	Contingency per batch (15%)				36,780
	Cost of One batch				281,980

**One batch of FPC-KMC in functional KMCUs for 7 districts @ 0.27 lakhs per district. Note: The tentative budget for the training is provided in the table below which is suggestive; however, norms for RCH trainings must be followed.**

Family Participatory Care(KMC) Training-District Level ( One Batch Per SNCU with Functional KMC Unit)
20 participants+ 3 Trainers

*John*  
30/07/2018





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Saikia Commercial Complex, Christian basti, Guwahati-5**

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S. N.	Activity	Cost per batch			
		Unit Cost	Unit	No of Days	Total Cost
1	DA to the participants (MO)	700	4	1	2,800
2	DA to the participants (SN)	400	16	1	6,400
3	Honorarium to the Resource Person( Trained at State TOT)	600	3	1	1,800
6	Food to the participants (Breakfast/ Lunch/ Tea (Participants + RP)	250	23	1	5,750
8	Training Kit(FPC Module, DVDs & Stationaries)	300	23	1	6,900
-	-	-	-	-	23,650
12	Contingency per batch (15%)	-	-	-	3,548
Cost of One batch					27,198
Note: TOT for 7 Functional KMC Units to be conducted at GMCH					
Karimganj, Dibrugarh, Cachar, Jorhat, Kamrup Metro, Kokrajhar, Golaghat- Functional KMC units					

30/12/18



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**Name of the Activity: Child Death Review**

**FMR: 10.1.2 (Total Approval = Rs. 44.18 lakhs)**

**FMR Owner of the Activity: Consultant-Child Health, SCM at State, DPM at district level (facility based), DCM community level**

**Relevance: All districts and blocks.**

To conduct the Child Death Review in the district, fund is sanctioned as follows for the year 2018-19:

Budget Head	FMR Code	Unit Cost
First Brief Investigation of Death by ANM	10.1.2	□ 100
Verbal Autopsy	10.1.2	□ 500 (For team of 2-3 persons travel cost)
Reimbursement of travel expenses to the relatives of the deceased attending meeting	10.1.2	□ 100/- Maximum 3 cases at district level @100 per case
Contingency/Monthly Meeting Organisation	10.1.2	9000 / district / yr.

Following is the broad guidelines for utilization of the fund:

1. Child Death Review is to identify the leading causes of child deaths (0-59 months) and the contributory factors. Analysis of sequence of events of every child death will identify the gap areas for service delivery and will help in strengthening child health care service delivery and in reduction of Neonatal, Infant and under five mortalities.
2. Child Death review process is to identify the cause specific mortality data and to take a corrective action to improve the service delivery. The major objective of CDR is as follows,
  - To provide cause specific mortality data.
  - Gap filling of birth and death reporting and registration.
  - To evaluate effectiveness of health interventions in reducing mortality.
  - To identify issues relating to health seeking behaviour and
  - To identify issues relating to service delivery to prevent avoidable deaths.
  - To take policy level decision on allocation of resources and strategic interventions.
3. All deaths in age group of 0-59 months to be covered under CDR.
4. CDR will be implemented with TWO processes. i.e. Community Based CDR and Facility Based CDR.
5. Community based CDR:  
Process:

S.N.	Activity	No of Deaths to be reported	Responsible Person	Timeline	Incentive
1	Notification of Death (Not sanctioned yet)	All	ASHA	48 Hrs.	□ 50
2	First Brief Investigation	All	ANM	15 Days	□ 100
3	Verbal Autopsy	6/month/block	VA Team of 2	2 Months	□ 500
4	District CDR Review Meeting (Both CBCDR & FBCDR)	3/month	DNO	Monthly	-

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6. Reimbursement of travel expenses for relatives of deceased attending District CDR Meeting @ 100 for maximum 3 cases per month per District.  
7. Contingency of ₹ 9000 Per District per year.

District wise Allocation of Funds is as under:

Child Death Review in the Districts (ANM incentives for FBI/Vas/Reimbursement to relatives and monthly meetings)											
District	10.1.2 ANM Incentive			10.1.2 Verbal Autopsy@ 3 case per RU PM			10.1.2 Reimbursement to relatives			Contingency @9000 per District. 10.1.2	Total for CDR activities excluding ASHA incentives and printing
	Unit Cost	Tar.	Bud.	Unit (Block)	Unit Cost	Tot.	Unit (Monthly Meeting)	Unit Cost	Tot.		
Baksa	100	361	0.36	7	500	0.945	12	300	0.027	0.09	1.42
Barpeta	100	760	0.76	8	500	1.08	12	300	0.027	0.09	1.96
Bongaigaon	100	326	0.33	4	500	0.54	12	300	0.027	0.09	0.98
Cachar	100	1140	1.14	9	500	1.215	12	300	0.027	0.09	2.47
Chirang	100	201	0.20	2	500	0.27	12	300	0.027	0.09	0.59
Darrang	100	656	0.66	5	500	0.675	12	300	0.027	0.09	1.45
Dhemaji	100	262	0.26	5	500	0.675	12	300	0.027	0.09	1.05
Dhubri	100	1427	1.43	8	500	1.08	12	300	0.027	0.09	2.62
Dibrugarh	100	591	0.59	7	500	0.945	12	300	0.027	0.09	1.65
Dima Hassao	100	92	0.09	4	500	0.54	12	300	0.027	0.09	0.75
Goalpara	100	582	0.58	6	500	0.81	12	300	0.027	0.09	1.51
Golaghat	100	585	0.58	6	500	0.81	12	300	0.027	0.09	1.51
Hailakandi	100	665	0.67	5	500	0.675	12	300	0.027	0.09	1.46
Jorhat	100	459	0.46	9	500	1.215	12	300	0.027	0.09	1.79
Kamrup M	100	407	0.41	6	500	0.81	12	300	0.027	0.09	1.33
Kamrup R	100	484	0.48	12	500	1.62	12	300	0.027	0.09	2.22
Karbi Anglong	100	574	0.57	9	500	1.215	12	300	0.027	0.09	1.91
Karimganj	100	921	0.92	6	500	0.81	12	300	0.027	0.09	1.85
Kokrajhar	100	689	0.69	4	500	0.54	12	300	0.027	0.09	1.35

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30/12/2018



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									7		
Lakhimpur	100	520	0.52	7	500	0.945	12	300	0.02	0.09	1.58
Morigaon	100	659	0.66	3	500	0.405	12	300	0.02	0.09	1.18
Nagaon	100	2011	2.01	12	500	1.62	12	300	0.02	0.09	3.75
Nalbari	100	413	0.41	6	500	0.81	12	300	0.02	0.09	1.34
Sivasagar	100	553	0.55	9	500	1.215	12	300	0.02	0.09	1.89
Sonitpur	100	970	0.97	9	500	1.215	12	300	0.02	0.09	2.30
Tinsukia	100	656	0.66	5	500	0.675	12	300	0.02	0.09	1.45
Udalguri	100	292	0.29	3	500	0.405	12	300	0.02	0.09	0.81

**Note: ASHA activity is sanctioned at 3.1.1.12 ASHA Incentives (Any others)**

31/07/2018





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**Name of the Activity: Printing of IMNCI**

**FMR: 12.2.1 (Total Approval = Rs. 25.9 lakhs)**

**Owner of the Activity: SPM & Consultant CH for State and DPMs at district**

**Guideline for printing for IMNCI**

The IMNCI program implementation requires the material to be printed for training, reporting, etc

- (a) Printing of 2000 IMNCI Module (Chart Booklet, Photo Booklet & Training Module) @ Rs-500 = 1000000/- Rs. 2.5/- lakh may be sanctioned to districts for printing of modules for training rest 7.5 lakhs will be kept at SHQ  
(b) Printing of 1000 F-IMNCI Training module @ Rs-500 = 500000  
(c) Printing of 10000 IMNCI Service Booklet @ Rs-100 = 1000000  
(d) Printing of 30000 IMNCI Supervisory Forms @ Rs-3 = 90000

**Total at SHQ = 23.4 lakhs**

The IMNCI training requires Chart Booklet, Photo Booklet & Training Module. The photo booklet and chart booklet is given to ANM and LHVs which needs to be carried on field during visits to support proper identification of illness and necessary treatment or follow up to be done.

The F-IMNCI training modules needs for conducting the F-IMNCI trainings.

The IMNCI service booklet contains assessment forms which need to be filled during assessment of the child in field visit.

The IMNCI supervisory forms needs to be used and filled by all supervisors of IMNCI program which includes all sector MOs, SDM & HOs etc.

S.N.	District	Batches approved	No of participants	Funds to be allocated @ 500/-per book
1	Barpeta	1	24	0.12
2	Baksa	1	24	0.12
3	Bongaigaon	1	24	0.12
4	Cachar	1	24	0.12
5	Chirang	1	24	0.12
6	Darrang	1	24	0.12
7	Dhemaji	0		
8	Dhubri	1	24	0.12
9	Dibrugarh	0		
10	Goalpara	1	24	0.12
11	Golaghat	0		
12	Hailakandi	1	24	0.12
13	Jorhat	0		

*John*  
30/07/2018



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14	Kamrup(M)	0		
15	Kamrup(R)	1	24	0.12
16	Karbi Anglong	1	24	0.12
17	Karimganj	1	24	0.12
18	Kokrajhar	1	24	0.12
19	Lakhimpur	1	24	0.12
20	Morigaon	0		
21	Nagaon	1	24	0.12
22	Nalbari	0		
23	Dima Hasao	1	24	0.12
24	Sivasagar	1	24	0.12
25	Sonitpur	1	24	0.12
26	Tinsukia	1	24	0.12
27	Udalguri	1	24	0.12
	<b>Total</b>	20	480	2.4

  
25/07/2018





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**Name of the Activity: Printing of Child Death Review Formats**

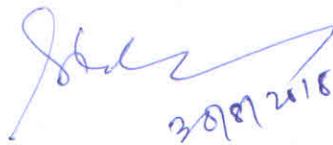
**FMR: 12.2.4 (Total Approvals = Rs. 27.8 lakhs)**

**Owner of the Activity: SPM**

1. The printing of required nos. of format following all financial norms under NHM.
2. It is to be ensured that the notification cards are printed in local language, so as to make the reporting convenient for ASHAs.
3. Printing of formats must done considering the existing stock at all levels in the district.

Item	Number	Unit Cost	Total
Notification Card	319550	3	9.6
FBI form	319550	5	16.0
3A	2112	5	0.1
3B	4224	5	0.2
3C	6336	6	0.4
4A	15000	5	0.8
4B	15000	5	0.8
<b>Total CDR printing</b>			<b>27.76</b>

**The CDR formats are available and new materials will be printed as after distributing the available formats. (District will place requirements and accordingly printing will be done)**

  
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**Name of the Activity: Printing & Translation cost for Family Participatory Care materials**

**FMR: 12.2.9 (Budget @ SHQs = 3.75 lakhs)**

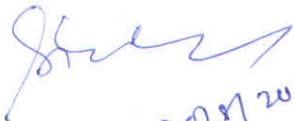
**Owner of the Activity: SPM for translation printing & Consultant-CH (To be done before September, 2018)**

**Guideline for printing and translation of training material for FPC/ KMC training**

FPC-KMC is a newly started program and Assam is having seven functional KMC units. The state is planning to scale up KMC units in all the districts. The training of SNCUs MOs and SNs need to be done for FPC-KMC practice in all hospitals having SNCUs. The training material needs to be translated in local language for the same.

Printing and translation cost for family participatory care (KMC) = **3.75 lakhs**

The budget will be utilized for translation and printing guidelines. (Once KMC materials is finalized) which is being done.

  
30/7/2018





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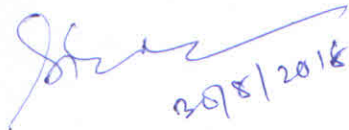
**Name of the Activity: Printing (SNCU data management)**

**FMR: 12.2.10 (Budget 28.35 lakhs)**

**Owner of the Activity: SPM and Consultant CH (To be done before October, 2018)**

For recording the newborns details in the SNCU various case sheets, discharge cards, follow up cards and different registers as well as case recording formats needs to be printed. Printing cost for various requirements of SNCUs is proposed @ 1 lakh per SNCU for 28 SNCUs in the State. The cost of stationary for SNCU Chirang which is non functional at the moment is calculated @ 0.35 lakhs.

Total cost for printing of SNCU case record and reporting formats = 28.35 lakhs

  
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**Name of the Activity: Printing of HBNC referral cards and other formats**

**FMR: 12.2.11 (Total Budget = 88.28 lakhs)**

**Owner of the Activity: SPM and SCM at District DCM**

Printing to be done at SHQ

**FMR 12.2.11-Printing of HBNC referral cards and other formats**

SI	Districts	Estimated live births	HBNC voucher @Rs 6/-	ASHA	Urban ASHA	HBNC Book @ Rs 100	SC	SC Monthly Reporting formats for LBW & SNCU discharge follow-up @ Rs 2 for 12 months	Total
1	Baksa	18,898	1.13	935	0	0.935	157	0.03768	2.11
2	Barpeta	39,733	2.38	1507	0	1.507	264	0.06336	3.95
3	Bongaigaon	16,230	0.97	690	50	0.74	84	0.02016	1.73
4	Cachar	50,146	3.01	1745	81	1.826	270	0.0648	4.90
5	Chirang	9,992	0.60	717	0	0.717	86	0.02064	1.34
6	Darrang	21,884	1.31	964	0	0.964	163	0.03912	2.32
7	Dhemaji	17,674	1.06	746	0	0.746	98	0.02352	1.83
8	Dhubri	49,764	2.99	1836	85	1.921	246	0.05904	4.97
9	Dibrugarh	27,590	1.66	1218	81	1.299	231	0.05544	3.01
23	Dima Hasao	4,298	0.26	238	0	0.238	65	0.0156	0.51
10	Goalpara	25,228	1.51	1015	60	1.075	151	0.03624	2.62
11	Golaghat	24,985	1.50	1030	0	1.03	144	0.03456	2.56
12	Hailakandi	23,204	1.39	689	0	0.689	105	0.0252	2.11
13	Jorhat	22,454	1.35	1210	55	1.265	144	0.03456	2.65
14	Kamrup M	25,186	1.51	211	527	0.738	51	0.01224	2.26
15	Kamrup R	29,979	1.80	1737	0	1.737	280	0.0672	3.60
16	Karbi Anglong	22,339	1.34	1097	32	1.129	145	0.0348	2.50
17	Karimganj	36,276	2.18	1193	30	1.223	218	0.05232	3.45
18	Kokrajhar	20,689	1.24	1309	0	1.309	161	0.03864	2.59
19	Lakhimpur	27,209	1.63	1036	35	1.071	156	0.03744	2.74
20	Marigaon	25,618	1.54	911	0	0.911	123	0.02952	2.48
21	Nagaon	77,229	4.63	2376	100	2.476	354	0.08496	7.19
22	Nalbari	15,473	0.93	753	0	0.753	121	0.02904	1.71
24	Sibsagar	23,315	1.40	1206	50	1.256	219	0.05256	2.71
25	Sonitpur	40,324	2.42	1859	90	1.949	275	0.066	4.43
26	Tinsukia	30,170	1.81	1346	60	1.406	164	0.03936	3.26
27	Udalguri	18,107	1.09	1045	0	1.045	146	0.03504	2.17
Total		743,995	44.64	30619	1336	31.955	4621	1.10904	77.70
Buffer 15%		111599	6.70			4.79325	5000	0.1	11.59
Total		855,594	51.34			36.74825		1.20904	89.28

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20/07/2018





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**Name of the Activity: Any other (please specify)**

**FMR: 12.2.12 (Budget = 36.51 lakhs)**

**Owner of the Activity: SME/SPM/SCM at State DME at districts**

The IEC on HBNC vouchers (vinyl board) will be disseminated at Health facilities @ 5 per DH, 3 per SDH & CHCs 2 per PHC and 1 per SC will be printed for better visibility of HBNC voucher scheme.

The HBNC voucher scheme is unique initiative and implemented in all the districts of Assam. The program is successfully implemented and HBNC visits by ASHA are ensured through the voucher scheme. The coverage has improved significantly. There is a need to disseminate more IEC material regarding HBNC voucher for awareness generation. The posters/ vinyl boards regarding HBNC vouchers will be printed and distributed for facility level IEC.

District	SC	PHC	CHC	SDH	DH	Total
Baksa	157	41	5	0	1	204
Barpeta	264	51	8	1	1	325
Bongaigaon	88	30	4	0	1	123
Cachar	270	32	4	0	1	307
Chirang	87	24	3	0	1	115
Darrang	159	30	7	0	1	197
Dhemaji	98	22	4	0	1	125
Dhubri	246	43	6	2	1	298
Dibrugarh	231	28	8	0	0	267
Dima Hassao	65	10	2	0	1	78
Goalpara	151	41	5	0	1	198
Golaghat	144	40	4	1	1	190
Hailakandi	105	14	3	0	1	123
Jorhat	144	44	5	2	0	195
Kamrup M	51	24	3	0	1	79
Kamrup R	280	72	12	1	1	366
Karbi Anglong	145	46	5	1	1	198
Karimganj	217	31	7	0	1	256
Kokrajhar	161	45	2	1	1	210
Lakhimpur	156	32	8	1	1	198
Morigaon	123	35	5	0	1	164
Nagaon	352	83	17	0	1	453
Nalbari	121	47	11	0	1	180
Sivasagar	219	44	4	2	1	270
Sonitpur	277	58	8	2	1	346
Tinsukia	164	23	7	0	1	195
Udalguri	146	24	5	0	1	176
Total	4621	1014	162	14	25	5836

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30/07/2018



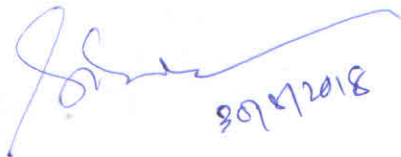
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HBNC voucher (IEC Printing as vinyl Board) to be spent from SHQ

12.2.12 Any Other (please specify) distribution plan at facility level			
Type of HI	No of HI	HBNC IEC Vinyl boards (1 set of 5 IEC boards)	HBNC IEC Vinyl boards (5 Boards @ Rs500/ board)
DH	25	125	0.625
SDH	14	42	0.21
CHC	162	486	2.43
PHC	1014	2028	10.14
SC	4621	4621	23.105
Total	5836	7302	36.51

  
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NATIONAL HEALTH MISSION, ASSAM  
Saikia Commercial Complex, Christian basti, Guwahati-5

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**Name of the Activity: SNCU data management (Excluding HR) FMR: 16.1**

**FMR: PM Annexure (FMR 16.1)**

**Owner of the Activity: SNCU, DM (Mr. Gyanendra), DDM at district level.**

Operational cost for SNCU Data Management (Internet, Cartridge, Phone bills) and Printing Cost of Online reporting formats @ 0.36 Lakhs for 28 SNCUs & @0.12 Lakh for Chirang = 10.20 Lakhs. (All districts) and 1.002 at SHQ.

Total = 11.2 lakhs

The community and facility follow up SNCU discharged babies is very poor. In order to improve the follow up a SMS reminder system to parents as well as ASHAs for follow up dates for awareness as well as improving compliance is to be done.

**Provision of Bulk SMS package** – As a part of SNCU follow up and tracking system, a bulk SMS package will be required to send SMS reminders to parents and ASHA worker for community and Facility follow up. The provision for the bulk SMS package needs to be done at state level

S.No.	Particular	Required Qty. Calculation	Total SMS Required per year
1	Post Discharge information to community workers	1 SMS to each discharged / LAMA newborn's village community worker – ASHA	41,500(41,500*0.1)
2	Facility Follow-up Reminder	5 Follow-up for each discharged/ LAMA newborn X 2 SMS (Parents & Community worker-ASHA)	4,15,000(41,500*10)
3	Community Follow-up Reminder	6 Follow-up for each discharged/ LAMA newborn X 2 SMS (Parents, Community worker-ASHA)	4,98,000(41,500*12)
Estimated SMSs needed per year			9,54,500
Additional 5% SMS for adjustment			47,725
<b>To be spent at SHQ</b>			<b>10,02,223 @ 10 paisa per SMS =100223/-</b>

**PM Annexure Child Health:**

M. Guidelines for utilization of recurring cost for online reporting.

To continue online reporting of admission, discharge, LAMA, referred and death cases in SNCUs an amount of ₹ 36000/- for each SNCU is sanctioned for the year 2018-19 within the overall limit of budget sanctioned per SNCU. SNCU Committee will be responsible to control this fund.

- Broadband connection & Dongle charge (used only for SNCU online reporting) @ ₹ 2000/- per month (on actual) may be incurred.
- Recurring cost for printing of (Discharge card & Referral card) in SNCU may be incurred @ ₹ 700/- per month (on actual).
- Incidental expense of ₹ 3000 per SNCU per year.

If already not available, Internet dongle along with SIM Card may be purchased in addition to existing Broadband connection to ensure the daily reporting even in case of connection failure.

30/8/2018



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**Activity: CH-Scale up of e-CDR implementation in whole State**

**FMR: 18.5 (Total Approval=Rs. 8.4lakhs)**

**Relevance: All districts (SHQ activity)**

**Deadline: September**

**Owner of the Activity: Consultant, CH & Data Manager (CH), Software Developer, MIS manager.**

Improving child survival and development is one of the key goals of National Health Mission (NHM). Each child death is an unfortunate incidence and there are valuable lessons to be drawn from each one of them so that the underlying causes can be addressed and any gaps in the delivery of essential services are plugged through action at various levels of the healthcare delivery system.

Child Death Review is an important strategy to understand the geographical variation in causes leading to new-born and child deaths, and thereby initiating area specific interventions. An analysis of new-born and child deaths provides information about the medical causes of death and helps to identify the gaps in health service delivery, or the social factors that contributes to these deaths.

**Background:**

Present status of child mortality indicators of Assam are as mentioned below:

Indicators		SRS 2013	SRS 2014	SRS 2015	SRS 2016
NMR	Assam	27	26	25	23
	India	28	26	26	24
U-5 MR	Assam	73	66	62	52
	India	49	45	43	39
IMR	Assam	54	49	47	44
	India	40	39	37	34

In order to improve the reporting and quality of CDR the software for reporting is developed based on the standard formats of CDR of GOI. In the year 2018-19 eCDR roll out in the whole State is approved and also piloted successfully in two districts Nalbari and Nagaon. In order to improve reporting and quality of CDRs this year the use of eCDR software will be scaled up to all the districts in a phased manner.

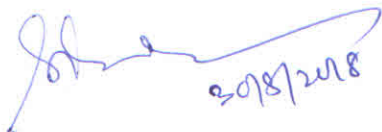
It will help in tracking as well as identifying the reasons for child deaths. Based on which focused interventions and actions will be planned to reduce infant and child deaths. The requirement for scale up of eCDR is to provide capacity building to all the staff from reporting units from the districts.

**Implementation:**

- Training of all CDR nodal officers
- Training of all reporting unit staff for eCDR
- Initiation of reporting in eCDR
- Analysis and Monitoring of eCDR reporting periodically

**Outcome Indicators:**

- Improved quality of CDR reporting

  
20/8/2018





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- Improved quality of verbal autopsy and data submitted
- Easier and user friendly software will improve compliance for reporting
- Easy availability of complied reports, analysis etc

**Note: The tentative budget for the training/workshop is provided in the table below which is suggestive; however, norms for RCH trainings must be followed.**

eCDR training (FMR: 18.5)						
S.N.	Head	Category	Unit Cost	No of Days	No	Total Cost
1	CDR Nodal officer	MO	₹ 700	1	5	₹ 3,500
2	DA (DDM)	DDM	₹ 700	1	5	₹ 3,500
	DA (ADDM)	ADDM	₹ 700	1	5	₹ 3,500
	DA (BDM)	BDM	₹ 400	1	45	₹ 18,000
3	Honorarium	Resource Person	₹ 600	1	2	₹ 1,200
4	Breakfast, Tea, Lunch		₹ 250	1	60	15,000
6	Accommodation for participants		₹ 1,000	1	60	₹ 60,000
7	Training materials, Misc.		₹ 300	1	60	₹ 18,000
7	TA (As per actual)		₹ 1,000	1	60	₹ 60,000
Total						₹ 182,700
8	Institutional Overhead (15% of training expenses)					₹ 27,405
<b>Grand Total</b>						₹ 210,105
<b>Total 4 batches at state level</b>		<b>840420</b>	<b>8.4042/- for E-CDR roll out workshops in State</b>			

Four batches of the training (7-8 district per batch) will be done involving DDMs/ADDMs/BDMs and Nodal Officers of CDR in the districts. These training will be used for strengthening the CDR system and going a step forward toward the online review system.

  
30/07/2018