

### **Budget Summary with owner of the FMR Code**

| Sl.No.  | FMR Code | Activities                         | ROP 2018-19 Approval | State Level | District Level | Officer responsible in the State                     | Officer responsible in the District |
|---|----------|------------------------------------|----------------------|-------------|----------------|--|-------------------------------------|
| 1   | U.1      | Service Delivery - Facility Based  | 76.5                 | 0           | 76.5           | AM,NUHM  | DUHC/Acct. cum-sect Staff           |
| Support for NCD Control, Operational expenses for UPHC's and CHC's  |          |                                    |                      |             |                |  |                                     |
| 2   | U.2      | Service Delivery - Community Based | 48.44                | 20          | 28.44          | Consultant, NUHM                                     | DUHC                                |
| Mobility support for ANM, UHND, Special Outreach program , Entomological study and health checkup camps for Sanitary workers  |          |                                    |                      |             |                |  |                                     |
| 3   | U.3      | Community Interventions            | 268.04               | 13.04       | 255            | SPM/SCM  | DCM/DUHC                            |
| ASHA Incentives for Routine activities, ASHA training, ASHA miscellaneous cost , Training of MAS and District level workshop. |          |                                    |                      |             |                |  |                                     |
| 4   | U.4      | Untied grants                      | 118.15               | 0           | 118.15         | Consultant Planning                                  | DUHC                                |
| Govt Building, Rented building,CHC AND Untied fund for MAS.   |          |                                    |                      |             |                |  |                                     |
| 5   | U.5      | Infrastructure                     | 176.68               | 129.64      | 47.04          | Kanak, Deka, AE                                      |                                     |
| Rent for UPHC, Non NUHM District and construction of UPHC   |          |                                    |                      |             |                |  |                                     |
| 6   | U.6      | Procurement                        | 25.69                | 25.69       |                | SristiSut, AE Instrumentation, Partha S. Das,DDSM HQ |                                     |
| Equipment for VIA, HBNC Kits, NCD Drugs and consumables including glucometer.   |          |                                    |                      |             |                |  |                                     |
| 7   | U.8      | Service Delivery - Human Resource  | 1559.7               | 1559.7      |                | Consultant, HR                                       | Acct. cum-sect Staff                |
| 8   | U.9      | Training & Capacity Building       | 44.55                | 20.08       | 24.47          | SPO, NCD, Consultant NUHM                            | DUHC                                |

Reorientation on service delivery of ANM and other Paramedical Staff,  
Training of MO, Training on other diseases control program, Training on HMIS, Training of ULBs.

| Sl.No.                         | FMR Code | Activities           | ROP 2018-19 Approval | State   | District | Officer responsible in the State | Officer responsible in the District |
|--------------------------------|----------|----------------------|----------------------|---------|----------|----------------------------------|-------------------------------------|
| 9                              | U.11     | IEC/ BCC             | 177.58               | 143.34  | 34.240   | SME                              | DME/DUHC                            |
| 10                             | U.12     | Printing             | 11.03                | 11.03   |          | SPM                              |                                     |
| 11                             | U.13     | Quality Assurance    | 65.8                 | 26      | 39.8     | PE, Kakoli Deka                  | DUHC                                |
| 12                             | U.16     | Programme Management | 180.82               | 99.9    | 80.92    | Consultant, HR                   | DUHC                                |
| Total                          |          |                      |                      | 2048.42 | 704.56   |                                  |                                     |
| Grand Total of approved budget |          |                      | 2752.98 Lakh         |         |          |                                  |                                     |

## Introduction: NUHM, Assam

The National Urban Health Mission (NUHM) as a sub-mission of National Health Mission (NHM) has been approved by the Cabinet on 1st May 2013. NUHM envisages to meet health care needs of the urban population with the focus on urban poor, by making available to them essential primary health care services and reducing their out of pocket expenses for treatment. This will be achieved by strengthening the existing health care service delivery system and targeting the people living in slums.

Assam has a urban population of 43,88,756 of which 4% i.e. 1,97,266 are slum population. (Census 2011).

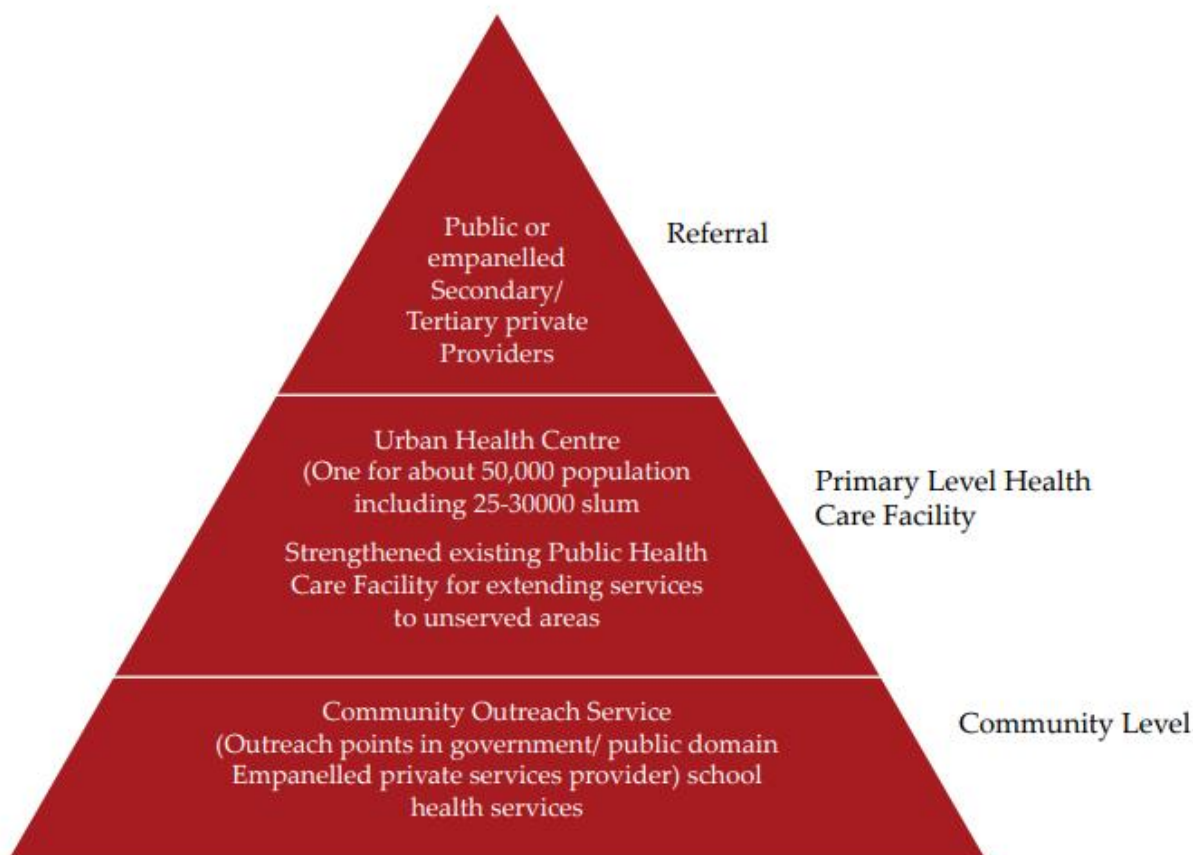
NUHM would endeavour to achieve its goal through:-

- i) Need based city specific urban health care system to meet the diverse health care needs of the urban poor and other vulnerable sections.
- ii) Institutional mechanism and management systems to meet the health-related challenges of a rapidly growing urban population.
- iii) Partnership with community and local bodies for a more proactive involvement in planning, implementation, and monitoring of health activities.
- iv) Availability of resources for providing essential primary health care to urban poor.
- v) Partnerships with NGOs, for profit and not for profit health service providers and other stakeholders.

NUHM would cover all State capitals, district headquarters and cities/towns with a population of more than 50000. It would primarily focus on slum dwellers and other marginalized groups like rickshaw pullers, street vendors, railway and bus station coolies, homeless people, street children, construction site workers.

In Assam, 14 districts are under NUHM (Bongaigaon, Cachar, Dhubri, Dibrugarh, Goalpara, Jorhat, Kamrup Metro, Karbi anglong, Karimganj, Lakhimpur, Nagaon, Sivasagar, Sonitpur and Tinsukia.). 4 district headquarters has urban population between 1-10 lakhs and 10 towns with less than 1 lakh but more than 50000 populations.

*Diagram: Urban Health Care Delivery Model*



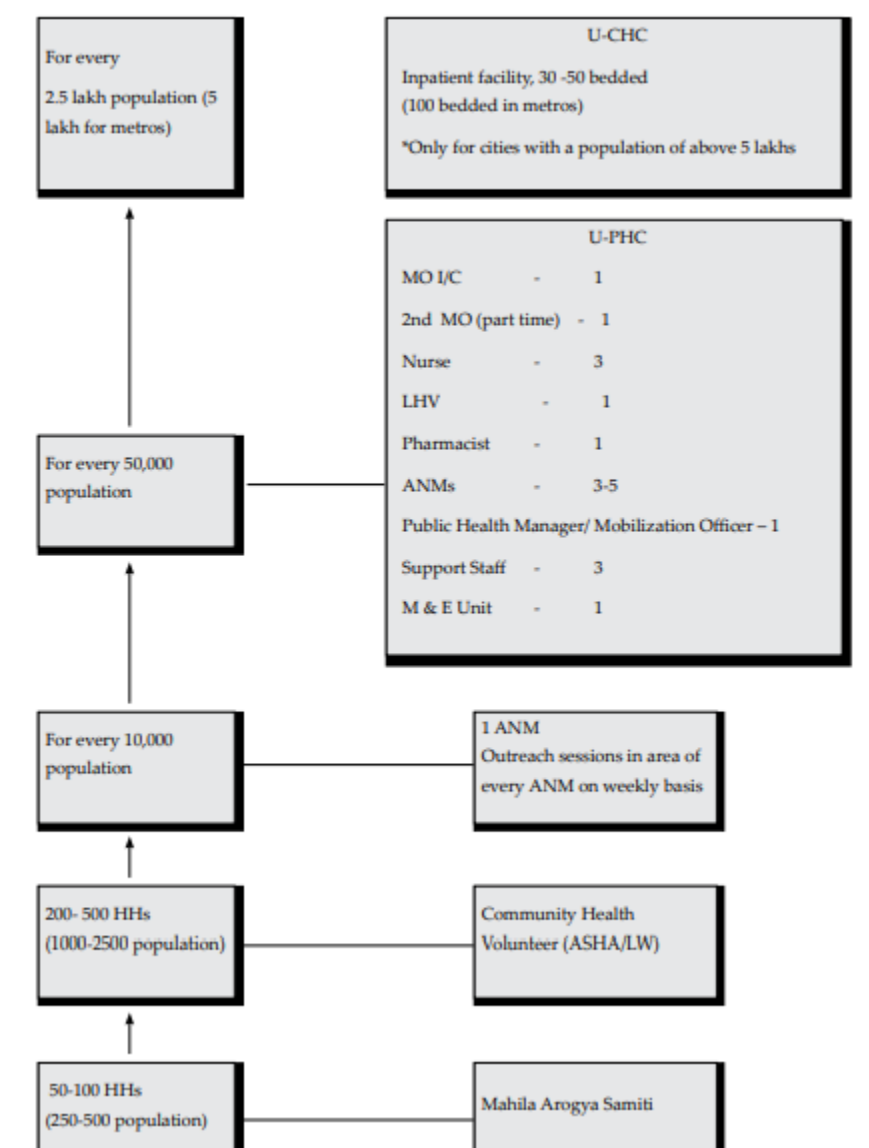
NUHM would promote a community health volunteer- Accredited Social Health Activist (ASHA) or Link Worker (LW) in urban poor settlements (one ASHA for 1000-2500 urban poor population covering about 200 to 500 households); ensure the participation by creation of community based institutions like MahilaArogyaSamiti (50-100 households) and RogiKalyanSamitis.

NUHM would proactively reach out to urban poor settlements by way of regular outreach sessions and monthly health, sanitation and nutrition day. States would be encouraged to involve NGOs to facilitate communitization process, build the capacity of ASHA and MAS and carryout IEC/BCC activities. It mandates special attention forreaching out to other vulnerable sections like construction workers, rag pickers, sex workers, brick kiln workers, rickshaw pullers and street children. The NUHM would provide annual grant of Rs.5000 to the MAS every year. This amount can be used for conducting fortnightly/monthly meetings of MAS, sanitation and hygiene, meeting emergency health needs etc. To build the capacity of MAS quarterly

orientation workshops on the subject of the Group organization, governance and management of the group, Leadership skills etc. would be organized.

NUHM would aim to provide a system for convergence of all communicable and noncommunicable disease programmes including HIV/AIDS through integrated planning at the City level. The objective would be to enhance the utilization of the system through the convergence 6 NATIONAL URBAN HEALTH MISSION mechanism, through provision of a common platform and availability of all services at one point (U-PHC) and through mechanisms of referrals.

### Urban Health Care Facilities



## **Service Delivery-Facility based**

**Activity:-Support for control of non-communicable disease**

**FMR Code: U.1.1.2**

### **GUIDING NOTE ON TEAM BASED INCENTIVE**

A annual team based incentive will be provided to the ANMs, ASHAs and AWWs (AAA) at the UPHC level based on the performance of the indicators annexed at annexure-I. There are certain criteria which are to be followed:

- A. Baseline:** - A baseline to be fixed for each of the indicators as per annexure-I which are based on the performance of the district for the FY 2016-17. The HMIS, latest survey data (DLHS/NFHS) could be used for baseline.
- B. Targets:** - The targets annexed at annexure –I need to be achieved based on the baseline (FY 2016-17). The annual target of the UPHC needs to be set based on the current status, context, availability of HR and geographic difficulty. A UPHC should aim for minimum 10% increase annually. The below mentioned example in the box shows 10% increase based on the baseline of 60% which needs to be followed.

| Yearly Target (10%) |        |        |        |        |        |
|---------------------|--------|--------|--------|--------|--------|
| Baseline            | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
| 60                  | 66     | 72     | 78     | 84     | 90     |

- C. How to verify the data:** - The data of these indicators (annexure-I) shall be calculated from review of the records of UPHC. The validation of the data shall also be carried out. Ideally the validation shall be done annually but for the first 2-3 years it will be done on half yearly mode. Once the validation is completed for the first six months based on the UPHC records, the 1<sup>st</sup>installment will be released. While the 2<sup>nd</sup>installment shall be released based on the external verification process. There are 2 options for carrying out external verification.
- I.)** The district can engage external agencies like research organizations, NGOs, medical college etc for validation of data through sample survey (considering 10% population) in each UPHC area. The State would facilitate the process.
- OR
- II.)** The State can also notify to the district for constitution of 2 member team consisting of PHN/Block Programme Manager/ Block Community Mobilizer etc who shall be sent to other blocks within the district and carry out sample survey (considering 10% population) for validation of reported data.
- D. Scoring Criteria:** - The team will be awarded with one point score on increase of each percentage

**E. Sampling Methodology:-**The household to be surveyed under each ASHA is approximately 10%. For eg. If an ASHA covers 200 hundred households, the surveyed households will be 20. Thus if in a UPHC 5 ASHAs are there and 1000 households are covered by them, a total of 100 households to be surveyed through random sampling method.

**F. Day wise activities to be carried out:**

**Day 1:**The investigators will meet the frontline health workers at UPHC. With the help of the ASHAs and the household register, the households are to be categorized in four groups.

**Day 2 & 3:**A team of 2 investigators shall start the survey with random selection of the households. Both the investigators shall divide the households among themselves. A questionnaire will be given to the investigators. All the questions to be covered for each household visited.

**Day 4:** The collected data will be tabulated and compared with that of the UPHC register. After validation with the ANM's register the recommendation will be made against the team based incentive.

**Proportion of team based incentive to ASHA and ANM on the basis of performance against group wise indicators:**

| Disease                   | Indicators | No incentive if score is less than | Incentive  | Frontline Workers |
|---------------------------|------------|------------------------------------|------------|-------------------|
| Non-Communicable Diseases | 4          | 30                                 | Rs. 15,000 | ASHA:ANM<br>75:25 |

**Annexure 1: List of Indicators**

**Non communicable diseases**

1. % of population over 30 years whose blood pressure and blood sugar was measured in last 2 years
2. % of those screened positive for HT/DM who were examined at the PHC/CHC
3. % of those who were initiated on treatment at PHC or above who are still under treatment, un-interrupted for the last 3 months
4. % of those currently on treatment who have achieved blood pressure/sugar control

**Budget Breakup:**

| <b>District</b> | <b>Amount</b> | <b>Quantity</b> | <b>Total</b>    |
|-----------------|---------------|-----------------|-----------------|
| Kamrup Metro    | 15000         | 34              | 510000          |
| Nagaon          | 15000         | 3               | 45000           |
| Sivasagar       | 15000         | 2               | 30000           |
| Tinsukia        | 15000         | 2               | 30000           |
| Jorhat          | 15000         | 3               | 45000           |
| Dibrugarh       | 15000         | 2               | 30000           |
| Bongaigaon      | 15000         | 1               | 15000           |
| Cachar          | 15000         | 1               | 15000           |
| Dhubri          | 15000         | 1               | 15000           |
| Karimganj       | 15000         | 1               | 15000           |
| Sonitpur        | 15000         | 1               | 15000           |
| Lakhimpur       | 15000         | 1               | 15000           |
| Goalpara        | 15000         | 1               | 15000           |
| Karbi Anglong   | 15000         | 1               | 15000           |
| <b>Total</b>    |               |                 | <b>8,10,000</b> |



## Operating Expenses

### Activity: Operational Expenses of UPHCs (excluding rent)

#### FMR Code: U.1.3.1

Each UPHCs will be given lump sum of Rs. 10000/-per month for one year. Fund should be utilized for the payment of electricity bill, telephone bill, alternative power supply and stationery items etc for smooth functioning of health institutions.

#### Budget Details as follows:

| No. of Unit | Unit Cost (Rs) | Total Cost (In Rs.) | In lakh |
|-------------|----------------|---------------------|---------|
| 55          | 120000         | 6600000.00          | 66.00   |

| SL. NO. | Name of health institution | Remarks | District     | Amount (Rs) |
|---------|----------------------------|---------|--------------|-------------|
| 1       | NATBOMA PHC                | Govt    | Kamrup Metro | 4200000     |
| 2       | SATGAON PHC                | Govt    |              |             |
| 3       | KHARGHULI MPHC             | Govt    |              |             |
| 4       | ODALBAKRA MPHC             | Govt    |              |             |
| 5       | KHANAPARA SD               | Govt    |              |             |
| 6       | CAPITAL SD                 | Govt    |              |             |
| 7       | WEST GHY SD                | Govt    |              |             |
| 8       | EAST GHY SD                | Govt    |              |             |
| 9       | GARIGAON SD                | Govt    |              |             |
| 10      | BHETAPARA SD               | Govt    |              |             |
| 11      | KAMAKHYA SD                | Govt    |              |             |
| 12      | LOKHARA SD                 | Govt    |              |             |
| 13      | HENGRABARI MU              | Govt    |              |             |
| 14      | ULUBARI UHC                | Govt    |              |             |
| 15      | AMINGAON UPHC              | Rented  |              |             |
| 16      | GARPANDU UPHC              | Rented  |              |             |
| 17      | PANDU NATH UPHC            | Rented  |              |             |
| 18      | FERRYGHAT UPHC             | Rented  |              |             |
| 19      | GOTANAGAR UPHC             | Govt    |              |             |
| 20      | FATASIL UPHC               | Rented  |              |             |
| 21      | SERABHATI UPHC             | Govt    |              |             |
| 22      | GANDHIBASTI UPHC           | Rented  |              |             |
| 23      | MATHGHARIA UPHC            | Rented  |              |             |
| 24      | BATAGHULI UPHC             | Rented  |              |             |
| 25      | BIRKUCHI UPHC              | Rented  |              |             |
| 26      | HATIGARH CHARIALI          | Rented  |              |             |
| 27      | KAHILIPARA UPHC            | Rented  |              |             |
| 28      | KOINADHARA UPHC            | Rented  |              |             |

|    |  |        |             |                    |
|----|--|--------|-------------|--------------------|
| 29 | NORTH GHY UPHC                           | Rented |             |                    |
| 30 | CHOONSALI UPHC                           | Rented |             |                    |
| 31 | BASISTHA MANDIR UPHC                     | Rented |             |                    |
| 32 | PANDU UPHC                               | Govt   |             |                    |
| 33 | KRISHNANAGAR UPHC                        | Rented |             |                    |
| 34 | PIYALI PHUKAN NAGAR UPHC                 | Rented |             |                    |
| 35 | MEDICAL UNIT, ASSAM SECRETARIATE, DISPUR | Govt   |             |                    |
| 36 | KAMPUR UPHC                              | Govt   |             |                    |
| 37 | MAHKHULI UPHC                            | Govt   | Nagaon      | 360000             |
| 38 | DHING GATE, HOIBORGAON                   | Rented |             |                    |
| 39 | WOOD UPHC                                | Govt   | Sivasagar   | 240000             |
| 40 | SONARI UPHC                              | Govt   |             |                    |
| 41 | MISSIONPARA UPHC                         | Rented | Tinsukia    | 240000             |
| 42 | MARGHERITA UPHC                          | Govt   |             |                    |
| 43 | JORHAT UPHC                              | Rented | Jorhat      | 360000             |
| 44 | MARIYONI UPHC                            | Govt   |             |                    |
| 45 | CINAMORA UPHC                            | Govt   |             |                    |
| 46 | DIBRUGARH UPHC                           | Govt   | Dibrugarh   | 240000             |
| 47 | DULIAJAN UPHC                            | Govt   |             |                    |
| 48 | BHAWLAGURI UPHC                          | Rented | Bongaigaon  | 120000             |
| 49 | SILCHAR UPHC                             | Rented | Cachar      | 120000             |
| 50 | DHUBRI UPHC                              | Rented | Dhubri      | 120000             |
| 51 | KARIMGANJ UPHC                           | Rented | Karimganj   | 120000             |
| 52 | JAHAJGHAT UPHC                           | Rented | Sonitpur    | 120000             |
| 53 | CHAPORIGAON UPHC                         | Rented | Lakhimpur   | 120000             |
| 54 | GOALPARA UPHC                            | Rented | Goalpara    | 120000             |
| 55 | DIPHU UPHC                               | Rented | KabiAnglong | 120000             |
|    | <b>Total</b>                             |        |             | <b>66,00,000/-</b> |

**Activity: Others (Operational Expenses of UCHC -excluding rent).**

**FMR Code: U.1.3.4**

2 nos. of UCHCs will be provided Rs.10000/- per month for one year. Fund should be utilized for the payment of electricity bill, telephone bill, alternative power supply, stationery items etc.

**Budget Details as follows:**

| No. of Unit    | Unit Cost(Rs) |              | Total Cost (In Rs.) | In lakh |
|----------------|---------------|--------------|---------------------|---------|
| Dhirenpara CHC | 120000        | Kamrup Metro | 2,40,000            | 2.40    |
| Pandu CHC      | 120000        |              |                     |         |

## **Service Delivery-Community Based**

### **Activity:-Mobility support for ANM/LHV**

#### **FMR Code U.2.2.1**

Mobility expenses for ANM @ Rs.500/- per month per ANM. Mobility expenses to ANM should be paid for-

1. Organizing and strengthening of Urban Health & Nutrition sessions (4-5 session per ANM per month)
2. Outreach sessions ( 2sessions, per ANM, per month)
3. Observation of National health Programmes as per Plan and program attained and organised.

| <b>District</b> | <b>Amount</b> | <b>No of ANMs</b> | <b>Total</b>   |
|-----------------|---------------|-------------------|----------------|
| Kamrup Metro    | 6000          | 100               | 600000         |
| Nagaon          | 6000          | 15                | 90000          |
| Sivasagar       | 6000          | 10                | 60000          |
| Tinsukia        | 6000          | 10                | 60000          |
| Jorhat          | 6000          | 10                | 60000          |
| Dibrugarh       | 6000          | 10                | 60000          |
| Bongaigaon      | 6000          | 5                 | 30000          |
| Cachar          | 6000          | 5                 | 30000          |
| Dhubri          | 6000          | 5                 | 30000          |
| Karimganj       | 6000          | 5                 | 30000          |
| Sonitpur        | 6000          | 5                 | 30000          |
| Lakhimpur       | 6000          | 5                 | 30000          |
| Goalpara        | 6000          | 5                 | 30000          |
| Karbi Anglong   | 6000          | 5                 | 30000          |
| <b>Total</b>    |               | <b>195</b>        | <b>1170000</b> |

#### **Work to be done at district level**

1. The list of UHND sites should be uploaded by the district in the NHM, Website.
2. UHND monitoring should be done by Joint DHS, DPMU along with other health officials is compulsory and the visit should be uploaded in the VHND web portal of NHM.

## **Out reach Activities**

### **Activity: Urban Health and Nutrition Day (UHND)**

#### **FMR Code: U.2.3.1**

The Urban Health and Nutrition Day (UHND) is a platform for the community people to access services for a package of preventive, promotive and basic curative care.

#### **Guidelines for implementing UHND camps:**

| <b>Urban Health &amp; Nutrition Day (Monthly outreach sessions/UHNDs)</b> |   |
|---|---|
| <b>WHO:</b> Population to be covered                                      | Slum and vulnerable population (predominantly women and children) in the catchment areas of the UPHC. The already identified patients needing follow-up may be catered to by providing medicines.   |
| <b>WHAT:</b> Service Coverage   | ANC, Immunisation, Health Education, Child Growth Monitoring, Nutrition Supplementation, Nutrition Counselling, education on Water Sanitation and Hygiene, Use of RDK, Drug Dispensing. Service delivery in details as mentioned in points (a), (b), (c), (d) |
| <b>WHERE:</b> Site of providing the Service                               | Anganwadi Centre (AWC) or any other community level structure in slum.  |
| <b>BY WHOM:</b>   | ANM supported by team of ASHA, AWW, and MAS members.  |
| <b>WHEN:</b> Frequency  | Monthly   |

Service Package to be provided at UHND:

#### **(a) MATERNAL HEALTH**

Early registration of pregnancies.

- Provision of full complement of ANC services with quality and accuracy, namely
  - o Weight measurement
  - o Abdominal Check-up
  - o TT injections
  - o BP measurement
  - o Haemoglobin Measurement
  - o Filling up of MCP Card with accurate & complete information
- Referral for women with signs of complications during pregnancy and those needing emergency care.
- Referral for safe abortion to approved MTP centres.

- Counselling on:
  - Education of girls.
  - Age at marriage.
  - Care during pregnancy.
  - Danger signs during pregnancy.
  - Birth preparedness.
  - Importance of nutrition.
  - Institutional delivery.
  - Identification of referral transport.
  - Availability of funds under the JSY for referral transport.
  - Post-natal care. ○ Breastfeeding and complementary feeding.
  - Care of a newborn.
  - Contraception.
- Organizing group discussions on maternal deaths, if any that have occurred during the previous month in order to identify and analyse the possible causes.

(b) CHILD HEALTH For Infants up to 1 year:

Registration of new births.

- Counselling for care of newborns and feeding
- Complete routine immunization.
- Immunization for dropout children.
- First dose of Vitamin A along with measles vaccine.
- Weighing

For Children aged 1-3 years:

- Booster dose of DPT/OPV.
- Second to fifth dose of Vitamin A.
- Tablet IFA - (small) to children with clinical anaemia.
- Weighing.
- Provision of supplementary food for grades of mild malnutrition and referral for cases of severe malnutrition.

For all children below 5 years:

- Tracking and vaccination of missed children by ASHA and AWW.
- Case management of those suffering from diarrhoea and Acute Respiratory Infections.
- Counselling to all mothers on home management and where to go in even of complications.
- Provide ORS packets.
- Counselling on nutrition supplementation and balanced diet.
- Counselling on and management of worm infestations.

(c) FAMILY PLANNING

- Information on use of contraceptives.
- Distribution - provision of contraceptive counselling and provision of non-clinic contraceptives such as condoms and OCPs.
- Information on compensation for loss of wages resulting from sterilization and insurance scheme for family planning.

(d) NON COMMUNICABLE DISEASES (NCD) SCREENING

- Persons aged more than 30 years to be screened for NCDs, viz. Diabetes Mellitus, Hypertension and Oral cancer.
- Monitoring of Blood Pressure (BP), Random Blood Sugar (RBS) and oral visual examination (OVE) to be done by ANMs assisted by ASHA.

REPRODUCTIVE TRACT INFECTIONS AND OTHER RELATED CONDITIONS

- Counselling on prevention of RTIs and STIs, including HIV/AIDS, and referral of cases for diagnosis and treatment.
- Counselling for peri-menopausal and post-menopausal problems
- Communication on causation, transmission and prevention of HIV/AIDS and distribution of condoms for dual protection.
- Referral for VCTC and PPTCT services to the appropriate institutions.

(d) HEALTH PROMOTION

- Importance of clean drinking water, safe water handling practices, use of long handle or ladle, and ways to keep the water clean at point-of-use, using chlorine tablets, boiling, water filters, etc.
- Education on Healthy food habits, hygienic and correct cooking practices, and hand washing.
- Testing of household salt sample for Iodine (using the testing kits supplied under NIDDCP programme)
- Avoidance of breeding sites for mosquitoes.
- Mobilization of community action for safe disposal of household refuse and garbage.
- Gender issues
- Communication activities for prevention of pre-natal sex selection, illegality of pre-natal sex selection, and special alert for one-daughter families.
- Communication on the Prevention of Violence against Women and Children, Domestic Violence Act, 2006.

- Age at marriage, especially the importance of appropriate age at marriage for girls.
- Issues of Alcohol and drug abuse, tobacco and gender violence
- Nutrition issues
- Focus on adolescent pregnant women and infants aged 6 months to 2 years.
- Checking for anaemia, especially in adolescent girls and pregnant women; checking, advising, and referring.
- Checking, advising and referring for other deficiency disorders (Vitamin-A, Iodine deficiency, Protein Calorie Malnutrition, etc.)
- Weighing of infants and children.
- Supply of iron supplements, vitamins, and micronutrients
- A discussion about and review of the AWC's daily activities at the centre, supplementary nutrition services being provided for children and pregnant and lactating mothers, and growth charts being recorded at AWC.
- Sanitation issues
- Identification of space for community toilets.
- Guidance on where to go and who to approach for availing of subsidy for those eligible to get the same under the Jawaharlal Nehru National Urban Renewal Mission (JNNURM).

**Frequency:** UHND should be conducted every Wednesdays at a fixed place (4-5 UHND/ANM/month)

**Session site:** Micro plane to be prepared by the ANM with the help of AWW/ MAS etc and sessions will be conducted as per micro plan.

**Publicity:** 1. Publicity to be made for dates, place prior to the session.

2. Prominent display on available services and other strategic points in front of Aganwadi Centre.

**Accountability:** The ANMs and Urban ASHAs of the operational area will be jointly responsible for organizing the event.

**Cost per session site:** A lump sum amount of Rs. 250/- is proposed for organizing each UHND session. The expenditure may be incurred in-

- Refreshment,
- Contingency
- Event management cost like organizing event like quiz, story writing, drawing, mass meeting, day celebration on maternal health, child health, Adolescent health, safe water treatment, sanitation etc.

The MAS shall be actively involved in conducting the UHNDs and any gaps in conducting the UHND shall be made from MAS funds.

The session site wise budget break-up for each district is as follows:-

| Sl. No. | District      | No of ANM  | Total in Rs.<br>(No of ANM x250 x12) |
|---------|---------------|------------|--------------------------------------|
| 1       | Kamrup Metro  | 100        | 300000                               |
| 2       | Nagaon        | 15         | 45000                                |
| 3       | Sivasagar     | 10         | 30000                                |
| 4       | Tinsukia      | 10         | 30000                                |
| 5       | Jorhat        | 10         | 30000                                |
| 6       | Dibrugarh     | 10         | 30000                                |
| 7       | Bongaigaon    | 5          | 15000                                |
| 8       | Cachar        | 5          | 15000                                |
| 9       | Dhubri        | 5          | 15000                                |
| 10      | Karimganj     | 5          | 15000                                |
| 11      | Sonitpur      | 5          | 15000                                |
| 12      | Lakhimpur     | 5          | 15000                                |
| 13      | Goalpara      | 5          | 15000                                |
| 14      | Karbi Anglong | 5          | 15000                                |
|         | <b>Total</b>  | <b>195</b> | <b>585000</b>                        |



## **Activity: Special Outreach Camp in slums/ vulnerable areas**

### **FMR Code: U.2.3.2**

#### **Guidelines for implementing Special Outreach camps:**

|   | <b>Special Outreach Sessions</b>   |
|---|--|
| WHO:<br>Population to be covered        | Vulnerable groups; emphasis on the most disadvantaged and hardest to reach (migrant labourers, homeless, etc.) Target population for the specific services i.e. All women in a special outreach session being conducted for screening for breast/cervical cancer.                              |
| WHAT:<br>Service Coverage               | Health check-up/Specific services/set of services (for locally endemic diseases and population sub group with specific problems), screening and follow-up (for chronic and non-communicable diseases), basic laboratory investigations (using portable /disposable kits), and drug dispensing. |
| WHERE:<br>Site of providing the Service | Space or structure at the community level in slum/ near vulnerable population (Community Centre, School which may be near Railway Station, railway tracks, city outskirts, Bus Stand, underpasses, outside place of worship, etc.).  |
| BY WHOM:                                | Doctors/Specialists, Lab Tech, Pharmacist, physiotherapists, social workers. Supported by MO-UPHC, with ANM and ASHA, MAS members and community volunteers.  |
| WHEN:<br>Frequency                      | Periodic (as per the local needs in community).  |

The quarterly evaluation/ assessment of the Special Outreach Camp should be done on following parameters which will be considered as Key Performance Indicator (KPI):

| SI No | Indicators  | Remarks  |
|-------|---|--|
| 1     | Total no. of Health check up done   | Indicator will depend upon the target population |
| 2     | Total NCD screening done  |  |
| 3     | No. of previously detected patients with NCD who received treatment           |  |
| 4     | No. of patients detected with skin problems, diarrhoea, respiratory problems) |  |

|   |   |  |
|---|---|--|
| 5 | Total no. of patients who were detected with other chronic ailments |  |
| 6 | Total no. of laboratory services provided                           |  |
| 7 | Total no. of patients referred to higher facilities                 |  |

**Note:20% of services to be increased quarterly.**

**Budget breakup per camp:**

| Cost head  | Amount per session (Rs.) |
|--|--------------------------|
| Doctors and Specialists (outsourced, for paying their fees)                                      | 3000                     |
| Other paramedical staff (like Pharmacist, Lab Technician, etc. for paying their fees/ incentive) | 1500                     |
| Transportation costs   | 1000                     |
| Publicity  | 1000                     |
| Per Special Outreach Camp/Session  | 6500                     |

**The district breakup of camps is as follows-**

| Sl. No | Name of the District | No. of Camps | Remarks             | Fund Amount (Rs) |
|--------|----------------------|--------------|---------------------|------------------|
| 1      | Cachar               | 8            | Per Quarter 2 Camp  | 52000            |
| 2      | Dhubri               | 4            | Per Quarter 1 Camp  | 26000            |
| 3      | Dibrugarh            | 8            | Per Quarter 1 Camp  | 52000            |
| 4      | Goalpara             | 16           | Per Quarter 4 Camp  | 104000           |
| 5      | Kamrup Metro         | 48           | Per Quarter 12 Camp | 312000           |
| 6      | Karbi Anglong        | 12           | Per Quarter 3 Camp  | 78000            |
| 7      | Sivsagar             | 8            | Per Quarter 2 Camp  | 52000            |
| 8      | Jorhat               | 4            | Per Quarter 1 Camp  | 26000            |
| 9      | Bongaigaon           | 4            | Per Quarter 1 Camp  | 26000            |
| 10     | Nagaon               | 8            | Per Quarter 2 Camp  | 52000            |
| 11     | Lakhimpur            | 4            | Per Quarter 1 Camp  | 26000            |
| 12     | Sonitpur             | 4            | Per Quarter 1 Camp  | 26000            |
| 13     | Karimganj            | 4            | Per Quarter 1 Camp  | 26000            |
| 14     | Tinsukia             | 4            | Per Quarter 1 Camp  | 26000            |
|        | <b>Total</b>         | <b>136</b>   |                     | <b>884000</b>    |

## **Activity: Health check-up of sanitary workers under GMC.**

### **FMR Code: U.2.3.5**

**Implementation by:** District (Kamrup Metro)

#### **Guideline**

For periodic health surveillance of sanitary workers to detect early signs of diseases, a periodic health check-up camp is to be done to minimize the risk of health hazards in Guwahati, Kamrup Metro district. The services to be provided are

1. Basic investigations,
2. NCD screening,
3. De-worming will be ensured besides treatment
4. referral and
5. Any other identified disease.

#### **Work to be done by DUHC:-**

- Venue to be fixed, Doctor & Specialist to be arranged along with team.
- List of the sanitation workers employed with the ULBs (including contractual) is to be carried during the camp along with a secondary list of sanitation workers who are self-employed or are in private employment. In order to track that service delivery is provided to the right beneficiaries and keep tracking of the drop outs or those who were not present during for the camp.
- Each worker must be linked through the Urban ASHA around the geographical area of the UPHC closest to his/her residence to follow up of treatment.
- Preventive care and referral services to be ensured.
- Availability of the drugs to be ensured.
- Physical performance and financial expenses to be documented and reported.

#### **Budget break-up per camp as below:-**

Total no of Sanitary Worker-950

No. of Zones in Kamrup Metro-4

Zone wise no of Sanitary workers will receive check-ups= 50/day (Considering the duty schedule of Sanitary Workers)

Total no of Camp =20 Nos.

| Sl. No | Component  | Amount per session/camp (Rs.) |
|--------|--|-------------------------------|
| 1      | Doctor & Specialist (for paying their fees)  | 3000.00                       |
| 2      | Other paramedical staff<br>(like Pharmacist, Lab Technician, Nurse etc. for paying their fees) | 1500.00                       |
| 3      | Working Lunch( @ Rs.250/ member for 5 members)   | 1250.00                       |
| 4      | Medicines, drugs and consumables (including consumables<br>for rapid diagnostic kits)          | 3500.00                       |
| 5      | Transportation costs   | 1000.00                       |
| 6      | Publicity (Booked on IEC/BCC FMR Code: U.11.5).  |                               |
|        | <b>Total amount for one check-up camp</b>  | <b>10250.00</b>               |
|        | <b>Grand total budget for 20 check-up camp</b>   | <b>2,05,000.00</b>            |
|        | <b>Rs. in lakh</b>   | <b>2.05</b>                   |

## Community Intervention

**Activity:- Incentives for routine activities**

**FMR Code: U.3.1.1.1**

**Guideline for payment of incentives for routine activities of ASHA:**

| FMR Code   | Sl No | Activity  | Rate of Incentive     |
|------------|-------|---|-----------------------|
| U.3.1.1.1. | 1     | Mobilizing and attending Urban Health and Nutrition Day   | Rs 200/-              |
|            | 2     | Convening and guiding monthly Urban Health Sanitation and Nutrition meeting                     | Rs 150/-              |
|            | 3     | Attending PHC Review Meeting  | Rs 150/-              |
|            |       | a) Line listing of household done at beginning of the year and updated after every six months   | Rs 500/-<br>(Rs100x5) |
|            |       | b) Maintaining Urban health register and supporting universal registration of births and deaths |                       |
|            |       | c) Preparation of due list of children to be immunized updated on monthly basis                 |                       |
|            |       | d) Preparation of list of ANC beneficiaries to be updated on monthly basis                      |                       |
|            |       | e) Preparation of list of eligible couples updated on monthly basis                             |                       |

**For activity no 1:** The ASHA will organize the UHND on the due date in her area. She will ensure proper cleanliness of the AWC before the scheduled date of the UHND. She will also prepare the due list of beneficiaries and ensure participation of the same on the day of UHND.

The ASHA Supervisor will ensure the proper arrangement of the UHND by the concerned ASHA and she will also verify the due list prepared by ASHA in coordination with the ANM and ensure participation during the day of UHND. She will certify in the prescribed format and forward it to

the PHC accountant for payment. The amount should be transferred to the ASHA's account on the same day.

**For activity no 2:** The ASHA will fix the date of UHSNC meeting every month in consultation with the PRI member. She will prepare the agenda of the meeting on the basis of the need of the village. She will ensure the participation of the PRI member along with other members of the committee. The minutes and attendance sheet of the meeting convened should be maintained by the ASHA. The ASHA Supervisor will verify the minute and attendance sheet of the meeting and certify in the prescribed format and forward it to the PHC accountant for payment. The amount should be transferred to the ASHA's account on the same day.

**For activity no 3:** The ASHA should attend monthly meeting along with Dairy and HBNC Module. The ASHA Supervisor will maintain the attendance sheet and certify in the prescribed format and forward it to the PHC accountant for payment. The amount should be transferred to the ASHA's account on the same day.

**For activity no 4:**

- a) The ASHA will maintain the linelisting in the dairy provided to her. The ASHA Supervisor will verify the line listing done by her concerned ASHAs and ensure the same in coordination with the ANM and PRI member. After verification she will certify the same in the prescribed format and forward it to PHC accountant for payment.
- b) The ASHA will maintain the village health register on monthly basis and ensure registration of each case of birth and death. The ASHA Supervisor will verify the village health registers of her concerned ASHAs and ensure the same in coordination with the ANM and PRI member. She will also ensure the registration of birth and death case reported by ASHA. After verification she will certify the same in the prescribed format and forward it to PHC accountant for payment.
- c) The ASHA will prepare the due list of children up to 16 years of age and record it on monthly basis. The due list needs to be presented during VHND and ensure the vaccination as per the due list. The ASHA Supervisor will verify the due list prepared by her concerned ASHAs in coordination with the ANM. After verification she will certify the same in the prescribed format and forward it to PHC accountant for payment.
- d) The ASHA will prepare the list of beneficiaries (pregnant women) for the ANC to be provided. During VHND she will ensure that the due ANCs are provided and will also follow up of the missed ANCs so that it can be provided at SC. The ASHA Supervisor will verify the list of beneficiaries (pregnant women) prepared by her concerned ASHAs in coordination with the ANM. After verification she will certify the same in the prescribed format and forward it to PHC accountant for payment.
- e) The ASHA will prepare the list of eligible couple in her village. It also needs to be ensured that the list is updated every month. The ASHA Supervisor will verify the list of eligible couple prepared by her concerned ASHAs in coordination with the ANM and PRI member. After verification she will certify the same in the prescribed format and forward it to PHC accountant for payment.

**Financial:**

- a) On receipt of the claims form from ASHA supervisor the PHC account BAM/ Accountant cum-sect.staff will verify the same and the payment shall be made by DBT.
- b) Separate register to be maintained for the purpose and all financial guidelines to be follow.

**District wise budget break-up:-**

| Sl.No. | District      | No. of Urban ASHA | Amount(Rs)        |
|--------|---------------|-------------------|-------------------|
| 1      | Bongaigaon    | 50                | 600000            |
| 2      | Cachar        | 81                | 972000            |
| 3      | Dhubri        | 85                | 1020000           |
| 4      | Dibrugarh     | 81                | 972000            |
| 5      | Goalpara      | 60                | 720000            |
| 6      | Jorhat        | 55                | 660000            |
| 7      | Kamrup Metro  | 527               | 6324000           |
| 8      | Karbi Anglong | 32                | 384000            |
| 9      | Karimganj     | 30                | 360000            |
| 10     | Lakhimpur     | 35                | 420000            |
| 11     | Nagaon        | 100               | 1200000           |
| 12     | Sivsagar      | 50                | 600000            |
| 13     | Sonitpur      | 90                | 1080000           |
| 14     | Tinsukia      | 60                | 720000            |
|        | <b>Total</b>  | <b>1336</b>       | <b>160,32,000</b> |

## **Activity:- ASHA Trainings**

### **FMR Code: U.3.1.2**

#### **Guidelines for conducting training on ASHA Induction Module for newly selected ASHAs**

1. The participants of the training on “ASHA Induction Module” will be the newly selected ASHAs.
2. The contents of ASHA induction module will be covered in 8 days. The topics that have to be covered during the training are provided in agenda. (Annexure-I)
3. The training has to be residential and may be conducted at the BPHC/District level depending on the number of trainees (ASHAs).
4. Except for emergency situations no trainees will be allowed to stay outside during the training period. In emergency situations permission of leave have to be availed through the training in charge.
5. Only the district trainers of ASHA Induction module will impart the training to the new ASHAs.
6. The expenditure to be incurred as per NHM norms and within the limit of budget provision.
7. No honorarium will be allowed to any in house officials.
8. The activities which needs to be ensured before conducting the training, during the training and after the training are as below:

#### **A) Before the training:**

- I. Conduct a discussion with all the district trainers for effective rolling out of the training.
- II. Inform the ASHAs and resource persons about the date and venue of the training in advance
- III. Ensure the availability of ASHA induction module for all the participants and resource persons.
- IV. Ensure the availability of other training materials (training bag, pen, pencil, sharpener, eraser, art paper, sketch pen, markers, projector etc) as per the number of trainees.
- V. Ensure the availability of agenda and distribute among the trainees and resource persons.
- VI. Ensure proper sitting arrangements for the trainees in such a way so that while writing notes or exams they (the trainees) do not find it difficult.
- VII. Make arrangement for emergency medical services
- VIII. Make a plan of arrival and departure of the trainees and resource persons and also make necessary arrangement of their payments (TA/DA/RP Honorarium as per norms)



**B) During the training:**

- I. Provide the training schedule to each participant and resource persons and it should be ensured that the training should be started as per the stipulated time mentioned in the training schedule.
- II. Ensure that the attendance of the trainees is recorded
- III. It should be ensured that all the training materials are ready before starting the training.
- IV. Start the day with a prayer followed by recap of the previous day.
- V. The topics mentioned in the training schedule should be properly followed by the trainers.
- VI. The training should be conducted as per the training methods (role play, group discussion, lecture method etc) required depending on the topic that is going to be covered
- VII. While conducting the training the trainers should emphasize on adult learning method for more effective learning.
- VIII. For active participation of the trainees the trainers should focus on more question-answer session so that the group is engaged.
- IX. Necessary Xerox materials should be provided to each trainee by the authority as per request of the trainers.
- X. Entertainments like songs, recitation etc should be carried out among the participants for refreshing up their sessions.
- XI. Evaluation should be conducted for the trainees to measure the depth of knowledge and skills acquired during the sessions learnt.

**C) After the training:**

- I. ASHAs should be allowed to go to the field and should be supported by the trainers of ASHA induction module (DCM, BCM, ASHA Supervisors etc) as well as who was present during the training (BPM, HE, BEE, LHV etc)
- II. On job support should be provided especially by the ASHA Supervisors and BCMs so that their confidence level is raised while interacting with the beneficiaries and necessary improvements can be made.
- III. While conducting VHND, VHSNC meeting etc they should be supported by the ASHA Supervisors and BCMs so that they are able to establish a good rapport with the community and other stake holders
- IV. They should be involved in the ASHA monthly meeting that is conducted in the PHC level as well as at the SC level and should be given enough space to raise their concerns and doubts and it should be ensured that their issues are addressed with utmost respect.

**9. Documentation of the training:**



- I. Attendance register should be maintained on daily basis. There should be provision of pre- lunch and post-lunch attendance of the trainees as well as the trainers.
- II. Group photographs of the training batch along with the banner should be taken. Each training activity inside or outside the training venue should be captured. If any role

- plays, group discussions are conducted during the training it should also be photographed and shared with the district as well as with the state.
- III. A summary report of the training under the signature of Jt. DHS/SDM & HO should be sent to state/district within 15 days of completion of training.
  - IV. A training in-charge should be designated for ensuring the quality of the training and documentation of the training

#### **10. Monitoring and supportive supervision:**

- I. A district/block level monitoring committee should be constituted under the chairmanship of Jt DHS/SDM & HO for effective monitoring of the training thereby ensuring the quality of training

#### **Note:**

-  **The training guideline has to be followed strictly. Violation of the training guideline will lead to disciplinary action.**
-  **Those who have undergone state level ToT on ASHA Induction Module will only conduct the ASHA training.**

#### **Agenda for 8 days ASHA Induction Module**

| <b>Day 1</b>           |  |                    |
|------------------------|--|--------------------|
| <b>Time</b>            | <b>Topics</b>  | <b>Facilitator</b> |
| 10.00 a.m. -11.00 a.m. | Welcome  |                    |
|                        | Introduction/ Knowing Self                             |                    |
| 11.00 a.m. -11.15 a.m. | Tea  |                    |
| 11.15 a.m. -12.15 p.m. | Being an ASHA/ Activities of an ASHA                   |                    |
| 12.15 a.m. -1.30 p.m.  | Value system in Society and Role of ASHA               |                    |
| 1.30 p.m. -2.15 p.m.   | Lunch  |                    |
| 2.15 p.m. -3.30 p.m.   | Mechanism of ASHA Support and supervision              |                    |
| 3.30 p.m. -3.45 p.m.   | Tea  |                    |
| 3.45 p.m. -5.00 p.m.   | Adult Learning & Participatory Training                |                    |
| <b>Day 2</b>           |  |                    |
| 9.30 a.m. -9.45 a.m.   | Recap  |                    |
| 9.45 a.m. -11.00 a.m.  | VHND & VHSNC - how to conduct meeting and role of ASHA |                    |
| 11.00 a.m. -11.15 a.m. | Tea  |                    |

|                        |   |  |
|------------------------|---|--|
| 11.15 a.m. -12.30 a.m. | Healthy Community & Understanding Health Rights |  |
| 12.30 p.m. -1.30 p.m.  | Leadership Skill                                |  |
| 1.30 p.m. -2.15 p.m.   | Lunch   |  |
| 2.15 p.m. -3.30 p.m.   | Communication skill                             |  |
| 3.30 p.m. -3.45 p.m.   | Tea   |  |
| 3.45 p.m. -5.00 p.m.   | Decision Making skill                           |  |
| <b>Day 3</b>           |   |  |
| 9.30 a.m. -9.45 a.m.   | Recap   |  |
| 9.45 a.m. -11.00 a.m.  | Negotiation Skill                               |  |
| 11.00 a.m. -11.15 a.m. | Tea   |  |
| 11.15 a.m. -12.30 a.m. | Coordination Skills                             |  |
| 12.30 p.m. -1.30 p.m.  | Knowing about Health , Hygiene and Illness      |  |
| 1.30 p.m. -2.15 p.m.   | Lunch   |  |
| 2.15 p.m. -3.30 p.m.   | Role of ASHA in common Health Problem           |  |
| 3.30 p.m. -3.45 p.m.   | Tea   |  |
| 3.45 p.m. -5.00 p.m.   | TB and role of ASHA                             |  |
| <b>Day 4</b>           |   |  |
| 9.30 a.m. -9.45 a.m.   | Recap   |  |
| 9.45 a.m. -11.00 a.m.  | Malaria and role of ASHA                        |  |
| 11.00 a.m. -11.15 a.m. | Tea   |  |
| 11.15 a.m. -1.30 p.m.  | Maternal Health and role of ASHA                |  |
| 1.30 p.m. -2.15 p.m.   | Lunch   |  |
| 2.15 p.m. -4.00 p.m.   | Newborn Health and role of ASHA                 |  |
| 4.00 pm-5.00 p.m       | Evaluation                                      |  |
| <b>Day 5</b>           |   |  |
| 9.30 a.m. -9.45 a.m.   | Recap   |  |

|                        |   |  |
|------------------------|---|--|
| 9.45 a.m. -11.00 a.m.  | Malnutrition Management - Role of ASHA  |  |
| 11.00 a.m. -11.15 a.m. | Tea   |  |
| 11.15 a.m. -12.30 a.m. | Malnutrition Management - Role of ASHA  |  |
| 12.30 p.m. -1.30 p.m.  | Immunization and role of ASHA   |  |
| 1.30 p.m. -2.15 p.m.   | Lunch   |  |
| 2.15 p.m. -3.30 p.m.   | Assessment of Malnutrition - Plotting and Practice of Growth Monitoring Chart |  |
| 3.30 p.m. -3.45 p.m.   | Tea   |  |
| 3.45 p.m. -5.00 p.m.   | Assessment of Malnutrition - Plotting and Practice of Growth Monitoring Chart |  |
| <b>Day 6</b>           |   |  |
| 9.30 a.m. -9.45 a.m.   | Recap   |  |
| 9.45 a.m. -11.00 a.m.  | Common Child hood illness and role of ASHA                                    |  |
| 11.00 a.m. -11.15 a.m. | Tea   |  |
| 11.15 a.m. -12.30 a.m. | Demonstration of hand washing technique and practice                          |  |
| 12.30 p.m. -1.30 p.m.  | Demonstration of ORS preparation and practice                                 |  |
| 1.30 p.m. -2.15 p.m.   | Lunch   |  |
| 2.15 p.m. -3.30 p.m.   | Adolescent Health - Role of ASHA  |  |
| 3.30 p.m. -3.45 p.m.   | Tea   |  |
| 3.45 p.m. -5.00 p.m.   | Adolescent Health - Role of ASHA  |  |
| <b>Day 7</b>           |   |  |
| 9.30 a.m. -9.45 a.m.   | Recap   |  |
| 9.45 a.m. -11.00 a.m.  | RTI/STI and Role of ASHA  |  |
| 11.00 a.m. -11.15 a.m. | Tea   |  |
| 11.15 a.m. -12.30 a.m. | RTI/STI and Role of ASHA  |  |
| 12.30 p.m. -1.30 p.m.  | HIV-AIDS and Role of ASHA   |  |
| 1.30 p.m. -2.15 p.m.   | Lunch   |  |

|                        |  |  |
|------------------------|--|--|
| 2.15 p.m. -3.30 p.m.   | ASHA drug Kit and process of refilling                                   |  |
| 3.30 p.m. -3.45 p.m.   | Tea  |  |
| 3.45 p.m. -5.00 p.m.   | How to conduct ASHA monthly meeting at PHC and SC level                  |  |
| <b>Day 8</b>           |  |  |
| 9.30 a.m. -9.45 a.m.   | Recap  |  |
| 9.45 a.m. -11.00 a.m.  | Preventing unwanted pregnancies - Role of ASHA                           |  |
| 11.00 a.m. -11.15 a.m. | Tea  |  |
| 11.15 a.m. -12.30 a.m. | Method of Family Planning  |  |
| 12.30 p.m. -1.30 p.m.  | Safe abortion  |  |
| 1.30 p.m. -2.15 p.m.   | Lunch  |  |
| 2.15 p.m. -2.45 p.m.   | Discussion on ASHA incentive   |  |
| 2.45 p.m. -4.15 p.m.   | Final Evaluation   |  |
| 4.15 p.m. -4.30 p.m.   | Planning to work in field and valedictory ( Tea to be served in between) |  |

**Budget break-up for induction training:-**

| <b>Budget Detail: Budget Details for ASHA 8 days Induction Module Training new and replaced ASHAs</b> |   |           |      |          |               |
|---|---|-----------|------|----------|---------------|
| Sl No   | Component   | Unit cost | Unit | Duration | Total Amount  |
|   |   | (inRs. )  |      |          | (inRs.)       |
| 1   | TA to participants ( subject to actual )              | 200       | 30   | 2        | 12000         |
| 2   | DA to participants                                    | 100       | 30   | 8        | 24000         |
| 3   | Honorarium to Resource Persons                        | 300       | 3    | 8        | 7200          |
| 5   | Accommodation for the participants including(L/F)     | 200       | 33   | 8        | 52800         |
| 6   | Training material (Folder, pen, pad, highlighter etc) | 50        | 33   | 1        | 1650          |
| 7   | Foods (Breakfast, Working lunch, snacks &tea)         | 150       | 33   | 8        | 39600         |
| 8   | Venue charge( If Needed)                              | 1000      | 1    | 1        | 1000          |
| <b>Total for 1 batch ( 30 participants)</b>   |   |           |      |          | <b>138250</b> |

**Activity:-1st round of ASHA Module 6 & 7 training for Urban ASHAs of 14 districts.**

**FMR Code: U.3.1.2**

**Guidelines for conducting 1<sup>st</sup> round and 2<sup>nd</sup> round of ASHA Module 6<sup>th</sup> & 7<sup>th</sup> Training for newly selected/ replaced ASHAs**

1. The contents of the ASHA training module 6<sup>th</sup> & 7<sup>th</sup> will be covered in four rounds over 20 days (5+5+5+5). Topics to be covered under four rounds of training are given in annexure I.
2. As the number of new ASHAs is not very high in the concerned district, hence the training may be conducted at district level. However the district may decide to conduct it in BPHC level also.
3. All the rounds of training will be of five days each and fully residential. No participant will be allowed to stay outside of the arranged venue as well as no leave will be granted (Excluding emergencies) during the training period.
4. In case of any emergency the trainee (ASHA) has to get the leave approved by the training in charge with full justification.
5. The accommodation arrangements for trainers as well as trainees have to be arranged nearby the training venue.
6. ASHA trainers trained at zonal level by State Trainers shall only conduct the ASHA training.
7. Each of the training days will start with recap of the previous day's activities.

**8. Pre-training**

- 8.1 Intimate all the ASHAs about date and venue of training in advance.
- 8.2 Plan for ASHAs arrival at training venue.
- 8.3 Build a positive environment for training by making comfortable, secure and clean training venue and accommodation.
- 8.4 Arrange all the materials required for imparting training .(Projector, white board marker, flipchart, cardboard, sketch pen, wiper etc. as per provided checklist)
- 8.5 Make arrangement for emergency medical facilities.
- 8.6 Ensure you have all the training materials required for conducting training and handover to trainers and trainees.
- 8.7 Make the training session plan and give a copy to all resource Person and Participants.
- 8.8 Make sure that the batch size should not exceed more than 30 participants

**9 During training**

- 9.1 Training will be residential and all ASHAs should be present for all the session of the training which will enable them for practicing their learned skills after the formal session and discuss with their peers.
- 9.2 Trainers should eat, sit, sing and play with ASHAs. This will give them feeling that they are the members of the group.
- 9.3 There should be a u-shaped sitting arrangement so that more interaction can be conducted.

- 9.4 Songs and games should be used as both relaxation techniques but also to inculcate a feeling of solidarity and oneness with each others.
- 9.5 Share the training schedule with each participant.
- 9.6 Trainers should ensure that all the training material required for training is available before starting the session.
- 9.7 Considering the educational back ground of ASHA s they are not used to long hour's class room teaching .The trainers should learn when the group is losing interest. The trainers should keep group engaged by asking questions which will promote active participation.
- 9.8 Training should start each day at the stipulated time.
- 9.9 Plan their departure in advance and make arrangement for payment etc.

## **10 Post Training :**

- 10.1 ASHAs should be supported in the field by the DCM, ASHA Supervisor, BPM, BCM, LHV, BEE (Especially who have undergone training on module 6 & 7) so that the skill of ASHAs are improved.
- 10.2 During the monthly meeting of ASHAS at PHC level, ASHAs should be encouraged to raise their doubts and concerns, so that the issues and doubts can be addressed.

## **11 The Training should be under the supervision of a designated training in charge.**

**NOTE: Those who have been selected & Trained as ASHA module 6<sup>th</sup> & 7<sup>th</sup> trainers shall only conduct the training.**

### **Agenda for 1<sup>st</sup> Round Training:**

**Total Time needed: (49 hrs. in 5 days)**

#### **Welcome & Introduction 0.30 hrs**

#### **Section 1: Being an ASHA – 3hrs**

- Role of ASHA 30 mins
- Activities of ASHA 30 min
- Measureable outcomes of the ASHA Programme 30 min
- Essential Skills of an ASHA 30 min
- Qualities that make an ASHA effective 30 min
- ASHA support and supervision 30 min

#### **Section 2: Working in the community & home visit during pregnancy - 11.30 hrs**

- Talking with women in the community (practice) 1hr
- Using the Nischay Kit 1hr 30 min
- Determining the LMP and EDD using the printed chart 1hr 30 min
- Home visiting & necessary actions with the use of the pregnancy form- Part I 2hr
- Home visiting & necessary actions with the use of the pregnancy form- Part II 2 hr 30 min

- Health problem during pregnancy and referral 1 hr
- Birth preparedness 1 hr

### **Section 3: Delivery, maternal emergencies and referrals 5hr 30min**

- Essential knowledge of birth companion 2hr 15 min
- Maternal care: introduction to obstetric emergencies and referral 1hr 30min
- Maternal care: readiness for emergencies 45min
- Completing the delivery form 1hr

### **Section 4: Home Based New Born Care: 11hrs**

- Introduction to Home Based Newborn Care 1hr30min
- Immediate care at birth: initiation of breastfeeding and completing the delivery form[items 9a to 13] 1hr 30min
- Introducing effective breastfeeding practice 1hr 45 min
- How to measure newborn temperature 1hr
- How to weigh the newborn 2hr
- Care of the eyes, umbilical cord & skin 1hr
- First examination of the newborn; filling the form part I 1hr
- First examination of the newborn; filling the form part II 3hrs

### **Section 5: 1hr 30min**

- Summary of the training 30 min
- Planning for work in the community 1hr

### **Section 6: 10hr**

- Supportive monitoring skills
- Use of checklist

| <b>Budget details for ASHA Module 6th&amp; 7th 1st round training</b> |   |           |      |          |              |
|---|---|-----------|------|----------|--------------|
| Sl No   | Component   | Unit cost | Unit | Duration | Total Amount |
|   |   | ( inRs. ) |      |          | ( inRs.)     |
| 1   | TA to participants ( subject to actual )                    | 200       | 30   | 2        | 12000        |
| 2   | DA to Participants  | 100       | 30   | 5        | 15000        |
| 3   | Honorarium for Resource Persons                             | 300       | 3    | 5        | 4500         |
| 4   | Accommodation for the participants including(L/F)           | 150       | 33   | 5        | 24750        |
| 5   | Training Material (Bag, Pad, Pen, Pencil, Highlighter etc.) | 50        | 37   | 1        | 1850         |
| 6   | Working lunch, snacks and Tea                               | 150       | 33   | 5        | 24750        |
| 8   | Venue hiring Charge   | 1000      | 1    | 5        | 5000         |
| <b>Total amount for one batch (in Rs.)</b>                            |   |           |      |          | <b>87850</b> |



**Activity: 2nd round of ASHA Module 6 & 7 training for Urban ASHAs of 14 districts.**

**FMR Code: U.3.1.2**

After completion of 1st round of training of module 6<sup>th</sup> and 7<sup>th</sup>, Urban ASHAs need to be trained on 2nd round. Therefore the State is planning to conduct module 6<sup>th</sup> and 7<sup>th</sup> training for these 232 nos. of Urban ASHAs to strengthen their knowledge and skill level under HBNC. The budget detail is mentioned below.

**Agenda for 2<sup>nd</sup> Round Training of ASHAs:**

**Total Time needed: (35 hrs. in 5 days)**

**Review of field experience after the Training Workshop one: 1 hr 30 mins**

**Section 1: Making Home Visits to Newborns and Mothers: 5.20 hrs**

- Post partum care: Home visits and the Home Visit Form: 1 hr 50 min
- Case presentation: Evaluating the ability to fill in the Home Visit Form: 1 hr

**Section 2: Thermal Control: 7 hrs**

- Why keep the newborn warm? : 1 hr 45 min
- How to keep the newborn warm? : 1 hr 45 min
- How to re-warm a cold baby? : 1 hr 45 min
- Control of newborn temperature in hot weather and management of fever: 1 hr 45 min

**Section 3: Child health and Nutrition: 16 hrs**

- Common childhood problems and the case management process: 1 hr.
- Assessing the sick child: Danger signs : 1 hr.
- Assessing and Classifying ARI, diarrhoea, fever and malnutrition: 10 hrs
- Infant and Young Child Feeding: 3 hrs
- Immunization: 1 hr

**Section 4: ASHA roles and Responsibilities: 6 hrs**

Village health and Nutrition day (VHND) 2 hrs

What records do the ASHA maintain? 4 hrs

**Section 5: 1.30 hr.**

Training Workshop 2: Summary

Planning for work in the community

| Budget details for ASHA Module 6th& 7th 2nd round training |   |           |      |          |       |
|--|---|-----------|------|----------|-------|
| SN   | Component   | Unit Cost | Unit | Duration | Total |
| 1  | TA for Participants subject to actual                               | 200       | 30   | 2        | 12000 |
| 2  | DA to Participants  | 100       | 30   | 5        | 15000 |
| 3  | Honorarium for Resource Persons                                     | 300       | 3    | 5        | 4500  |
| 4  | Accommodation for the participants including(L/F)                   | 150       | 33   | 5        | 24750 |
| 5  | Training Material (folder, note Pad, Pen, Pencil, Highlighter etc.) | 50        | 37   | 1        | 1850  |
| 6  | Working lunch, snacks and Tea                                       | 150       | 33   | 5        | 24750 |
| 8  | Venue hiring Charge   | 1000      | 1    | 5        | 5000  |
| Total amount for one batch (in Rs.)                        |   |           |      |          | 87850 |

**Trainings to be organised in the district**

**Budget breakup:**

| Sl. No | District Responsible for organizing the training. | ASHAs covered  | No. of Batches | Induction training(Rs ) | 1 <sup>st</sup> and 2nd round of Module 6 & 7 training(Rs ) |
|--------|---|--|----------------|-------------------------|---|
| 1      | Bongaigaon  | Bongaigaon=5, Dhubri=35, Goalpara=1                  | 1              | 138,000                 | 176000  |
| 2      | Cachar  | Cachar=19, Karimganj=10                              | 1              | 138,000                 | 176000  |
| 3      | Kamrup Metro                                      | 82   | 3              | 414,000                 | 528000  |
| 4      | Nagaon  | Jorhat=5,Nagaon=46,Sivasagar=1,Sonitpur=3,Tinsukia=4 | 2              | 276,000                 | 352000  |
| Total  |   |  | 7              | 966,000                 | 1232000   |

**Activity:2 days capacity building workshop for 6580 MAS members of 658 MAS in 14 districts.**

**FMR Code: U.3.2.1.1**

**Guideline on two day orientation of MAS Members**

To strengthen the capacity of MAS members in order to improve the community awareness level, interpersonal communication, monitoring through community a two day orientation programme of the MAS members needs to be carried out under each Urban PHC of the district. The following criteria should be followed while conducting the reorientation:

- ✓ Prior to the reorientation the trainers should sit together and prepare the lessons to be covered during the reorientation
- ✓ The reorientation should be conducted by those trainers who are trained at State level ToT.
- ✓ While selecting the venue for the reorientation it should be kept in mind that a spacious venue is taken with round shaped sitting arrangement where exclusive interaction through participation can be carried out.
- ✓ One batch of reorientation should be between the strength of 30-40 MAS members comprising of 3-4 MAS.
- ✓ A proper agenda of the contents to be covered during the reorientation should be prepared and shared with all the members.
- ✓ All the participants should be provided with a folder containing a note-pad, pen etc.
- ✓ While conducting the reorientation the “*manual on MAS member*” should be strictly followed.
- ✓ Participatory learning exercise to be carried out while conducting the reorientation. A pre test and a post test assessment need to be carried out after completion of the orientation programme.
- ✓ Arrangement of food (breakfast, lunch, tea-snacks) should be taken care of.
- ✓ TA/DA should be provided to the participants based on budget provision that is shared with the districts.

**Agenda**

| Day 1                  |  |             |
|------------------------|--|-------------|
| Time                   | Topics                                       | Facilitator |
| 10.00 a.m. -11.00 a.m. | Welcome and Introduction, briefing on NUHM   |             |
| 11.00 a.m. -11.15 a.m. | Tea  |             |
| 11.15 a.m. -12.15 p.m. | What is MAS/ Roles and responsibility of MAS |             |
| 12.15 p.m. -1.00 p.m.  | Role of the President                        |             |

|                        |  |  |
|------------------------|--|--|
| 1.00 pm to 1.30 pm     | Lunch  |  |
| 1.30 p.m. -2. p.m.     | Role of the Secretary                                    |  |
| 2 p.m. -2.30 p.m.      | Role of the Treasurer                                    |  |
| 2.30 p.m. -3. p.m.     | Role of the Other members                                |  |
| 3. p.m. -4.00 p.m.     | Meeting of MAS   |  |
| <b>Day 2</b>           |  |  |
| 9.30 a.m. -9.45 a.m.   | Recap  |  |
| 9.45 a.m. -10.30 a.m.  | Fund provision(Annual Untied Fund ) and its Utilization. |  |
| 10.30 a.m. -10.45 a.m. | Tea  |  |
| 10.45 a.m. -11.15 a.m. | Operation of Bank Account                                |  |
| 11.15 p.m. -12.45 p.m. | Utilization of Untied Fund                               |  |
| 12.45 p.m. -1.30 p.m.  | Register/ Records  |  |
| 1.30 p.m. -2.15 p.m.   | Lunch  |  |
| 2.15 p.m. 2.45 p.m.    | Continuation of Register /Records                        |  |
| 2.45 p.m. -3.30 p.m.   | Monitoring and Handholding Support                       |  |
| 3.30pm -<br>4.15 pm    | Integration and Coordination                             |  |
| 4.15 pm- 5.00pm        | Expected Outcomes and Outputs from the MAS               |  |
| 5.00pm- 5.15pm         | Conclusion   |  |

**Budget Break-up:**

| Budget details for 2 days capacity building workshop for 6490 MAS members |   |           |      |          |              |
|---|---|-----------|------|----------|--------------|
| Sl No   | Component   | Unit cost | Unit | Duration | Total Amount |
|   |   | (In Rs.)  |      |          | (In Rs.)     |
| 1   | TA to participants ( subject to actual )                    | 200       | 30   | 2        | 12000        |
| 2   | DA to Participants  | 100       | 30   | 2        | 6000         |
| 3   | Honorarium for Resource Persons                             | 300       | 3    | 2        | 1800         |
| 4   | Training Material (Bag, Pad, Pen, Pencil, Highlighter etc.) | 50        | 30   | 1        | 1500         |
| 5   | Working lunch, snacks and Tea                               | 150       | 33   | 2        | 9900         |
| 6   | Venue hiring Charge   | 1000      | 1    | 2        | 2000         |
| Total amount for one batch (in Rs.)                                       |   |           |      |          | 33200        |

**No. of training to be organised by the District and budget breakup:**

| Sl.No | District      | No. of batches | Amount (Rs) |
|-------|---------------|----------------|-------------|
| 1     | Bongaigaon    | 5              | 166,000     |
| 2     | Cachar        | 17             | 564,400     |
| 3     | Dibrugarh     | 20             | 664,000     |
| 4     | Dhubri        | 18             | 597,600     |
| 5     | Goalpara      | 18             | 597,600     |
| 6     | Jorhat        | 12             | 398,400     |
| 7     | Kamrup Metro  | 88             | 2,920,800   |
| 8     | Karbi Anglong | 11             | 365,200     |
| 9     | Karimganj     | 3              | 99,600      |
| 10    | Lakhimpur     | 4              | 132,800     |
| 11    | Nagaon        | 13             | 431,600     |
| 12    | Sibsagar      | 4              | 132,800     |
| 13    | Sonitpur      | 3              | 99,600      |
| 14    | Tinsukia      | 3              | 99,600      |
| Total |               | 219            | 72,70,000   |

## **Untied Grants**

### **Activity:-Untied Grants to UPHCs in Government building.**

#### **FMR Code: U.4.1.1.1**

#### **Suggested areas where untied fund may be used:**

**Group-A: Hospital cleaning:** “Maximum” 30% fund of untied grant may be utilised (nothing beyond this ceiling will be allowed)

- 1) Cleaning up of the facility especially in emergency, Labour room, hospital laboratory, OPD, IPD wards and post-partum areas, cleaning and maintenance of the campus to ensure a pleasing appearance.
- 2) Outsourcing of non-clinical services, Computer Operator, Attendant/helper, driver of Ambulance only (if regular man in position are not available)

**Group –B Hospital Infrastructure:** Up to 30% fund of Untied Grant may be utilised

- 3) Minor repairs on building & furniture
- 4) Building/repairing Septic Tanks/toilets
- 5) Improved signage in the facility
- 6) Making arrangement for disposal of wastage etc. including bio-medical wastage disposal
- 7) Purchase/Maintenance of Medical equipment's
- 8) Fuel for power breakup/ ambulance (if available)

**Group C: Patient amenities:** At least 40% fund of Untied Grant shall be utilised

- 9) Provision of safe drinking water to patients
- 10) Seating arrangement and separate toilets for patients
- 11) Transport of emergencies to referral centres/ Referral Transport
- 12) Transport of laboratories samples during epidemics.
- 13) Arrangement of stay for poor parents and their attendants.
- 14) Setting up RogiSahayata Kendra/help desk
- 15) Providing for medicines and Diagnostics for needy people. (In case not available of EDL drugs or free drugs services)
- 16) Arrangement for hygienic environment for washroom and toilets
- 17) Providing security at Hospital Premises for safety/Security of patients through outsourcing

#### **N.B:**

- a. List of people drawing wages from the Untied Grant shall be submitted on a yearly basis to the respective Jt. DHS cum Member Secretary, District Health Society.
- b. The untied grant shall be utilised with the approval of RKS/HMC
- c. No new engagement of support staffs under RKS/HMC will not be done beyond 30% limit above (Group-A)
- d. No activity shall be implemented beyond allocated fund provisions
- e. The untied fund and user charges fund shall be parked in the same A/C as per letter no NHM/Accounts/07-08/422/Pt-III/2013-14/4584 dtd.22nd May 2015

**Budget detail as follows-**

| No. of Unit | Unit Cost | Total Cost (In Rs.) | Rs. in lakh  |
|-------------|-----------|---------------------|--------------|
| 27 UPHC     | 1,75,000  | 4725000             | <b>47.25</b> |

**List of Health Institutes:**

| Sl. No | Name of Institute                        | Type of Institute           |      | District     | Rs. in lakh |
|--------|--|-----------------------------|------|--------------|-------------|
| 1      | NATBOMA PHC                              | PRIMARY HEALTH CENTRE       | Govt | Kamrup Metro | 31.50       |
| 2      | SATGAON PHC                              | PRIMARY HEALTH CENTRE       | Govt |              |             |
| 3      | KHARGHULI MPHC                           | PRIMARY HEALTH CENTRE       | Govt |              |             |
| 4      | ODALBAKRA MPHC                           | PRIMARY HEALTH CENTRE       | Govt |              |             |
| 5      | KHANAPARA SD                             | PRIMARY HEALTH CENTRE       | Govt |              |             |
| 6      | CAPITAL SD                               | PRIMARY HEALTH CENTRE       | Govt |              |             |
| 7      | WEST GHY SD                              | PRIMARY HEALTH CENTRE       | Govt |              |             |
| 8      | EAST GHY SD                              | PRIMARY HEALTH CENTRE       | Govt |              |             |
| 9      | GARIGAON SD                              | PRIMARY HEALTH CENTRE       | Govt |              |             |
| 10     | BHETAPARA SD                             | PRIMARY HEALTH CENTRE       | Govt |              |             |
| 11     | KAMAKHYA SD                              | PRIMARY HEALTH CENTRE       | Govt |              |             |
| 12     | LOKHARA SD                               | PRIMARY HEALTH CENTRE       | Govt |              |             |
| 13     | HENGRABARI MU                            | PRIMARY HEALTH CENTRE       | Govt |              |             |
| 14     | ULUBARI UHC                              | PRIMARY HEALTH CENTRE       | Govt |              |             |
| 15     | GOTANAGAR UPHC                           | URBAN PRIMARY HEALTH CENTRE | Govt |              |             |
| 16     | SERABHATI UPHC                           | URBAN PRIMARY HEALTH CENTRE | Govt |              |             |
| 17     | PANDU UPHC                               | URBAN PRIMARY HEALTH CENTRE | Govt |              |             |
| 18     | MEDICAL UNIT, ASSAM SECRETARIATE, DISPUR | URBAN PRIMARY HEALTH CENTRE | Govt |              |             |
| 19     | KAMPUR UPHC                              | URBAN PRIMARY HEALTH CENTRE | Govt | Nagaon       | 3.50        |
| 20     | MAHKHULI UPHC                            | URBAN PRIMARY HEALTH CENTRE | Govt |              |             |
| 21     | WOOD UPHC                                | URBAN PRIMARY HEALTH CENTRE | Govt | Sivasagar    | 3.50        |
| 22     | SONARI UPHC                              | URBAN PRIMARY HEALTH CENTRE | Govt |              |             |
| 23     | MARGHERITA UPHC                          | URBAN PRIMARY HEALTH CENTRE | Govt | Tinsukia     | 1.75        |
| 24     | MARIYONI UPHC                            | URBAN PRIMARY HEALTH        | Govt | Jorhat       | 3.50        |

|    |                | CENTRE                      |      |           |      |
|----|----------------|-----------------------------|------|-----------|------|
| 25 | CINAMORA UPHC  | URBAN PRIMARY HEALTH CENTRE | Govt |           |      |
| 26 | DIBRUGARH UPHC | URBAN PRIMARY HEALTH CENTRE | Govt | Dibrugarh | 3.50 |
| 27 | DULIAJAN UPHC  | URBAN PRIMARY HEALTH CENTRE | Govt |           |      |

**Activity: Untied Grants to UPHCs in Rented building.**

**FMR Code:U.4.1.1.2**

The same guideline to be followed as mention above both for Govt. building or rented building (UPHC/CHC)for the expenses of Untied fund.

**Budget detail as follows-**

| No. of Unit | Unit Cost | Total Cost (In Rs.) | Rs. in lakh |
|-------------|-----------|---------------------|-------------|
| 28 UPHC     | 1,00,000  | 28,00,000.00        | 28.00       |

**List of Health Institutes:**

| Sl. No. | Name of Institute    | Type of Institute           |        | District     | Rs. in lakh |
|---------|----------------------|-----------------------------|--------|--------------|-------------|
| 1       | AMINGAON UPHC        | URBAN PRIMARY HEALTH CENTRE | Rented | Kamrup Metro | 17.00       |
| 2       | GARPANDU UPHC        | URBAN PRIMARY HEALTH CENTRE | Rented |              |             |
| 3       | PANDU NATH UPHC      | URBAN PRIMARY HEALTH CENTRE | Rented |              |             |
| 4       | FERRYGHAT UPHC       | URBAN PRIMARY HEALTH CENTRE | Rented |              |             |
| 5       | FATASIL UPHC         | URBAN PRIMARY HEALTH CENTRE | Rented |              |             |
| 6       | GANDHIBASTI UPHC     | URBAN PRIMARY HEALTH CENTRE | Rented |              |             |
| 7       | MATHGHARIA UPHC      | URBAN PRIMARY HEALTH CENTRE | Rented |              |             |
| 8       | BATAGHULI UPHC       | URBAN PRIMARY HEALTH CENTRE | Rented |              |             |
| 9       | BIRKUCHI UPHC        | URBAN PRIMARY HEALTH CENTRE | Rented |              |             |
| 10      | HATIGARH CHARIALI    | URBAN PRIMARY HEALTH CENTRE | Rented |              |             |
| 11      | KAHILIPARA UPHC      | URBAN PRIMARY HEALTH CENTRE | Rented |              |             |
| 12      | KOINADHARA UPHC      | URBAN PRIMARY HEALTH CENTRE | Rented |              |             |
| 13      | NORTH GHY UPHC       | URBAN PRIMARY HEALTH CENTRE | Rented |              |             |
| 14      | CHOONSALI UPHC       | URBAN PRIMARY HEALTH CENTRE | Rented |              |             |
| 15      | BASISTHA MANDIR UPHC | URBAN PRIMARY HEALTH CENTRE | Rented |              |             |



|    |                          |                             |        |               |      |
|----|--------------------------|-----------------------------|--------|---------------|------|
| 16 | KRISHNANAGAR UPHC        | URBAN PRIMARY HEALTH CENTRE | Rented |               |      |
| 17 | PIYALI PHUKAN NAGAR UPHC | URBAN PRIMARY HEALTH CENTRE | Rented |               |      |
| 18 | DHING GATE, HOIBORGAON   | URBAN PRIMARY HEALTH CENTRE | Rented | Nagaon        | 1.00 |
| 19 | MISSIONPARA UPHC         | URBAN PRIMARY HEALTH CENTRE | Rented | Tinsukia      | 1.00 |
| 20 | JORHAT UPHC              | URBAN PRIMARY HEALTH CENTRE | Rented | Jorhat        | 1.00 |
| 21 | BHAWLAGURI UPHC          | URBAN PRIMARY HEALTH CENTRE | Rented | Bongaigaon    | 1.00 |
| 22 | SILCHAR UPHC             | URBAN PRIMARY HEALTH CENTRE | Rented | Cachar        | 1.00 |
| 23 | DHUBRI UPHC              | URBAN PRIMARY HEALTH CENTRE | Rented | Dhubri        | 1.00 |
| 24 | KARIMGANJ UPHC           | URBAN PRIMARY HEALTH CENTRE | Rented | Karimganj     | 1.00 |
| 25 | JAHAI GHAT UPHC          | URBAN PRIMARY HEALTH CENTRE | Rented | Sonitpur      | 1.00 |
| 26 | CHAPORIGAON UPHC         | URBAN PRIMARY HEALTH CENTRE | Rented | Lakhimpur     | 1.00 |
| 27 | GOALPARA UPHC            | URBAN PRIMARY HEALTH CENTRE | Rented | Goalpara      | 1.00 |
| 28 | DIPHU UPHC               | URBAN PRIMARY HEALTH CENTRE | Rented | Karbi Anglong | 1.00 |

### **Activity:-Untied Grants to UCHCs**

#### **FMR Code: U.4.1.2**

The same guideline to be followed as mention above both for Govt. building or rented building (UPHC/CHC)for the expenses of Untied fund.

| No. of Unit | Unit Cost | Total Cost (In Rs.) | Rs. in lakh  |
|-------------|-----------|---------------------|--------------|
| 2 UHC       | 5,00,000  | 10,00,000.00        | <b>10.00</b> |

#### **List of Health Institutes:**

|          |                       |                  |      |              |
|----------|-----------------------|------------------|------|--------------|
| <b>1</b> | <b>DHIRENPARA FRU</b> | <b>Urban CHC</b> | Govt | Kamrup Metro |
| <b>2</b> | <b>PANDU FRU</b>      | <b>Urban CHC</b> | Govt | Kamrup Metro |

### **Activity:-Untied Grants to MAS**

#### **FMR Code: U.4.1.4**

The main purpose of the untied fund is not simply to spend it but to use it as a catalyst for community health planning and for executing the plan.

Untied funds:

-Promote decentralization, i.e. allow the slum residents to take decisions about spending on community health.

- Create opportunities for the community to gain capacity for collective decision making around health. ---Provide support to the MAS in executing a plan of action. Any action plan developed by the MAS to address local issues would include some activities for which funds are required.
- Untied fund helps to undertake those activities requiring funds.
- Community is also encouraged to contribute a revolving fund to the MAS; which may be in terms of money or labour.

### Principles of Utilization of Untied Fund

The MAS can use these funds for any purpose aimed at improving the health of the slum. Being an untied fund, it is to be utilized as per decision of the MAS. Nutrition, education, sanitation, environmental protection, public health measures are key areas where this fund could be utilized. Decision on the utilization of funds should be taken during the monthly MAS meetings and should be based on the following principles:

- The fund shall be used for activities that benefit the community and not just one or two individuals
- However in exceptional cases such as that of a destitute women or very poor household, the untied fund could be used for health care needs of the poor household especially for enabling access to care. For example, MAS identified a suspected pneumonia patient who did not have money to go to the U- CHC for treatment. MAS provided funds for her treatment at the U- CHC and one of the members also accompanied her to the U- CHC.
- The fund shall not be used for works or activities for which an allocation of funds is already available through the urban local body or other departments. For example, the fund should not be used in activities like construction of drainage system or roads as these activities are already budgeted in the concerned departments like PHED and PWD.
- In special circumstances the U-PHC or the City/ District PMU could give a direction or a suggestion to all MAS to spend on a particular activity, but even then it should be approved first by the MAS.
- MAS will not be directed to contract with specific service providers for specific activities, regardless of the nature of the activity. For example, if MAS wants to engage someone for providing emergency transport services in the slum, neither health department staff nor anyone else can direct it to give the contract to any particular service provider.
- All payments from the untied fund must be done by the MAS directly to the service provider without involvement of any third party.

Indicative list of activities that may be undertaken with the help of untied fund

- ❖ Slum level public health activities like cleanliness drive, insecticide spraying etc.
- ❖ Awareness generation in the slum on various govt. schemes for urban poor like JSY, RSBY, JSSK, BSUP, RBSK etc.
- ❖ Repair/ installation of community water supply points like public taps, stand posts
- ❖ Minor repair of the community toilets to make them functional
- ❖ IEC/BCC activities like wall writings, puppet shows, film shows for awareness generation on MNCHN and WASH related issues
- ❖ Providing equipments like weighing machine etc. to the Anganwadi worker to be ensured
- ❖ Helping destitute women or very poor slum households in accessing health care
- ❖ Logistic arrangements for Urban Health and Nutrition Days (UHND) should be discussed as per need with ANM
- ❖ Paying for emergency transport when 102/108 services are not available

**Note:** The expenditure incurred by MAS should be verified by DUHC/Accountant cum Sect. staff

Number of MAS increased by 15 nos. in Dhubri district and 9 nos. in Lakhimpur district, so the number of MAS increases to 658 and MAS members 6580. (Untied grant to 658 nos. MAS@Rs. 5,000/- per MAS).

**Budget detail as follows-**

| No. of Unit | Unit Cost | Total Cost (In Rs.) | Rs. in lakh  |
|-------------|-----------|---------------------|--------------|
| 658 MAS     | 5,000     | 3290000             | <b>32.90</b> |

**Budget break up:**

| Sl.No | District      | No. of MAS | Amount (Rs)      |
|-------|---------------|------------|------------------|
| 1     | Bongaigaon    | 14         | 70,000           |
| 2     | Cachar        | 50         | 250,000          |
| 3     | Dibrugarh     | 60         | 300,000          |
| 4     | Dhubri        | 55         | 275,000          |
| 5     | Goalpara      | 56         | 280,000          |
| 6     | Jorhat        | 35         | 175,000          |
| 7     | Kamrup Metro  | 265        | 1,325,000        |
| 8     | Karbi Anglong | 33         | 165,000          |
| 9     | Karimganj     | 9          | 45,000           |
| 10    | Lakhimpur     | 11         | 55,000           |
| 11    | Nagaon        | 39         | 195,000          |
| 12    | Sibsagar      | 11         | 55,000           |
| 13    | Sonitpur      | 10         | 50,000           |
| 14    | Tinsukia      | 10         | 50,000           |
|       | <b>Total</b>  | <b>658</b> | <b>3,290,000</b> |

### **Activity: Rent for UPHC**

#### **FMR Code: U.5.1.4.1**

Fund should be utilised for rented buildings for the payment of rent on monthly basis as per actual(Maximum @14000/ per month).28 nos. rented UPHCs @ Rs.168000.00/ year.

| No. of Unit | Unit Cost    | Total Cost (In Rs.) | In lakh      |
|-------------|--------------|---------------------|--------------|
| 28          | Rs.168000.00 | 47,04,000.00        | <b>47.04</b> |

#### **District Budget Breakup:**

| Sl. No       | District      | No. of HI | Amount(Rs)     |
|--------------|---------------|-----------|----------------|
| 1            | Kamrup Metro  | 17        | 2856000        |
| 2            | Nagaon        | 1         | 168000         |
| 3            | Tinsukia      | 1         | 168000         |
| 4            | Jorhat        | 1         | 168000         |
| 5            | Bongaigaon    | 1         | 168000         |
| 6            | Cachar        | 1         | 168000         |
| 7            | Dhubri        | 1         | 168000         |
| 8            | Karimganj     | 1         | 168000         |
| 9            | Sonitpur      | 1         | 168000         |
| 10           | Lakhimpur     | 1         | 168000         |
| 11           | Goalpara      | 1         | 168000         |
| 12           | Karbi Anglong | 1         | 168000         |
| <b>Total</b> |               | <b>28</b> | <b>4704000</b> |

## **Training and Capacity**

### **Activity:-Training on Other Diseasecontrol programme (NCD)**

#### **FMR Code: U.9.5.6**

Epidemiologic Transition has occurred with Death from the four major NCDs –Cancer, CVD, Diabetes, and Respiratory Diseases accounting to more than half of the total deaths. Risk factors for NCDs need action at all levels. Necessitates a focus on primary and secondary prevention- this will need comprehensive services at Primary care level. For carrying out the preventive, promotive and the curative services the following trainings are required.

#### **Agenda for Training of ASHA on Non-Communicable Disease**

|   |                    |
|---|--------------------|
| <b>Day 1</b>  |                    |
| Introduction and Background to the Module                     | 1 Hour             |
| What are Non-Communicable Diseases and why are they important | 1 Hour 30 Minutes  |
| Importance of Health Promotion                                | 1 Hour             |
| Risk Factors for NCDs: Tobacco and Alcohol                    | 2 Hours            |
| <b>Day 2</b>  |                    |
| Risk Factors for NCDs: Healthy Diet and Physical Activity     | 1 Hour 30 Minutes  |
| Risk Factors for NCDs: Stress and Overweight                  | 1 Hour             |
| Role plays on Health Promotion                                | 1 Hour 30 Minutes  |
| Hypertension  | 2 Hours 30 Minutes |
| <b>Day 3</b>  |                    |
| Heart Attack and Stroke                                       | 1 Hour             |
| Diabetes  | 2 Hour 30 Minutes  |
| Cervical Cancer   | 1 Hour 30 Minutes  |
| Oral Cancer   | 1 Hour 30 Minutes  |
| <b>Day 4</b>  |                    |
| Breast Cancer   | 3 Hours            |
| Key Tasks of ASHA   | 1 Hour 30 Minutes  |
| Orientation to Record format and Consent                      | 1 Hour             |
| Disease-specific healthcare services available facility-wise  | 1 Hour             |

|   |                   |
|---|-------------------|
| <b>Day 5 - Joint training with ANM</b>                    |                   |
| Orientation to CBAC                                       | 1 Hour            |
| Work Flow Process for screening and referral of NCD cases | 1 Hour            |
| Facility Visit  | 3 Hours           |
| Evaluation  | 1 Hour 30 Minutes |

### **Training of ASHAs on NCD:-**

#### **Batch wise budget break-up**

| Training of ASHA's on NCD |   |           |                        |                    |             |              |
|---------------------------|---|-----------|------------------------|--------------------|-------------|--------------|
| Sl no                     | Component   | Unit cost | Participants per batch | Duration per batch | No of batch | Total Amount |
| 1                         | TA to participants (on actuals)                                   | 100       | 30                     | 2                  | 1           | 6000         |
| 2                         | DA to participants  | 100       | 30                     | 5                  | 1           | 15000        |
| 3                         | Accommodation for participants including fooding and lodging      | 200       | 30                     | 5                  | 1           | 30000        |
| 4                         | Training materials (Folder, pen, pad, highlighter, etc)           | 50        | 30                     | 1                  | 1           | 1500         |
| 5                         | Food cost(Breakfast, working lunch, snacks & tea)                 | 150       | 30                     | 5                  | 1           | 22500        |
| <b>Total</b>              |   |           |                        |                    |             | <b>75000</b> |
| Sl no                     | Component   | Unit cost | No of Resource Persons | Duration per batch | No of batch | Total Amount |
| 7                         | Honorarium to 3 Resource Person @ Rs. 300/- per person per batch. | 300       | 3                      | 5                  | 1           | 4500         |
| 8                         | Venue cost @ Rs. 500/- per day                                    | 500       |                        | 5                  | 1           | 2500         |
| <b>Total</b>              |   |           |                        |                    |             | <b>7000</b>  |
| <b>Grand Total</b>        |   |           |                        |                    |             | <b>82000</b> |

**No. of training to be organised by the District and budget breakup:**

| Sl.No | District      | No. of batches | Amount (Rs)    |
|-------|---------------|----------------|----------------|
| 1     | Bongaigaon    | 1              | 82000          |
| 2     | Cachar        | 1              | 82000          |
| 3     | Dibrugarh     | 1              | 82000          |
| 4     | Dhubri        | 1              | 82000          |
| 5     | Goalpara      | 1              | 82000          |
| 6     | Jorhat        | 1              | 82000          |
| 7     | Kamrup Metro  | 4              | 328000         |
| 8     | Karbi Anglong | 1              | 82000          |
| 9     | Karimganj     | 1              | 82000          |
| 10    | Lakhimpur     | 1              | 82000          |
| 11    | Nagaon        | 2              | 164000         |
| 12    | Sibsagar      | 1              | 82000          |
| 13    | Sonitpur      | 1              | 82000          |
| 14    | Tinsukia      | 1              | 82000          |
|       | <b>Total</b>  | <b>18</b>      | <b>1476000</b> |



## **Activity:-Other training/Orientations Capacity Building workshop for ULB Members**

### **FMR Code: U.9.5.8**

Non-Health Departments such as Urban Development, Housing and Urban Poverty Alleviation, Women and Child Development, School Education, Labour, Water and Sanitation, etc. are also important stakeholders for successful implementation of NUHM. Thus, these entities must be given a basic orientation towards urban health issues and NUHM, in order to facilitate identification of areas of collaboration.

A capacity building workshop cum training for existing ULB members at district level for establishment of vibrant community organizations at slum level, under the umbrella of the urban local body to carry out community based action for public health.

No of batch will be =15. Each batch contains 30 nos participant.

(For Kamrup Metro, 2 batches are proposed as the Guwahati Municipal Corporation has 6 members).

Total no of participant =450 participants.

The resource person for the program is MO, I/C Urban PHC, DUHC, DME and DCM.

Venue: District

### **Agenda on Capacity Building workshop for ULB Members**

Registration: (9.30 AM)-0.15 hrs

Welcome & Introduction (9.45-10.00 AM) -0.15 hrs

*Topics to be covered in first half as follows-*

#### **1: Issues in urban health-**

*Timing: 10.00-11.30AM-1.30 hrs.*

- Briefing on NUHM
- How are urban health issues different from rural health issues -30 mints
- Urban Disease Burden (TB, Malaria, Dengue, Chikungunya, NCDs (Cancers, Cardiovascular conditions, Diabetes, Road traffic accidents, injuries, Mental Health conditions) etc.

#### **2:Challenges of Urban Vulnerable:**

*Timing :(11.00-12.00)-1.00 hrs*

- Sensitization to issues faced by urban poor and vulnerable, homeless, slum dwellers, and those is hazardous occupations, in their everyday life; hostility of the state towards rural migrants.

### **3: Overview of NUHM Program Components-**

*Timing : (12.00-2.00 PM)-2.00 hrs*

- Service Delivery Infrastructure
- Targeted Interventions for urban poor and vulnerable
- Outreach services
- Vulnerability Assessment Process

### ***Lunch break***

*Timing : ( 2.00-2.45 PM)-0.45hrs. Lunch break*

### **4: Convergence (2.45-4.15PM)**

- Social Determinants of Health: interlink age between health and its determinants (water, sanitation, nutrition, environment, gender, livelihoods, socio-economic factors)
- Specific role of the department in urban health planning and implementation
- Sharing of data and other information resources

### **5: Innovation in urban health(4.15-5PM)**

- Sharing best practices on healthy cities from India and abroad (eg. zero waste cities, solid waste management practices)
- Encouraging public private partnerships, local solutions, participatory community practices

### **Budget Break-up**

| <b>Sl. No</b>                                   | <b>Component</b>  | <b>Unit Cost</b> | <b>Unit</b> | <b>Duration</b> | <b>Total (In Rs.)</b> |
|---|---|------------------|-------------|-----------------|-----------------------|
| 1   | TA for Participants subject to actual                       | 200              | 30          | 1               | 6000.00               |
| 2   | DA to Participants  | 150              | 30          | 1               | 4500.00               |
| 5   | Training Material (Bag, Pad, Pen, Pencil, Highlighter etc.) | 150              | 30          | 1               | 4500.00               |
| 6   | Working lunch, snacks and Tea                               | 200              | 30          | 1               | 6000.00               |
| Total amount for one batch i.e. 30 nos. (inRs.) |   |                  |             |                 | 21,000.00             |

**Districts wise budget break-up:**

| Sl.No | District      | No. Of ULB Members | Amount(Rs)    |
|-------|---------------|--------------------|---------------|
| 1     | Bongaigaon    | 30                 | 21000         |
| 2     | Cachar        | 30                 | 21000         |
| 3     | Dibrugarh     | 30                 | 21000         |
| 4     | Dhubri        | 30                 | 21000         |
| 5     | Goalpara      | 30                 | 21000         |
| 6     | Jorhat        | 30                 | 21000         |
| 7     | Kamrup Metro  | 60                 | 42000         |
| 8     | Karbi Anglong | 30                 | 21000         |
| 9     | Karimganj     | 30                 | 21000         |
| 10    | Lakhimpur     | 30                 | 21000         |
| 11    | Nagaon        | 30                 | 21000         |
| 12    | Sibsagar      | 30                 | 21000         |
| 13    | Sonitpur      | 30                 | 21000         |
| 14    | Tinsukia      | 30                 | 21000         |
|       | <b>Total</b>  | <b>450</b>         | <b>315000</b> |

## **Activity:- Other Trainings/Orientations**

### **FMR Code: U.9.5.8**

Day long district level orientation cum training should be held for ULB members and district Nodal officers of National Disease Control Programmes under NUHM.

The total no of participant will be 520. (30 participants from ULBs and 5 Nodal officers from National Disease Control Programmes per day per 13 nos districts. In Kamrup Metro, 2 batches will be there as the Guwahati Municipal Corporation has 60 members. Total 35 participants in 15 batch each for a total of 520 participants.

The resource person for the program is MO, I/C Urban PHC, DUHC, DME and DCM.

### **Training Agenda**

| Time           | Topics  |
|----------------|---|
| 10-10.15 am    | Welcome address   |
| 10.15-10.30 am | Tea   |
| 10.30-11.00 am | NVBDCP (Introduction and strategies)  |
| 11.00-12.30 pm | Malaria(Introduction, Case detection, treatment and vector management, BCC, Intersectoral coordination) |
| 12.30-1.15 pm  | Lunch   |
| 1.15-2.15 pm   | Lymphatic Filariasis (Introduction, Case detection and management )                                     |
| 2.15-2.30 pm   | Tea   |
| 2.30-3.30 pm   | Japanese Encephalitis(Introduction, case detection, vector control strategies)                          |
| 3.30-4.30 pm   | Dengue and Chikungunya (Case management, Vector management, BCC, Intersectoral coordination)            |

**Budget Details:**

| <b>1day district level orientation cum training for ULB members and Nodal officers of National Disease Control Programmes</b> |   |                  |             |                 |                     |
|---|---|------------------|-------------|-----------------|---------------------|
| <b>Sl No</b>  | <b>Component</b>                                      | <b>Unit cost</b> | <b>Unit</b> | <b>Duration</b> | <b>Total Amount</b> |
|   |   | <b>(inRs. )</b>  |             |                 | <b>(inRs.)</b>      |
| 1   | TA to participants ( subject to actual )              | 200              | 35          | 1               | 7000                |
| 2   | DA to participants                                    | 500              | 35          | 1               | 17500               |
| 3   | Honorarium to Resource Persons                        | 1000             | 3           | 1               | 3000                |
| 6   | Training material (Folder, pen, pad, highlighter etc) | 150              | 35          | 1               | 5250                |
| 7   | Foods (Breakfast, Working lunch, snacks &tea)         | 250              | 40          | 1               | 10000               |
| 8   | Venue charge  | 1000             | 1           | 1               | 1000                |
| <b>Total for 1 batch ( 35 participants)</b>   |   |                  |             |                 | <b>43750</b>        |

**Budget breakup for districts:**

| <b>Sl.No</b> | <b>District</b> | <b>No. Of Participants</b> | <b>Amount(Rs)</b> |
|--------------|-----------------|----------------------------|-------------------|
| 1            | Bongaigaon      | 35                         | 43750             |
| 2            | Cachar          | 35                         | 43750             |
| 3            | Dibrugarh       | 35                         | 43750             |
| 4            | Dhubri          | 35                         | 43750             |
| 5            | Goalpara        | 35                         | 43750             |
| 6            | Jorhat          | 35                         | 43750             |
| 7            | Kamrup Metro    | 65                         | 87500             |
| 8            | Karbi Anglong   | 35                         | 43750             |
| 9            | Karimganj       | 35                         | 43750             |
| 10           | Lakhimpur       | 35                         | 43750             |
| 11           | Nagaon          | 35                         | 43750             |
| 12           | Sibsagar        | 35                         | 43750             |
| 13           | Sonitpur        | 35                         | 43750             |
| 14           | Tinsukia        | 35                         | 43750             |
| <b>Total</b> |                 | <b>520</b>                 | <b>656250</b>     |

## IEC/BCC -FMR: U.11

**FMR CODE : U.11.3**

**Name of Activity:** Inter Personal Communication (IPC)

**Plan:** The following 3 activities should be implemented in district level -

1. Mobilisation of community action with MAS
2. Awareness meeting/Mega awareness camp on Dengue at Kamrup(M)
3. Street Play on NUHM issues

**Guideline:**

1. The MAS will mobilise the community for safe disposal of refuse and garbage.
2. Community awareness to be created against the Gender issue, Prenatal Sex selection issue, Age at Marriage, Substance misuse etc in UPHC and CHC area in the district under NUHM coverage.
3. Awareness meeting should be conducted on JE, Dengue and other vector borne diseases in the urban areas of 57 Urban Health Institutions.
4. Street Play on different NUHM issues as per micro plan of districts at urban areas.

**Budget Break-up**

| Sl. No | Activity   |  | Unit Cost /month | Unit | Total (inRs.) | Total (Rs. in lakh) |
|--------|--|--|------------------|------|---------------|---------------------|
| 1      | Mobilisation of community action with MAS (Not for Kamrup Metro) |  | 500              | 20   | 10000         | 0.10                |
| 2      | Awareness meeting(Not for Kamrup Metro)                          |  | 500              | 20   | 10000         | 0.10                |
|        | Mega Awareness camp on Dengue at Kamrup(M) District              |  | 70000            | 1    | 70000         | 0.70                |
| 3      | Street Play on NUHM issues -as per micro plan                    | In Kamrup Metro  | 3500             | 5    | 17500         | 0.175               |
|        |  | For Other 13 district @ Rs 3500 per troupe of street play, Physical target 2 in each district. | 3500             | 2    | 91000         | 0.91                |
|        | <b>Total</b>   |  |                  |      | <b>198500</b> | <b>1.985</b>        |

**Total District Release =Rs. 198500.00**

**In lakh=RS. 1.985 L**

**FMR CODE : U.11.4**

**Name of Activity:** Other media-Display of different health scheme and awareness message

**Plan:** There will be 2 main activities under the FMR Code. The activity will be executed both at State and District level. The district level plan along with guideline and budget is as follows-

**Activity 1: Maintenance of branding /signage****Guideline:**

1. Lump sum amount for of branding each UPHC and CHC to HWC under NUHM
2. Concerned DME will Guide and monitor the installation of signage in the premise of the Urban Health facility or the adjacent Urban area for road visibility purpose.

**Budget break-up**

| Sl. No | Activity                             | Unit Cost /month | Unit | Total (In Rs.) | Total (Rs. In lakh) |
|--------|--------------------------------------|------------------|------|----------------|---------------------|
| 1      | Branding of each UPHC and CHC to HWC | 6500             | 57   | 370500         | 3.705               |

**Activity 2: Display of protocol and posters etc/ Installation of hoarding and information board, distribution of leaflet and miking on Dengue at Kamrup(M) District.****Guideline:**

1. Protocol or posters should be displayed on different issues as per need based assessment
2. Lump Sum amount given
3. Concerned DME and Urban Health Coordinator must ensure the progress of needful IEC activity to be done.
4. Progress report to be submitted to the State Head Quarter through IEC tracker

**Budget Break-up**

| Sl. No | Activity  | Unit Cost /month | Unit | Total (in Rs.) | Total (Rs. in lakh) |
|--------|---|------------------|------|----------------|---------------------|
| 2.     | Display of protocol, Rs 5000 per Urban Health Facility. = Rs. 285,000           | 5000             | 57   | 285000         | 2.85                |
|        | Installation of hoarding and information board, on Dengue at Kamrup(M) District | 20000            | 40   | 800000         | 8.00                |
|        | Distribution of leaflet on Dengue at Kamrup(M) District                         | 1                | 5000 | 5000           | 0.05                |
|        | Miking on Dengue at Kamrup(M) District  | 5000             | 5    | 25000          | 0.25                |

**Total District Release (1+2)= Rs.1485500.00**

**In lakh =Rs.14.855 lakh**

**FMR CODE : U.11.5****Name of Activity:** Others- Hoarding installation and hiring for Road Visibility of Health Schemes**Plan:**

1. The activity is involved with Hoarding installation and hiring for Road Visibility of Health Schemes.
2. It will be executed both at State and District level.

The district level plan along with guideline and budget is as follows-

**Guideline:**

1. DME will be in charge of the activity in coordination with the Urban Health Coordinator.
2. Coverage area should be of under the urban health facility.
3. The Hoarding must be erected for road visibility. Selected sites should be the Highway Transit points, Market areas, Near to the Slums
4. Theme of the Hoarding should be on JSSK, JSY, PMSMA, Family Planning, Free diagnostic facility, NCD etc.
5. There should be clear indication of availability of services with an indication of the nearest facility
6. Awareness on adolescent health issues, Garbage management, Cleanliness, JE and Dengue etc. Theme may be covered as per district plan also.
7. Concerned district has to report all the display of Hoarding to the state with evidential photographs. IEC tracker to be updated accordingly.

**Budget break-up:**

| Sl. No | Activity              |              | Unit Cost /month | Unit | Total (In Rs.) | No of district | Total (Rs. in lakh) |
|--------|-----------------------|--------------|------------------|------|----------------|----------------|---------------------|
| 1      | Kamrup Metro          | Installation | 12000            | 5    | 60000          | 1              | .60                 |
|        |                       | Hiring       | 25000            | 10   | 250000         |                | 2.50                |
|        | Other 13 nos district | Installation | 12000            | 5    | 60000          | 13             | 7.80                |
|        |                       | Hiring       | 25000            | 2    | 50000          |                | 6.50                |

**Total District release= RS. 1740000.00**



In lakh = Rs.17.40 L

## Programme Management \_Human Resource District PMU

### Activity: Mobility Support

#### **FMR Code: U.16.8.2.2**

Mobility support to DPMU @Rs. 22500/per month for 12 months for 14 units. Fund should be utilised for Vehicle expenses for field visits/ session visit/special programs and official visits as per NHM norms.

| Sl.No        | District      | Amount (Rs)      |
|--------------|---------------|------------------|
| 1            | Bongaigaon    | 270,000          |
| 2            | Cachar        | 270,000          |
| 3            | Dibrugarh     | 270,000          |
| 4            | Dhubri        | 270,000          |
| 5            | Goalpara      | 270,000          |
| 6            | Jorhat        | 270,000          |
| 7            | Kamrup Metro  | 270,000          |
| 8            | Karbi Anglong | 270,000          |
| 9            | Karimganj     | 270,000          |
| 10           | Lakhimpur     | 270,000          |
| 11           | Nagaon        | 270,000          |
| 12           | Sibsagar      | 270,000          |
| 13           | Sonitpur      | 270,000          |
| 14           | Tinsukia      | 270,000          |
| <b>Total</b> |               | <b>3,780,000</b> |

### **Activity:Administrative Expenses**

#### **FMR Code: U.16.8.2.3**

Fund should be utilised for Review meeting, Workshop, Office expenses @ Rs.25000.00/ year.  
Bills should be paid as per NHM norms

#### **Budget breakup:-**

| Sl. No | Activity                | Unit Cost /month | Unit | Total (In Rs.) | Total (Rs. In lakh) |
|--------|-------------------------|------------------|------|----------------|---------------------|
| 1      | Administrative expenses | 25000            | 14   | 42,00,000      | 42.00               |

#### **District wise break-up**

| Sl. No | District      | Unit Cost /month | Unit Cost /year (Rs) |
|--------|---------------|------------------|----------------------|
| 1      | Bongaigaon    | 25,000           | 300,000              |
| 2      | Cachar        | 25,000           | 300,000              |
| 3      | Dibrugarh     | 25,000           | 300,000              |
| 4      | Dhubri        | 25,000           | 300,000              |
| 5      | Goalpara      | 25,000           | 300,000              |
| 6      | Jorhat        | 25,000           | 300,000              |
| 7      | Kamrup Metro  | 25,000           | 300,000              |
| 8      | Karbi Anglong | 25,000           | 300,000              |
| 9      | Karimganj     | 25,000           | 300,000              |
| 10     | Lakhimpur     | 25,000           | 300,000              |
| 11     | Nagaon        | 25,000           | 300,000              |
| 12     | Sibsagar      | 25,000           | 300,000              |
| 13     | Sonitpur      | 25,000           | 300,000              |
| 14     | Tinsukia      | 25,000           | 300,000              |
|        | <b>Total</b>  |                  | <b>4,200,000</b>     |

XXXXXXXXXXXXX