

F. No. 10(23)/2010-NRHM- I  
Government of India  
Ministry of Health & Family Welfare  
Department of Health & Family Welfare

Nirman Bhawan, New Delhi  
Dated: 4<sup>th</sup> May 2010

To,  
The Mission Director, (NRHM)  
Government of Bihar  
Parivar Kalyan Bhawan,  
Sheikhpura, Patna 800 014  
Bihar

Subject: Approval of State Programme Implementation Plan of NRHM for the year 2010-11

Madam/Sir,

Please refer to your letter submitting draft Programme Implementation Plan (PIP) for the year 2010-11 and the discussions of the same in the meeting of NPCC held on 16/03/2010 at New Delhi and subsequent deliberations<sup>1</sup>.

2. The administrative approval of the PIP for your State is conveyed for an amount of Rs. 1273.88 Cr. (One Thousand Two Hundred Seventy Three Crore and Eighty Eight Lakhs) (Detail at Table C below) against the resource envelope available comprising of the following:-

**Table A**

Likely Uncommitted Unspent Balance Available under NRHM as on 1.4.2010	<b>12.05</b>
GOI Resource Envelope for 2010-11 under NRHM (on a 15% higher than current year's Budget Estimate for over planning purpose) <sup>2</sup>	<b>1096.53</b>
15% State share	<b>168.26</b>
<b>Total</b>	<b>1276.84</b>

<sup>1</sup>. Budgets may be realigned within 3 months of the issue of the Order, to achieve Monitorable Targets indicated in Attachment F, in case there has been inadequate provision in the PIP, to meet national goals.

<sup>2</sup>. The actual resource allocation shall be in accordance with the budgetary allocation of 2010-11 and may be lower than the resource envelope being approved

The Resource Pool wise break up of total NRHM resources is as follows:

(Rs. in Crores)

**Table B**

<b>Sl. No.</b>		<b>Likely Uncommitted Unspent balance available as on 1.4.2010</b>	<b>GoI Resource Envelope under NRHM</b>	<b>Total</b>
1	RCH Flexible Pool	7.80	319.35	327.15
2	NRHM Flexible Pool	0.00	335.39	335.39
3	Immunization ( from RCH Flexible Pool)			
4	NVBDCP	1.00	10.20	11.20
5	RNTCP	0.50	15.98	16.48
6	NPCB	0.60	11.22	11.82
7	NLEP	0.10	2.50	2.60
8	IDSP	0.05	1.26	1.31
9	NIDDCP	0.00	0.18	0.18
10	Direction & Admn. (Treasury route)	0.00	186.55	186.55
11	PPI Oper. Cost	2.00	70.87	72.87
12	15% State share		168.26	168.26
13	15% over and above GoI resource envelope for purpose of PIP approval		143.03	143.03
	<b>Total</b>	<b>12.05</b>	<b>1264.79</b>	<b>1276.84</b>
	<b>Committed Unspent Balance up to 2009-10 to be Revalidated in 2010-11</b>	<b>Rs. 149.58 Crores</b>		

**SUMMARY OF APPROVAL**  
**(Details provided in respective Annexes)**

**Table C**

		<b>Rs. In Crore</b>
<b>S. No</b>	<b>Scheme/Programme</b>	<b>Approved Amount</b>
1.	RCH Flexible Pool (Details at Attachment A)	593.64
2.	NRHM Mission Flexible Pool (Details at Attachment B)	337.96
3.	Immunization ( from the RCH Flexible Pool) (Details at Attachment C)	24.68
4.	NVBDCP (Details at Attachment D)	24.87
5.	RNTCP (Details at Attachment D)	16.93
6.	NPCB (Details at Attachment D)	11.22
7.	NIDDCP (Details at Attachment D)	0.18
8.	IDSP (Details at Attachment D)	2.74
9.	NLEP (Details at Attachment D)	2.25
10	PPI Operation Cost	72.87
11	Infrastructure Maintenance	186.54
<b>TOTAL</b>		<b>1273.88</b>

In addition to above following activities under NPPCD for provisioning of funding from National Programme for Prevention and Control of Deafness.

<b>S. No</b>	<b>Scheme/Programme</b>	<b>Approved Amount ( In Rs. Crores)</b>
12	NPPCD/Mental Health/ Tobacco/etc (Details at Attachment E)	NIL

**3. The above approval is subject to the following mandatory requirements. Non compliance to any of the following requirement may entail in suspension of grant to the State.**

**A. Monitoring Requirements**

1. State/UT shall ensure submission of quarterly report on the Measurable Target/indicators at the end of every quarter as per Attachment F and expected outputs stated in the Record of Proceeding in Annexures of Attachment G. Budgets may be realigned within 3 months of the issue of the Order to achieve Monitorable Targets indicated in Attachment F in case there has been inadequate provision in the PIP, to meet national goals,
2. All approvals are subject to the observations made in the RoP of NPCC for NRHM (Attachment G) which is inclusive of commodity grants under Disease Control Programme in the respective Annexures.

**B. Human Resource**

3. All Posts under NRHM shall be on contract and for the Plan period. All such appointments would be for a particular facility and non transferable in nature. Priority in contractual recruitments and placements would be for backward districts, difficult, most difficult and inaccessible health facilities.
4. All States would ensure that appropriate skill mix of human resource is made available to ensure provision of minimum service guarantee to health facilities. All professionals multi skilled under NRHM shall be placed in facilities where the skills can be utilized.
5. State shall submit action plan for recruitment, deployment and training of human resources within six months from the issue of the Order.

**C. Infrastructure**

6. All civil works undertaken to achieve IPHS standards, would be based on expected patient load and priority would be accorded to inaccessible and remote areas as per prescribed criteria.

7. In all new constructions, care should be taken to ensure that the location of these facilities are such that beneficiary households can access them easily. They should preferably be located in the midst of habitation and definitely not in agriculture fields, and outskirts of villages, under any circumstances. Any deviation from the above would be treated as ineligible expenditure under NRHM.
8. All new constructions would require prior approval of GoI if names of facilities have not been mentioned in the NRHM-PIP, and also if any shift is proposed. No shift from backward and inaccessible areas would be allowed.
9. The State shall set up implementation arrangement to monitor all civil works being undertaken, on a monthly basis, to ensure quality of works and completion as per schedule.

**D. Communitization**

10. The State shall ensure that all operational guidelines relating to VH&NDs are complied with.
11. The State shall ensure timely performance based payments to ASHAs/Community Link Workers. State to ensure that supportive supervision mechanism is put in place within six months.
12. The State shall ensure that RKS meets as frequently as possible and mandatorily at least once in every quarter to review proper utilisation of allocated funds for achievement of goals. The proceedings of such meetings should be maintained for scrutiny.

**E. Financial**

13. The State shall not make any change in allocation among different components/ activities without approval of GoI. Any proposal for re-appropriation between activities within activities should be informed to GoI in advance. However, such re-appropriation should reflect realignment of activities in accordance with priority to high focus districts/involvement of NGOs etc.

14. The State shall ensure that 15% of its share, based on release of funds by Government of India, is credited to the account of the State Health Society, within one month of issue of the release order. The over-all expenditure on health by the State Government should also go up by a minimum of 10 percent each year.
15. The State shall ensure the completion of delegation of administrative and financial powers during the current financial year. Funding of NRHM to the State in 2010-2011 will be based on clear delegation as per earlier directions.
16. The State shall follow all the financial management systems under operation under NRHM and shall submit Audit Reports, Quarterly Summary Concurrent Audit Report, FMRs, Statement of Fund Position, as and when they are due. State also agrees to undertake Monthly District Audit and periodic assessment of the financial system.
17. The accounts of the State/ grantee institution/ organization shall be open to inspection by the sanctioning authority and audit by the Comptroller and Auditor General of India under the provisions of CAG (DPC) Act 1971 and internal audit by Principal Accounts Office of the Ministry of Health & Family Welfare.
18. State shall ensure submission of details of unspent balance indicating, inter alia, funds released in advance and funds available under State Health Societies. The State shall also intimate the interest amount earned on unspent balance. This amount can be spent against activities already approved and will also count towards the central share.

**F. Miscellaneous**

19. The State shall ensure establishment of supportive supervisory structures for RCH and other national programmes in lagging districts and for ensuring quality services, within six months of the issue of the Order
20. The State shall maintain essential drug list /develop Standard Protocols , and enforce its implementation through State machinery.
21. Component for the salary of staff and mobility support which is being approved in IDSP Annexure would be subject to approval of EPC/MSG under NRHM. The

support for expenditure to be incurred by Central Surveillance Unit (CSU) and the State is subject to approval of World Bank for restructuring and Extension.

22. State shall ensure taking appropriate action to monitor the performance of the cold chain /ILR Points and implementation details of ProMIS.

Yours faithfully

(P.K. Bali)

Under Secretary to the Government of India

Copy to:

1. All JSs in the Ministry of Health & Family Welfare
1. All Programme Division Heads of NRHM/ RCH/ Disease Control Programmes
2. DS/Director Finance (NRHM)
3. All Under Secretaries concerned
4. IFD
5. PPS to Secretary(H&FW)/PS to AS&MD, NRHM
6. Sanction Folder

**ATTACHMENT A**

**Reproductive & Child Health Programme (RCH II)**

**(Rs. in Lakh)**

<b>S. No.</b>	<b>Activity</b>	<b>Approved Amount</b>	<b>Major Expected Output as per PIP</b>
1	Maternal Health	555.55	76 Blood storage units; 533 outreach camps; 63902 VHNDs
2	Child Health	2165.52	50,000 school health camps; 30 NRCs; Biannual round of vitamin A
3	Family Planning	616.65	12792 female & 1000 male sterilisation camps;
4	ARSH	44.05	ARSH cells in 50% PHC in Patna district, Establishing 2 Youth friendly health clinics in Urban Area etc.
5	Urban RCH	108.00	20 Urban health centres for RCH services
6	Innovations/ PPP/ NGO	215.25	572 orientation workshops on PNMT & Sex ratio; Piloting of Chiranjeevi scheme in 2 districts
7	Infrastructure & HR	10913.92	228 LTs; 5000 SNs; 18 Consultants at state level, Training cell at SIHFW; Muskaan incentive for 51843 ASHAs and 12000 ANMs; 23 SNCUs in DH; NSUs in 533 PHCs; IMEP in 36 districts
8	Institutional Strengthening	387.98	1770 Sub-centres rent;
9	Training	2204.53	SBA:84 batches; EmOC: 24 doctors; LSAS:48 doctors; MTP: 220 doctors; RTI/STI: 500 doctors; IMNCI: 14136 Health workers, follow up training of 1392 Health workers; F-IMNCI & SNCU-336 MO, ANM and grade A nurse; 91 batches for NSSK; Minilap: 38 batches of 4 MOs; NSV: 38 batches of MOs; IUD: 152 batches of MOs and ANMs; ARSH: 13 batches of ANMs
10	BCC / IEC	505.00	
11	Procurement	8078.27	1592 MVA syringes; 2 lakh delivery kits; 25000 SBA drug kits; 2665 minilap sets; 190 NSV kits; 38 IUD kits
12	Programme Management	947.81	
13	JSY	24996.68	11000 home deliveries; 12,20,833 Institutional Deliveries; 1000 deliveries
14	Sterilisation & IUD Compensation, and NSV Camps	7625.00	Compensation to 475000 women & 25000 men; 10000 IUD camps; 1000 NSV camps
	<b>GRAND TOTAL RCH II</b>	<b>59364.21</b>	

**ATTACHMENT B**

**Mission Flexipool**

**(Rs. in Lakh)**

<b>S. No</b>	<b>Activity Proposed</b>	<b>Approved Amount</b>	<b>Major Expected Output as per PIP</b>
1	ASHA: Training, Support System, Drug Kit & ASHA Divas	5704.01	State level ASHA Resource Centre functional with staff and special support wings; programme mgmt cost including additional HR.
2	Untied Fund for Health Sub Center, APHC & PHC	1348.07	Untied Funds to 8858 SCs, 1243 APHC and 533 PHCs
3	Rogi Kalyan Samiti	1078.00	RKS funds to 37 DH, 44 SDH, 70 referral Hosp, 533 PHC
4	Construction of HSCs	1298.00	100 SCs to be constructed
5	Construction of PHCs	2747.15	30 PHCs to be constructed
6	Construction of 30 old residential quarters in APHCs for Staff Nurses.	540.00	Residential Quarters in 15 APHCs to be constructed
7	Upgradation of PHCs to CHC	1000.00	25 PHCs to be upgraded to CHC Level
8	Upgrading District Hospitals and Sub-Divisional Hospital as per IPHS	750.00	13 DH, 13 SDH & 2 Super Speciality Hospitals upgraded as per IPHS
9	Annual Maintenance Grant	829.00	AMG to 25 DH, 23 SDH, 55 RH, 534 PHC
10	Accreditation / ISO : 9000 certification of Health Facilities	200.00	10 PHCs, 5 SDH & 5 DH accredited/certified ISO compliant
11	Upgradation of Infrastructure of ANM Training Schools	350.00	10 ANMTC & 3 GNM upgraded; Faculty recruited
12	Mobile Phone Facility for health personnel	60.51	Purchased 38 Handsets with SIM for DPM. Recurring charges for 869 connections utilised for official purposes.
13	Block Programme Mgt Unit	2650.83	533 BHM, 533 BA to be recruited
14	Addl. Manpower for SHSB	86.66	HR-Prog officers (as Govt Official on Deputation) (8), Staff (13), Additional Manpower (23), Engineers(2) recruited
15	Addl. Manpower for NRHM-	333.00	76 FRUs with Hospital Managers; 9 RPM, 9 RAMs, 9 RME recruited
16	SHSRC	100.00	SHRC to be established
17	Referral & Emergency Transport-	896.73	102 Ambulance operational in 6 Regional Units; 1911-doctor On Call Services in place with 6 Control rooms operational; 10 ALSA operational; 586 Referral Ambulances in Districts

18	American Association of Physicians of Indian Origin (AAPIO)	56.00	
19	Dialysis unit in various Government Hospitals of Bihar	150.00	3 Dialysis Units operational
20	Setting Up of Ultra-Modern Diagnostic Centers in Regional Diagnostic Centers (RDCs) and all Government Medical College Hospitals of Bihar	360.00	1000 BPL provided services through 15 Units
21	Outsourcing of Pathology and Radiology Services from PHCs to DH	1000.00	Reimbursement fee 50,00,00,000; Telephone line with broad band Rs.1,00,000 x 12 months =12,00,000 Sourcing of private radiologists 25000 x 6 x 12= 18,00,000 Total Amount 50,30,00,000
22	Operationalising MMU	1500.00	38 Units at the District Level & 10 Units at Maha Dalit Tolas of the State operational
23	Monitoring and Evaluation (State, District, Block Data Centre)	681.50	State, District & Divisional Data Centre functional
24	Provision for HR Consultancy services	22.50	TOR with the HR Consultancy
25	Strengthening of Cold Chain	389.02	38 districts with Cold Chain Handlers, Civil works for 38 Cold Chain Room, Civil Work in 533 PHCs
26	Mainstreaming of AYUSH under NRHM	3044.80	12 AYUSH Doctors, 38 AYUSH Specialist Doctor, in SDH/DH; 1600 Paramedics & Pharmacists recruited
27	Procurement and Logistics	1266.07	Drug Warehouses at the 9 Divisional Headquarters ; Equipments for SNCU @ DH & Newborn Corners @ PHC procured, distributed, instaleed and in service at /DH
28	Bio metric System	34.20	Bio Metric System: machines & software installed & operational
29	De-centralised Planning	271.91	38 DHAP, 533 BHAP prepared
30	Construction of Hostel	20.00	1 STDC Hostel@ Rs. 20 lakhs
31	ANMs	4029.00	Existing ANM continue to provide services
32	Intersectoral Convergence	1000.00	Continuation of Muskan Project
<b>Grand Total</b>		<b>33796.96</b>	

## ATTACHMENT C

## Immunisation Strengthening Programme

(Rs. in Lakh)

S. No.	Activities	Approved Amount	Major Expected Output as per PIP
1	Mobility support for Supervision and Monitoring at districts and state level.	20.00	
2	Cold chain maintenance	50.00	
3	Alternate Vaccine Delivery to Session sites	800.64	
4	Focus on urban slum & underserved areas	169.56	
5	Social Mobilization by ASHA /Link workers	600.00	
6	Computer Assistants support at State	3.60	
7	Computer Assistants support at district level	45.60	
8	Printing and stationary	163.54	
9	Quarterly review meeting at state level	5.70	
10	Quarterly review meeting at District level	10.66	
11	Quarterly review meeting at block level	240.00	
12	District level Orientation for 2 days ANMs, MPH, LHV	100.00	
13	Three days training of Mos on RI	62.65	
14	One day refresher training of district computer Assistant on RIMS/HIMS	0.88	
15	One day cold chain handlers trainings	7.04	
16	One day training of block level date handlers	7.04	
17	To develop micro plan at sub-centre level	17.00	
18	For consolidation of micro plan at block level	6.09	
19	POL for vaccine delivery from state to District and PHC/CHCs	38.00	
20	Consumables for computer including provision for internet access	1.82	
21	Red/Black bags, twin bucket, leach/hypochlorite solution	12.80	
22	Catch up Campaigns for flood prone areas	100.00	
23	AEFI investigation of district AEFI committee	5.70	
<b>Total</b>		<b>2468.32</b>	

**ATTACHMENT D**

**National Vector Borne Disease Control Programme (NVBDCP)**

(Rs. in Lakh)

SI. No	Budget head	Approved Amount	Major Expected Output as per PIP
1	<b>DBS (Domestic Budgetary Support )</b>		
1.1	<b>Malaria</b>		
	MPW contractual-salary	300.00	Enhanced EDPT
	ASHA	25.00	
	IEC	30.00	Awareness
	Training	4.00	Improved capacity of Mos, DMOs, MPWs, ASHAs
	M&E including NAMMIS	18.00	Quick Reporting
	<b>Total</b>	<b>377.00</b>	
1.2	<b>FILARIASIS</b>	440.00	Adequate social mobilization and coverage of more than 80%
	<b>Total ELF</b>	<b>440.00</b>	
1.3	<b>Dengue / Chikungunya</b>	4.00	Identify the high risk areas
	<b>Dengue Total</b>	<b>4.00</b>	
1.4	<b>AES / JE</b>	20.07	Quick reporting from affected areas
	<b>AES/JE Total</b>	<b>20.07</b>	
2	<b>Kala-azar</b>		
	<b>DBS support- Operational cost</b> including wages, IEC, transportation of DDT	<b>1200.00</b>	Good quality coverage of the targeted rooms above 80%
	<b>Kala azar (World Bank support)</b>		
	Human resource	378.53	Strengthening of KA elimination activity
	Supervision		
	State Office Strengthening	30.90	
	Training	29.52	Improved capacity
	<b>World Bank total</b>	<b>438.95</b>	
	<b>Kala Azar Total</b>	<b>1638.95</b>	
	<b>Total Cash (VBD)</b>	<b>2480.02</b>	State should ensure timely and proper utilization of the funds
3	<b>Cash for decentralized commodities</b>	<b>7.20</b>	
	<b>Grand Total Cash for NVBDCP</b>	<b>2487.22</b>	
4	Commodity for malaria + Filaria	2270.90	
	<b>Grand Total Cash + Commodity</b>	<b>4758.12</b>	

**Revised National Tuberculosis Control Programme (RNTCP)**

**(Rs. in Lakh)**

<b>Sr. No.</b>	<b>Activity Proposed</b>	<b>Approved Amount</b>	<b>Major Expected Output as per PIP</b>
1	Civil works	193.00	1) Civil work upgradation and maintenance completed as planned;
2	Laboratory materials	58.00	1) Sputum of TB Suspects Examined per lac population per quarter; 2) All districts subjected to IRL OSE and Panel Testing in the year; 3) IRLs accredited and functioning optimally;
3	Honorarium	16.20	All eligible Community DOT Providers are paid honorarium in all districts in the FY;
4	IEC/ Publicity	36.30	All IEC/ACSM activities proposed in PIP completed; Increase in case detection and improved case holding;
5	Equipment maintenance	17.70	1) Maintenance of Office Equipments at State/Districts and IRL equipments completed as planned; 2) All BMs are in functional condition;
6	Training	20.30	1) Induction training, Update and Re-training of all cadre of staff completed as planned;
7	Vehicle maintenance	44.60	All 4 wheelers and 2 wheelers in the state are in running condition and maintained;
8	Vehicle hiring	70.00	Increase in supervisory visit of DTOs and MOTCs; Increase in case detection and improved case holding;
9	NGO/PP support	43.50	Increase in number of NGOs/PPs involved in signed schemes of RNTCP; Contribution of NGOs/PPS in case detection and provision of DOT
10	Miscellaneous	45.60	All activities proposed under miscellaneous head in PIP completed;
11	Contractual services	1035.60	All contractual staff appointed & paid regularly
12	Printing	29.00	All printing activities at state and district level completed
14	Medical Colleges	35.50	All activities proposed under Medical Colleges head in PIP completed;
15	Procurement – vehicles & equipment	48.50	Procurement of vehicles & equipments completed
	<b>Total</b>	<b>1693.80</b>	

**National Programme for Control of Blindness (NPCB)**

(Rs. in Lakh)

SI.No.	Particulars	Approved Amount	Major Expected Output as per PIP
1	Review Meeting	0.80	
2	Flexi pool fund (for staff remuneration & other )	10.00	
3	TA/DA for Staff	0.96	
4	POL/Vehicle Maintenance	0.72	
5	Stationary and Consumables	0.52	
6	State level Workshop	1.00	
<b>Grant in Aid other components-</b>			
1	Recurring GIA for Eye Donation	5.00	
2	Vision Centre ( 50 @ 50,000/- per vision centres )	25.00	
3	Eye Bank 2 @ 15 Lakh	30.00	
4	Eye Donation Centre 2 @ 1 lakh	2.00	
5	Non-Recurring Grant to NGO for strengthening /expansion of eye care unit on 1: 1 sharing basis 2 @ 30 lakh	60.00	
6	Training of Ophthalmic & support Man power	9.50	
7	IEC	19.89	
8	GIA for free Cataract Operation for 38/ DHS-Blindness Division	433.21	
9	GIA for School Eye Screening for 38 DHS-Blindness Division	25.00	
10	Support towards salaries of Ophthalmic Manpower to States	30.00	
	2. Ophthalmic Assistant in district Hospital in	19.20	
11	Strengthening /setting up of Regional Institutes of Ophthalmology ( Non Recurring Assistance)	40.00	
12	Strengthening of Medical Colleges	80.00	6 Medical Colleges
13	Strengthening of District Hospitals	140.00	7 District Hospitals
14	Grant-in-aid to District Health Societies ( Recurring Assistant) @ 5 Lakhs	190.00	
	<b>Total</b>	<b>1122.80</b>	

**NIDDCP**

**(Rs. in Lakh)**

<b>S.No</b>	<b>Activity Proposed</b>	<b>Approved Amount</b>	<b>Major Expected Output as per PIP</b>
1	Establishment of IDD Control Cell	6.00	Better implementation and monitoring of programme activities.
2	Establishment of IDD Monitoring Lab	3.50	Monitoring of iodine content of salt and urine samples in districts.
3	a) Health Education and Publicity		Increased awareness about IDD and iodated salt.
	b) Salt Testing Kits supplies by GOI (3,04,000 No)	6.00	Creating iodated salt demand and monitoring of the same at community level.
4	IDD surveys	2.50	Prevalence of IDD in 5 districts
	<b>Total</b>	<b>18.00</b>	

**Integrated Disease Surveillance Programme (IDSP)**

**(Rs. in Lakh)**

<b>Activity Proposed</b>	<b>Approved Amount</b>	<b>Major Expected Output as per PIP</b>
1. Surveillance preparedness, training & staff salary 2. Outbreak investigation 3. Analysis & use of data	274.00	1. Training of professionals (DSO, Epidemiologists, Microbiologists, Entomologists) 2. IT network for transmission of data and outbreak reporting 3. Strengthening of lab. 4. Surveillance and reporting of disease outbreaks 5. Strengthening of AI surveillance

**National Leprosy Eradication Programme (NLEP)**

(Rs. in Lakh)

S. No.	Activity proposed	Approved Amount	Major Expected Output as per PIP
1)	<b>Contractual Services</b>	15	Functional leprosy cell at state/district level
	State - SMO, BFO cum AO, DEO, Administrative Assistant, Driver		
	District - Drivers (19)		
2)	<b>Services through ASHA/USHA</b>	25	Increase in percentage of cases reported by ASHA
	Honararium to ASHA, sensitization of ASHA		
3)	<b>Office expenses &amp; Consumables</b>	12.8	Functional leprosy cell at state/district level
4)	<b>Capacity building</b>	24	Improvement in skills in diagnosis & treatment of leprosy
	4 days training of newly appointed MO (rural & urban)		
	3 days training of newly appointed health worker & health supervisor		
	2 days refresher training of MO		
	5 days training of newly appointed Lab. Technician		
5)	<b>Behavioral Change Communication</b>	40	Better self reporting as a result of increased awareness
6)	<b>POL/Vehicle operation &amp; hiring</b>	30.2	Improvement in mobility of SLOs & DLOs
7)	<b>DPMR</b>	24	Decrease in recurrence of foot ulcers and reduction in grade II disability through RCS
	MCR footwear, Aids and appliances, Welfare allowance to BPL patients for RCS, Support to govt. institutions for RCS		
8)	<b>Material &amp; Supplies</b>	20	Management of reaction cases
9)	<b>Urban Leprosy Control</b>	18	Better diagnosis & treatment of leprosy in urban areas
10)	<b>Supervision, Monitoring &amp; Review</b>	6	Better, supervision & monitoring of programme
11)	<b>Cash assistance</b>	10	Better, supervision & monitoring of programme
	<b>TOTAL</b>	<b>225</b>	

**ATTACHMENT E**

<b>S. No</b>	<b>Scheme/Programme</b>	<b>Approved Amount ( In Rs. Crores)</b>
12	NPPCD/Mental Health/ Tobacco/etc	NIL

## ATTACHMENT F

## MONITORING TARGETS TO BE ACHIEVED IN 2010-11

S. No	Activity / Measurable indicator	Achievement in/up to 2009-10	Target (Cumulative) in/up to 2010-2011	Addition during the year
I	<b>Monitoring Progress Against Standards:</b>			
A	<b>Maternal Health Outputs</b>			
1	Institutional Deliveries	Approx. 12,00,000 (39%) in 2009-10	13,00,000 (47%) in 10-11	8%
2	24X7 Facilities (includes PHC, CHC, SDH minus FRUs)	52 CHC (RH), 474 PHC (up to 2009-10)	11 DH, 21 SDH=32	32
3	Functional First Referral Units (including CHC, SDH, DH)	28 DH (based on Blood Bank)	48 (Functional Blood Bank)	48
4	Functional Sub Centres	8858	7765	Till now the tally is as follows: Sanctioned: 16623; Existing: 8858
B	<b>Child health:</b>			
5	Sick Care New Born Units (SCNU)	6	17	17
6	Newborn Corners in PHCs	45 (cumulative)	343	343
7	Full Immunization	55% (15,80,200)	72% (19,43,202)	17 %
C	<b>Population Stabilisation:</b>			
8	Male Sterilization	5608 (Apr- Feb'10) Source district ranking report	32,500	32,500
9	Female Sterilization	350064 (Apr- Feb'10)	6,17,500	6,17,500
10	No. of IUD insertions	185702(Apr- Feb10)	4,50,000	4,50,000
D	<b>Disease Control:</b>			
11	Annualised new smear positive case	49%	70%	21%

	detection rate (in %)			
12	Treatment Success Rate among New sputum positive patients initiated on DOTS	89%	Above 89%	
13	ABER for malaria	0.2%	6.00%	5.8%
14	API for malaria (cases per thousand population)	0.03 (P)	Less than 1 per thousand population	
15	No. of Reconstructive surgeries performed under NLEP	79	100	21
16	Annual New Case Detection Rate for Leprosy	19.0	18.7	
17	Cataract Surgeries performed		150,000	
<b>II</b>	<b>Human Resource</b>			
18	Appointment of ANMs	6618	11964 (Cumulative)	5346 in 10-11
19	Appointment of staff nurses	3096	7829 (Cumulative)	4733 in 10-11
20	Percent of ANMs trained as Skilled Birth Attendant	1204 (7%)	3000 (19%)	12%
21	Doctors trained on EmOC	45	225	225
22	Doctors trained on LSAS	70 (upto 2009-10)	225	225
23	Doctors trained in NSV/ Conventional vasectomy	44	152	152
24	Doctors trained in Abdominal Tubectomy (Minilap)	100	152	152
25	Doctors trained in Laproscopic Tubectomy	-	-	
26	Personnel trained in IMNCI	15986	22560 2990	22560(HE,LH V,ANM,ANM-R,AWW); 2990 MOs
<b>III</b>	<b>Communitisation Processes.</b>			
27	Functional VHSCs	6281 (Panchayat sub committees) 29835(Revenue villages)	2961 (Panchayat Sub committees) 12495 (Revenue villages)	8462 Panchayat Sub committees co-opted as VHSC. Under which 40000 revenue villages would be operational as Nigrani

				Samiti.
28	ASHAs completed four modules of training	64804 (1 <sup>st</sup> Module); 22095 (2 <sup>nd</sup> , 3 <sup>rd</sup> & 4 <sup>th</sup> Modules)	22331 (1 <sup>st</sup> Module) 51902 (2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> module)	
29	ASHAs with Drug kits	0	87135	87135
30	Percent expenditure of NRHM funds through Non Governmental organizations	-	-	
31	Percentage Districts having community monitoring system in place	0	50%	50%
<b>IV</b>	<b><i>Flexible Financing</i></b>			
32*	Percent utilization of untied grants	88.85%	90%	0.15%
<b>V</b>	<b><i>Improved Management:</i></b>			
33	Percent districts uploading timely HMIS Data and confirming	90%	100%	10%
34	Tracking of pregnant mothers and children		100%	
35	Computerisation of HMIS	District as well as block level entry.	HSC and APHC Level Entry. Block Unit of Entry	
36	Cold Chain Management	571	571 (cumulative)	571 (533 PHC, 38 Distt HQ)
37	Procurement System	Rate contracting by SHSB.  Currently done by Directorate.  Inventory is managed manually	Will adopt a system on the TNMSC Model	
<b>VI</b>	<b><i>Backward District Focus</i></b>			
38	Functional Mobile Medical Units	25	13	13
39	Poor performing districts sub-plan made with targets, and quarterly review shows progress			
40	Difficult, Most Difficult, inaccessible area thrust in provision of infrastructure and human resources.			Already provided to Gol.

\* Percent utilisation of RKS funds: 70% utilisation in 09-10 and in 10-11, it will be 85%

**NATIONAL RURAL HEALTH MISSION****RECORD OF PROCEEDINGS 2010-11****Record of Proceedings of the National Programme Coordination Committee (NPCC) for Bihar held under the Chairmanship of Shri P.K. Pradhan, Additional Secretary and Mission Director, NRHM for approval of NRHM Programme Implementation Plan (PIP) of State and UTs for the year 2010-11.**

I. A meeting of the NPCC of NRHM was held under the Chairmanship of AS & MD, NRHM, to approve the PIP of Bihar on 16/03/2010. The list of members who attended the meeting is placed at **Annex. VI**. The NPCC meeting was convened after the pre-appraisal meeting for the State, with written and oral comments provided to the State to modify the proposal before the NPCC.

II. State Government apprised about the likely uncommitted unspent balance available under NRHM as on 1.4.2010, and were apprised of the GOI Resource Envelope for 2010-11 under NRHM which is 15% higher than current year's Budget Estimate for over planning purpose and 15% State share. It was also clarified that the actual resource allocation shall be in accordance with the budgetary allocation of 2010-11 and may be lower than the resource envelope indicated. The Monitorable Targets for the State was also indicated. It was stated that the budgets may be realigned to achieve Monitorable Targets in case there has been inadequate provision in the PIP, to meet national goals. After detailed discussions and subsequent deliberations, the PIP was finalised for amounts indicated under different components as detailed in the Annexure I to V.

**III. The attention of the State was drawn to the following areas for further action :****A. Planning**

1. The State Government shall, within 45 days of the issue of Record of Proceedings by the Ministry of Health and Family Welfare, issue detailed Record of Proceedings for each district.

## **B. Human Resource**

2. All posts under NRHM on contract and based on local criteria shall be done by the Rogi Kalyan Samiti /District Health Society. Residence at place of posting must be ensured.
3. Blended payments comprising of a base salary and a performance based component, should be encouraged.
4. Transparent transfer and career progression systems should be implemented in the State.
5. The State shall put in place a transparent and effective human resource policy so that difficult, most difficult and inaccessible areas attract and retain human resources for health.

## **C. Infrastructure**

6. The State shall furnish list of facilities to be upgraded with identification of inaccessible and remote facilities and finalization of district action plans for the identified backward districts within three months.
7. The State shall furnish information relating to physical and financial status of infrastructure and building works already taken up every quarter to Infrastructure Division.
8. The State shall under take all construction activities in meeting health infrastructure gaps with particular focus in backward districts and inaccessible facilities.

## **D. Communitisation**

9. The State shall take up capacity building exercise of Village Health and Sanitation Committees, Rogi Kalyan Samitis and other community /PRI institutions at all levels, involving Non Governmental organizations after a selection process.
10. The State shall ensure regular meetings of all community Organizations /District /State Mission with public display of financial resources received by all health facilities.
11. The State shall also make contributions to Rogi Kalyan Samitis besides introducing user charges wherever feasible protecting the interest of the poor.
12. All performance based payments/incentives should be under the supervision of Community Organizations (PRI)/RKS.
13. The State shall focus on the health entitlements of vulnerable social groups like SCs, STs, OBCs, minorities, women, disabled friendly, migrants etc.

## **E. HMIS**

14. State shall set up a transparent and credible procurement and logistics system. State agrees to periodic procurement audit by third party to ascertain progress in this regard.
15. The State shall undertake institution specific monitoring of performance of Sub Centre, PHCs, CHCs, DHs, etc. in the prescribed format which is to be regularly uploaded as Monthly, Quarterly and Annual Data on the HMIS.

## **F. Specific Programme Related**

16. The State shall operationalise fixed day services in family planning in addition to periodic camps.
17. The states shall henceforth provide only F-IMNCI training to doctors and staff nurses whilst IMNCI is to be provided only to ANMs/AWW and other field functionaries.
18. The State Govt. would co-locate AYUSH in PHCs/CHCs, wherever feasible.
19. Deployment and multi-skilling (e.g. TB technician doing blood, urine, malaria, Kala Azar investigations) of existing lab technicians to be ensured on priority. The available lab technicians, X-ray technicians have to be effectively used to provide services in the facilities where outsourced lab services are not available. Ensure supply of consumables for conducting the tests as well.
20. Identify all the buildings completed / nearing completion but not handed over
21. Ensure all the health facilities which have started construction work in 2008-09 should be completed within next 6 months and the ones that started in 2009-10 should be completed by March 2011.
22. All the completed facilities should be put to use within 1 month of completion of work.
23. State needs to accelerate the Operationalisation of ANM schools being built up; and also the existing schools should consider possibility of taking up 2 batches per year.
24. Safe abortion services are not being provided - monitoring to be put in place to assess performance of doctors who underwent MTP training.
25. All district hospitals should practice evidence based protocols on infection prevention, bio-medical waste management and labour room management. The SBA trainees in the District hospitals should be given hands on experience in the use of protocols.

**IV.** Based on the State's PIP and deliberations thereon the Plan for the State is finalised as per the detail of Annexure I (RCH Flexible Pool), Annexure II (NRHM Flexible Pool), Annexure-III (Immunization) & Annexure –IV (National Disease Control Programmes) with summary of Infrastructure , Human Resource and Training at Annexure V.

## ANNEX I

## APPROVAL OF RCH II PIP 2010-11: BIHAR

(Rs. in Lakh)

S. No.	BUDGET HEAD	PROPOSED AMOUNT	APPROVED AMOUNT
1	Maternal Health	555.55	555.55
2	Child Health	3965.52	2165.52
3	Family Planning	616.65	616.65
4	ARSH	94.05	44.05
5	Urban RCH	108.00	108.00
6	Tribal RCH	0.00	0.00
7	Vulnerable Groups	0.00	0.00
8	Innovations/ PPP/ NGO	215.25	215.25
9	Infrastructure & HR	25237.60	10913.92
10	Institutional Strengthening	387.98	387.98
11	Training	3379.63	2204.53
12	BCC / IEC	2427.48	505.00
13	Procurement	11363.40	8078.27
14	Programme Management	1275.41	947.81
	<b>Total RCH II Base Flexi Pool</b>	<b>49626.52</b>	<b>27042.53</b>
15	JSY	30177.57	24996.68
16	Sterilisation & IUD Compensation, and NSV Camps	7625.01	7625.00
	<b>Total RCH II Demand Side</b>	<b>37802.58</b>	<b>32621.68</b>
	<b>GRAND TOTAL RCH II</b>	<b>87429.10</b>	<b>59364.21</b>

**NOTE:**

1. Activities have been re-classified as per FMR/ Operating Manual heads; details are provided in attachment "A".
2. Details of activities approved/ not approved, and specific comments, are provided in attachment "A".
3. Expenses are to be booked as approved in attachment "A".
4. The above includes Rs. 7737.61 lakhs for drugs, proposed by the State under Mission flexible pool, shifted to RCH II.
5. The supplies of the RCH drugs from the Ministry of Health and family Welfare are likely to reach the States by September 2010. Therefore, the State may assess its RCH drugs requirement against the present supplies made/ being made by MOHFW through UNOPS as well as the State's own procurement, and use the approved budget for procurement of RCH drugs only if required for meeting the need for the period up to September 2010.

## ATTACHMENT "A"

## BIHAR

(Rs. in Lakh)

FMR Code	ACTIVITY	PROPOSED AMOUNT	APPROVED AMOUNT	EXPECTED OUTPUT	REMARKS
<b>A.1</b>	<b>MATERNAL HEALTH</b>				
A.1.1.1	Operationalise FRUs	267.12	267.12	76 Blood storage units	
A.1.3	<b>Integrated outreach RCH services</b>				
A.1.3.1	RCH Outreach Camps	106.60	106.60	533 outreach camps	
A.1.3.2	Monthly Village Health and Nutrition Days	111.83	111.83	63902 VHNDs	
A.1.4	<b>Janani Suraksha Yojana / JSY</b>				
A.1.4.1	Home Deliveries	1375.00	55.00	11000 deliveries	Reported expenditure by the State for 2009-10 is only Rs.13000 till Dec 09
A.1.4.2	Institutional Deliveries				
A.1.4.2.1	Rural	24000.00	24000.00	1200000 deliveries	
A.1.4.2.2	Urban	2710.82	250.00	20,833 deliveries	Reported expenditure by the State in Urban JSY for 2009-10 is only Rs.123.16 lakhs till Dec 09
A.1.4.2.3	Caesarean Deliveries	1550.07	150.00	1000 deliveries	The caesarean section scheme is yet to take off
A.1.4.3	Other activities (JSY)	541.68	541.68	Administrative expenses	
A.1.5	Other strategies/activities				
A.1.5.1	Maternal Death Audit	70.00	70.00	To be piloted in 5 DH and 10 PHCs	The GoI guidelines on Facility and Community based MDR should be followed.
	<b>Sub-total Maternal Health (excluding JSY)</b>	<b>555.55</b>	<b>555.55</b>		

FMR Code	ACTIVITY	PROPOSED AMOUNT	APPROVED AMOUNT	EXPECTED OUTPUT	REMARKS
	<b>Sub-total JSY</b>	<b>30177.57</b>	<b>24996.68</b>		
<b>A.2</b>	<b>CHILD HEALTH</b>				
A.2.1	IMNCI	36.00	36.00	Monthly monitoring and follow-up meetings in all 38 districts and state level	IMNCI advocated only for ANMs and health workers
A.2.2	Facility Based Newborn Care/FBNC	40.00	40.00		State may implement F-IMNCI which has FBNC
A.2.4	School Health Programme	3000.00	1200.00	50,000 health camps	The programme may concentrate on un-served and under-served areas. 50% approved: expenditure in 2009-10 till Dec09 Rs. 50.94 lakhs
A.2.6	Care of Sick Children and Severe Malnutrition	774.90	774.90	30 NRCs	Except RUTF (Ready to Use Therapeutic Food).
A.2.7	Management of Diarrhoea, ARI and Micronutrient Malnutrition	114.62	114.62	Biannual round of vitamin A	
	<b>Sub-total Child Health</b>	<b>3965.52</b>	<b>2165.52</b>		
<b>A.3</b>	<b>FAMILY PLANNING</b>				
A.3.1	<b>Terminal/Limiting Methods</b>				
A.3.1.1	Dissemination of manuals on sterilisation standards & quality assurance of sterilisation services	7.50	7.50	In 30 districts	
A.3.1.2	Female Sterilisation camps	127.92	127.92	12792 camps with 30-40 sterilisations	
A.3.1.3	NSV camps	100.00	100.00	1000 camps	
A.3.1.4	Compensation for female sterilisation	4750.01	4750.00	475000 cases	
A.3.1.5	Compensation for	375.00	375.00	25000 cases	

FMR Code	ACTIVITY	PROPOSED AMOUNT	APPROVED AMOUNT	EXPECTED OUTPUT	REMARKS
	male sterilisation				
A.3.1.6	Accreditation of private providers for sterilisation services	2250.00	2250.00	150000 cases	
<b>A.3.2</b>	<b>Spacing Methods</b>				
A.3.2.1	IUD camps	150.00	150.00	10000 camps	
A.3.2.2	IUD services at health facilities / compensation	150.00	150.00	For motivating 300000 cases	
A.3.2.4	Social Marketing of contraceptives	2.00	2.00		Physical target to be provided by the State
A.3.2.5	Contraceptive Update seminars	38.00	38.00	In 38 districts	
<b>A.3.3</b>	POL for Family Planning/ Others	92.50	92.50	For 500 sub-district facilities	
<b>A.3.4</b>	Repairs of Laparoscopes				
<b>A.3.5.</b>	Other strategies/activities	198.73	198.73	Counsellors at 4 PHCs,76 Zoe models,5 FP mobile vans for piloting , motivational awards to all health workers	
	<b>Sub-total Family Planning (excluding compensation)</b>	<b>616.65</b>	<b>616.65</b>		
	<b>Sub-total Sterilisation and IUD compensation &amp; NSV camps</b>	<b>7625.01</b>	<b>7625.00</b>		
<b>A.4</b>	<b>ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH / ARSH</b>				
A.4.1	Adolescent services at health facilities.	79.30	29.30	developing model ARSH cells, ARSH cells in 50% PHC	ARSH camps to be integrated with VHNDs.So, proposed 50

FMR Code	ACTIVITY	PROPOSED AMOUNT	APPROVED AMOUNT	EXPECTED OUTPUT	REMARKS
				in Patna district, Establishing 2 Youth friendly health clinics in Urban Area/ Universities Campus etc.	lakhs not approved
A.4.2	Other strategies/activities	14.75	14.75	Printing and dissemination of ARSH guidelines,	
	<b>Sub-total ARSH</b>	<b>94.05</b>	<b>44.05</b>		
<b>A.5</b>	<b>URBAN RCH</b>				
A.5.1	Urban RCH Services	108.00	108.00	20 Urban health centres	
	<b>Sub-total Urban RCH</b>	<b>108.00</b>	<b>108.00</b>		
<b>A.6</b>	<b>TRIBAL RCH</b>				
	<b>Sub-total Tribal RCH</b>	<b>0.00</b>	<b>0.00</b>		
<b>A.7</b>	<b>VULNERABLE GROUPS</b>				
	<b>Sub-total Vulnerable Groups</b>	<b>0.00</b>	<b>0.00</b>		
<b>A.8</b>	<b>INNOVATIONS/ PPP/ NGO</b>				
A.8.1	PNDT and Sex Ratio	145.25	145.25	572 orientation workshops	
A.8.2	Public Private Partnerships	50.00	50.00	Piloting of Chiranjeevi scheme in 2 districts	Piloting of Chiranjeevi in 2 districts Should follow GOI Guidelines on accreditation of Private Health Facilities in providing RCH Services. JSY benefits to the beneficiaries will not be applicable to such private accredited institutes.
A.8.4	Other innovations (if any)	20.00	20.00	Certification of 5 family friendly hospitals in focus districts	

FMR Code	ACTIVITY	PROPOSED AMOUNT	APPROVED AMOUNT	EXPECTED OUTPUT	REMARKS
	<b>Sub-total Innovations/ PPP/ NGO</b>	<b>215.25</b>	<b>215.25</b>		
<b>A.9</b>	<b>INFRASTRUCTURE &amp; HUMAN RESOURCES</b>				
<b>A.9.1</b>	<b>Contractual Staff &amp; Services</b>				
A.9.1.1	ANMs	8232.00	0.00		Shifted to Mission flexi pool. See Annex 3 for details.
A.9.1.2	Laboratory Technicians	177.84	133.38	228 LTs	
A.9.1.3	Staff Nurses	7262.00	5400.00	5000 SNs	
A.9.1.4	Medical Officers and Specialists (Anaesthetists, Paediatricians, Ob/Gyn, Surgeons, Physicians)	2174.67	339.40	Empanelment of specialists for facilities having vacant posts	MOs may be trained in F-IMNCI to meet the gap of Paediatricians
A.9.1.5	Others - Computer Assistants/ BCC Co-ordinator/ ASHA Link Worker etc	143.48	143.48	18 Consultants at state level, Training cell at SIHFW	All posts to have clear job descriptions with KRAs, formal performance appraisal every year. Honorarium to
A.9.1.6	Incentive/ Awards etc. to ASHA Link worker/ SN/ MOs etc.	4469.95	3360.00	Muskaan incentive for 51843 ASHAs and 12000 ANMs	Incentive for ASHA at AWC and ANM should be well defined and linked to comprehensive MH and CH service. State needs to evaluate the on-going Muskaan scheme .
<b>A.9.3</b>	<b>Minor civil works</b>				
A.9.3.1	Minor civil works for operationalisation of FRUs	57.50	57.50	23 SNCUs in DH	
A.9.3.2	Minor civil works for operationalisation of 24 hour services at	533.00	533.00	NSUs in 533 PHCs	

FMR Code	ACTIVITY	PROPOSED AMOUNT	APPROVED AMOUNT	EXPECTED OUTPUT	REMARKS
	PHCs				
A.9.4	Operationalise IMEP at health facilities	947.16	947.16	IMEP in 36 districts	
A.9.5	Other Activities	1240.00	0.00		ICUs in DHs – Not approved under RCH, May be taken up in Mission flexipool
	<b>Sub-total Infrastructure &amp; HR</b>	<b>25237.60</b>	<b>10913.92</b>		
<b>A.10</b>	<b>INSTITUTIONAL STRENGTHENING</b>				
A.10.3	Monitoring & Evaluation / HMIS	259.10	259.10	Uploading of data from facility level	Monitoring cell at SIHFW approved in principle, subject to time bound plan for facility based uploading of data on the HMIS Portal. Details to be provided. Web server approved, subject to the condition that existing resources at NIC will be utilized, Training calendar for HMIS training to be provided.
A.10.4	Sub Centre Rent/Contingencies	106.20	106.20	1770 Sub-centres	
A.10.5	Other strategies/ activities	22.68	22.68	Supportive supervision for FRU operationalisation	
	<b>Sub-total Institutional Strengthening</b>	<b>387.98</b>	<b>387.98</b>		
<b>A.11</b>	<b>TRAINING</b>				
<b>A.11.3</b>	<b>Maternal Health Training</b>				
A.11.3.1	Skilled Birth Attendance / SBA	516.61	98.62	84 batches	There is calculation error in State's budget, the approvals given as per

FMR Code	ACTIVITY	PROPOSED AMOUNT	APPROVED AMOUNT	EXPECTED OUTPUT	REMARKS
					total of quarterly budget
A.11.3.2	EmOC Training	65.59	22.50	24 doctors	
A.11.3.3	Life saving Anaesthesia skills training	68.08	68.08	48 doctors	
A.11.3.4	MTP training	19.70	16.80	220 doctors	ANMs/SNs cannot be trained in MTP as service providers. Quarterly financial budget and number of people to be trained required. No expenditure reported for year 2009-10 against approved amount of Rs.12.35 lakhs
A.11.3.5	RTI / STI Training	20.34	20.34	500 doctors	
A.11.5	<b>Child Health Training</b>				
A.11.5.1	IMNCI	1736.14	1391.14	14136 Health workers, follow up training of 1392 Health workers	Incentive for AWW Rs.345 lakhs for PNC not approved
A.11.5.2	F-IMNCI and SNCU	218.94	218.94	336 MO, ANM and grade A nurse	This includes SNCU training of Rs.9.78 lakhs
A.11.5.5	Other CH Training	96.52	96.52	91 batches for NSSK	This includes NSSK training for Rs. 95.02 lakhs and printing of modules for Rs. 1.5 lakhs. The State intends to procure Zinc tablets from state budget however it should note that under RCH Zinc is being provided along with ORS at all health centres.
A.11.6	<b>Family Planning Training</b>				
A.11.6.2	Minilap Training	36.40	36.40	38 batches of 4	

FMR Code	ACTIVITY	PROPOSED AMOUNT	APPROVED AMOUNT	EXPECTED OUTPUT	REMARKS
				MOs	
A.11.6.3	NSV Training	17.20	17.20	38 batches of MOs	
A.11.6.4	IUD Insertion Training	268.32	68.40	152 batches of MOs and ANMs	4 batches per district being approved. State may integrate IUD with SBA/ MTP training
A.11.6.5	Contraceptive Update Training	4.00	4.00	2 batches	
A.11.7	<b>ARSH Training</b>	13.59	13.59	13 batches of ANMs	
<b>A.11.8</b>	<b>Programme Management Training</b>				
A.11.8.1	SPMU Training	2.00	2.00	Attending workshops / exposure visits	
A.11.8.2	DPMU Training	37.20	37.00		
A.11.9	Other training	259.00	93.00	PGD in Family Medicine – 20 MOs; DNB in Family Medicine – 30 MOs; PGD in Public Health Management – 10 MOs	Rs. 166 lakh IEC training is clubbed with other trainings – not approved. Rs 5 lakh for ICU training, Rs. 23 lakhs for PGD in Family Medicine for MO, Rs. 45 lakhs for DNB in Family Medicine for MO, Rs. 20 lakhs for PGD in Public Health Management for MO approved. State to provide number of MOs/paramedics to undergo ICU training.
	<b>Sub-total Training</b>	<b>3379.63</b>	<b>2204.53</b>		
<b>A.12</b>	<b>BCC / IEC</b>				
A.12.1	<b>Strengthening of BCC/IEC Bureaus (state and district levels)</b>	5.00	5.00	State BCC cell	
A.12.4	<b>Other activities</b>	2422.48	500.00		Expenditure till Dec 09 Rs 83.26 lakhs. Restricted use

FMR Code	ACTIVITY	PROPOSED AMOUNT	APPROVED AMOUNT	EXPECTED OUTPUT	REMARKS
					of print media, more stress on reaching out to illiterates though IPC. ASHAs to be used effectively (literacy rate being 46.4%)
	<b>Sub-total BCC/ IEC</b>	<b>2427.48</b>	<b>505.00</b>		
<b>A.13</b>	<b>PROCUREMENT</b>				
A.13.1	<b>Procurement of Equipment</b>				
A.13.1.1	Procurement of equipment: MH	1584.14	104.14	76 blood storage units; equipment for LSAS training	For conducting training, Boyle's apparatus, resuscitation kit, Fibreoptic nasopharygolaryngoscope, ethylene Oxide sterilizer etc are sanctioned. However, other instruments like anaesthesia workstation etc. cannot be permitted against LSAS Training. Maximum Rs 15 lakhs/ medical college can be spent for procurement.
A.13.2	<b>Procurement of Drugs and supplies</b>				
A.13.2.1	Drugs & supplies for MH	2691.52	886.39	1592 MVA syringes; 2 lakh delivery kits; 25000 SBA drug kits	(1) MVA syringes approved for Rs. 35.34 lakhs-to be procured on competitive bidding. (2) Delivery kits Rs 47.82 approved –to be used only for sub-centre/ home delivery. (3) SBA drug kits approved for Rs 30.62 lakhs, approved only for 6 months as GoI is in process of procurement. (4) Sanitary napkins at govt health facilities Rs. 9.50

FMR Code	ACTIVITY	PROPOSED AMOUNT	APPROVED AMOUNT	EXPECTED OUTPUT	REMARKS
					lakhs not approved. (5) Iron Sucrose approved for Rs. 25 lakhs only, may be piloted in 5 districts; benefits and operational issues to be submitted to GOI before scaling-up. (6) Rs. 737.61 lakhs for IFA shifted from Mission flexi pool - approved.
A.13.2.3	Drugs & supplies for FP	87.74	87.74	2665 minilap sets; 190 NSV kits; 38 IUD kits	
A.13.2.5	General drugs & supplies for health facilities	7000.00	7000.00		Shifted from Mission flexi pool - Approved, subject to State providing details of various RCH drug kits to be procured for different levels of facilities.
	<b>Sub-total Procurement</b>	<b>11363.40</b>	<b>8078.27</b>		<b>Please see additional comments in Annex 2, below summary of RCH II approvals.</b>
<b>A.14</b>	<b>PROGRAMME MANAGEMENT</b>				
A.14.1	<b>Strengthening of State society/ SPMU</b>	199.43	76.83		For IEC/BCC cell Rs122.60 not approved. IEC consultant and one assistant for MIS cum logistics approved. Regional program managers and FRU managers being approved under MFP may also be used for IEC purposes.
A.14.2	<b>Strengthening of District society/ DPMU</b>	308.98	308.98		
A.14.3	<b>Strengthening of</b>	547.50	532.50		

<b>FMR Code</b>	<b>ACTIVITY</b>	<b>PROPOSED AMOUNT</b>	<b>APPROVED AMOUNT</b>	<b>EXPECTED OUTPUT</b>	<b>REMARKS</b>
	<b>Financial Management systems</b>				
A.14.4	Other activities (Program Management Expenses, Mobility support, etc.)	219.50	29.50		Rs 190 lakhs untied funds to districts not approved.
	<b>Sub-total Programme Management</b>	<b>1275.41</b>	<b>947.81</b>		
	<b>Total RCH II Base Flexi Pool</b>	<b>49626.52</b>	<b>27042.53</b>		
	<b>Total RCH II Demand Side</b>	<b>37802.58</b>	<b>32621.68</b>		
	<b>GRAND TOTAL RCH II</b>	<b>87429.10</b>	<b>59364.21</b>		

## RECLASSIFICATION OF ACTIVITIES

Activities from the revised PIP sent by the state have been reclassified as per the FMR/ operating manual heads. State needs to comply with this while booking the expenses and reporting in FMR:

Activities under sub heads are included in the subhead budgets. In case activity /activities are not approved, the same has been mentioned in the remarks column E.g.

A.4.1 Adolescent services at health facilities include

- 4.1.2.1. Developing a Model ARSH Cell for the facilities
- 4.1.2.2. Establishing ARSH Cell at Patna District Hospital
- 4.1.2.3. Establishing ARSH Cell in 50% PHCs of Patna District
- 4.1.2.4. Conducting ARSH Camps at all PHCs for a week (as ARSH Week)100% (500) PHCs
- 4.1.2.5. Establishing Youth friendly health clinics in Urban Area/ Universities Campus / Market Place
- 4.1.2.6. Establishing Youth friendly helpline(1 State level)

A.11.5.1IMNCI training includes

- A.11.5.1.2 IMNCI (TOT Trg)
- A.11.5.1.3 IMNCI (Health worker Trg.)
- A.11.5.1.4 IMNCI (Follow up)
- A.11.5.1.6 Incentive to AWW for PNC visit

A.11.5.1.1 F-IMNCI includes

- A.11.5.1.1 F-IMNCI
- A.11.5.1.5 FBC (Facility Based Component) of F-IMNCI

In cases where an activity is shifted to another subhead the same has been mentioned in remarks. E.g. other trainings include training for ICU.

## ANNEX II

## SUMMARY OF MISSION FLEXIPOOL (MFP) PIP 2010-11

(Rs. in Lakh)

S. No	Activity Proposed	Proposed Amount	Approved Amount	Expected Output	Remarks
<b>1</b>	<b>Decentralization</b>				
1.11	ASHA Support System at State Level	619.21	619.21	State level ASHA Resource Centre functional with staff and special support wings; programme mgmt cost including additional HR.	Approved.
1.12	ASHA Support System at District Level	406.2	406.2	38 District level ASHA Resource Centre functional with staff	Approved.
1.13	ASHA Support System at Block Level	1036.15	536.15	533 Block level ASHA Resource Centre functional with staff	Approved. BPM is available at this level and may be engaged.
1.14	ASHA Trainings	2904.13	2000	Training to be organised with active NGO participation	Approved.
1.15	ASHA Drug Kit & Replenishment	1651.47	851.47	Drug Kit for 87135 ASHAs	Approved.
1.16	Motivation of ASHA	659.82	380.98	87135 ASHAs provided with 2 Sarees 1 Umbrella; and Performance Awards distributed	Approved.
1.17	Capacity Building/Academic Support programme	10	10	1000 ASHAs enrolled into 10 <sup>th</sup> Grade/ Bach Preparatory prog, IGNOU	
1.18	ASHA Divas	1202.46	900	TA/DA for ASHA Divas @ Rs. 86 per ASHAs per month 87135 *86*12	Approved.
	<b>Sub Total ASHA-Decentralisation</b>	<b>8489.44</b>	<b>5704.01</b>		

1.2	Untied Fund for Health Sub Center, Additional Primary Health Center and Primary Health Center	1348.07	1348.07	Untied Funds to 8858 SCs, 1243 APHC and 533 PHCs	Approved. Untied Funds @ Rs. 0.10 lakh per SC; @ Rs. 0.25 lakh per PHC
1.21	Village Health and Sanitation Committee	4053.3	0		Not Approved. Committed expenditure include huge unspent on VHSC. The amount may be provided at RE Stage subject to state requirement
1.22	Rogi Kalyan Samiti	1078	1078	RKS funds to 37 DH, 44 SDH, 70 referral Hosp, 533 PHC	Approved. RKS @ Rs. 5 lakh per DH; @ Rs.1 lakh per SDH/RH ; @ Rs. 1 lakh per PHC.
	<b>Sub Total Decentralization</b>	<b>6479.37</b>	<b>2426.07</b>		
<b>2</b>	<b>Infrastructure Strengthening</b>				
2.1	Construction of HSCs	13083.5	2596	200 SCs to be constructed	Approved. GOI approves 75% of the total cost for 200 SC @ Rs.12.98 Lakhs. Land Acquisition cost may be borne by the State. Rest amount may be provided at RE Stage subject to state requirement

2.2 A	Construction of PHCs	22471.5	2747.15	50 PHCs to be constructed	Approved for constructing 50 units @ Rs.78.49 lakhs. Unsatisfactory performance. Committed expenditure includes huge unspent on civil work and the execution arrangement for civil work still not in place.
2.2 B	Construction of 30 old residential quarters in APHCs for Staff Nurses.	900	540	Residential Quarters in 15 APHCs constructed	Approved.
2.3	Upgradation of PHCs to CHC	4000	1000	25 PHCs upgraded to CHC Level	Approved for 25 PHC to be upgraded as CHC @ Rs. 40 Lakhs. Synergise the amount with construction and upgradation budgeted
2.4	Upgrading District Hospitals and Sub-Divisional Hospital as per IPHS	1500	750	13 DH, 13 SDH & 2 Super Speciality Hospitals upgraded as per IPHS	Approved. Synergise the amount with construction and upgradation budgeted
2.5	Annual Maintenance Grant	859	829	AMG to 25 DH, 23 SDH, 55 RH, 534 PHC	Approved. AMG @ Rs. 1 lakh per SDH/RH; @ Rs. 0.50 lakh per PHC
2.6	Accreditation / ISO : 9000 certification of Health Facilities	300	200	10 PHCs, 5 SDH & 5 DH accredited/certified ISO compliant	Approved. Accreditation / ISO: for PHCs @ Rs. 10 lakhs; SDH & DH @ Rs. 5 Lakhs

2.7	Upgradation of Infrastructure of ANM Training Schools	700.22	350	10 ANMTC & 3 GNM upgraded; Faculty recruited	Approved. Rest amount may be provided at RE Stage subject to state requirement
<b>Sub Total Infrastructure Strengthening</b>		<b>43814.22</b>	<b>7714.15</b>		
<b>3</b>	<b>Contractual Manpower</b>				
3.1	Mobile Phone Facility for health personnel	60.51	60.51	Purchased 38 Handsets with SIM for DPM. Recurring charges for 869 connections utilised for official purposes.	Approved.
3.2	Block Programme Management Unit	3146.83	2650.83	533 BHM, 533 BA recruited	Approved. Rest amount may be provided at RE Stage subject to state requirement
3.3	Addl. Manpower for SHSB	86.66	86.66	HR-Prog officers (asGovt Official on Deputation) (8), Staff (13), Additional Manpower (23), Engineers(2) recruited	Approved.
3.4	Addl. Manpower for NRHM-				
3.4 A	Hospital Manager in FRU	171	171	76 FRUs with Hospital Managers	Approved
3.4 B	Regional Programme Management Unit (RPMU)	162	162	9 RPM, 9 RAMs, 9 RME recruited	Approved.
3.5	SHSRC	100	100	SHRC established	Approved. The state may consider strengthening RIHFW Centre as resource Centre.
<b>Sub Total Contractual Manpower</b>		<b>3727</b>	<b>3231</b>		

	PPP Initiatives				
<b>4</b>	<b>Referral &amp; Emergency Transport-</b>				
4.1	Call 102 – Ambulance Service	40.32	40.32	Utilisation of funds for 6 Regional Units	Approved.
4.2	1911- Doctor on Call & Samadhan	13.2	13.2	6 Control rooms operational	Approved.
4.3	Advanced Life Saving Ambulances (Call 108)	356.04	142.41	10 ALSA operational	Approved. As per norm of GoI, 40% of total operating cost from GoI & 60% from State budget during second year of operation.
4.4	Referral Transport in Districts	1054.8	700.8	586 Ambulances in Districts operational	Approved. Rest amount may be provided at RE Stage subject to state requirement
	<b>Sub Total Referral &amp; Emergency Transport</b>	<b>1464.36</b>	<b>896.73</b>		
<b>5</b>	American Association of Physicians of Indian Origin (AAPIO)	56	56		Approved.
<b>6</b>	Services of Hospital Waste Treatment and Disposal in all Government Health facilities up to PHC in Bihar (IMEP) (Budgeted in Part-A)	0	0		
<b>7</b>	Dialysis unit in various Government Hospitals of Bihar	150	150	3 Dialysis Units operational	Approved as ongoing activity.

8	Setting Up of Ultra-Modern Diagnostic Centers in Regional Diagnostic Centers (RDCs) and all Government Medical College Hospitals of Bihar	360	360	1000 BPL provided services through 15 Units	Approved.
9	Outsourcing of Pathology and Radiology Services from PHCs to DH	5030	1000	Reimbursement fee 50,00,00,000; Telephone line with broad band Rs.1,00,000 x 12 months =12,00,000 Sourcing of private radiologists 25000 x 6 x 12= 18,00,000 Total Amount 50,30,00,000	Approved. Additional requirement may be met from State budget.
10	Operationalising MMU	2695.68	1500	38 Units at the District Level & 10 Units at Maha Dalit Tolas of the State operational	Approved.
11	Monitoring and Evaluation (State, District, Block Data Centre)	681.5	681.5	State, District & Divisional Data Centre functional	Approved.
12	Hospital Maintenance	2343.6	0		Not approved. The state may support this activity from State budget.
13	Provision for HR Consultancy services	22.5	22.5	TOR with the HR Consultancy	Approved.
14	Strengthening of Cold Chain	389.02	389.02	38 districts with Cold Chain Handlers, Civil works for 38 Cold Chain Room, Civil Work in 533 PHCs	Approved.

15	Mainstreaming of AYUSH under NRHM	11587.6	3044.8	12 AYUSH Doctors, 38 AYUSH Specialist Doctor, in SDH/DH; 1600 Paramedics & Pharmacists recruited	Approved. For contractual engagement need to consider rate at which personnel available.
16	Procurement and Logistics				
16.1	Drug Procurement	7000	0		Transferred under RCH
16.2	Controlling Iron Deficiency Anemia in Adolescent population	737.61	0		Transferred under RCH
16.3	District Drug Warehouse	411.94	411.94	Drug Warehouses at the 9 Divisional Headquarters	Approved
17	Procurement of Supplies				
17.1	Provision of Quality Beds	1000	0		Not Approved.
18	RCH Equipment/Instrument Procurement				
18.1	Bio metric System (Biometric Machine- Rs. 10000/-, HMS Software Rs. 5000/-, Installation Cost- Rs. 1000/-, Vat @ 1% Rs.- 640/-) = 16640/-	34.2	34.2	Bio Metric System installed & operational	Approved.
18.2	Procurement of SNCU equipments for District Hospital and Newborn Corner Equipments for PHCs	854.13	854.13	Equipments procured, distributed, installed and utilised	Approved.

19	De-centralised Planning	271.91	271.91	38 DHAP, 533 BHAP prepared	Approved.
20	Construction of Hostel	20	20	1 STDC Hostel@ Rs. 20 lakhs	Approved.
<b>Sub- Total (5-21)</b>		<b>33645.69</b>	<b>8796.00</b>		
21	ANMs	4029	4029	Existing ANM continue to provide services	Approved. The approval is for existing ANMs only (@ Rs.6000/ANM) and not the New Recruitments for New Sub Centres. The budget support for 1553 SC taken from Treasury Route.
22	Intersectoral Convergence	3840	1000	Continuation of Muskan Project	Approved. State to phase expenditure to state budget
<b>Sub- Total (21-22)</b>		<b>7869</b>	<b>5029</b>		
<b>Grand Total</b>		<b>105489.08</b>	<b>33796.96</b>		

## ANNEX III

## Immunization Strengthening Programme (2010-11)

(Rs. in Lakh)

S. No.	Activities	Proposed Amount	Approved Amount	Remarks
1.	Mobility support for Supervision and Monitoring at districts and state level.	37.48	20.00	
2	Cold chain maintenance	57.70	50.00	
3.	Alternate Vaccine Delivery to Session sites	800.64	800.64	
4.	Focus on urban slum & underserved areas	169.56	169.56	
5	Social Mobilization by ASHA /Link workers	1920.00	600.00	
6	Computer Assistants support at State	3.60	3.60	
7	Computer Assistants support at district level	45.60	45.60	
8	Printing and dissemination of immunization cards, tally sheets, charts, registers, receipt book, monitoring formats etc.	180.10	163.54	
9	Quarterly review meeting at state level	5.70	5.70	
10	Quarterly review meeting at District level	10.66	10.66	
11	Quarterly review meeting at block level	240.00	240.00	
12	District level Orientation for 2 days ANMs, MPHw, LHV	303.08	100.00	
13	Three days training of Mos on RI	62.65	62.65	
14	One day refresher training of district computer Assistant on RIMS/HIMS	.88	.88	
15	One day cold chain handlers trainings	7.04	7.04	
16	One day training of block level date handlers	7.04	7.04	
17	To develop micro plan at sub-centre level	17.00	17.00	
18	For consolidation of micro plan at block level	6.09	6.09	
19	POL for vaccine delivery from state to District and PHC/CHCs	223.50	38.00	
20	Consumables for computer including provision for internet access	1.82	1.82	
21	Red/Black bags, twin bucket, bleach/hypochlorite solution	48.47	12.80	
22	Alternative vaccinator hiring for urban RI	431.41	0.00	
23	POL of Generators for cold chain	241.63	0.00	
24	Catch up Campaigns for flood prone areas	300.00	100.00	
25	AEFI investigation of district AEFI committee	5.70	5.70	
26	Supportive supervision for 10 top priority districts	10.00	0.00	
<b>Total</b>		<b>5137.35</b>	<b>2468.32</b>	

## Comments

- Attempt to revise RI micro plans to increase reach and reduce vaccine wastage has been made, however, it requires further substantial revision to optimally utilize the software tool for making a realistic plan for achieving the purpose of reducing vaccine wastage and optimal utilization of resources.

### **The State needs to:**

The state has set an ambitious goal of 70% coverage by 2010-11. There is therefore urgent need to expedite the filling of the vacant regular posts of health workers including the 5000 ANMs, critical for further improvement in immunization coverage. Similarly, selection of ASHAs also needs to be completed for social mobilization.

The cold chain maintenance problem needs to be addressed in a sustainable manner by expediting the hiring of district cold chain handlers. Around 3.34 Crore rupees have been provided for the whole state for cold chain store renovation etc. under Part B last year but not used and has been requested again. It needs to be planned practically and initially only for 5-6 districts in the 2010-11 and on the basis of experience during the year should be further scaled up in the whole state.

3565 sessions per month in urban slums have been planned for across the state. This figure appears excessively high and improbable. The state needs to include report for 2009-10 on urban slum sessions planned, held and coverage in these sessions. This would help the state rationalize the planning for urban slums.

The state has been using RIMS for programme monitoring in 14 districts and is planning to also start using it in remaining districts; this needs to be expedited.

The annual projections of vaccines should be based on micro-planning and same should be intimated to the GoI on time. Vaccine wastage needs to be minimized through rational planning, good storage practices and proper supply chain management.

Adequate funds are available to the state for capacity building in the PIP; state needs to plan and complete the 2 day trainings of health workers including contractual ANMs as well as expedite the 3 –day trainings Medical Officers on Immunization.

### **Items restricted or not permissible under Immunization PIP**

1. Alternative vaccinator hiring for urban RI and other HRAs-Rs.431.41 lakh –Not admissible under Immunization PIP.
2. POL for Generators for cold chain - Rs.241.63 lakh –Not admissible under Immunization PIP.  
Supportive supervision for 10 top priority districts -Rs.10.00 lakh –Not admissible under Immunization PIP.

## ANNEX IV

**Approval under the National Disease Control Programmes**  
**Revised National Tuberculosis Control Programme**  
**(RNTCP)**

(Rs. in Lakh)

Sr. No.	Activity Proposed	Approved Amount	Expected Output (by 31st March 2011)	Remarks
1	Civil works	193.0	1) Civil work Upgradation and maintenance	No provision of funds for upgradation of STDC Hostel under RNTCP PIP.
2	Laboratory materials	58.0	1) Sputum of TB Suspects Examined per lac population per quarter; 2) All districts subjected to IRL OSE and Panel Testing in the year; 3) IRLs accredited and functioning optimally;	Utilized only 23.5 Lac in the last 4 qtrs. 30% of estimated amount approved.
3	Honorarium	16.2	1) All eligible Community DOT Providers to be paid honorarium in all districts in the FY;	Utilized only 12 Lac in the last 4 qtrs of 2009. 60% of estimated amount approved.
4	IEC/ Publicity	36.3	1) All IEC/ACSM activities proposed in PIP completed; 2) Increase in case detection and improved case holding;	Utilized only 1.8 Lac in the last 4 qtrs of 2009 . 5% of estimated amount approved.
5	Equipment maintenance	17.7	1) Maintenance of Office Equipments at State/Districts and IRL equipments 2) All BMs are in functional condition;	Utilized only 11.7 Lac in the last 4 qtrs. 50% of estimated amount approved.
6	Training	20.3	1) Induction training, Update and Re-training of all cadre of staff;	Utilized only 8.3 Lac in the last 4 qtrs. 30% of estimated amount approved.
7	Vehicle maintenance	44.6	1) All 4 wheelers and 2 wheelers in the state to be kept in running condition and maintained	Utilized 29.5 Lac in the last 4 qtrs. 75% of estimated amount approved.

8	Vehicle hiring	<b>70.0</b>	1) Increase in supervisory visit of DTOs and MOTCs; 2) Increase in case detection and improved case holding;	Utilized only 21.3 lacs in the last 4 qtrs. 30% of estimated amount approved.
9	NGO/PP support	<b>43.5</b>	1) Increase in number of NGOs/PPs involved in signed schemes of RNTCP; 2) Contribution of NGOs/PPs in case detection and provision of DOT	Utilized only 13.3 lacs in the last 4 qtrs. 30% of estimated amount approved..
10	Miscellaneous	<b>45.6</b>	1) All activities proposed under miscellaneous head in PIP	Utilized only 19.5 lacs in the last 4 qtrs. 30% of estimated amount approved.
11	Contractual services	<b>1035.6</b>	1) Contractual staff to be appointed;	Utilized 819.2 lacs in the last 4 qtrs. 85% of estimated amount approved.
12	Printing	<b>29.0</b>	1) All printing activities at state and district level	Utilized only 1.5 Lac in the last 4 qtrs. 20% of estimated amount approved.
13	Research and studies	<b>0.0</b>		
14	Medical Colleges	<b>35.5</b>	1) All activities proposed under Medical Colleges head in PIP	Amount eligible is 35.5 lacs.
15	Procurement –vehicles	<b>45.5</b>	1) Procurement of vehicles;	
16	Procurement – equipment	<b>3.0</b>	1) Procurement of equipments	No justification for Rs 6 lac proposed for other equipments.
<b>Total</b>		<b>1693.8</b>		

In addition to this, a commodity grant of Rs. 420.5 lacs has been approved for central level procurement of Anti TB Drugs and Laboratory Equipments for sputum culture & drug sensitivity.

Nil

#### PERFORMANCE:

State	Annualized NSP case detection rate	Success rate of NSP
Bihar	49%	89%

(i) Targets to be achieved during 2010-11:

- Detection rate of at least 70% and maintain treatment success rate above 89%.
- All RNTCP districts have supervisory structure for disease control programme.

(ii) Information under 29:

- The state needs to strengthen the services in the districts of:

District	ANSP CDR (2009)	District	ANSP CDR (2009)	District	ANSP CDR (2009)	District	ANSP CDR (2009)
Araria	35%	Jehanabad	61%	Nawada	39%	Siwan	66%
Arwal	55%	Kaimur	32%	Pashchim Champaran	63%	Supaul	23%
Aurangabad-BI	39%	Katihar	68%	Patna	45%	Vaishali	40%
Banka	51%	Khagaria	51%	Purba Champaran	39%	Sheikpura	47%
Begusarai	59%	Kishanganj	55%	Rohtas	47%	Sheohar	47%
Bhojpur	21%	Lakhisarai	45%	Saharsa	52%	Sitamarhi	65%
Buxar	28%	Madhepura	38%	Samastipur	59%	Muzaffarpur	52%
Darbhanga	45%	Madhubani	52%	Saran	33%	Nalanda	40%
Gaya	31%	Munger	69%	Gopalganj	65%	Jamui	59%

Annualized new sputum positive case detection rate (ANSP CDR) of at least 70% should be achieved.

#### HUMAN RESOURCE:

Vacancy position of various categories of staff and the training status of existing staff is placed below:

DTO			MOTC			STS			STLS			DMC LT/Microscopist		
Sanctioned	Vacancy	Total in place & trained	Sanctioned	Vacancy	Total in place & trained	Sanctioned	Vacancy	Total in place & trained	Sanctioned	Vacancy	Total in place & trained	Sanctioned	Vacancy	Total in place & trained
38	5	28	166	0	116	261	56	205	169	20	149	874	237	557

<b>Medical Officer (at BPHC /PHC /CHC /district hospital /other)</b>		<b>Paramedical staff including health workers</b>	
<b>Vacancy</b>	<b>In place and yet to be trained</b>	<b>Vacancy</b>	<b>In place and yet to be trained</b>
1475	541	2636	1864

New Contractual Position:

The following new contractual positions have been sanctioned under the revised financial norm of RNTCP for building capacity of districts and states to implement new initiatives like TB HIV Collaborative services and programmatic management of MDR TB:

State Level Positions:

- Asst. Programme Officer/Epidemiologist – 1 per state
- DOTS Plus Site Sr. Medical Officer – 1 per DOTS Plus site
- DOTS Plus Site Statistical Assistant – 1 per DOTS Plus site
- Sr. LT at IRL – 1 per IRL
- Store Assistant (SDS) – 1 per SDS
- DEO (IRL) – 1 per IRL

District Level Positions:

- Sr. DOTS Plus and TB HIV Supervisor - 1 per district (as per phased expansion of DOTS Plus and intensified TB-HIV activities)

- State will fill up all existing vacancies of regular staff as mentioned above by June 2010.
- State will fill up all existing vacancies as well as new contractual positions mentioned above by June 2010.
- State will arrange for the training of all untrained staff mentioned above as per plan.

**National Vector Borne Disease Control Programme  
(NVBDCP)**

(Rs. in Lakh)					
Sl. No	Budget head	Proposed Amount	Approved Amount	Expected output	Remarks
1	<b>DBS (Domestic Budgetary Support )</b>				
1.1	<b>Malaria</b>				
	MPW contractual-salary	0.00	300.00	Enhanced EDPT	919 MPWs (male) allotted on contract and at least six months salary needs to be approved, hence recommended
	ASHA	0.00	25.00		Intensification of surveillance activities need to be geared up in the state
	IEC	23.84	30.00	Awareness	Surveillance is quite poor. Inadequate IEC activities
	Training	2.00	4.00	Improved capacity of Mos, DMOs, MPWs, ASHAs	
	M&E including NAMMIS	0.50	18.00	Quick Reporting	
	Bed Nets (ITBNs)	200.00	0.00		Not approved as per criteria since the surveillance is quite poor.
	<b>Total</b>	<b>226.34</b>	<b>377.00</b>		
1.2	<b>FILARIASIS</b>				
	Training of MOs	0.40	440.00	adequate social mobilization and coverage of more than 80%	Mass drug administration in 2008 was not done which should be utilized for delayed round of MDA-2009 and the balance may also be used for this year i.e. MDA-2010 round. The activities should be carried out as per guidelines. (more social mobilization at village, subcentre and
	IEC AT STATE LEVEL	20.00			
	Meeting of Coordination Committee	0.20			
	Office Expenses at State level	0.25			
	Office expenses at district / PHC level	2.37			
	POL at State Level	1.00			

	Meeting at District levels	3.80			PHC level )
	IEC at district level	2.18			Malaria & Filariasis budget are from DBS and same financial head, hence the balance may be used for engagement of contractual MPWs which has not been projected by state
	Training of Mos at district level	2.18			
	Training Paramedical staff	1.74			
	Linelisting	1.74			
	POL at district level	1.27			
	Night Blood Survey	1.74			
	Training for drug distributors	144.32			
	incentive to drug distributors	241.41			
	Training for trainers at district level	15.74			
	Incentives to supervisors	29.65			
	<b>Total ELF</b>	<b>469.99</b>	<b>440.00</b>		
1.3	<b>Dengue / Chikungunya</b>				
	Sentinel Surveillance hospital. ANMMCH-Gaya	0.50			
	2. Monitoring & Evaluation & rapid Response, State level	1.00	4.00	Identify the high risk areas	
	3. Epidemic preparedness (logistic+operational cost) State level	4.20			
	4- Training/workshop, state level	2.00			
	<b>Dengue Total</b>	<b>7.70</b>	<b>4.00</b>		
1.4	<b>AES / JE</b>				
	Diagnosics & Management, (ANMMCH Gaya , & PMCH ,Patna)	30.00	20.07	Quick reporting from affected areas	
	Training ( At State Level)	20.00			
	IEC(At State Level)	20.00			

	Technical Malathion	2.00			
	Monitoring & Evaluation( At State Level)	10.00			
	Lab Support & Equipment Supply (ANMMCH Gaya , & PMCH ,Patna)	50.00			
	Lab Support (Furnishing of Virology Lab& Equipment Supply) At PMCH ,Patna	20.00			
	Staff for strengthening of Lab at PMCH	3.00			
	Other Chatges( Contengency)	2.00			
	<b>AES/JE Total</b>	<b>157.00</b>	<b>20.07</b>		
2	<b>Kala-azar</b>				
	<b>DBS support-Operational</b> cost including wages, IEC, transportation of DDT	1708.41	1200	Good quality coverage of the targeted rooms above 80%	Only one round of IRS is taken up in Bihar for the last several years. However based on performance and plan to conduct second round of IRS, the permission to utilize the balance available out of NVBDCP funds will be given as it is 100% supported by centre
	<b>Kala azar (World Bank support)</b>				
	Human resource	495.00	378.53	Strengthening of KA elimination activity	
	Supervision	23.68			
	State Office Strengthening	20.55	30.90		Mobility support for supervision
	Training	68.14	29.52	Improved capacity	
	<b>World Bank total</b>	<b>607.37</b>	<b>438.95</b>		
	<b>Kala Azar Total</b>	<b>2315.78</b>	<b>1638.95</b>		
	<b>Total Cash (VBD)</b>	<b>3176.81</b>	<b>2480.02</b>	State should ensure timely and proper	Need close monitoring and supervision
3	<b>Cash for decentralized commodities</b>		<b>7.20</b>		

	<b>Grand Total Cash for NVBDCP</b>	<b>3176.81</b>	<b>2487.22</b>	utilization of the funds
4	Commodity for malaria + Filaria		2270.90	
	<b>Grand Total Cash + Commodity</b>	<b>3176.81</b>	<b>4758.12</b>	
<b>Bihar (Physical Targets)</b>				
	<b>Activity</b>	<b>State Average (5 Years)</b>	<b>Target for 2010-2011</b>	<b>Remarks</b>
	ABER	0.2% 2008 - 0.16% 2009 - 0.15%	6.00%	Filling up of the MPWs (919) posts need to be filled up for improving surveillance
	API (cases per thousand population)	2008 - 0.03 2009- 0.03(P)	less than 1 per thousand population	will depend up on the surveillance
	Percent Coverage of Targetted Population under Insecticidal Residual Spray (IRS)	97.00% coverage of population (2009)	Minimum target of population and rooms coverage is 80%	Largely depend up on close supervision and monitoring
	Training	-	atleast 50% trainings should be completed by June, 30% by Sept. and rest 20% by Dec,2010	Priority in training should be given to districts reporting falciparum malaria
	Appointment of Human Resource	Out of 38 districts, only 18 DMOs in position.	all the posts should be filled up with regular DMOs. 31 VBD Consulatnats, 150 KTS and 919 MPHWS (Male) sanctioned should be in position	Needs close monitoring at State level

	Treatment Compliance rate for Kala-azar	There is large difference in the reported compliance rate and actual compliance rate of kala-azar patients by the districts	Ensure treatment compliance rate by 100%	Tracking of individual defaulter patients should be done to ensure complete treatment
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1. All the districts are having very poor surveillance (<10%) . Therefore, deployment of surveillance workers should be done in these areas
2. The district wise API reveals that it is <2 in all districts however higher Pf% is reported few districts like Munger, Jamuie, Nawada, Gaya etc. Efforts should made to train ASHAs and community volunteers to enable early diagnosis and complete treatment of these cases
3. Kala azar is major public health problem in Bihar and efforts should be made to ensure both the spray rounds with DDT and timely payment of spray workers. Case search and treatment compliance to be improved.

**Integrated Disease Surveillance Programme  
(IDSP)**

(Rs. in Lakh)

Activity Proposed	Proposed Amount by the State	Approved Amount as per guideline	Expected Outcome	Remarks
1. Surveillance preparedness, training & staff salary 2. Outbreak investigation 3. Analysis & use of data	525.00	274.00	1. Training of professionals (DSO, Epidemiologists, Microbiologists, Entomologists 2. IT network for transmission of data and outbreak reporting 3. Strengthening of lab. 4. Surveillance and reporting of disease outbreaks 5. Strengthening of AI surveillance	would be met from Domestic Fund

Activity	Sub-activity	Tasks		2010 - 11 (In Rs.)	Remarks
Surveillance Preparedness	1. Training	1.1	Training of Hospital Doctors	5,69,800.00	20 per district, 10 per batch, 2 batch per district Per head training cost = Rs.1100/-. Unit cost per participant: training material Rs.100; travel: Rs.300; Food: 250 (10
		1.2	Training of Hospital Pharmasist / Nurses	7,77,000.00	40 per district, 20 per batch, 2 batch per district per head training cost = <b>Rs.750/-</b> . Unit cost per participant: training material Rs.50; travel: Rs.100; Food: 150 (20 x 300) + Other exp
		1.3	Training of Data Managers & DEO	91,840.00	Per head training cost= Rs.1600 /-, 2 days training Unit cost per participant: {[training material Rs.50 + Food 150 x 2] + travel: Rs.500} x 20 + Other expenses (computer hiring) Rs.10000; Trainer charges: Rs.4000 = Total Rs.31,000/- per batch
			<b>Sub total</b>	<b>14,38,640.00</b>	
	2. Staff Salary	2.1	Epidemiologists (38)	95,76,000.00	Rs 30000 per month
		2.2	Microbiologists (2)	4,80,000.00	Rs 20000 per month
		2.3	Entomologists (1)	2,40,000.00	Rs 20000 per month
		2.4	Consultants (Finance) (1)	1,68,000.00	Rs 14000 per month
		2.5	Consultants (Training) (1)	3,36,000.00	Rs 28000 per month
		2.6	Data Managers (38)	61,62,000.00	Rs 13500 per month
		2.7	Data Entry Operators (44)	44,88,000.00	Rs 8500 per month
			<b>Sub Total</b>	<b>2,14,50,000.00</b>	
	3. Operational Cost	3.1	Mobility Support	17,76,000.00	(Rs 1000 per visit x 4 visits)/ per month per district
		3.2	Office Expenses @ Rs.2000 P.M.	9,48,000.00	Rs 2000 at districts and Rs 5000 at SSU per month
			<b>Sub total</b>	<b>27,24,000.00</b>	

			<b>Sub Total (Surv. Preparedness)</b>	<b>2,56,12,640.00</b>	
<b>Outbreak investigation and response</b>	<b>4</b>	4.1	ASHA incentives for Outbreak reporting	4,44,000.00	Estimated to get 10 informations per month from volunteers a total of 120 such information in a year per district. Each informant to be given an incentive of Rs.100/-
		4.2	Consumables for District Labs	2,00,000.00	Rs 200 000 per lab
		4.3	Collection & transportation of samples	2,22,000.00	Rs 6000 per district per year
			<b>Sub Total (OB Investiga &amp; Resp)</b>	<b>8,66,000.00</b>	
<b>Analysis and use of data</b>	<b>5</b>	5.1	IDSP reports including alerts	30,000.00	Rs 30 000 per SSU per year
		5.2	Printing of Reporting Forms	4,30,000.00	Rs 10000 per district and Medical College per year
		5.3	Broadband Expenses	5,28,000.00	Rs 1000 per district+SSU+Medical Colleges
			<b>Sub Total</b>	<b>9,88,000.00</b>	
		<b>TOTAL</b>	<b>2,74,66,640.00</b>		

**National Programme for Control of Blindness  
(NPCB)**

(Rs. in Lakh)

Sl.No.	Particulars	Proposed Amount	Approved Amount	Remarks
1	Review Meeting	0.80	0.80	Approved
2	Flexi pool fund (for staff remuneration & other )	10.00	10.00	Not Clear
3	TA/DA for Staff	0.96	0.96	Approved
4	POL/Vehicle Maintenance	0.72	0.72	Approved
5	Stationary and Consumables	0.52	0.52	Approved
6	State level Workshop	1.00	1.00	Approved
	<b>Total</b>	<b>14.00</b>	<b>14.00</b>	
	<b>Grant in Aid other components-</b>			
1	Recurring GIA for Eye Donation	5.00	5.00	Approved
2	Vision Centre ( 50 @ 50,000/- per vision centres )	25.00	25.00	
3	Eye Bank 2 @ 15 Lakh	30.00	30.00	Approved
4	Eye Donation Centre 2 @ 1 lakh	2.00	2.00	Approved
5	Non-Recurring Grant to NGO for strengthening /expansion of eye care unit on 1: 1 sharing basis 2 @ 30 lakh	60.00	60.00	approved
6	Training of Ophthalmic & support Man power	9.50	9.50	Approved
7	IEC – Annex.1	19.89	19.89	
8	GIA for free Cataract Operation for 38/ DHS-Blindness Division – Annex-2	1050.00	433.21	Approved
9	GIA for School Eye Screening for 38 DHS-Blindness Division	25.00	25.00	Approved
10	Support towards salaries of Ophthalmic Manpower to States	42.00	30.00	Approved
	1.Ophthalmic surgeon in district Hospitals for 10 dist. @ 35000/- per month			
	2. Ophthalmic Assistant in district Hospital in 20 dist. @ 12000/-	28.80	19.20	Approved

	3. Eye Donation Counselors in eye bank in Government and NGO sector in 2 dist. @ 15000/- per month	3,60,000	0.00	No established eye bank
11	Strengthening /setting up of Regional Institutes of Ophthalmology ( Non Recurring Assistance)	40.00	40.00	Approved
12	Strengthening of Medical Colleges @ 40 Lakh for 6	240.00	80.00	Approved for two units
13	Strengthening of District Hospitals @ 20 Lakhs for 7 dist.	140.00,000	140.00	
14	Grant-in-aid to District Health Societies ( Recurring Assistant) @ 5 Lakhs	190.00	190.00	Approved
15	Back lock dues in dist.( Approx.)	2,00.00		Approved
	<b>Total:- Rupees Twenty One Crore Ten Lac(s) Seventy Eight Thousand Seven Hundred Fifty Only.</b>	<b>2110.79</b>	<b>1122.80</b>	

□ **All the expenditures from the NPCB budget allocations and from the funds obtained from NRHM flexi-pool should be done strictly according to the Physical norms and Financial Norms approved in the 11<sup>th</sup> Plan five year plan of NPCB as communicated earlier. The above said allocations are as per the requirements proposed by the state and in case the funds in a specific allocation are exhausted the funds from other unspent allocations for NPCB activities can be utilized ; with due intimation to GOI.**

**(\* Grant-in-aid for free cataract operation and various other schemes like: Other eye diseases, School Eye Screening Programme, Training, IEC, Private Practitioners, management of State Health Society and District Health Society, recurring GIA to Eye Donation Centres and Eye Banks, Maintenance of Ophthalmic Equipments, SBCS, Remuneration, & Contingency etc.**

Physical Targets:

State/UTs	Minimum Physical Targets 2010-11			
	Cataract Operations (with 95% IOL)	Other Eye Diseases ( Glaucoma, Diabetic Retinopathy, Trachoma etc)	Eye Donation	Spectacles to School Children
Bihar	150000	750	700	1200

**NIDDCP**

**(Rs. in Lakh)**

<b>S. No</b>	<b>Activity Proposed</b>	<b>Approved Amount</b>	<b>Expected Output</b>	<b>Remarks</b>
<b>1</b>	Establishment of IDD Control Cell	6.00	Better implementation and monitoring of programme activities.	Filling up of all sanctioned vacant posts of IDD Cell and IDD Lab by the state government on regular or contractual basis.
<b>2</b>	Establishment of IDD Monitoring Lab	3.50	Monitoring of iodine content of salt and urine samples in districts.	
<b>3</b>	a) Health Education and Publicity  b) Salt Testing Kits supplies by GOI (3,04,000 No)	6.00	Increased awareness about IDD and iodated salt.  Creating iodated salt demand and monitoring of the same at community level.	
<b>4</b>	IDD surveys	2.50	Prevalence of IDD in 5 districts	Survey should be conducted as per GOI guidelines of NIDDCP @ Rs. 50,000/- per district.
	<b>Total</b>	<b>18.00</b>		

**National Leprosy Eradication Programme  
(NLEP)**

The approved amount for Bihar State under National Leprosy Eradication Programme for 2010-11 is 2.25 crores. Targets to be achieved during 2010-11 are as follows –

1. Annual New Case Detection Rate – 18.70 per 1,00,000 population
2. Reconstructive Surgery for disability correction in leprosy affected persons - 100
3. Completion of all sanctioned training activities.

(Rs. in Lakh)

S. No.	Activity proposed	Proposed Amount	Approved Amount	Expected Outcome	Remarks
1)	<b>Contractual Services</b>				
	State - SMO, BFO cum AO, DEO, Administrative Assistant, Driver	15.00	15.00	Functional leprosy cell at state/district level	
	District - Drivers (19)				
2)	<b>Services through ASHA/USHA</b>				
	Honararium to ASHA, sensitization of ASHA	30.00	25.00	Increase in percentage of cases reported by ASHA	
3)	<b>Office expenses &amp; Consumables</b>				
		12.82	12.80	Functional leprosy cell at state/district level	
4)	<b>Capacity building</b>				
	4 days training of newly appointed MO (rural & urban)	24.16	24.00	Improvement in skills in diagnosis & treatment of leprosy	
	3 days training of newly appointed health worker & health supervisor				
	2 days refresher training of MO				
	5 days training of newly appointed Lab. Technician				
5)	<b>Behavioral Change Communication</b>				
	Quiz, folk show, IPC workshop, Meeting of opinion leaders, Health melas	40.16	40.00	Better self reporting as a result of increased	Programmes IEC needs to be integrated with other
	Wall painting, Rallies, Hoardings etc				

				awareness	programme IEC activities under NRHM
6)	<b>POL/Vehicle operation &amp; hiring</b>	30.20	30.20	Improvement in mobility of SLOs & DLOs	
	2 vehicles at state level & 1 vehicle at district level				
7)	<b>DPMR</b>	24.44	24.00	Decrease in recurrence of foot ulcers and reduction in grade II disability through RCS	
	MCR footwear, Aids and appliances, Welfare allowance to BPL patients for RCS, Support to govt. institutions for RCS				
8)	<b>Material &amp; Supplies</b>	20.06	20.00	Management of reaction cases	
	Supportive drugs, lab. reagents & equipments and printing forms				
9)	<b>Urban Leprosy Control</b>	18.24	18.00	Better diagnosis & treatment of leprosy in urban areas	
10)	<b>Supervision, Monitoring &amp; Review</b>	8.00	6.00	Better, supervision & monitoring of programme	
	Review meetings and travel expenses				
11)	<b>Cash assistance</b>	30.00	10.00	Better, supervision & monitoring of programme	
	<b>TOTAL</b>	<b>253.08</b>	<b>225.00</b>		

#### Performance Targets:

S. No.	State	Achievements in 2009-10		Targets for 2010-11	
		Annual New case detection rate per lakh	Reconstructive surgeries (RCS) conducted	Annual New case detection rate per lakh	Reconstructive surgeries (RCS) conducted
1	Bihar	19.0	79	18.7	100

### Tobacco Control Programme

Activity proposed	Approval	Expected output	Remarks	Indicators
Two districts Patna and Munger have already been covered under pilot phase of NTCP for establishment of District Tobacco Control Cells.			The existing district Tobacco Control Cells will be supported as per proposal of the State.	<ol style="list-style-type: none"> <li>1. No. of schools covered under school health programme in the district</li> <li>2. No. of tobacco users registered in the TCC at the district</li> <li>3. No. of tobacco users who quit tobacco in the last quarter</li> <li>4. No. of trainings carried out for doctors/health workers</li> <li>5. No. of violations reported under COTPA</li> </ol>

**SUMMARY OF MAIN APPROVED ACTIVITIES**  
**INFRASTRUCTURE, HUMAN RESOURCE & TRAINING**  
**BIHAR for 2010-11**

(Rs. in Lakh)

	Activity	Approved Amount	Expected Output	Budgeted Under
<b>INFRASTRUCTURE</b>				
1	Minor civil works for operationalisation of FRUs	57.5	23 SNCUs in DH	RCH-II
2	Minor civil works for operationalisation of 24 hour services at PHCs	533	NSUs in 533 PHCs	RCH-II
3	Construction of HSCs	2596	200 SCs to be constructed (revise outputs)	MFP
4	Construction of PHCs	3924.5	50 PHCs to be constructed (revise outputs)	MFP
5	Construction of 30 old residential quarters in APHCs for Staff Nurses.	540	Residential Quarters in 15 APHCs constructed	MFP
6	Upgradation of PHCs to CHC	1000	50 PHCs upgraded to CHC Level	MFP
7	Upgrading District Hospitals and Sub-Divisional Hospital as per IPHS	750	13 DH, 13 SDH & 2 Super Speciality Hospitals upgraded as per IPHS	MFP
8	Accreditation / ISO : 9000 certification of Health Facilities	200	10 PHCs, 5 SDH & 5 DH accredited/certified ISO compliant	MFP
9	Upgradation of Infrastructure of ANM Training Schools	350	10 ANMTC & 3 GNM upgraded; Faculty recruited	MFP
<b>SUBTOTAL</b>		<b>9951</b>		
<b>HUMAN RESOURCE</b>				
1	Laboratory Technicians	133.38	228 LTs	RCH-II
2	Staff Nurses	5400	5000 SNs	RCH-II

3	Medical Officers and Specialists (Anaesthetists, Paediatricians, Ob/Gyn, Surgeons, Physicians)	339.4	Empanelment of specialists for facilities having vacant posts	RCH-II
4	Others - Computer Assistants/ BCC Co-ordinator/ ASHA Link Worker etc	143.48	18 Consultants at state level, Training cell at SIHFW	RCH-II
5	Incentive/ Awards etc. to ASHA Link worker/ SN/ MOs etc.	3360	Muskaan incentive for 51843 ASHAs and 12000 ANMs	RCH-II
6	Block Programme Management Unit	2650.83	533 BHM, 533 BA recruited	MFP
7	Addl. Manpower for SHSB	86.66	HR-Prog officers (asGovt Official on Deputation) (8), Staff (13), Additional Manpower (23), Engineers(2) recruited	MFP
8	Mainstreaming of AYUSH under NRHM	3044.8	12 AYUSH Doctors, 38 AYUSH Specialist Doctor, in SDH/DH; 1600 Paramedics & Pharmacists recruited	MFP
	<b>Addl. Manpower for NRHM-</b>			
9	Hospital Manager in FRU	171	76 FRUs with Hospital Managers	MFP
10	Regional Programme Management Unit (RPMU)	162	9 RPM, 9 RAMs, 9 RME recruited	MFP
11	SHRC	100	SHRC established	MFP
<b>SUBTOTAL</b>		<b>15591.55</b>		
<b>TRAINING</b>				
<b>Maternal Health Training</b>				
1	Skilled Birth Attendance / SBA	98.62	84 batches	RCH-II
2	EmOC Training	22.5	24 doctors	RCH-II
3	Life saving Anaesthesia skills training	68.08	48 doctors	RCH-II
4	MTP training	16.8	220 doctors	RCH-II
5	RTI / STI Training	20.34	500 doctors	RCH-II

<b>Child Health Training</b>				
6	IMNCI	1391.14	14136 Health workers, follow up training of 1392 Health workers	RCH-II
7	F-IMNCI and SNCU	218.94	336 MO, ANM and grade A nurse	RCH-II
8	Other CH Training	96.52	91 batches for NSSK	RCH-II
<b>Family Planning Training</b>				
9	Minilap Training	36.4	38 batches of 4 MOs	RCH-II
10	NSV Training	17.2	38 batches of MOs	RCH-II
11	IUD Insertion Training	68.4	152 batches of MOs and ANMs	RCH-II
12	Contraceptive Update Training	4	2 batches	RCH-II
13	<b>ARSH Training</b>	13.59	13 batches of ANMs	RCH-II
<b>Programme Management Training</b>				
14	SPMU Training	2	Attending workshops / exposure visits	RCH-II
15	DPMU Training	37		RCH-II
16	Other training	93	PGD in Family Medicine – 20 MOs; DNB in Family Medicine – 30 MOs; PGD in Public Health Management – 10 MOs	RCH-II
<b>SUBTOTAL</b>		<b>2204.53</b>		
<b>Grand Total</b>		<b>27747.08</b>		

**ANNEX VI**

**List of participants for the meeting of the NPCC appraisal Committee held on 16<sup>th</sup> March 2010 to consider the PIP of Bihar**

<b>Sl. No</b>	<b>Name &amp; Designation</b>	<b>Address</b>	<b>E-mail address</b>	<b>Telephone No.</b>
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**Representatives from the Govt. of Bihar**

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