

Ministry of Health & Family Welfare

**RECORD OF PROCEEDING
(UTTARAKHAND)**

FY 2022-23 & 2023-24

National Health Mission



Preface

As we continue to successfully address the challenges posed by the COVID-19 pandemic, the time is opportune to strengthen the country's health systems and press forward with the National Health Mission (NHM) serving as the driving force. Under NHM, this Record of the Proceedings (ROP) document serves as the blueprint for the States for actualization of the Program Implementation Plans (PIP) and provides a ready reference for budgetary approvals for the FY 2022-23 and FY 2023-24. Actions taken in the next two years will be critical towards achievement of the National Health Policy targets and will enable the journey towards the Sustainable Development Goals (SDGs).

India is firmly committed to Elimination of Tuberculosis by 2025. Any deviations brought on by the pandemic will have to be combatted with doubling-up efforts to detect-treat-prevent and build in accord with the National and State Strategic Plans. Block by block, and district by district. The States need to achieve elimination of Malaria, Lymphatic Filariasis, Leprosy, Kala Azar and work consistently towards alleviating the burden of communicable and non-communicable diseases in the communities.

An under-tapped resource within our communities are the youthful adolescents, for they possess immense potential to shape the future of the world. It is vital to actively engage them as Ambassadors, Peer Educators and Change-Makers for a healthier tomorrow. This entails strengthening the adolescent health component of RMNCH+A, while continuing to provide for safe motherhoods and thriving childhoods. From LaQshya certifications of the Labour Rooms to accreditation of the health facility with the National Quality Assurance Standards, I hope the States will also work towards enhancing the quality of care provided, with patient safety being of prime importance.

To further strengthen the health infrastructure of the country, the Ministry of Health and Family Welfare (MoHFW) has taken various initiatives in the recent past. The 15th Finance Commission Health Sector Grants (15th FC) and the Pradhan Mantri- Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) are supporting the development of Critical Care Blocks (CCBs), Integrated Public Health Laboratories (IPHLs), Block Public Health Units (BPHUs), Health and Wellness Centres (HWC), diagnostic infrastructure, as well as some Human Resources for Health (HRH). The States should judiciously utilize the grants and ensure that there is no overlap between the NHM and 15th FC funding. We hope that the simplified budget matrix and omission of budget lines in the new PIP format will provide sufficient flexibility to the States, and duplication of any funding sources must be avoided.

While implementing the plans, the States should proceed with clear-sighted vision towards the key deliverables. Stringent review of the processes and immediate outputs should be done to ensure favorable outcomes at the end of FY 2023-24. The activities should be well-regulated and adequately paced throughout the two-year period, in coordination with the proposed fund-release structure. This time, funds will be released quarterly in four tranches, and the opportunity for a course- corrective supplementary PIP will not be available more than once.

I urge the States to not let minor impediments or challenges stall the implementation of the plans. All efforts should be made to achieve low hanging fruits and complete as many items on the agenda as feasible. The States should also endeavor to undertake supportive supervision to ensure successful

operationalization of the approved PIPs. A rigorous monitoring system with mechanisms to handhold the peripheral health functionaries would go a long way in improving the scope and quality of health services provided. Several districts and blocks are outperforming the others in achievement of their objectives- What sets them apart? It is important that their Best Practices and Innovations not only be appreciated, but also documented and disseminated across the States to motivate others.

One of the good practices observed is the creation of Specialist Cadre and Public Health Cadre. These facilitate attracting Specialists to strengthen the secondary health care services, enable operationalizing First Referral Units and helps improve the management of Public Health services. Several incentives and provisions for motivating HRH to join the public health system are in place under NHM, specially for the High Priority and Aspirational Districts. The States are urged to leverage them and urgently fill the existing vacancies- after all, the presence of a motivated and skilled workforce is the backbone of any efficient health system.

This fact has been reiterated during the pandemic where our 'Corona Warriors' have valiantly been holding the fort, both in the hospitals, and in the communities. One of the key factors enabling the success of the COVID-19 vaccination program has been the untiring efforts of the health workers in motivating and pursuing eligible beneficiaries in the farthest corners of the country. It is imperative that HRH management also be strengthened across the country.

The pandemic has also birthed multiple avenues for the utilization and incorporation of Information Technology into healthcare. The urgency of capacity building coupled with the limitations of physical distancing has boosted online and web-based teaching-learning modalities. States should continue to leverage digital learning platforms and develop hybrid capacity building systems, imbibing the best of e-learning and classroom teaching. Digital academies may be created which promote self-paced learning and cultivates an environment of excellence and scientific advancement.

With the spirit of 'Leaving no one behind', we are striving to achieve Universal Health Coverage, and expanding the realms of Comprehensive Primary Health Care through establishment of 1.5 lakh Health and Wellness Centres. It is time to move beyond the provision of routine curative health services and invigorate the communities with concept of well-being to enable the prevention of non-communicable diseases and mental health issues.

While MoHFW is navigating the health systems with the formulation of policies and guidelines, it is the program implementors at the State who know what strategies will best be suited to their socio-cultural, demographic, and epidemiological context. The States are always welcome to adapt and adopt them at their able discretion and to reach out to us for any support in this regard. Let us move ahead together with a renewed determination to augment our capacity as a sustainable health system and 'build back better'.

- Sd -

(Roli Singh)

Additional Secretary and Mission Director
National Health Mission

F.No. 10(10)/2022-NHM-I
Ministry of Health and Family Welfare
Government of India
(National Health Mission)

Nirman Bhawan, New Delhi
Dated: 07th July, 2022

To

Ms. Sonika, IAS
Mission Director (NHM),
Government of Uttarakhand,
Danda Lakhond, Sahastradhara Road,
Dehradun - 248001

Subject: Approval of NHM State Program Implementation Plan for the State of Uttarakhand for the FY 2022-23 & FY 2023-24.

Madam,

This refers to the Program Implementation Plan (PIP) for FY 2022-23 & FY 2023-24 submitted by the State of Uttarakhand and subsequent discussions in the NPCC meeting held on 24th March, 2022 at Nirman Bhawan, New Delhi.

2. The ROP includes approval of work plan and budget for two years. Against a Resource Envelope of **Rs.748.73 Crore** (calculated assuming State share of 10%), an administrative approval is conveyed for an amount of **Rs.1129.36 Crore** (including IM, Immunization Kind Grants and **committed liabilities**) for FY 2022-23. For FY 2023-24, against a Resource Envelope of **Rs. 750.08 Crore** (calculated assuming State share of 10%, and an increase of 5% over the allocation of FY 2022-23), an administrative approval is conveyed for an amount of **Rs.969.34 Crore**. Details of Resource Envelopes are provided in Table 'A' and 'B' below:

Table 'A': Resource Envelope

Particulars	(Rs. in Crore)	
	FY 2022-23 (5% Increase)	FY 2023-24 (5% Increase)
a. GoI Support (Flexible Pool allocation including Cash and Kind minus Immunization Kind Grants)	356.91	374.76
b. GoI Support for Incentive Pool based on last year's performance (assuming no incentive/ reduction on account of performance)	82.59	86.72
c. GoI Support (under Infrastructure Maintenance)	179.55	179.55
d. GoI Support (under Immunization Kind Grants)	32.43	34.05

Particulars	FY 2022-23 (5% Increase)	FY 2023-24 (5% Increase)
e. Total Gol support (e = a + b + c + d)	651.48	675.07
f. State Share (10%)	72.39	75.01
g. Total Resource Envelope (g = e + f)	723.86	750.08
Unspent Balance (committed and uncommitted) as on 01st April 2022 as communicated by the State	24.86	-
Total Resource Envelope including unspent balance	748.73	750.08
Maximum Permissible Resource Envelope (including IM, Immunization Kind Grants, unspent balances)	876.70	884.20

TABLE 'B': Break-up of Resource Envelope

(Rs. in Crore)

Sl.No.	Particulars	2022-23 (5% Increase)		2023-24 (5% Increase)	
		Gol Share (including Incentive Pool)	State Share (10%)	Gol Share (including Incentive Pool)	State Share (10%)
1	RCH Flexible Pool (including RI, IPPI, NIDDCP)	123.93	72.39	130.13	75.01
1 (i)	RCH Flexible Pool (including RI, IPPI, NIDDCP) Cash Grant Support	91.50		96.08	
1(ii)	RCH Flexible Pool (Kind Grant Support under Immunisation)	32.43		34.05	
2	Health System Strengthening (HSS) under NRHM	298.09		312.99	
2 (i)	Other Health System Strengthening covered under NRHM	251.75		264.34	
2(ii)	Ayushman Bharat Health and Wellness centres under NRHM	35.40		37.17	
2(iii)	Additional ASHA Benefit Package including support to ASHA facilitators	10.93		11.48	
	Total NRHM-RCH Flexible Pool	422.02		443.12	
3	NUHM Flexible Pool	7.91		8.30	
3 (i)	Other Health System Strengthening covered under NUHM	5.86		6.15	
3 (ii)	Ayushman Bharat Health and Wellness centres under NUHM	2.05	2.15		
4	NDCP Flexible Pool	28.71	30.14		
i	NVBDCP (Cash & Kind)	0.74	0.77		
ii	NTEP (Cash & Kind)	23.38	24.55		
iii	NVHCP (Cash & Kind)	1.19	1.25		



Sl.No.	Particulars	2022-23 (5% Increase)		2023-24 (5% Increase)	
		Gol Share (including Incentive Pool)	State Share (10%)	Gol Share (including Incentive Pool)	State Share (10%)
iv	NLEP	0.17		0.18	
v	IDSP	2.52		2.65	
vi	National Rabies Control Programme (NRCP)	0.71		0.75	
vii	Programme for Prevention and Control of Leptospirosis (PPCL)	0.00		0.00	
5	NCD Flexible Pool	13.29		13.96	
6	Infrastructure Maintenance (including Direction and Administration)	179.55		179.55	
Resource Envelope		651.48	72.39	675.07	75.01
Resource Envelope (Central Share + State Share)		723.86		750.08	
Unspent Balance (committed and uncommitted) as on 01st April 2022 as communicated by the State		24.86		0.00	
Total Resource Envelope (including unspent balance)		748.73		750.08	

3. The State Share of **Rs.72.39 Crore for FY 2022-23** and **Rs.75.01 Crore for FY 2023-24** could be added to any pool depending on the approvals and requirement of the State for that respective Financial Year. The total funds provided to NHM should be equal to 10% as applicable. The Pool-wise Summary of the approvals has been given in **Annexure-1**.

4. All unspent balance available under NHM with the State as on 01st April 2022, has become a part of the Resource Envelope of FY 2022-23. Similarly, all the unspent balance available as on 01st April 2023, would become a part of the Resource Envelope for FY 2023-24. If need be, a mid-term review at the end of FY 2022-23 would be carried out, either at the request of the Ministry or the State/UT concerned, to provide course correction in case of shifting of priorities.

5. MOHFW has been moving towards simplification of NHM budget process. Major reforms in this cycle of planning are introduction of two year PIPs, reduction in budget lines to facilitate flexibility and easier implementation of SNA and a shift in focus from mere inputs to outputs. The major outputs agreed with the State in the form of key deliverables have been placed at **Annexure-2**. These deliverables along with the agreed targets would be the part of the NHM MOU.

6. The Conditionalities Framework for FY 2022-23 and FY 2023-24 is given as **Annexure-3**. It is to be noted that Full Immunization Coverage (FIC)% will be treated as the screening criteria and



Conditionalities would be assessed for only those States which achieve 90% Full Immunization Coverage. For EAG, NE and Hilly States, the FIC criteria would be 85%. The funds received from Incentive pool based on performance shall be utilized against the approved activities only.

7. The States are encouraged to adopt decentralised planning based on local requirement. However, the State must ensure that there is no duplication or overlap between various sources of funds including the recently approved FC-XV Health Grants support and PM-ABHIM for the similar activities.

8. Any reallocation to be conducted by the State is to be approved by the Executive Committee and the Governing body of the State Health Society. Maximum budget available for the State to reallocate fund is 10% of the total approved budget for that program/activity. The State must intimate FMG, MoHFW regarding reallocation of fund on quarterly basis along with the 'Financial Management Reports' in the following format:

FMR	Budget Head	Total amount approved in FY 2022-23/ 2023-24	Fund allocated from Budget Head/ FMR	Fund allocated to Budget Head/ FMR	Quantity & unit cost approved in PIP for undertaking the activity	Number of quantities increased	Remarks

The above details are to be submitted to FMG, MoHFW along with a signed letter from the Mission Director and a copy of minutes of meeting held with EC and GB based on which decision has been taken.

9. The support under NHM is intended to supplement and support and not to substitute State expenditure.

10. Human Resources for Health

All the support for Human Resources for Health (HRH) will be to the extent of positions engaged over and above the regular positions as per IPHS norms and caseload. NHM aims to strengthen health systems by supplementing and hence it should not be used to substitute regular HRH. All States and Union Territories are encouraged to create sanctioned regular positions as per the IPHS requirements. HRH should only be engaged when infrastructure, procurement of equipment etc. required to operationalize the facility or provide services, are in place. Moreover, HRH can only be proposed and approved under designated FMRs. HRH under any other FMRs or in any lumpsum amount of other proposals, would not be considered as approved. Please refer to AS&MD (NHM)'s letter dated 17th May 2018 in this regard (copy enclosed as **Annexure-4a**). All approved HRH under NHM have also been listed in **Annexure-4b** for ease of reference.

- i. Remuneration of existing posts as a lumpsum has been calculated based on the salary approved in FY 2021-22, 5% annual increment and 3% rationalization amount (if any) for 12 months. The budget proposed by the State for remuneration of existing staff has



- been approved for 12 months in principle. This is to save the efforts of the State in sending any supplementary HRH proposals to MoHFW. If there are funds left in HRH budget, it could be used to pay the approved HRH at the approved rate for rest of the months.
- ii. The maximum increase in remuneration of any staff is to be within 15% (in total based both on performance and rationalization). Overall increment and rationalization of HRH is to be within the 8% of HRH budget. In case performance appraisal of NHM staff is not carried out by the State, only 5% increase on the base salary can be given.
 - iii. Salary rationalization exercise (to be done only in cases where HRH with similar qualification, skills, experience, and workload are getting disparate salaries) and its principles including increments to be approved by SHS GB under overall framework and norms of NHM. In cases where the salary difference is more than 15%, salary rationalization was to be done in instalments. Increase in salary beyond 15% in any year for any individual will have to be borne by the State from its own resources.
 - iv. The States/UTs must ensure that achievement of performance above minimum performance benchmark, as guided by MoHFW and finalized by State Health Society, is included as a condition in the contract letter of every HRH engaged under the NHM. Before renewal of the contract, each employee must be appraised at least against these benchmarks.
 - v. As we move towards making the approvals more flexible, we expect the State to follow the broad guidelines and administer the HR functions well. To ensure that it is done properly and to document the good practices, HRH team will undertake HR monitoring of a set number of States/UTs every year.
 - vi. It may be noted that if any of the HRH positions approved (Annexure 4b) remain vacant from 01/07/2023 to 31/03/2024, then all such positions would be deemed to have been dropped/lapsed and a fresh assessment of positions to be supported under NHM shall be done in the next PIP cycle.

11. Finance

A.

- i. As communicated earlier through letter dated 07th January 2022, the National Health mission would now be operated through a Single Nodal Agency (SNA), for which a single nodal account must be opened in a scheduled commercial bank authorized to conduct government business.
- ii. Withdrawing limits for all Implementing Agencies (IAs) must be defined by the SNA. The bank software should be able to monitor the withdrawals of the implementing



agencies, on a real time basis from single nodal agency and when the payments are made.

- iii. The Central share must be transferred within 21 days to the Single Nodal Account. Also, the corresponding State share is to be transferred as early as possible, but not later than 40 days of release of Central share.
- iv. The interest earned on the Central share must be remitted to the Consolidated Fund of India.
- v. Separate budget lines must be maintained for Central and State share under NHM. SNA and IAs would need to use the IT module PFMS
- vi. SNAs and IAs are to mandatorily use the EAT (Expenditure Advance and Transfer) module of PFMS. The SNA must also be mapped with PFMS and integrated with the State treasury.

B. Action on the following issues would be looked at while considering the release of first tranche of funds:

- i. The State should not have more than 25% of the total release (Central + State Share) as unspent amount.
- ii. The State should have completed all the tasks related to SNA and implementing Agencies mapping.
- iii. The State should have deposited all the previous central share and corresponding State share in the SNA.
- iv. Interest earned on NRHM and NUHM for Central share must be remitted to the consolidated funds of India.

C. Action on the following issues would be looked at while considering the release of subsequent tranche of funds:

- i. The State must have spent at least 75% of the total release (Central + State Share).
- ii. The State should have deposited all the previous Central share and corresponding State share in the SNA.
- iii. Interest earned on NRHM and NUHM for Central share in previous quarters have been remitted to the Consolidated Fund of India.

Other Financial Matters

- i. The State should convey the District approvals within 30 days of issuing of RoP by MoHFW to the State or by 31st May 2022 (whichever is later).
- ii. The State must ensure due diligence in expenditure and observe, in letter and spirit, all rules, regulations, and procedures to maintain financial discipline and integrity particularly with regard to procurement; competitive bidding must be ensured, and only need-based procurement should take place as per ROP approvals.



- iii. The unit cost/ rate wherever approved for all activities including procurement, printing, etc. are only indicative for purpose of estimation. However, actual are subject to transparent and open bidding process as per the relevant and extant purchase rules and upto the limit of unit cost approved.
 - iv. Third party monitoring of civil works and certification of their completion through reputed institutions may be introduced to ensure quality. Also, Information on all ongoing works should be displayed on the NHM website.
 - v. The State to ensure regular meetings of State and District Health Missions/ Societies. The performance of SHS/DHS along with financials and audit report must be tabled in governing body meetings as well as State Health Mission and District Health Mission meetings.
 - vi. As per the Mission Steering Group (MSG) meeting decision, only upto 9% of the total Annual State Work Plan for that year could be budgeted for program management and M&E for bigger States, while the ceiling could go upto 14% for small States of NE and the UTs. The States/ UTs will have to ensure that overall expenditure under programme management and M&E do not exceed the limit of 9%/ 14% (as applicable) as mandated by MSG.
 - vii. The accounts of State/ grantee institution/ organization shall be open to inspection by the sanctioning authority and audit by the Comptroller & Auditor General of India under the provisions of CAG (DPC) Act 1971 and internal audit by Principal Accounts Officer of the Ministry of Health & Family Welfare.
 - viii. All approvals are subject to the Framework for Implementation of NHM and guidelines issued from time to time and the observations made in this document.
12. The RoP document conveys the summary of approvals accorded by NPCC based on the State PIP for FY 2022-23 and FY 2023-24.
- i. The program-wise details of approvals for FY 2022-23 and FY 2023-23 for the PIP appraised by NPCC have been given **Annexure-5** for reference and ease of implementation.
 - ii. The committed liabilities for FY 2021-22 which has become the part of Resource Envelope for FY 2022-23 have been placed at **Annexure-6** for reference.
 - iii. The activities approvals under NHM for FY 2022-23 and FY 2023-24 is to be reflected in NHM-PMS portal. The State to ensure that the valid data entries are made in the portal and it will be analysed for progress under NHM along with key deliverables.

13. **Infrastructure**

- i. The approval for new infrastructure is subject to the condition that the States will use energy efficient lighting and other appliances.
- ii. The States/UTs should submit Non-Duplication Certificate in prescribed format.

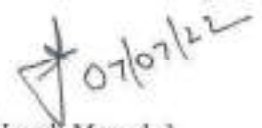


- iii. The States/ UTs should review quarterly performance of physical & financial progress of each project and share the progress report with MoHFW.
14. **Equipment:** The States/UTs should submit Non-Duplication Certificate in prescribed format.
15. **IT Solutions:** All IT solutions being implemented by the State must be EHR compliant. In cases where there is Central software and the State is not using it, the State/UT must provide APIs of its State software for accessing/viewing data necessary for monitoring.
16. **Mandatory Disclosures:** The State must ensure mandatory disclosures on the State NHM website of all publicly relevant information as per previous directions of CIC and letters from MoHFW.
17. **JSSK, JSY, NPY and other entitlement scheme**
- i. The State must provide for all the entitlement schemes mandatorily. No beneficiary should be denied any entitlement because of any limitations of approved amount for such entitled bases schemes. Wherever required, the State must suitably increase the provision in such FMR. The ceiling of 10% as per Para 8 above shall not apply in such cases.
 - ii. The State/UT to ensure that JSY and NPY payments are made through Direct Benefit Transfer (DBT) mechanism through 'Aadhaar' enabled payment system or through NEFT under Core Banking Solution.

18. **Resources Envelope and approvals:**

Approvals over and above the Resource Envelope is accorded with the condition that there would be no increase in Resource Envelope and the State will have to prioritize and undertake the approved activities under existing Resource Envelope. Any subsequent modification (if any) in the Resource Envelope after approval of RoP shall be communicated separately.

Yours sincerely,


(Harsli Mangla)
Director (NHM-I)

Annexure1: Budget Summary

FY 2022-23	Budget Proposed (Rs. in Lakhs)	Budget Approved (Rs. in Lakhs)
RCH Flexible Pool (including RI, IPPI, NIDDCP)	18321.12	16058.10
NDCP Flexible Pool (RNTCP, NVHCP, NVBDCP, NLEP, IDSP, NRCP, PPCL)	4398.37	4363.04
NCD Flexible Pool (NPCB&VI, NMHP, NPHCE, NTCP, NPCDCS, PMNDP, NPPCCHH)	3176.46	3062.42
NUHM Flexible Pool	2985.14	2958.70
Health System Strengthening (HSS) under NRHM	67899.15	65295.79
Total	96780.23	91738.05
Infrastructure Maintenance (IM)	17954.81	17954.81
Immunization Kind Grants	3243.12	3243.12
Grand Total Amount approved (including IM & Kind Grants)	117978.17	112935.98

FY 2023-24	Budget Proposed (Rs. in Lakhs)	Budget Approved (Rs. in Lakhs)
RCH Flexible Pool (including RI, IPPI, NIDDCP)	18994.96	14391.36
NDCP Flexible Pool (RNTCP, NVHCP, NVBDCP, NLEP, IDSP, NRCP, PPCL)	4159.17	4155.54
NCD Flexible Pool (NPCB&VI, NMHP, NPHCE, NTCP, NPCDCS, PMNDP, NPPCCHH)	2896.29	2740.83
NUHM Flexible Pool	2378.35	2248.56
Health System Strengthening (HSS) under NRHM	54182.89	52037.21
Total	82611.65	75573.50
Infrastructure Maintenance (IM)	17954.81	17954.81
Immunization Kind Grants	3405.28	3405.28
Grand Total Amount approved (including IM & Kind Grants)	103971.74	96933.58



Annexure 2: Key Deliverables of FY 2022-24

ReCH flexi pool including Routine Immunization Programme, Pulse Polio Immunization Programme

Sl. No	Indicator Type	Indicator Statement	Indicator	Unit	Target 2022-23	Target 2023-24	Source of Data
Maternal Health							
1.	Output	ANC Coverage	% of PW registered for ANC Numerator: Total number of PW registered for ANC Denominator: Total number of estimated pregnancies	Percentage	92%	93%	HMIS
2.	Output	ANC registration in 1 st trimester of pregnancy (within 12 weeks)	% of PW registered for ANC in 1st trimester Numerator: Total number of PW registered in 1 st Trimester Denominator: Total number of PW registered for ANC	Percentage	82%	83%	HMIS
3.	Output	Pregnant Women who received 4 or more ANC check-ups	% of PW received 4 or more ANC check-ups Numerator: Total number of PW received 4 or more ANC Denominator: Total number of PW registered for ANC	Percentage	83%	84%	HMIS
4.	Output	Identification of HRP	% of high risk pregnancies identified Numerator: Total no. of PW identified as High Risk Pregnancy (HRP) Denominator: Total number of PW registered for ANC	Percentage	10%	10%	ReCH Portal



Sl. No	Indicator Type	Indicator Statement	Indicator	Unit	Target 2022-23	Target 2023-24	Source of Data
5.	Output	Management of HRP	% of HRP Managed Numerator: Total no. of High Risk Pregnancies (HRP) managed Denominator: Total number of High Risk Pregnancies identified	Percentage	100%	100%	RCH Portal
6.	Output	Institutional Deliveries	% of institutional deliveries out of total ANC registration Numerator: Total number of institutional deliveries (public + private) Denominator: Total number of PW registered for ANC	Percentage	80%	82%	HMIS
7.	Output	National Certification of LRs & OTs under LaQshya	% of nationally certified LRs and OTs under LaQshya against target Numerator: Total number of nationally certified LRs & OTs. Denominator: Total number of LaQshya identified LRs and OTs	Percentage	LR-11 (68%) LR-11 (75%)	LR-11 (100%) LR-6 (100%)	NHSRC report
8.	Output	Public Health facilities notified under SUMAN	% of public health facilities notified under SUMAN against target	Percentage	55 (4.8%)	55 (7.27%)	State report
9.	Output	Maternal death review mechanism	% of maternal deaths reviewed against the reported maternal deaths. Numerator: Total no. of maternal deaths reviewed Denominator: Total no. of maternal deaths reported	Percentage	80%	80%	HMIS

Sl. No	Indicator Type	Indicator Statement	Indicator	Unit	Target 2022-23	Target 2023-24	Source of Data
10.	Output	JSY Beneficiaries	% of beneficiaries availed JSY benefits against RoP approval Numerator: Total no. of JSY beneficiaries paid JSY benefits Denominator: Total no. of beneficiaries approved in RoP	Percentage	100% of RoP targets	100% of RoP targets	State Report
Child Health and RBSK							
11.	Output	SNCU successful discharge rate	SNCU successful discharge rate out of total admission (%) Numerator: No. of sick and small new-borns discharged successfully (Unsuccessful denotes Death, LAMA and referral) Denominator: Total no. of sick new-borns admitted in SNCUs.	Percentage	Sustain > 80%	Sustain > 80%	SNCU MIS Online Portal
12.	Output	Functionality of SNCUs	% of Districts with functional SNCU out of total approval in RoP Numerator: Total number of districts with functional SNCUs (with functional equipment, trained HR as per FBNC guideline) Denominator: Total number of districts with approved SNCU in RoP.	Percentage	100%	100%	SNCU MIS Online Portal
13.	Output	HR training in Newborn and Child Health	% of HR trained in New-born and Child Health (NSSK, FBNC, FBNC Observership, NBSU,	Percentage	90%	90%	Quarterly State Report



Sl. No	Indicator Type	Indicator Statement	Indicator	Unit	Target 2022-23	Target 2023-24	Source of Data
			SAANS and F-IMNCI) against the approval of RoP. Numerator: Total no. of HR (MOs/SNs/ANMs) trained in New-born and Child Health (NSSR, FBNC, FBNC Observership, NBSU, SAANS, F-IMNCI) Denominator: Total no. of HR (MOs/SNs/ANMs) approved in RoP for training in New-born and Child Health (NSSR, FBNC, FBNC Observership, NBSU, SAANS, F-IMNCI)				
14.	Output	Child Death Reporting	% of Child Death Reported against Estimated deaths Numerator: Total no. of Child deaths reported. Denominator: Estimated number of Child Deaths based on latest SRS report	Percentage	80%	80%	Quarterly CDR, State Report / MPCDSR Portal
15.	Outcome	Stillbirth Rate	Still Birth Rate Numerator: Total no. of Stillbirth Reported Denominator: Total no. of Reported Deliveries	Percentage	< 10 per 1000 births	< 10 per 1000 births	HMIS Report
16.	Output	SAANS implementation in districts	% of Districts implemented SAANS IEC/ BCC Campaign (100%) against RoP approval Numerator: Total no. of Districts	Percentage	100% (13 Districts)	100% (13 Districts)	Quarterly State Report



Sl. No	Indicator Type	Indicator Statement	Indicator	Unit	Target 2022-23	Target 2023-24	Source of Data
			Implementing SAANS Campaign (November - February) Denominator: Total no. of Districts approved for implementation of SAANS Campaign (November - February) in RoP				
17.	Output	Home visits by ASHAs for Newborns	% of newborns received complete schedule of home visits against total reported live births. Numerator: Total no. of newborns received complete scheduled of home visits Denominator: Total no. of newborns	Percentage	90% (Denominator: 120000)	90% (Denominator: 135000)	Quarterly HBNC Report
18.	Output	Roll out of HBYC visits in all districts	% of District Roll out HBYC visits against RoP approval with trained ASHAs Numerator: Total no. of districts implementing HBYC visits with trained ASHAs Denominator: Total no. districts approved in RoP for HBYC implementation	Percentage	100% (Denominator: 13 Districts)	100% (Denominator: 13 Districts)	Quarterly HBNC Report
19.	Output	Paediatric HDU/ICU unit	% of Districts with functional Paediatric HDU/ICU unit out of total districts. Numerator: Total no. of districts with functional Paediatric HDU/	Percentage	100% (13 Districts)	100% (13 Districts)	Quarterly State Report



Sl. No	Indicator Type	Indicator Statement	Indicator	Unit	Target 2022-23	Target 2023-24	Source of Data
			ICU unit Denominator: Total no. of districts with the approved Paediatric HBU/ ICU unit in RoP/ ECRP.				
20.	Output	MusQan	% of identified facilities certified under MusQan (National) Numerator: Total no. of identified facilities (SNCUs/ NBSUs/ Paediatric Units certified under MusQan (National). Denominator: Total no. of identified facilities (SNCUs/ NBSUs/ Paediatric Units) by State/ UT for certification under MusQan (National).	Percentage	50% 3/6 facilities 2 SNCU 1 NBSU	100 % 6/6 facilities 4 SNCU 2 NBSU	Quarterly State Report
21.	Output	Reported Live Birth	% of Live Birth Numerator: Total number of Live Birth reported Denominator: Estimated number of Live Birth (SRS)	Percentage	80%	80%	RCH Portal & SRS Report
22.	Output	New-born Screening at Delivery points	% of New-borns Screened at the time of birth out of total Live Births Numerator: Number of New-borns Screened at the time of birth Denominator: Total number of Live Birth Reported.	Percentage	100% (153975/153975)	100% (153975/153975)	State Quarterly Report- HMIS RBSK MPR)

Sl. No	Indicator Type	Indicator Statement	Indicator	Unit	Target 2022-23	Target 2023-24	Source of Data
23.	Output	Functional DEICs	<p>% of DEIC functional with Infrastructure, Essential Equipment and HR as per Guidelines against the RoP approval.</p> <p>Numerator: Number of DEICs functional with Infrastructure, Essential Equipment, HR and training as per Guidelines. Denominator: Total number of DEICs approved in RoP.</p>	Percentage	83% (5/6)	83% (5/6)	State Quarterly Report- (RBSK MPR, DEIC)
24.	Output	RBSK MHTs	<p>% of Government & Government aided schools and Anganwadi Centre covered by RBSK MHTs</p> <p>Numerator: Number of Government & Government aided schools and Anganwadi Centre covered by RBSK MHTs as per RBSK Guideline. Denominator: Total number of Public Schools and Anganwadi Centre in the block</p>	Percentage	AWC 100 % (20067/20067) School 100% (17358/17358)	AWC 100 % (20067/20067) School 100% (17358/17358)	State Quarterly Report- RBSK MPR
25.	Output	Screening of Children in Government & Government aided schools and Anganwadi Centre	<p>% of children screened by RBSK MHTs</p> <p>Numerator: Number of Children in Government & Government aided schools and Anganwadi Centre screened by RBSK MHTs as per RBSK Guideline.</p>	Percentage	0-6 Population 100% (2921128/2921128)	0-6 Population 100% (2921128/2921128)	State Quarterly Report



Sl. No	Indicator Type	Indicator Statement	Indicator	Unit	Target 2022-23	Target 2023-24	Source of Data
			Denominator: Total number of Children in Government & Government aided schools and Anganwadi Centre		Children 6-18 years enrolled in Govt and Govt Aided Schools 100% (1104863/1104863)	Children 6-18 years enrolled in Govt and Govt Aided Schools 100% (1104863/1104863)	
26.	Number	Secondary/ Territory management of Conditions specified under RBSK	Number of beneficiaries received Secondary/ Territory management against RoP approval (for surgical intervention specified under RBSK).	Number	5836 (Excluding dental conditions)	5836 (Excluding dental conditions)	State Quarterly Report
Routine Immunization							
27.	Output	Full immunization coverage	% of Full Immunization Coverage (FIC) Numerator: Total number of children aged 9-11 months fully immunized with BCG+ Three doses of pentavalent + three doses of OPV + One dose of MRCV Denominator: Total No. of target children in 9-11 months' age group	Percentage	90%	90%	HMIS
28.	Output	Coverage of birth dose Hepatitis B	% of children receiving birth dose Hepatitis B as against institutional deliveries	Percentage	100%	100%	HMIS

Sl. No	Indicator Type	Indicator Statement	Indicator	Unit	Target 2022-23	Target 2023-24	Source of Data
			Numerator: Total no. of infants immunized with birth dose of Hepatitis B. Denominator: Total no. of institutional deliveries				
29.	Output	Dropout % of children	% dropout of children from Pentavalent 1 to Pentavalent 3 Numerator: Total no. of children immunized with Pentavalent 1 - Total no. of children immunized with Pentavalent 3 Denominator: Total no. of children immunized with Pentavalent 1	Percentage	0%	0%	HMIS
30.	Output	Dropout % of children	% dropout of children from Pentavalent 3 to MR 1 Numerator: Total no. of children immunized with Pentavalent 3 - Total no. of children immunized with MCV/MR 1 Denominator: Total no. of children immunized with Pentavalent 3	Percentage	0%	0%	HMIS
31.	Output	Dropout % of children	% dropout of children from MR 1 to MR 2 Numerator: Total no. of children immunized with MR 1 - Total no. of children immunized with MR 2 Denominator: Total no. of	Percentage	0%	0%	HMIS

Sl. No	Indicator Type	Indicator Statement	Indicator	Unit	Target 2022-23	Target 2023-24	Source of Data
			children immunized with MR 1 % of children receiving Td10				
32.	Output	TT10 coverage	Numerator: Total no. of children \geq 10 years old immunized with Td10 Denominator: Total no. of children \geq 10 years of age	Percentage	\geq 70	\geq 70	HMIS
Nutrition							
33.	Output	Early Initiation of Breastfeeding	% of newborn breastfeed within one-hour birth against total live birth. Numerator: Number of new born breastfeed within one hour of birth. Denominator: Total live births registered in that period.	Percentage	90%	90%	HMIS report
34.	Output	Bed Occupancy Rate at Nutrition Rehabilitation Centre (NRC)	Bed Occupancy Rate at Nutrition Rehabilitation Centres (NRCs) Numerator- Total inpatient days of care from 1 st April 2022 to 31 st March 2023/1 st April 2023 to 31 st March 2024 Denominator- Total available bed days during the same reporting period	Percentage	60%	75%	State reports
35.	Output	Successful Discharge Rate at Nutrition Rehabilitation	Successful Discharge Rate at Nutrition Rehabilitation Centres (NRCs)	Percentage	80%	80%	State reports

Sl No	Indicator Type	Indicator Statement	Indicator	Unit	Target 2022-23	Target 2023-24	Source of Data
		Centre (NRC)	Numerator- Total number of under-five children discharged with satisfactory weight gain for 3 consecutive days (>5gm/kg/day) from 1st April 2022 to 31st March 2023/1 st April 2023 to 31 st March 2024 Denominator- Total No. of under-five children exited from the NRC during the same reporting period.				
36.	Output	IFA coverage Anaemia Mukta Bharat	% of pregnant women given 180 IFA tablets as against pregnant women registered for ANC Numerator: Number of pregnant women given IFA tablets. Denominator: Number of pregnant women registered for ANC in that period.	Percentage	93%	94%	HMIS report
37.	Output	IFA coverage Anaemia Mukta Bharat	% of children 6-59 months given 8-10 doses of IFA syrup every month Numerator: Total number of children 6-59 months given 8- 10 doses of IFA syrup in the reporting month Denominator: Number of children 6-59 months covered under the programme (Target Beneficiaries)	Percentage	75%	80%	HMIS report
38.	Output	IFA coverage	% of children 5-9 years given 4-	Percentage	75%	80%	HMIS



Sl No	Indicator Type	Indicator Statement	Indicator	Unit	Target 2022-23	Target 2023-24	Source of Data
		Anaemia Mukh Bharat	5 IFA tablets every month Numerator: Total number of children 5-9 years given 4-5 IFA tablets in the reporting month Denominator: Number of children 5-9 years covered under the programme (Target Beneficiaries)				report
Comprehensive Abortion Care (CAC)							
39.	Outcome	Induced Abortion	Numerator: Total Number of Induced Abortion Reported Denominator: Total number of registered pregnancy				
40.	Outcome	Spontaneous Abortion	Numerator: Total Number of Spontaneous Abortion Reported Denominator: Total number of registered pregnancy				
41.	Output	CAC services	Public health facilities CHC and above equipped with Drugs (MMA Combi pack/ Mifepristone & Misoprostol), Equipment (MVA/EVA) and Trained Provider (MTP Trained MO/OBGYN) for providing CAC services against the total number of CHCs & above facilities as per Rural Health Statistics, 2020 Numerator: Total no. of public health facilities CHCs and above level that are equipped with	Percentage	1. 100% of CHCs and above level of public Health Facilities to be equipped 2. 70 Facilities including Non FRU CHCs& 24X7 PHCs and above level	1. 100% of CHCs and above level of public Health Facilities to be equipped 2. 80 Facilities including Non FRU CHCs& 24X7 PHCs and above level	CAC Quarterly and Annual Report

Sl. No	Indicator Type	Indicator Statement	Indicator	Unit	Target 2022-23	Target 2023-24	Source of Data
			Drugs (MMA Combi pack/ Mifepristone & Misoprostol), Equipment (MVA/EVA) and Trained Provider (MTP Trained MO/ÖBGYN) Denominator: Total no. of CHCs & above facilities as per Rural Health Statistics, 2020		of Public Health Facilities to be equipped	of Public Health Facilities to be equipped	-
42.	Output	MO training	% of Medical Officer trained in CAC against the RoP approval Numerator: Total no. of Medical Officer trained. Denominator: Target of MOs to be trained as per RoP.	Percentage	42 MOs.	24 MOs	CAC Quarterly and Annual Report
Family Planning (FP)							
43.	Output	PPIUCD acceptance	% of PPIUCD acceptance among Institutional deliveries Numerator: Number of PPIUCDs inserted in public facilities Denominator: Number of institutional deliveries in public facilities	Percentage	15.2	18	HMIS
44.	Output	Injectable MPA users	% of Injectable MPA users among Eligible Couples Numerator: Total number of Injectable MPA doses/4 Denominator: Number of Eligible Couples	Percentage	0.2	0.3	HMIS/ RCH register
45.	Output	Operationalisation of FPLMIS	% of Facilities indenting and issuing the stock in FPLMIS out	Percentage	50%	75%	FPLMIS



Sl. No	Indicator Type	Indicator Statement	Indicator	Unit	Target 2022-23	Target 2023-24	Source of Data
			of total facilities (excluding SC) Numerator: Number of Facilities indenting and issuing the stock in FPLMIS (excluding SC) Denominator: Total Number of facilities registered in FPLMIS (excluding SC)				
Additional ROP deliverables for Uttarakhand							
46.		% Increase in Male Sterilization performance from 2019-20	Numerator: No. of male sterilizations in current year (-) No. of male sterilizations in 2019-20 Denominator: No. of male sterilizations in 2019-20	Percentage	100%	150%	
47.		Doubling of compensation under FPIS (as per Hon'ble Supreme Court Directives)	-	-	Compensation to be doubled	-	
48.							
Adolescent Health/ Rashtriya Kishor SwasthyaKaryakram (RKSK)							
49.	Output	Client load at AFHC	Average monthly Client load at AFHC/month in PE Districts at DH/SDH /CHC level to increase by 25% in 2022-23 and 50% in 2023-24 from the baseline data of 2021-22. Numerator: Total Clients	Percentage	75% 106	100% 128	(HMIS/ Quarterly AFHC Report)



Sl. No	Indicator Type	Indicator Statement	Indicator	Unit	Target 2022-23	Target 2023-24	Source of Data
			registered at AFHC. Denominator: Number of AFHCs divided by no. of months (per AFHC per month)				
50.	Output	WIFS coverage	% coverage of in- school beneficiaries under WIFS Programme every month. Numerator- Total no in School beneficiaries covered Denominator- Targeted beneficiaries (In School)	Percentage	50 60%	60 60%	HMIS
51.	Output	WIFS coverage	% coverage of out- of-school (girls) under WIFS Programme every month. Numerator- Total number out of School beneficiaries covered Denominator- Targeted beneficiaries (out of School)	Percentage	50%	60%	HMIS
52.	Output	Selection of Peer Educator	% of Peer Educator selected against the target Numerator- Total no PEs selected Denominator- Total No. of PEs to be selected	Percentage	100	100	State PE Reports
53.		Training of Peer Educator	% of Peer Educator trained against the Peer Educator selected. Numerator- Total no PEs Trained Denominator- Total No. of PEs	Percentage	80	100	State PE Reports



Sl. No	Indicator Type	Indicator Statement	Indicator	Unit	Target 2022-23	Target 2023-24	Source of Data
			selected				
54.	Output	Menstrual Hygiene Scheme coverage	% coverage of Adolescent Girls against the target under Menstrual Hygiene Scheme Numerator- Total no. of adolescent girls receiving sanitary napkins under MHS Denominator- Total No. of adolescent girls to be covered	Percentage	80 75%	100 80%	HMS
55.	Output	School Health & Wellness Programme implementation	% of the selected Districts implementing School Health & Wellness Programme against the RoP approval. Numerator- Total no districts implementing SHP. Denominator- Total No. of District selected for SHP	Percentage	100 38%	100 46%	SHWP Report
56.	Output	School Health & Wellness Programme implementation	% of Health & Wellness Ambassadors trained to transact weekly activities in schools in the select district Numerator- Total no of Health & Wellness Ambassadors (HWAs) trained Denominator- Total no of HWAs to be trained	Percentage	100%	100%	SHWP Report
Pre-Conception & Pre-Natal Diagnostic Techniques (PCPNDT)							
57.	Output	Meeting of statutory bodies	% of District Advisory Committee (DAC) meetings conducted as mandated by Law	Percentage	100%	100%	State Report



Sl. No	Indicator Type	Indicator Statement	Indicator	Unit	Target 2022-23	Target 2023-24	Source of Data
			(6 meetings / Year/District) Numerator- Number of District Advisory Committee (DAC) meetings conducted Denominator- Number of meetings prescribed under the law (6 meetings / Year/District).				
National Iodine Deficiency Disorders Control Programme (NIDDCP)							
58.	Output	Monitoring of salt & urine in the State/UT	% of salt samples tested using Salt Testing Kits (Qualitative testing) by ASHA in identified District. Numerator: Total Number of samples tested by ASHA. Denominator: Number of ASHA *50 samples*12 months.	Percentage	75%	75%	State Report
59.	Output	Monitoring of salt & urine in the State/UT	% of salt samples tested (Quantitative) in Lab (Volumetric method) for estimation of iodine content. Numerator: Number of salt samples tested (Quantitative) in Lab (Volumetric method). Denominator: Number of District *25 samples*12 months.	Percentage	75%	75%	State Report
60.	Output	Monitoring of salt & urine in the State/UT	% of urine samples tested for Urinary iodine estimation. Numerator: Number of urine samples tested for Urinary iodine	Percentage	75%	75%	State Report



Sl. No	Indicator Type	Indicator Statement	Indicator	Unit	Target 2022-23	Target 2023-24	Source of Data
			estimation. Denominator: Number of District *25 samples*12 months.				
61.	Output	IDD surveys/ resurveys	% of district IDD surveys/ resurveys conducted in State/UT against RoP approval. Numerator: Number of district where IDD surveys/ resurveys conducted. Denominator: No. of Districts approved in RoP.	Percentage	100%	100%	State Report
Reproductive and Child Health (RCH) Portal							
62.	Output	Implementation of RCH application - Registration Coverage of Pregnant Women and Child (0-1 Year)	% of Registration Coverage of Pregnant Women and Child on pro-rata basis Numerator: Total No. of Registered PW and Child on RCH Portal Denominator: Estimated PW and Child on pro-rata basis.	Percentage	100% Registrati on coverage of Pregnant women and Children onpro-rata basis	100% Registratio ncoverage of Pregnant women and Children onpro-rata basis [For States]	RCH Portal
63.	Output	Implementation of RCH application - Service Delivery Coverage of PW	% of Service Delivery Coverage of entitled Pregnant Women for ANC services. Numerator: Total No. of PW received All ANC services (ANC1 +	Percentage	>80% All ANC services of Pregnant women	>80% All ANC services of Pregnant women	RCH Portal



Sl. No	Indicator Type	Indicator Statement	Indicator	Unit	Target 2022-23	Target 2023-24	Source of Data
			ANC2 + ANC3 + ANC4 + TT1 / TT2 + 180 IFA tablet) Denominator: Total PW expected for Service based on reporting period				
64.	Output	Implementation of RCH application - Service Delivery Coverage of Child	% of Service Delivery Coverage of entitled Child [0-1 Year] for Immunization services. Numerator: Total No. of Child received All Immunization services (as per National Immunization Schedule) Denominator: Total child expected for Service based on reporting period	Percentage	>80% All Immunization services of Child[0-1 Year]	>80% All Immunization services of Child [0-1 Year]	
65.	Output	Implementation of RCH application - Total Deliveries Reported	% of total Delivery reported of Pregnant Women. Numerator: Total No. of Delivery reported Denominator: Total PW expected for Delivery based on reporting period	Percentage	>90% Delivery reported	>90% Delivery reported	RCH Portal
66.	Output	Implementation of ANMOL application	Health providers (ANM) using ANMOL application for entering Data Numerator: Total No. of Users (ANM) doing data entry. Denominator: Total no. active users (ANMs) registered in RCH Portal.	Percentage	>90% Health provider (ANM) are	>90% Health provider (ANM) are doing	ANMOL AIS



Sl. No	Indicator Type	Indicator Statement	Indicator	Unit	Target 2022-23	Target 2023-24	Source of Data
					doing data entry on ANMOL	data entry on ANMOL	

National Disease Control Programme Flexi Pool

Sl. No	Indicator Type	Indicator Statement	Indicator	Unit	Target 2022-23	Target 2023-24	Source of Data
Integrated Disease Surveillance Programme (IDSP)							
67.	Output	Weekly Reporting – S form	% of Reporting Units Reported in S form	Percentage	90%	90%	IDSP
68.	Output	Weekly Reporting – P form	% of Reporting Units Reported in P form	Percentage	95%	95%	IDSP
69.	Output	Weekly Reporting – L form	% of Reporting Units Reported in L form	Percentage	95%	95%	IDSP
70.	Output	Weekly Reporting – Lab Access of Outbreaks	Lab Access of Outbreaks reported under IDSP excluding Chickenpox, Food Poisoning, Mushroom Poisoning	Percentage	100%	100%	IDSP
National Tuberculosis Elimination Programme (NTEP)							
71.	Output	Total TB cases notified (Both public and private sectors)	% of cases notified against target Numerator: No. of TB cases notified (public + private) Denominator: Target approved by GoI	Percentage	28000	31000	Nikshay
72.	Output	Expansion of rapid molecular diagnostics for TB	% of blocks with rapid molecular diagnostics	Percentage	100%	100%	Nikshay



Sl. No	Indicator Type	Indicator Statement	Indicator	Unit	Target 2022-23	Target 2023-24	Source of Data
73.	Output	State TB Score	% Improvement in Annual TB Score Numerator: (State Annual TB Score in Current Yr- State Annual TB Score in last yr) Denominator: State Annual TB Score in last yr	Percentage	80	85	Nikshay
74.	Output	Nikshay Poshan Yojana	% Of eligible patients receiving at least first instalment of DBT Numerator: No. of eligible patients receiving at least first instalment of DBT Denominator: No. of eligible patients	Percentage	100%	100%	Nikshay
75.	Output	Districts with TB free Status	No. of districts to achieve TB free Status # Bronze # Silver # Gold #TB Free district/City	Number	Silver:1 Bronze: 3	Silver: 3 Bronze: 5	
National Rabies Control Program (NRCP)							
76.	Output	Availability of Rabies Vaccine and Rabies Immunoglobulins	ARV available at the Health Facilities as per Essential Medical List Numerator- Total No. of Health Facility till PHC level having stocks of ARV Denominator- Total No. of Health Facilities till PHC level (Source-	Percentage	Availability of Stock as per EML at 80% health Facilities till PHC Level	Availability of Stock as per EML at 90% health Facilities till PHC Level	DVDMS Portal/ State Monthly report Rural Health Statistic-MoHFW)



Sl. No	Indicator Type	Indicator Statement	Indicator	Unit	Target 2022-23	Target 2023-24	Source of Data
			Rural Health Statistic- MoHPW)				
77.			Rabies Immunoglobulins available at the Health Facilities as per Essential Medical List Numerator- Total No. of Health Facility till CHC level having stocks of ARS Denominator- Total No. of Health Facilities till CHC level (Source- Rural Health Statistic- MoHPW)	Percentage	Availability of Stock as per EML at 70% health Facilities till CHC Level	Availability of Stock as per EML at 70% health Facilities till CHC Level	DVDMIS Portal/ State Monthly report Rural Health Statistic- MoHPW
National Viral Hepatitis Control Programme (NVHCP)							
78.	Output	Management of Hepatitis C -under the program	% of Hepatitis C Patients benefited i.e. number who received treatment against target.	Percentage	90 (1127)	90 (1127)	NVHCP MIS Portal Data
79.	Output	Management of Hepatitis B - under the program	% of Hepatitis B Patients benefited i.e. number who received treatment against target	Percentage	90% (390)	90% (466)	NVHCP MIS Portal Data
80.	Output	Pregnant women screened for hepatitis B	% of pregnant women screened for hepatitis B (HBsAg) against the target (Institutional Deliveries)	Percentage	100% (138285)	100% (138285)	RCH Portal
81.	Output	Administration of HBIG to newborns of HBsAg positive pregnant women	% of new borns administered HBIG among new borns delivered to HBsAg positive pregnant women at health care facility	Percentage	100% (1217)	100% (1217)	RCH Portal
National Leprosy Elimination programme (NLEP)							



Sl. No	Indicator Type	Indicator Statement	Indicator	Unit	Target 2022-23	Target 2023-24	Source of Data
82.	Output	Percentage of Grade II Disability (G2D) among new cases	No of Districts with Grade II Disability (G2D) percentage less than 2% among new cases	Number	13	13	NLEP Report
83.	Output	Certification of Districts as Leprosy Free	No of Districts certified as Leprosy Free	Number	13	13	NLEP Report
84.	Output	Clearance of backlog of Reconstructive Surgeries (RCS)	Number of RCS conducted against backlog of RCS	Number	12(100%)	0	NLEP Report
National Vector Borne Disease Control programme (NVBDCP)							
85.	Output	Malaria Reduction in API at District level	No. of districts with API <1	Number	13	13	State reports
86.			Annual blood Examination Rate	Percentage	>5%	>5%	State reports
87.			% IRS population coverage in each round	I Round	IRS not conducted and hence not applicable.		State reports
88.				II Round	However, State needs to conduct Focal spray as per guideline		
89.			No. of Districts Certified as Malaria Free	Number	9	13	State reports
90.	Output	Lymphatic Filariasis	The proportion of districts/ILUs with coverage >65% for DA and 85% for IDA of the total population (admin coverage/ independent assessment)	Percentage	LF is not endemic and hence no target and no funds are given		State reports
91.			Morbidity management and disease prevention (MMDP) services for hydrocele and Lymphoedema cases and 85% for IDA of the total population (admin	Number			State reports



Sl. No	Indicator Type	Indicator Statement	Indicator	Unit	Target 2022-23	Target 2023-24	Source of Data
			coverage/ independent assessment]				
92.			Cumulative number of endemic districts which achieved mf rate <1% verified by TAS1	Number			State reports
93.			Cumulative number of districts to achieve Disease Free Status- LF as per TAS 3 Clearance	Number			
94.	Output	Dengue & Chikungunya	Dengue Case Fatality Rate at State level	Percentage	CFR<1%	CFR<1%	State reports
95.			Number of blocks achieved Kala-azar elimination i.e., <1 case per 10000 population at block level	Number			State report
96.			Number of blocks sustained Kala-azar elimination	Number			
97.	Output	Kala-azar	% IRS population coverage in each round	Percentage			KA is not endemic and hence no target and no funds are given
98.			% Complete treatment of KA Cases and HIV/VL	Percentage			
99.			% Complete treatment of PKDL Cases	Percentage			

Non-Communicable Disease Flexi-pool

Sl. No	Indicator Type	Indicator Statement	Indicator	Unit	Target 2022-23	Target 2023-24	Source of Data
National Tobacco Control Programme (NTCP)							
100.	Output	Increase in availability of Tobacco Cessation Services available	No. of districts with Tobacco Cessation Centers	Number	13/13	13/13	Quarterly reporting



Sl. No	Indicator Type	Indicator Statement	Indicator	Unit	Target 2022-23	Target 2023-24	Source of Data
101.	Outcome	Improved access for Tobacco Cessation Services	No. of People availed tobacco cessation services in 2022-24	Number	11000	12000	Quarterly reporting
National Mental Health Programme (NMHP)							
102.	Output	Improved coverage of mental health services	% of districts covered District Mental Health Units operationalized.	Percentage	100%	100%	NMHP Data
103.	Output	Improved coverage of mental health services	% increase Number of persons catered through District Mental Health Units	Number	20% (10800)	25% (11250)	NMHP Data The state has been advised to set realistic targets - 10% for each year
National Programme for Health Care of Elderly (NPHCE)							
104.	Output	Provision of primary and secondary Geriatric health care services at District Hospital and below	Numerator: No. of DH with Geriatric Unit (at least 10 beds) Denominator: No. of total DH in the state	Number	13	13	NPHCE
105.	Output	Provision of primary and secondary Geriatric health care services at District Hospital and below	Numerator: No. of DH with physiotherapy unit for elderly Denominator: No. of total DH in the state	Number	13	13	NPHCE
106.	Output	Provision of primary and secondary Geriatric health care services at District Hospital and below.	Numerator: No. of CHCs with physiotherapy unit Denominator: No of total CHCs in the state	Number	79	99	NPHCE



Sl. No	Indicator Type	Indicator Statement	Indicator	Unit	Target 2022-23	Target 2023-24	Source of Data
National Programme for Prevention and Control of Cancer, diabetes, cardiovascular diseases and Stroke (NPCDCS)							
107.	Output	NCD App	% registration done in the NCD App against 30+ population target	Percentage	50%	75%	NPCDCS Data
108.	Output	Setting up of NCD Clinics at District Hospitals	Percentage of DHs with NCD Clinics	Percentage	100%	100%	NPCDCS Data
109.	Output	Setting up of NCD Clinics at CHCs	Percentage of CHCs with NCD Clinics	Percentage	78%	100%	NPCDCS Data
National Programme for Control of Blindness and Vision Impairment (NPCB&VI)							
110.	Output	Eye care services under NPCB and VI provided at primary, secondary at District level and below level	Percentage achievement of Cataract operations against targets	Percentage	45000	45000	Monthly Report
111.	Output	Eye care services under NPCB and VI provided at primary, secondary at District level and below level	Percentage achievement of Collection of donated eyes for corneal Transplantation against targets	Percentage	300	300	Monthly Report
112.	Output	Eye care services under NPCB and VI provided at District level and below District level	No. of Free Spectacles to school children suffering from Refractive errors	Number	6000	6500	Monthly Report
113.	Outcome	Cataract backlog Free Certification	No. of Districts Certified as Cataract backlog Free	Number	01	01	
Pradhan Mantri National Dialysis Program (PMNDP)							
114.	Output	Dialysis facilities in all districts	No. of districts with Dialysis facility under PMNDP	Number	13	13	PMNDP Data
115.	Output	Number of Sessions held in the month	Estimated number of dialysis session (in Lakhs)	Number	0.70	0.75	PMNDP Data
116.	Output	Peritoneal dialysis	Estimated number of patients	Number	30	40	PMNDP



Sl. No	Indicator Type	Indicator Statement	Indicator	Unit	Target 2022-23	Target 2023-24	Source of Data
		Services under PMNDP	planned for peritoneal dialysis services				Data
National Programme for Prevention and Control of Fluorosis (NPPCF)							
117.	Outcome	Improvement in sample testing in fluoride affected districts	% of water samples tested for Fluoride level against number of samples as per norms.	Percentage	5% increase from previous year	5% increase from previous year	State Reports
118.	Outcome	Medical management of diagnosed fluorosis cases including supplementation, surgery, and rehabilitation.	% of patients provided medical management to diagnosed fluorosis cases out of the total diagnosed cases.	Percentage	90% of total diagnosed cases	90% of total diagnosed cases	State Reports
National Programme for Prevention & Control of Deafness (NPPCD)							
119.	Output	Hearing Aid	Total No. of Hearing Aid fitted	Number	220	220	Monthly progress report
120.	Output	Audiometry Facilities	No. of Districts having audiometry facilities	Number	13	13	-
National Programme for Palliative Care (NPPC)							
121.	Output	Palliative care services under NPPC programme	Total no. of District Hospitals providing palliative care services	Number	13	13	NPPC Data
National Oral Health Programme (NOHP)							
122.	Output	Strengthening Oral Health Services	% of PHFs providing dental care services upto CHC level against total PHFs upto CHC level (DH/SDH/CHC)	Number	100% (134)	100% (134)	HMIS (Dental OPD)

Health Systems Strengthening (HSS)- Urban and Rural



Sl. No	Indicator Type	Indicator Statement	Indicator	Unit	Target 2022-23	Target 2023-24	Source of Data
National Urban Health Mission (NUHM)							
123.	Output	Improving access to healthcare in urban India	¹ Number of operational urban health facilities (UPHCs and UCHCs) increased. (a) Operational UCHC; (b) Operational UPHC.	Number	100% (38)	100% (38)	MIS-QPR/ Approved State RoPs
124.	Output	Improving access to healthcare in urban India	² No. of UPHCs converted to Health wellness centres (HWCs) increased.	Number	100 (38)	100 (38)	AB-HWC Portal/ Approved State RoPs
125.	Output	Improving access to healthcare in urban India	³ Increased number of UCHCs and UPHC-HWCs offering specialist services	Number	65%	65%	AB-HWC Portal/App roved State RoPs
126.	Output	Improving access to healthcare in urban India	⁴ Annual utilization of urban health facilities (UPHC-HWCs) increased with at least 50% visits made by women. Numerator: Female Footfalls Denominator: Total Footfalls	Percentage	100%	100%	AB-HWC Portal /30 years and above urban population estimates.
127.	Output	a) Improving access to healthcare in urban India	⁰ %No of individuals screened for NCD at UPHC-HWC: Hypertension and Diabetes	Percentage	10% increase from the baseline 25%	10% increase from the previous FY 35%	AB-HWC Portal



Sl. No	Indicator Type	Indicator Statement	Indicator	Unit	Target 2022-23	Target 2023-24	Source of Data
			Numerator: Individuals screened for NCD- Hypertension and Diabetes Denominator: Total 30 years and above, Urban population				
	Output	b) Improving access to healthcare in urban India	⁶⁾ ³⁾ No of Individuals screened for NCD at UPHC- HWC: Oral cancer, Breast Cancer and Cervical Cancer Numerator: Individuals screened for NCD- Oral cancer, Breast Cancer and Cervical Cancer Denominator: Total 30 years and above, Urban population	Percentage	20%	30%	AB-HWC Portal /30 years and above urban population estimates.
128.	Output	Providing quality healthcare services in Urban India	⁶⁾ Urban pregnant women accessing 4 or more antenatal care at UPHC- HWC and UCNC increased. Numerator: No. of PW who have received 4 or more ANC's Denominator: Total PW registered for ANC	Percentage	70%	75%	HMIS portal
129.	Output	Providing quality healthcare services in Urban India	⁷⁾ Number of monthly Urban Health and Nutrition Day (UHND) approved/organized	Number	(6624 UHNDS)	(6624 UHNDS)	MIS / HMIS portal/ Approved State RoPs



Sl. No	Indicator Type	Indicator Statement	Indicator	Unit	Target 2022-23	Target 2023-24	Source of Data
130.	Output	Providing quality healthcare services in Urban India	<p>a) Diabetes at UPHC-HWC Numerator: Individuals received treatment for NCD- Diabetes Denominator: Total individuals diagnosed for NCDs- Diabetes</p> <p>b) ⁴No. of patients treated for Hypertension at UPHC-HWC Numerator: Individuals received treatment for NCD- Hypertension Denominator: Total individuals diagnosed for NCDs- Hypertension</p>	Number	100%	100%	AB-HWC Portal

Guidance Notes for NUHM:-

¹**Number of operational urban health facilities (UPHCs and UCHCs) increased:** - All UPHCs and UCHCs approved under respective State ROPs to be made operational. Data to be captured through QPR-MIS.

²**No. of UPHCs converted to Health wellness centres (HWCs) increased:** - All UPHCs and UCHCs approved as HWC- Health and Wellness Centre under respective State ROPs to be converted. Data to be captured through HWC Portal.

³**Increased number of UCHCs and UPHC-HWCs offering specialist services:** All UCHCs, and UPHCs approved as HWC- Health and Wellness Centre to provide specialist services as per CPHC operational guidelines (including specialist services through Teleconsultation). At least 5% increase from the baseline. Data to be captured from HWC Portal and approved State ROPs.

⁴**Annual utilization of urban health facilities (UPHC-HWCs) increased with at least 50% visits made by women: Formula to calculate the indicator:** - (Number of Female Footfalls divided by Total Footfalls multiplied by 100) Baseline year data to be recorded in numbers as on 31st March, 2022 and target to increase by 5% from previous year.

⁵**Number of individuals screened for NCD at Urban UPHC-HWC:** NCD screening as per CPHC guidelines. Numerator: Individuals screened for NCDs and Denominator: Total 30 years and above Urban population. Target Setting: - State to calculate targets in proportion to the 30 years and above Urban Population coverage with the objective that all/maximum number of people have to be screened.

⁶**Urban pregnant women accessing 4 or more antenatal care at UPHC- HWC and UCHC increased: Formula to calculate the indicator:** - (Number of Pregnant women who have received 4 or more ANC divided by Total number of pregnant women registered for



Sl. No	Indicator Type	Indicator Statement	Indicator	Unit	Target 2022-23	Target 2023-24	Source of Data
<p>ANCs multiplied by 100) Baseline year data to be recorded in numbers as on 31st March, 2022.</p> <p>⁷Number of monthly Urban Health and Nutrition Day (UHND) approved /organized: Baseline will be as per State ROP approval.</p> <p>⁸No of patients treated for NCD-</p> <p>a) Diabetes at UPHC-HWC: Numerator: Individuals received treatment for NCD- Diabetes Denominator: Total individuals diagnosed for NCDs- Diabetes</p> <p>b) Hypertension at UPHC-HWC: Numerator: Individuals received treatment for NCD- Hypertension Denominator: Total individuals diagnosed for NCDs- Hypertension</p>							
DVDMS							
131.	Output	Implementation of DVDMS in PHCs	% of Health Facilities up to PHCs implementing the DVDMS	Percent age	100%	100%	DVDMS portal
Quality Assurance (QA)							
132.	Output	NQAS certified public health facilities (National + State)	Cumulative Number of NQAS certified public health facilities	Number	7	7	NHSRC Quality Certification Unit
133.	Output	Public health facilities with Kayakalp score greater than 70%	Number of public health facilities with Kayakalp score more than 70% (on external assessment)	Number	169	173	NHSRC Quality Certification Unit
Free Diagnostic Service Initiative							
134.	Output	Free Diagnostic Services	% of Public Healthcare Facility undertaking all essential diagnostic tests as per the FDSI guidelines (SC:14/ PHC:63/ CHC:97/ SDH:111/ DH:134)	Percentage	100%	100%	HMIS/ State Reports/ Dashboards/ Assessment report



Sl. No	Indicator Type	Indicator Statement	Indicator	Unit	Target 2022-23	Target 2023-24	Source of Data
			Numerator: Number of Healthcare Facility undertaking full menu of the essential diagnostic tests prescribed in the FDSI guidelines. Denominator: Total Number of Primary Healthcare Facilities available in the State (Up to DH level)				
Blood Services & Disorders							
135.	Output	Number of DHs having Blood Banks	% of District Hospitals having functional Blood Bank	Percentage	13 No.	13 No.	E-Raktkosh, Blood Cell
136.	Output	Voluntary blood donation	Voluntary blood donation against the blood collection units targeted for replacement/ donation	Percentage	12000	12000	SBTC (as e raktkosh is not functional in the state)
137.	Output	Blood component separator	% of blood banks having blood component separator	Percentage	10 No.	10 No.	Blood Cell
138.	Output	No of ICHH centres in the state at high prevalence districts	Number of integrated centres for hemoglobinopathies & haemophilia in the district against no. of identified districts with high prevalence of hemoglobinopathies & haemophilia	Number	5 DEIC	5 DEIC	Blood Cell



Sl. No	Indicator Type	Indicator Statement	Indicator	Unit	Target 2022-23	Target 2023-24	Source of Data
Comprehensive Primary Healthcare (CPHC)							
139.	Output	Number of operational Health & Wellness Centers	Numerator: Total operational AB-HWCs in the state Denominator: Total target of AB-HWCs to be operationalized for the respective FY	Percentage	100%	100%	AB HWC Portal
140.	Output	Functional AB-HWCs satisfying advanced functionality Criteria	Numerator: No. of AB-HWCs providing all 12 expanded range of services. Denominator: Total functional AB-HWCs	Percentage	100%	100%	AB HWC Portal
141.	Output	Footfall at AB-HWCs (Receiving services for Preventive, promotive, curative, rehabilitative and palliative care)	A. Numerator: No. of AB-HWCs in rural areas reporting minimum 5% annual increase in footfalls over preceding year Denominator: Number of operational AB-HWCs in rural areas (SHC-HWC+ PHC-HWC) B. Numerator: No. of AB-HWCs in urban areas reporting minimum 15% annual increase in footfalls over preceding year. Denominator: Number of operational AB-HWCs	Percentage	A. 100% B. 100%	A. 100% B. 100%	AB HWC Portal



Sl. No	Indicator Type	Indicator Statement	Indicator	Unit	Target 2022-23	Target 2023-24	Source of Data
			in urban areas (UPHC-HWC+ UHWC)				
142.	Output	Medicine at AB-HWC	% of AB-HWC fulfilling minimum 80% of expanded range of medicines as per Essential list (Medicines: SHC-HWC- 105; PHC-HWC- 172) against number of functional AB- HWCs.	Percentage	100%	100%	AB HWC Portal
143.	Output	Diagnostics at AB- HWC	% of AB-HWC fulfilling minimum 80% of expanded range of diagnostics as per Essential list (Diagnostics: SHC-HWC-14; PHC-HWC-63) against number of functional AB- HWCs.	Percentage	100%	100%	AB HWC Portal
144.	Output	Training on AB-HWC primary health care teams (ASHA, MPW, CHO, SN and MO) on expanded service packages	Numerator: Total number of AB-HWC primary healthcare team members (ASHA, MPW, CHO, SN and MO) trained on expanded service packages Denominator: Total number of primary healthcare team members (ASHA, MPW, CHO, SN and MO) in the state	Percentage	100%	0%	AB-HWC Portal and SASHAKT
145.	Output	CBAC form updation	Numerator: Number of Individuals for whom CBAC form was filled. Denominator: Total catchment population	Percentage	100% annually	100% annually	AB HWC Portal



Sl. No	Indicator Type	Indicator Statement	Indicator	Unit	Target 2022-23	Target 2023-24	Source of Data
			(30+) under all operational AB-HWCs in the state.				
146.	Output	Functional AB-HWCs providing wellness services	Numerator: Number of wellness sessions conducted at operational AB-HWCs in the state Denominator: Total number of wellness sessions (at the rate of minimum 10 wellness sessions per month for all operational AB-HWCs in the state)	Percentage	100%	100%	AB HWC Portal
147.	Output	Tele-consultations started at AB-HWCs	Numerator: Number of teleconsultations conducted at operational AB-HWCs in the state Denominator: Total number of teleconsultations (at the rate of minimum 25 teleconsultations per month for all operational AB-HWCs in the state)	Percentage	100%	100%	AB HWC Portal
148.	Output	Treatment compliance	Numerator: Total no. of Individuals received treatment for Hypertension	Percentage	70%	70%	AB HWC Portal
149.			Denominator: Total individuals diagnosed for Hypertension Numerator: Total no. of Individuals received treatment for Diabetes				



Sl. No	Indicator Type	Indicator Statement	Indicator	Unit	Target 2022-23	Target 2023-24	Source of Data
			Denominator: Total Individuals diagnosed for Diabetes				
150.	Output	JAS functioning	Numerator: Number of JAS conducted at least 10 meetings in a year Denominator: Total operational AB-HWCs	Percentage	14915 No.	14915 No.	AB HWC Portal
151.	Output	Functional AB-HWC awarded Kayakalp Awards	Numerator: Number of facilities awarded district level Kayakalp awards Denominator: Total number of functional AB-HWCs	Percentage	17%	21%	AB HWC Portal
152.	Output	Functioning of VHSNC (in rural areas)	Numerator: Number of VHSNCs that conducted at least 10 meetings in the year (against the norm of minimum one meeting every month) Denominator: Total VHSNCs formed	Percentage	14915 No.	14915 No.	AB-HWC Portal
153.	Output	AB-HWC primary healthcare team's incentives	a) Numerator: Number of AB- HWCs whose primary healthcare teams have received timely incentives (Performance Linked Payment and Team Based Incentives) minimum 12 times a year Denominator: Total number of operational AB-HWCs	Output	a) 100% b)100%	a) 100% b) 100%	District report



Sl. No	Indicator Type	Indicator Statement	Indicator	Unit	Target 2022-23	Target 2023-24	Source of Data
			b) Numerator: Number of ASHAs who received timely incentives (Routine-recurring and program incentives) minimum 12 times a year Denominator: Total number of in-position ASHAs				
AYUSH							
154.	Output	Co- location of AYUSH facilities	Number of Public Health Facilities with Co-located AYUSH OPD Services	Number	95	95	
Human Resources for Health							
155.	Output	NHM HR in place	% of HRH in Position out of total posts approved under NHM*	Percentage	At least 85% of the NHM posts to be filled	At least 90% of the NHM posts to be filled	NHSRC HRH Division
156.	Output	HRH availability as per IPHS	% of HRH available as per IPHS (HR in Place/IPHS requirement x100) for six key staff categories*				NHSRC HRH Division
157.			a) MPW (Male+Female)		65%	70%	
158.			b) Staff Nurses		53%	55%	
159.			c) Lab technicians** (**Reduction in gap% applicable only for those levels of facilities where lab services including HR for lab have been outsourced)		50%	55%	
160.			d) Pharmacists		83%	85%	
161.			e) MO-MBBS		83%	85%	
162.			f) Clinical Specialists		48%	50%	



Sl. No	Indicator Type	Indicator Statement	Indicator	Unit	Target 2022-23	Target 2023-24	Source of Data
Biomedical equipment Management & Maintenance Program (BMMP)							
163.	Output	Equipment CAMC/ AMC	% of Equipment Covered under Comprehensive Maintenance Contract/ Annual Maintenance Contract/ BMMP	Percentage	100%	100%	BEMMP Dashboard/ State Equipment Inventory Software (e-upkaran)
164.	Output	Equipment Upkeep time	% of equipment uptime at each level of Public health facility as per BMMP guidelines i.e. (PHC-80%; CHCs-90% and DH - 95%)	Percentage	100%	100%	BEMMP Dashboard/ State Equipment Inventory Software (e-upkaran)
165.	Output	AERB Compliance	% of Public Health Facility certified as per AERB compliance	Percentage	100%	100%	AERB Compliance certification dashboard
Health Management Information System (HMIS)							
166.	Output	HMIS Reporting	Ensuring timely reporting of data by the State Data Manager/ M&E/ HMIS personnel by 20 th of following month. Numerator: No. of health facilities reported data by 20th of following month. Denominator: Total no. of health facilities.	Percentage	>97% reporting (Health Facilities under the State)	>97% reporting (Health Facilities under the State)	HMIS
Public Health Infrastructure							
167.	Output	Infrastructure	Number of new	Number	70%	100%	State report



Sl. No	Indicator Type	Indicator Statement	Indicator	Unit	Target 2022-23	Target 2023-24	Source of Data
			constructions completed and handed over against the projects sanctioned.				
164.			Apex Hospitals		-	-	
165.			DH		100%	-	
166.			SDH		70%	100%	
167.			CHC		-	-	
168.			UHC		70%	100%	
169.			PHC		-	-	
170.			SC		-	-	
171.			Others (MCH wing)		50%	100%	
172.			Training centres		-	-	
173.			Drug warehouse		-	-	
174.			District Warehouse		-	-	
175.	Outcome	IPHS compliance	% of health care facilities achieved IPHS compliance.	Percentage	20%	40%	
176.	Process	DH Strengthening as knowledge Hub	% of District hospitals- Initiated any of the following courses:- a. DNB courses b. Nursing courses Allied health care courses	Percentage	50%	80%	
Grievance Redressal							
177.	Output	GRS & Health Help Desk	Average calls received per day (output measurement by call efficiency): - numerator- Total calls received per day per call operator against the denominator - Average 130 call received per Call operator per day with avg. call handling time of 3 minutes.	Percentage	75%	80%	

Sl. No	Indicator Type	Indicator Statement	Indicator	Unit	Target 2022-23	Target 2023-24	Source of Data
178.	Output	GRS & Health Help Desk	% Of calls resolved out of total calls received service wise a. Health Information, b. Counselling, c. SUMAN, ECD.	Percentage	100%	100%	
NAS and MMU							
179.	Output	National Ambulance Services	% of Ambulances functional as per population norms (one BLS per 1 lakh Population and One ALS for every 5-lakh population)	Percentage	100%	100%	
180.	Output		Average response time per vehicle	Minutes	20 min	20 min	
181.	Output		Avg. no. of trips per MMU per month	Numbers	25	25	
182.	Output	MMU	Average no. of lab investigations per MMU per day.	Numbers	40 in plain and 30 in hilly	50 in plain and 40 in hilly	



Annexure 3: Conditionalities Framework 2022-24

Full Immunization Coverage (%) to be treated as the screening criteria. Conditionalities to be assessed only for those EAG, NE and hilly States which achieve at least 85% full Immunization Coverage. For rest of the States/UTs, the minimum full Immunization Coverage to be 90%.

S. No.	Conditionalities ^[1]	Indicators of 2022-24	Source of verification	% Incentive/ Penalty ^[2]
1.	Incentive or penalty based on NITI Aayog ranking of states on 'Performance on Health Outcomes'	Based on the ranking which will measure incremental changes over the base: a. States showing overall improvement to be incentivized: +40 b. States showing no overall increment get no penalty and no incentive: 0 c. States showing decline in overall performance to be penalized: -40 % of incentive/penalty to be in proportion to overall improvement shown by the best performing state and the worst performing state: +40 to -40 points	NITI Aayog report	+40 to -40
2.	DH Ranking	At least 75% (in Non EAG) and 60% (in EAG and NE states) of all District Hospitals to have at least 8 fully functional specialties as per IPHS: 10 points incentive. Less than 40% in Non EAG and 30% in EAG to be penalized up to 10 points	NITI Aayog DH ranking report	+10 to -10
3.	AB-HWCs State/UT Score	Based on overall score of HWC conditionality (out of 100 marks) a. Score more than 75: +25 b. Score more than 50 or less than or equal to 75: +15 c. Score more than 25 but less than or equal to 50: -15 d. Score less than or equal to 25: -25	AB-HWC portal	+25 to -25
4.	Implementation of Ayushman Bharat-	Percentage of Health and Wellness Ambassadors (HWAs) trained to	AH division, MOHFW	+5 to -5

S. No.	Conditionalities ^[1]	Indicators of 2022-24	Source of verification	% Incentive/ Penalty ^[2]
	School Health and Wellness Ambassador initiative	transact weekly activities in schools in the selected districts a. >75%: 5 points incentive (+5) b. 25%-75%: 3 points incentive (+3) c. < 25%: 3 points disincentive (-3) d. NIL 5-point disincentive (-5)		
5.	Implementation of DVDMS or any other logistic management IT software with API linkages to DVDMS up to PHC level	DVDMS implementation up to PHC/UPHC* a. in 100%PHC/UPHC: +5 b. 80% or above but less than 100%: +3 c. 50% or above but less than 80%: -3 d. in less than 50%: -5	DVDMS Portal or Any other similar system with API linkages to DVDMS	+5 to -5
6.	Registration of pregnant women and children (0-1) on RCH or equivalent portal	% Registration against estimated beneficiaries (Pregnant woman & Child registration 0-1 yr) on Pro-rata basis a. 100% Registration: +5 b. 80% or above but less than 100%: +3 c. 50% or above but less than 80%: No Penalty d. less than 50%: -5	RCH Portal or similar state portal	+5 to -5
Human Resources for Health				
7.	A. Increase 'in-place' regular service delivery HR	Increase in 'in-place' Regular service delivery cadres of MPW (Male & Female), Staff Nurses, laboratory technicians, Medical Officers, and specialists as on 31 st March 2023 against 31 st March 2022 and as on 31 st March 2024 against 31 st March 2023. a. More than 80%: +7.5 b. More than 50% but up to 80%: +5 c. More than 20% but up to 50%: +3 d. Up to 20% - Nil e. Increase in vacancy-7.5	State notifications, advertisements, and PIP HRH Division NHSRC	+7.5 to -7.5
	B. Increase 'in - place'	Increase in 'in-place' contractual service delivery cadres of MPW	State notifications,	+7.5 to -7.5



S. No.	Conditionalities ^[1]	Indicators of 2022-24	Source of verification	% Incentive/ Penalty ^[2]
	contractual HR	(Male & Female), Staff Nurses, laboratory technicians, Medical Officers, and specialists as on 31 st March 2023 against 31 st March 2022 and as on 31 st March 2024 against 31 st March 2023. a. More than 80%: +7.5 b. More than 50% but up to 80%: +5 c. More than 20% but up to 50%: +3 d. Up to 20% Nil e. Increase in vacancy-7.5	advertisements, and PIP HRH Division NHSRC	
8.	District wise RoP uploaded on NHM website	District wise RoP uploaded on NHM website within 30 days of issuing of RoP by MoHFW to State or by 31 st May 2022 (whichever is later) a. 100% districts whose ROPs for FY 2022-24 are uploaded on state NHM website: +5 b. Fewer than 100% districts whose ROPs for FY 2022-24 are uploaded on state NHM website: -5	State NHM website and D.O. letter	+5 to -5
Implementation of National Viral Hepatitis Control Programme (NVHCP)				
9.	A. Percentage put on treatment for hepatitis B against the target	a. More than 90%: incentive 3 points (+3) b. More than 60% upto 90%: incentive 1 points (+1) c. More than 30% upto 60%: penalty 1 points (-1) d. 30% or Less: penalty 3 points (-3)	Report from NVHCP Division, MoHFW	+3 to -3
	B. Percentage put on treatment for hepatitis C against the target	a. More than 90%: incentive 3 points (+3) b. More than 60% to 90%: incentive 1 points (+1) c. More than 10% to 60%: penalty 1 points (-1) d. 10% or Less: penalty 3 points (-3)	Report from NVHCP Division, MoHFW	+3 to -3
	C. Percentage of pregnant women screened for	a. More than 90%: incentive 3 points (+2) b. More than 70% to 90%: incentive	Report from NVHCP Division,	+2 to -2



S. No.	Conditionalities ^[1]	Indicators of 2022-24	Source of verification	% Incentive/ Penalty ^[2]
	hepatitis B (HBsAg) against the target (Institutional Deliveries)	1 points (+1) c. More than 50% to 70%: penalty 1 points (-1) d. 50% or Less: penalty 2 points (-2)	MoHFW	
	D. Percentage of newborns administered HBIG among newborns delivered to HBsAg positive pregnant women at health care facility	a. More than 90%: incentive 3 points (+2) b. More than 70% to 90%: incentive 1 points (+1) c. More than 50% to 70%: penalty 1 points (-1) d. 50% or Less: penalty 2 points (-2)	Report from NVHCP Division, MoHFW	+2 to -2
	Implementation of National Mental Health Program (NMHP)			
10.	A. % districts covered under Mental health program and providing services as per framework	a. 100% of the districts covered: incentive 5 points (+5) b. 70% districts in Non-EAG and 60% districts in EAG states covered: incentive 3 points (+3) c. Less than 60% districts in EAG states and less than 70% districts in Non EAG states covered: penalty 3 points (-3) d. If less than 40% districts covered: penalty 5 points (-5)	Report from Mental Health Division, MoHFW	+5 to -5
	B. Actions taken for fulfilment of provisions under Mental Healthcare Act, 2017 (MHCA 2017)	State has established State Mental Health Authority: a. If Yes: +2 b. If not: -2 State has established Mental Health Review Boards: a. If Yes: +2 b. If not: -2 State has created State Mental Health Authority Fund: a. If yes: +1 b. If not: -1	Report from Mental Health division, MoHFW	+5 to -5
11.	National Tuberculosis Elimination Programme (NTEP)			
	A. Percentage of Districts achieving	a. More than 80% of districts achieving 90% of target: +5	NTEP Nikshay Reports	+5 to -5



S. No.	Conditionalities ^[1]	Indicators of 2022-24	Source of verification	% Incentive/ Penalty ^[2]
	90% of TB Notification targets	b. 60% to 80% of districts achieving 90% of target: +2.5 c. Less than 60% of districts achieving 90% of target: -2.5 d. Less than 40% of districts achieving 90% of TB Notification target: -5		
	B. Percentage of Districts achieving more than 85% of treatment success rate	a. More than 80% of districts achieving 90% of target: +5 b. 60% to 80% of districts achieving 90% of target: +2.5 c. Less than 60% of districts achieving 90% of target: -2.5 d. Less than 40% of districts achieving 90% of target: -5	NTEP Nikshay Reports	+5 to -5
	C. Percentage of AB-HWCs providing drugs to TB patients	a. More than 80% of AB-HWCs providing drugs to TB patients: +5 b. 60% to 80% of AB-HWCs providing drugs to TB patients: +2.5 c. Less than 60% of AB-HWCs providing drugs to TB patients: -2.5 d. Less than 40% of AB-HWCs providing drugs to TB patients: -5	HWC report	+5 to -5
Implementation of National Quality Assurance Programme and LaQshya				
12.	A. NQAS certification (against the target)	a. More than 80% of the targets achieved for the FY: Incentive 10 points (+10) b. Between 51-80% of the targets achieved for the FY: Incentive 5 points (+5) c. Between 25-50% of the targets achieved for the FY: Penalty 5 points (-5) d. Less than 25% of the targets achieved for the FY: Penalty 10 points (-10) <i>* Target for percent of public health facilities certified under NQAS (as per</i>	Quality and Patient Safety Division, NHSRC	+10 to -10

S. No.	Conditionalities ^[1]	Indicators of 2022-24	Source of verification	% Incentive/ Penalty ^[2]
		<i>level of the facilities) will be taken from the attached DO letter as Annexure-A</i>		
	B. LaQshya certification (Labour Room and Maternity Operation Theatre)	<ul style="list-style-type: none"> a. More than 80% of the targets achieved for the FY: Incentive 5 points (+5) b. Between 51-80% of the targets achieved for the FY: Incentive 3 points (+3) c. Between 25-50% of the targets achieved for the FY: Penalty 3 points (-3) d. Less than 25% of the targets achieved for the FY: Penalty 5 points (-5) 	Quality and Patient Safety Division, NHSRC	+5 to-5
13.	Compliance to IPHS for infrastructure	<p>FY 2022-23</p> <ul style="list-style-type: none"> a. more than 15%: incentive: 20 points b. More than 10% up to 15%: 12 points c. More than 5% to 10%: Incentive 6 points d. Up to 5%: 3 points e. No increase: no penalty and no incentive: 0 f. Any decline: penalty 20 points <p>FY 2023-24</p> <ul style="list-style-type: none"> a. more than 30%: incentive: 20 points b. More than 20% up to 30%: 12 points c. More than 10% to 20%: Incentive 6 points d. Up to 10%: 3 points e. No increase: no penalty and no incentive: 0 f. Any decline: penalty 20 points <p>All facilities put together: HWC, PHC, CHC, SDH and DH, cumulative compliance would be taken</p>	State Reports	+20 to -20
14.	Implementation of	Sufficient fleet of ALS (one per 5 lakh	NHM PIP	+10 to 0



S. No.	Conditionality ^[1]	Indicators of 2022-24	Source of verification	% Incentive/ Penalty ^[2]
	National Ambulance Services as per norms:	population) and BLS (one per 1 lakh population) deployed as per norms a. Sufficient Fleet of ALS (one per 5 lakh population) deployed as per norms - +5 b. Sufficient Fleet of BLS (one per 1 lakh population) deployed as per norms- +5 c. If ambulances not as per norms: No penalty or incentive		
15.	Increase in State Health Budget	a. Increase in State health budget by 10% or more over previous year's budget: incentive 10 points b. Less than 10% increase:0 For calculation of increase in budget, entire State budget for public health, medical education, and AYUSH would be considered	State reports State Health Budget	10 to 0

[1] The Conditionalities apply to both urban as well as rural areas/facilities.

[2] Numbers given in the table are indicative of weights assigned. Actual budget given as incentive /penalty would depend on the final calculations and available budget. The total incentives to be distributed among the eligible states would be 20% of the total NHM budget.

*PHC/UPHC data as per RHS 2021-22

**Estimated births, new-borns, PWs as per RGI estimates as communicated by the HMIS division



HWC Scoring for NHM Conditionality FY 2022-23 and 2023-24

Method for giving Score to the State for AB-HWCs (it has two Parts):

1. Indicator for achieving State Level AB-HWC operationalization Targets:
 - a. 10 marks for achieving State Level AB-HWC operationalization Targets
 - b. 10 marks for the states/UTs creating regular cadre of CHO position for AB-HWC
 - c. 15 marks for achieving more than State Level AB-HWC operationalization Targets
2. Indicators for AB-HWC Scoring – max 75 marks – Average scoring of all the functional AB-HWCs will be taken to arrive at the same.

S. No	Criterion	Proposed Indicator	FY 2022-23		FY 2023-24	
			Max Score for SHC-HWC	Max Score for PHC-HWC	Max Score for SHC-HWC	Max Score for PHC-HWC
1	Functional AB-HWCs satisfying advanced functionality Criteria	HWC-01: Functional AB-HWCs providing all 12 expanded range of services	15	10	15*	10*
2	Footfall at AB-HWCs (Receiving services for Preventive, promotive, curative, rehabilitative and palliative care)	HWC-02: AB-HWCs in rural areas reporting minimum 5% annual increase in footfalls over preceding year AB-HWCs in urban areas reporting minimum 15% annual increase in footfalls over preceding year.	10	10	10	10
3	Medicine & Diagnostics at AB-HWC	HWC-03: AB-HWC fulfilling expanded range of medicines and diagnostics as per Essential list of both (Medicines: SHC-HWC- 105; PHC-HWC-172 & diagnostics: SHC-HWC- 14; PHC-HWC- 63)	10	10	10	10
4	Functional HWCs providing wellness	HWC-04: AB-HWCs providing a minimum of 10	10	10	10	10



S. No	Criterion	Proposed Indicator	FY 2022-23		FY 2023-24	
			Max Score for SHC-HWC	Max Score for PHC-HWC	Max Score for SHC-HWC	Max Score for PHC-HWC
	Services	Wellness sessions per month				
6	Quality Care	HWC-06: Functional AB-HWCs scoring more than 70% in Kayakalp peer assessment	5	10	5	10
7	Leveraging IT	HWC-07: Utilization of CPHC-NCD App for screening and tracking of all NCD patients	5	10	5	10
8	Continuum of Care	HWC-08: Number of AB-HWCs conducting minimum 25 teleconsultations per month.	5	5	5	5
9	Community Engagement	HWC-09: Constitution of JAS and conduction of at least 10 meetings in a year.	10	5	10	5
10	Payment of PLPs and TBIs	HWC-10: AB-HWCs whose primary healthcare teams have received timely incentives (Performance Linked Payment and Team Based Incentives) at least 10 times a year	5	5	5	5
			75	75	75	75

*States/UTs are to operationalize additional SHC and PHC as AB-HWC as per RHS 2019



HWC-01: Functionality Criteria Indicator

Basic Functionality Criteria	Provision of services all 12 expanded range of service packages
<ol style="list-style-type: none">1) HR availability2) Infrastructure Strengthening/Branding3) Availability of Free Medicines4) Availability of Free Diagnostics5) Completion of CBAC enumeration for ALL 12 packages as per revised CBAC form6) Capacity Building of primary healthcare team on<ol style="list-style-type: none">a. expanded package of servicesb. 'Eat Right'	<ol style="list-style-type: none">1) Care in pregnancy and Childbirth2) Neonatal and Infant health services3) Childhood and Adolescent Health services including immunization4) Family Planning, Contraceptive services and other Reproductive Health Services5) Management of Communicable diseases: National Health programmes (Tuberculosis, leprosy, Hepatitis, HIV- AIDS, Malaria, Kala- azar, filariasis and Other vector borne diseases)6) Management of Communicable diseases and General outpatient care for acute simple illnesses and Minor ailments7) Prevention, Screening and Management of non-Communicable diseases8) Care for Common Ophthalmic and ENT problems9) Basic Oral Health Care10) Elderly Care and Palliative Healthcare11) Emergency medical services including, including for Trauma and burn.12) Screening and basic management of Mental health ailments

HWC-04: Criteria for Wellness Indicator

1. Wellness /Yoga sessions - up to 10 session/month
2. Health calendar activity conducted (24 out of 39 activities per year)
3. As per Official Memorandum F.No. 7 (14)/2020-NHM-I, following health promotion activities to be undertaken-
 - a. Conduction of Community-based sessions in at least two Anganwadi Centers (AWCs) per month on lifestyle and dietary modification; alcohol and tobacco cessation; road safety/ occupational injury including agricultural labourers; personal hygiene, nutrition, safe drinking water, sanitation, and other public health measures.
 - b. Sessions conducted in schools in coordination with School Health and Wellness ambassadors





राजेश भूषण, आईएएस
सचिव

RAJESH BHUSHAN, IAS
SECRETARY



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण विभाग
स्वास्थ्य एवं परिवार कल्याण पत्रालय
Government of India
Department of Health and Family Welfare
Ministry of Health and Family Welfare
DO No. Z-18015/26/2020-NHM-II
1st October, 2021

Dear Colleague,

Ministry of Health & Family Welfare has undertaken a thorough revision of Quality Assurance Framework in the Country and has finalized the revised "Operational Guidelines for Improving Quality in Public Healthcare Facilities – 2021". The Guidelines have been released by Hon'ble Union Minister of Health & Family Welfare on 17th September, 2021. Services provided by Public Health Facilities need to be bench marked against National Quality Assurance Standards which are internationally accredited by International Society for Quality in Health Care (ISQua). Formal certification against these standards assures the patients that the care delivered to them is at par with the best in country.

Ensuring Quality is also one of the focus areas of the National Health Policy (NHP-2017). The Ministry is committed to support the States/UTs in achieving the Quality certification against National Quality Assurance Standards (NQAS). Proposed targets for the State/UTs are given in Annexure-I. These targets may please be kept in mind preparing the NHM PIPs for the coming years.

For achieving these targets, you are requested to include status of NQAS certified facilities in your regular review of districts and monitoring dashboard.

In addition, following actions may be thought-of for achieving tangible progress:-

- Sensitization of District Magistrates on the Quality Assurance Program.
- Identification of the technical support institutions for harnessing their capacities for achieving quality certification for the facilities.
- Allocating targets to CMOs/Civil Surgeon (equivalent) for achieving NQAS certification of health facilities.
- Surakshit Matritva Aashwasan (SUMAN) notified facilities, LaQshya certified and Kayakalp winner facilities could be taken on priority for NQAS certification.
- Identification of individual subject matter experts who could be trained and empanelled for providing hand-holding support to the facilities.
- Strengthening the State/UT NQAS certification mechanism.
- Filling all vacant positions of state & district consultants under the National Quality Assurance Program.

Room No. 156, A-Wing, Nirman Bhawan, New Delhi-110 011
Tele : (0) 011-23061863, 23063221. Fax : 011-23061252. E-mail : secy@nhm.gov.in

Should the State need technical assistance, this Ministry/National Health Systems Resource Centre (NHSRC) may please be contacted.

Harm Regards.

Yours sincerely,


(Rajesh Bhushan)

Encl.: as above

ACS/Pr.Secy./Secy., Health – All States/UTs

CC to Mission Director, National Health Mission – All States/UTs

Annexure

(Ref. DO. No. Z- 10015/26/2020-NHM-II, dated 22nd September)

Targets for NQAS certification of Public Health Facilities

(Denominator - Number of Institutions as per RHS 2019-20)

Level of Health Facilities	Cumulative Certified	Cumulative Certified	Cumulative Certified	Cumulative Certified	Cumulative Certification
	FY 2021-22 (Percentage)	FY 2022-23 (Percentage)	FY 2023-24 (Percentage)	FY 2024-25 (Percentage)	FY 2025-26 (Percentage)
1.District Hospital	40	50	60	70	75
2.Sub-district Hospital	12	25	40	50	60
3.Community Health Centre	12	25	40	50	60
4.Primary Health Centre	12	25	40	50	60
5.Urban Primary Health Centre	12	25	40	50	60
6.HWC (SC)	2	10	20	40	60



Annexure 4a: HRH approvals

		<p>संघीय सरकार स्वास्थ्य एवं कुटुंब कल्याण विभाग एडिसन भवन, 42 टावर - 110011 GOVERNMENT OF INDIA MINISTRY OF HEALTH & FAMILY WELFARE ASHRAM BHAVAN, NEW DELHI - 110011</p>
<p>Manoj Jhalani Additional Secretary & Director, Family Health Mobile: 99063667 2396999 E-mail: manoj.jhalani@nic.in</p>		<p>D.O.No-10(36)/2017-NHM-I 17th May 2018</p>
<p><i>Dear colleagues,</i></p>		
<p>Subject: PIP and HR Approvals</p>		
<p>MoHFW with the aim of strengthening and simplifying the planning process, has brought in major changes in the PIP budget sheet in FY 2018-19. Adopting health system approach, the PIP has been categorised into 18 heads required for implementation of any programme.</p>		
<p>As mentioned in PIP guidelines any programme/ initiative planned were to be broken and budgeted in 18 given heads, as applicable. However, appraisal of PIPs show that few states have clubbed many activities together thereby defeating the very purpose of budget revamp. As informed in the NPCC meetings, any human resource (Programme Management or Service Delivery) proposed in the clubbed activities, which has not been proposed under dedicated heads for HR will not be considered for appraisal. Even if the lump sum amount is approved unknowingly by the programme divisions, no HR would be considered as approved.</p>		
<p>Further, to initiate HR integration and ensure rationalization of salaries of staff with similar qualification, workload and skills, additional budget (3% of the total HR budget) was approved by NPCC in FY 2017-18 as per state's proposal. This budget was approved with the condition that the exact amount of individual increase should be decided by state in its EC and HR rationalization exercise and its principles including increases to be approved by SHS GB. States were directed to ensure that increases are approved in such a way that it smoothen the process of HR integration. In cases where the salary difference among similar category position with similar qualifications and experience is very high (say more than 15%), it was to be done in parts as it may take 2-3 years to rationalize it fully. The same principle applies to the approvals of FY 2018-19. Therefore, we continue to approve additional 3% of the total HR budget in FY 2018-19 for HR integration, subject to the states asking for it.</p>		
<p>साथ में भेजते हैं-संलग्न में</p>		



Salaries of all staff have been approved in the ROP (FY 2018-19) as proposed by the state assuming that any increase/decrease of salary has been approved by the EC and GB. In case, any of the proposed salary has not been approved by the State EC and GB, the individuals will not be eligible to receive higher salary as approved in the ROP FY 2018-19 and only 5% of annual increase is to be provided on base salary approved in FY 2017-18. Any additional amount already paid would have to come from state budget. States must undertake HR integration process using the additional budget approved last year and this year. The details are to be submitted to MoHPW along with a signed letter from Mission Director and a copy of minutes of meeting held with EC and GB based on which decision has been taken.

Any deviation from the above would be treated as contravention of Record of Proceedings of NPCC and would apart from inviting audit objection would be flagged to Chief Secretary for disciplinary action.

With regards,

Yours sincerely,

(Manoj Bahari)

Principal Secretary (Health) / Secretary (Health)/Commissioner (Health) of all States / UTs

Copy to:

Mission Director (NHM) of all States / UTs

Principles for calculation of remuneration

1. The amount available for remuneration of existing posts has been calculated considering the maximum eligible budget as per budget approved in FY 2021-22.
2. In case the budget proposed for remuneration of existing staff is within the available limit, the same has been approved as lump sum for 12 months in principle. In case, any position has been dropped by the state, the available limit excludes the budget approved for those positions in the previous FY.
3. Budget proposed for any new position has been calculated separately over and above the available limit.
4. Additional 5% of the total HR budget is approved as increment and 3% of the total HR budget is approved for HR rationalisation, correction of typographical errors and experience bonus (as per eligibility and principles of rationalization) with the condition that:
 - 4.1. Only those who have completed minimum one year of engagement under NHM and whose contract (in case of annual contract) gets renewed will be eligible for annual increment.



- 4.2. The maximum increase in remuneration of any staff is to be within 0% to 15% (based on performance and rationalization). The total budget used in increment and for rationalization should not exceed 8% of total HR budget. HR rationalization exercise and its principles including increments to be approved by SHS GB.
- 4.3. In cases where the salary difference is more than 15%, salary rationalization may be done in parts as it may take 2-3 years to rationalize it fully.
- 4.4. In case performance appraisal of NHM staff is not carried out by the state, only 5% increase on the base salary is to be given.
- 4.5. In case any amount out of the 3% rationalization amount is used for correcting typographical error in approvals (if any), details for the same is to be shared with MoHFW/ NHSRC HRH division.
- 4.6. If any state disburses flat 8% increment to all irrespective of performance and salary disparity, or gives salary increases beyond 15% without approval of MoHFW the amount of 3% will be deducted from HR budget. Any decrease of salary resulting from this will have to be borne from the State budget.
5. EPF (Employer's contribution) has been approved @ 13.36% for staff drawing salary <= Rs.15000 per month as on 1st April 2015 and any other staff hired at Rs.15,000 or less after 1st April 2015. The State Administrative Officer looking after Salary must ensure proper calculation and disbursement as mentioned. Please refer to JS (P)'s letter dated 8 March 2016 (D.O.No.G.27034-8/2015-NHM(F)) regarding EPF and AS&MD's letter dated 2 August 2019 (D.O.No. G-27034/182/2018/NHM (F)) for ESI.
6. The budget approved as remuneration/ hiring of specialists may be utilised as per guidance provided via AS&MD's letter dated 30 June 2017 (D.O.No.Z.18015/6/2016-NHM-II (Pt. III)).
7. State will implement Minimum Performance Benchmark for all NHM staff shared by MoHFW and will link it to renewal of contract.
8. In any case (without written approval of MoHFW), NHM funds cannot be used to support staff over and above the requirement as per IPHS.



Annexure 4b: Summary of HRH Approvals under NHM

Budget Approved under NHM	(Rs. in lakhs)			
	NRHM		NUHM	
	FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24
Service Delivery HRH	10,525.32	11,429.44	234.81	253.59
Programme Management HRH	2,618.63	2,828.12	45.21	48.83
Budget for data entry operation	491.46	530.77	-	-
Budget for engaging support services on outsource basis/ Support Staff at facility level	75.83	81.89	14.85	16.04
Budget for engaging support services on outsource basis/ Support Staff in offices	36.21	39.10	-	-
Annual Increment and rationalization budget for ongoing positions	1,220.04	1,349.44	22.69	25.24
EPF (Employer's contribution @ 13.36% for salaries <= Rs 15000 pm)	919.39	919.39	32.98	32.98
Total Budget approved	15,886.87	17,178.16	350.53	376.90

List of Positions under NRHM:

Old FMR (FY 2021-22)	Name of the Post	No. of ongoing posts	No. of New posts
A) Service Delivery/Training/Other HR:			
8.1.1.1	ANM	723	16
8.1.1.2	Staff Nurse	488	75
8.1.1.3.2	Staff Nurse	39	
8.1.1.3.3	Community Nurse	13	
8.1.1.4	MPW- Male/ MPW Female	26	
8.1.1.5.1	Lab Technician	375	
8.1.1.5.2	Sr. Lab Technician	1	
8.1.1.6	OT Technician	3	14
8.1.1.7	ECG Technician	2	



Old FMR (FY 2021-22)	Name of the Post	No. of ongoing posts	No. of New posts
8.1.1.8	Pharmacist	2	
8.1.1.9	X ray technicians	15	
8.1.1.10	Physiotherapist	13	
8.1.1.11	Dietician	3	
8.1.1.12	Para Medical Worker	3	
8.1.2.1	Obstetricians and Gynecologists	5	
8.1.2.2	Pediatrician	5	
8.1.2.3	Anesthetists	3	
8.1.2.6	Pathologist	5	
8.1.3.2	Psychiatrist	4	
8.1.3.10	Other Specialists	18	
8.1.4.1	Dental Surgeon	10	
8.1.4.3.1	Dental Hygienist	13	
8.1.4.3.3	Dental Assistant	13	
8.1.5.1	Medical Officers	Lumpsum 52	
8.1.6.1	AYUSH Medical Officer	95	
8.1.6.2	Pharmacist- AYUSH	107	
8.1.7.1.1	Medical Officer- AYUSH	296	
8.1.7.1.3	Staff Nurse	101	
8.1.7.1.4	ANM	47	
8.1.7.1.5	Pharmacist	148	
8.1.7.2.1	Pediatrician	5	1
8.1.7.2.2	Medical Officer	4	
8.1.7.2.4	Staff Nurse	10	2
8.1.7.2.5	Physiotherapist	5	1
8.1.7.2.6	Audiologist & speech therapist	5	1
8.1.7.2.7	Psychologist	5	1
8.1.7.2.8	Optometrist	4	
8.1.7.2.9	Early interventionist cum special educator	5	1
8.1.7.2.11	Lab technician	9	
8.1.7.2.12	Dental technician	4	1
8.1.8.2	Staff Nurse	4	
8.1.9.1	Pediatrician	3	
8.1.9.3	Staff Nurse	234	50
8.1.10.1	Anaesthetist for Obstetric ICU	1	



Old FMR (FY 2021-22)	Name of the Post	No. of ongoing posts	No. of New posts
8.1.10.3	Staff Nurse	48	
8.1.13.1	Counsellor	146	32
8.1.13.2	Psychologist	13	
8.1.13.4	Microbiologist	17	
8.1.13.5	Audiologist	6	
8.1.13.6	Multi Rehabilitation worker	66	17
8.1.13.8	Social Worker	26	
8.1.13.10	TBHV	38	
8.1.13.17	Store Keeper	2	
8.1.13.18	Audiometrics Assistant	10	
8.1.13.20	Insect collector	4	
8.1.14.4	Blood Bank Technician	27	
8.1.15.7	Case Registry Assistant	9	
8.1.16.2	Cold Chain Handlers	10	
9.2.1	Medical Officer	2	
9.2.1	Staff Nurse- Nurse Trainer	10	
9.2.2	Nursing Tutor	12	
9.2.3	Midwifery Educator	6	
16.4.1.3.6	Bio-Medical Engineer	1	
16.4.1.4.1	Epidemiologist	1	
16.4.1.4.1	Microbiologist	1	
16.4.1.4.1	Epidemiologist	1	
16.4.2.2.1	District Epidemiologists	13	
16.4.2.2.6	STS	110	
8.1.8.3	Cook cum caretaker/ Attendant/ Hospital Attendant/ Sanitary attendant	Lumpsum 34	
8.1.13.11	Lab Attendant	Lumpsum 25	Lumpsum 2
8.1.14.5	Support Staff	Lumpsum 4	
9.2.1	Support Staff	Lumpsum 2	
B) Program Management HR:			
9.2.2	Programme Associate	5	
16.4.1.1	Director NHM	1	
16.4.1.1	Finance Controller	1	
16.4.1.1	Officer In charge- Immunization & PCPNDT	1	



Old FMR (FY 2021-22)	Name of the Post	No. of ongoing posts	No. of New posts
16.4.1.1	Officer in charge- HR, Admin, Training, Construction	1	
16.4.1.1	Officer in charge- NCD	1	
16.4.1.1	Officer in charge- CD	1	
16.4.1.1	Officer Incharge- IEC & ASHA	1	
16.4.1.1	Officer in charge- Procurement	1	
16.4.1.3.1	State Programme Manager	1	
16.4.1.3.1	State Accounts Manager	1	
16.4.1.3.1	State Finance Manager	1	
16.4.1.3.1	State Data Manager	1	
16.4.1.3.1	Data Manager (SNBAC)	1	
16.4.1.3.1	Project Manager (ASHA Program Manager)	1	
16.4.1.3.1	Vaccine & logistics Manager	1	
16.4.1.3.1	State Cold Chain Officer	1	
16.4.1.3.1	Programme Manager/ coordinator (IRRTC)	1	
16.4.1.3.2	Technical Consultant - Hbpathy/ ABD (proposed as PM Coordinator)	1	
16.4.1.3.2	Programme Officer - MH	1	
16.4.1.3.2	Programme Officer - PNDD	1	
16.4.1.3.2	Programme Officer - RT and MMU	1	
16.4.1.3.2	Programme Officer HR & Admin	1	
16.4.1.3.2	Programme Officer Legal PNDD	1	
16.4.1.3.2	RBSK Programme Officer	1	
16.4.1.3.2	Technical Consultants -for M&E	1	
16.4.1.3.2	Technical Consultant for trainings of Maternal and Child Health (CH)	1	
16.4.1.3.2	HR Consultant	1	
16.4.1.3.2	State Coordinator (CE Act)	1	
16.4.1.3.2	Consultant - QA (State)	1	
16.4.1.3.2	Technical Consultant for RSKS	1	
16.4.1.3.2	Sr Consultant- Maternal Health	1	
16.4.1.3.2	Sr. Consultant (PPP & Contract Management)		1
16.4.1.3.2	Sr. Consultant (Procurement & Logistics)		1



Old FMR (FY 2021-22)	Name of the Post	No. of ongoing posts	No. of New posts
16.4.1.3.2	Consultant CPHC	2	
16.4.1.3.2	Consultant RCH	1	
16.4.1.3.2	Consultant Immunization	1	
16.4.1.3.2	Consultant Public Health QA	1	
16.4.1.3.2	Officer Incharge - IT	1	
16.4.1.3.3	Assistant Engineer	1	
16.4.1.3.3	Support Engineer	1	
16.4.1.3.4	Programme Assistant (PS - MD)	1	
16.4.1.3.4	Program Assistant - RKSK	1	
16.4.1.3.4	Program Assistant - RBSK	1	
16.4.1.3.4	Programme Assistant (RT & MMU)	1	
16.4.1.3.4	Program Assistant. - FP Indemnity Scheme	1	
16.4.1.3.4	Executive Assistant	1	
16.4.1.3.4	Programme Assistant (SQAQ)	1	
16.4.1.3.4	Program Assistant- training	1	
16.4.1.3.4	Associate Programme Management Coordinator - Maternal Health	1	
16.4.1.3.5	State Coordinator (Blood cell)	1	
16.4.1.3.5	NGO Coordinators	2	
16.4.1.3.5	Training coordinator	2	
16.4.1.3.6	IT Consultant	1	
16.4.1.3.6	Programme cum Logistics officer	1	
16.4.1.3.6	Data & Informatics	1	
16.4.1.3.8	Accountant Cum Executive. Assistant. Cum DEO	1	
16.4.1.3.8	Accountants	1	
16.4.1.3.9	MIS Expert (Proposed earlier also as Administrative Officer)	1	
16.4.1.3.12	IEC Co-Ordinator	1	
16.4.1.3.12	Graphic Designer	1	
16.4.1.3.12	BCC Facilitator	1	
16.4.1.3.12	Store Keeper	1	
16.4.1.4.1	Data Manager	1	
16.4.1.4.2	VBD Consultant	2	
16.4.1.4.2	Senior consultant- Climate change & human health	1	

Old FMR (FY 2021-22)	Name of the Post	No. of ongoing posts	No. of New posts
16.4.1.4.2	Technical consultant - Climate change & human health	1	
16.4.1.4.3	Administrative Assistant	1	
16.4.1.4.3	Secretarial Assistant	1	
16.4.1.4.4	Program coordinator-NVHCP	1	
16.4.1.4.4	DRTB Coordinator	1	
16.4.1.4.7	Consultant - Finance	1	
16.4.1.4.7	Budget Finance Officer	1	
16.4.1.4.7	Accountant	1	
16.4.1.4.11	IEC Officer	1	
16.4.1.5.1	State NTCP Consultant	1	
16.4.1.5.2	Legal Consultant	1	
16.4.1.5.3	Programme Assistant	2	
16.4.1.5.4	State Program Coordinator	1	
16.4.1.5.7	Finance cum Logistic Consultant	1	
16.4.2.1.1	District Programme Manager	13	
16.4.2.1.1	District Accounts Manager	13	
16.4.2.1.1	District Data Manager	13	
16.4.2.1.1	Regional Managers - RBSK	1	
16.4.2.1.1	District level Managers - RBSK	15	
16.4.2.1.1	DEIC Managers	5	1
16.4.2.1.1	DH Quality Manager	13	
16.4.2.1.1	District Logistics Manager	13	
16.4.2.1.2	Programme Officer RKSK	6	1
16.4.2.1.2	Programme Officer - CH&MH	4	1
16.4.2.1.2	District Consultant - QA	13	
16.4.2.1.2	Regional Consultant - QM	2	
16.4.2.1.3	Regional Program Assistant	2	
16.4.2.1.3	Executive Assistants	10	
16.4.2.1.4	District Coordinators - PCPNDT	13	
16.4.2.1.6	Field Supervisor for Immunization	15	
16.4.2.1.11	Part time Legal Advisors	4	
16.4.2.1.11	Community Mobiliser	13	
16.4.2.1.11	BCC Facilitator - District level	13	
16.4.2.2.1	District Data Manager	13	
16.4.2.2.2	District Leprosy Consultant	1	

Old FMR (FY 2021-22)	Name of the Post	No. of ongoing posts	No. of New posts
16.4.2.2.2	District VBD consultant	2	2
16.4.2.2.3	DRTB center Statistical Assistant	2	
16.4.2.2.4	District Program Coordinator	13	
16.4.2.2.6	Sr DOTS plus TB - HIV Supervisor	13	
16.4.2.2.6	STLS	31	
16.4.2.2.7	Accountant	13	
16.4.2.3.2	District Consultant	13	
16.4.2.3.2	M&E Officer	13	
16.4.2.3.4	District Coordinator CPHC	9	4
16.4.2.3.7	Finance cum Logistic Consultant	13	
16.4.3.1.1	Block Programme Manager	95	
16.4.3.1.1	Block Accounts Manager	95	
16.4.3.1.4	Block coordinator	101	
16.4.2.1.7	Accountant cum DEO	1	
9.2.1	Data Entry Operation	Lumpsum 2	
16.3.1	Data Entry Operation	Lumpsum 95	
16.4.1.3.3	Data Entry Operation	Lumpsum 1	
16.4.1.3.10	Data Entry Operation	Lumpsum 13	
16.4.1.4.9	Data Entry Operation	Lumpsum 4	
16.4.1.5.9	Data Entry Operation	Lumpsum 2	
16.4.2.1.9	Data Entry Operation	Lumpsum 13	Lumpsum 12
16.4.2.2.9	Data Entry Operation	Lumpsum 6	
16.4.2.3.9	Data Entry Operation	Lumpsum 3	
16.4.1.3.11	Support Staff	Lumpsum 1	
16.4.1.4.10	Support Staff	Lumpsum 2	
16.4.1.5.11	Support Staff	Lumpsum 1	
16.4.2.2.10	Support Staff	Lumpsum 1	

List of Positions under NUHM:

Old FMR (FY 2021-22)	Name of the Post	No. of ongoing posts	No. of New posts
A) Service Delivery/Training/Other HR:			
U.8.1.1.1	ANM	49	
U.8.1.2.1	Staff Nurse	23	
U.8.1.3.1	Lab Technician	11	



U.8.1.5.3	Yoga instructor	38	
U.8.1.8.1.1	Medical Officer	10	
U.8.1.8.1.2	Part time Specialists	4	
U.8.1.10.1	Support staff	Lumpsum 2	
B) Program Management HR:			
U.16.4.1.1	Program Manager	1	
U.16.4.1.1	Accountant	1	
U.16.4.3.1	City Urban Health Officer	4	
U.16.4.3.1	Urban Health Accountant	4	



Annexure 5: Programme Wise Summary

RCH Flexible Pool (including RE, IPPI, NIDDCP)

FMR Code	Program me/ Theme	S. No	Scheme/ Activity	Amount Proposed (Rs. in Lakhs)		Amount Approved (Rs. in Lakhs)		GoI Remarks
				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
RCH. 1	Maternal Health	1	Village Health & Nutrition Day (VHND)	206.05	205.00	206.05	205.00	<p>FY (2022-23) 1) Approved Rs.200 lakhs for operational cost for VHSND @Rs.250/-per VHND for 80000 sessions (250*80000=Rs.200 lakhs)</p> <p>2) Approved Rs 6.05 Lakhs as unspent balance for operational cost of VHSND.</p> <p>FY (2023-24) Approved Rs.205 lakhs proposed for operational cost for VHSND @Rs.250/-per VHND for 80000 sessions (250*82000=Rs.205 lakhs)</p>
		2	Pregnancy Registration and Ante-Natal Checkups	3.20	3.20	3.20	3.20	<p>FY (2022-23) Approved Rs.3.20 lakhs towards printing of 4000 HRP follow up card booklet, multicolour proposes @ Rs 80 per booklet.(80*4000=Rs.3.20 lakhs).</p> <p>State to ensure printing activity through competitive bidding process/ may use govt. press if available</p> <p>FY (2023-24) Approved Rs.3.20 lakhs towards printing of 4000 HRP follow up card booklet,</p>



FMR Code	Program me/ Theme	S. No	Scheme/ Activity	Amount Proposed (Rs. in Lakhs)		Amount Approved (Rs. in Lakhs)		Govt Remarks
				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								multicolour proposes @ Rs 80 per booklet.(80*4000=Rs.3.20 lakhs). State to ensure printing activity through competitive bidding process/ may use govt. press if available.
		3	Janani Suraksha Yojana (JSY)	1718.43	1623.93	1718.43	1623.93	<p>For FY 2022-23 (Rs 1718.43 lakh)- details as under:</p> <p>(1) Under JSY DBT: Rs 1162.65 lakh is approved [i.e. Rs 2.50 lakh for 500 Home deliveries of women from BPL households @ Rs 500 per case; Rs 924.00 lakh for 66000 number of Rural institutional deliveries @ Rs 1400 per case; Rs 228.65 lakh for 22865 number of Urban institutional deliveries @ Rs 1000 per case; Rs. 7.50 lakh for 150 number of C-Sections @Rs. 5000 per C-Section as proposed by the state]. State to ensure that the increases amount to conduct C-Sections is utilized for hiring of specialists from private sector and not to pay compensation to government specialists. It may be ensured that the expenditure may be incurred limiting to the prevailing market situation to hire the services of private Specialists to conduct C-Sections under JSY.</p> <p>(2) ASHA Incentives: Rs. 360.00 Lakh is approved for ASHA incentive as requested by the state. State to ensure that ASHAs are paid performance based incentives as per</p>



FMR Code	Program me/ Theme	S. No .	Scheme/ Activity	Amount Proposed (Rs. in Lakhs)		Amount Approved (Rs. in Lakhs)		Govt Remarks
				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								<p>extant JSY guidelines - at the rate of Rs. 600/- in Rural areas for institutional deliveries and Rs. 400/- in Urban areas for institutional deliveries.</p> <p>(3) Administrative Expenses: Rs. 75.93 Lakh as requested by the state is approved for JSY administrative expenses as per the Provision of Administrative Expenses in the JSY guidelines [Up to 4 % and 1% of the fund released could be utilized towards administrative expenses for implementation of JSY by the district and state authorities respectively].</p> <p>(4) Approved Rs.119.85 Lakhs as unspent balance to make payment of bills related to JSY incentives.</p> <p>For FY 2023-24(Rs 1623.93 lakh):- details as under:</p> <p>(1) Under JSY DBT: Rs 1178.00 lakh is approved [i.e. Rs 2.50 lakh for 500 Home deliveries of women from BPL households @ Rs 500 per case; Rs 938.00 lakh for 67000 number of Rural institutional deliveries @ Rs 1400 per case; Rs 230.00 lakh for 23000 number of Urban institutional deliveries @ Rs 1000 per case; Rs. 7.50 lakh for 150 number of C-Sections @Rs. 5000 per C-Section as proposed by the state]. State to</p>

FMR Code	Program me/ Theme	S. No	Scheme/ Activity	Amount Proposed (Rs. in Lakhs)		Amount Approved (Rs. in Lakhs)		Gov Remarks
				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
4	Janani Shishu Suraksha Karyakram (JSSK)	1155.31	1197.57	1155.31	1197.57	<p>FY 2022-23</p> <p>Activity 1: JSSK Diet: Approved Rs 272.50 Lakhs as</p>		



FMR Code	Program me/ Theme	S. No .	Scheme/ Activity	Amount Proposed (Rs. in Lakhs)		Amount Approved (Rs. in Lakhs)		GoI Remarks
				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
			(excluding transport)					<p>under:</p> <p>a) Rs 226.50 Lakhs towards free diet for PW under JSSK for 58000 normal deliveries @ Rs. 100/- per delivery for 3 days and for 10500 C-section @ Rs. 100 for 5 days. Total = ((58000*300)+(10500*500)) = 226.50 Lakhs</p> <p>b) Rs 46.00 Lakhs towards refreshment during PMSMA for 92000 beneficiaries @ Rs 50 per beneficiary. Total (92000*50)=4600000/-</p> <p>Total = 226.50 + 46.00 = 272.50 Lakhs Approved Rs.19.98 Lakhs as unspent balance for JSSK for previous year activity.</p> <p>Activity 2: JSSK Diagnostic: Approved Rs 480.00 Lakhs towards free diagnostic for PW under JSSK for 2.40 lakhs PW @ Rs.200/- per PW. Approved Rs.32.71 Lakhs as unspent balance for JSSK for previous year activity.</p> <p>Activity 3: JSSK Drugs & Consumables: Rs.335.39 lakhs approved as under: a) Approved Rs 231.71 Lakhs towards drugs and consumables @ Rs 300 per</p>



FMR Code	Program me/ Theme	S. No	Scheme/ Activity	Amount Proposed (Rs. in Lakhs)		Amount Approved (Rs. in Lakhs)		Govt Remarks
				FY	FY	FY	FY	
				2022-23	2023-24	2022-23	2023-24	
								<p>delivery for 60000 deliveries and @Rs 500 per C-Section for 10341 C-Sections.</p> <p>b) Approved Rs 103.68 towards procurement of Calcium Tablet @ Rs 0.48 per Tab for 216.00 lakhs tab (216.00*0.48 =103.68 Lakhs)</p> <p>Approved Rs 14.73 Lakhs as unspent balance for JSSK for previous year activity.</p> <p>FY 2023-24 Activity 1: JSSK Diet: Approved Rs 278.50 Lakhs as under: a) Rs 232.50 Lakhs towards free diet for PW under JSSK for 60000 normal deliveries @ Rs. 100/- per delivery for 3 days and for 10500 C-section @ Rs. 100 for 5 days. Total = ((58000*300)+(10500*500)) = 232.50 Lakhs b) Rs 46.00 Lakhs towards refreshment during PMSMA for 92000 beneficiaries @ Rs 50 per beneficiary. Total (92000*50)=4600000/- Total = 232.50 + 46.00 = 278.50 Lakhs</p> <p>Activity 2: JSSK Diagnostic: Approved Rs 480.00 Lakhs towards free diagnostic for PW under JSSK for 2.40 lakhs PW @ Rs.200/- per PW.</p>



FMR Code	Program me/ Theme	S. No	Scheme/ Activity	Amount Proposed (Rs. in Lakhs)		Amount Approved (Rs. in Lakhs)		Govt Remarks
				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								<p>Activity 3: JSSK Drugs & Consumables: Rs.439.07 lakhs approved as under: a) Approved Rs 231.71 Lakhs towards drugs and consumables @ Rs 300 per delivery for 60000 deliveries and @Rs 500 per C-Section for 10341 C-Sections. b) Approved Rs 207.36 towards procurement of Calcium Tablet @ Rs 0.48 per Tab for 432.00 lakhs tab (432.00*0.48 =207.36 Lakhs)</p>
		5	Janani Shishu Suraksha Karyakram (JSSK) - transport	908.60	1021.96	665.00	665.00	<p>FY2022-23 a) Continued activity: Rs.615.00 lakhs approved for free referral transport for Pregnant women under JSSK @Rs.500/-per case for 123000 cases as per last year approval. (500*123000=Rs.615.00 lakhs) b) Not approved for dialysis cases. c) Approved Rs.50.00 lakhs as unspent balance for JSSK transport.</p> <p>FY2023-24 a) Continued activity: Rs.665.00 lakhs approved for free referral transport for Pregnant women under JSSK @Rs.500/-per case for 133000 cases. (500*133000=Rs.665.00 lakhs)</p>



FMR Code	Program me/ Theme	S. No	Scheme/ Activity	Amount Proposed (Rs. in Lakhs)		Amount Approved (Rs. in Lakhs)		Gov Remarks
				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								b) Not approved for dialysis cases.
		6	Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)	318.02	370.85	318.02	370.85	<p>For FY 2022-23:</p> <p>Rs.318.02 lakhs approved as under;</p> <p>Activity-1: Rs 120.18 lakhs approved for ASHA incentive for mobilizing beneficiaries to PMSMA sites@ Rs.100/-per session for 10 months for 12018 ASHAs. (100*12018*10=Rs.120.18 lakhs)</p> <p>Activity-2: Rs 45.00 lakhs approved for ASHA incentives for mobilization of High risk Pregnant women (PMSMA) @Rs.300/-per beneficiary for 3 visits for 15000 HRPs (100*3*15000=Rs.45.00 lakhs)</p> <p>Activity-3: Rs 75.00 lakhs approved for incentive to ASHA for healthy outcome of mother and newborn after 45th day of delivery @Rs.500/-per case for 15000 cases (500*15000=Rs 75.00 lakhs)</p> <p>Activity-4:Rs.45.00 lakhs approved towards transport cost to beneficiary @Rs.300/-per beneficiary for 3 visits for 15000 cases (100*3*15000=Rs.45.00 lakhs)</p> <p>Activity-5: Rs.0.65 lakhs approved for PMSMA meetings @Rs.5000/-per district for</p>



FMR Code	Program me/ Theme	S. No	Scheme/ Activity	Amount Proposed (Rs. in Lakhs)		Amount Approved (Rs. in Lakhs)		Gol Remarks
				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								<p>13 districts (5000*13=Rs.0.65 lakhs)</p> <p>Activity-6: Rs.1.30 lakhs approved towards PMSMA award function @Rs.10000/-per district for 13 districts (10000*13=Rs.1.30 lakhs)</p> <p>Activity-7: Rs.4.68 lakhs approved towards mobility support to volunteers @Rs.1500/-per visit for 312 visits as proposed (1500*312=Rs.4.68 lakhs)</p> <p>Activity-8: Rs 26.11 lakhs approved towards orientation on Extended PMSMA Package for one batch of State ToT and 26 batches of ANMs/CHOs. State to follow Gol RCH training norms.</p> <p>Approved Rs.0.10 Lakhs as unspent balance for PMSMA for previous year activity.</p> <p>For FY 2023-24: Rs.370.85 lakhs approved as under:</p> <p>Activity-1: Rs.144.22 lakhs approved for ASHA incentive for mobilizing beneficiaries to PMSMA sites@ Rs.100/-per session for 10 months for 12018 ASHAs. (100*12018*12=Rs.144.22 lakhs)</p>



FMR Code	Program me/ Theme	S. No	Scheme/ Activity	Amount Proposed (Rs. in Lakhs)		Amount Approved (Rs. in Lakhs)		Govt Remarks
				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								<p>Activity-2: Rs 60.00 lakhs approved for ASHA Incentives for mobilization of High risk Pregnant women (PMSMA) @Rs.300/- per beneficiary for 3 visits for 20000 HRPs (100*3*20000) = Rs.60.00 lakhs) .</p> <p>Activity-3: Rs 100.00 lakhs approved for incentive to ASHA for healthy outcome of mother and newborn after 45th day of delivery @Rs.500/-per case for 20000 cases(500*20000=Rs.100.00 lakhs)</p> <p>Activity-4: Rs 60.00 lakhs approved towards transport cost to beneficiary @Rs.300/-per beneficiary for 3 visits for 11500 cases (100*3*20000=Rs 60.00 lakhs)</p> <p>Activity-5: Rs.0.65 lakhs approved for PMSMA meetings @Rs.5000/-per district for 13 districts (5000*13=Rs.0.65 lakhs)</p> <p>Activity-6: Rs.1.30 lakhs approved towards PMSMA award function @Rs.10000/-per district for 13 districts (10000*13=Rs.1.30 lakhs)</p> <p>Activity-7: Rs.4.68 lakhs approved towards mobility support to volunteers @Rs.1500/-per visit for 312 visits as proposed (1500*312=Rs.4.68 lakhs)</p>



FMR Code	Program me/ Theme	S. No	Scheme/ Activity	Amount Proposed (Rs. in Lakhs)		Amount Approved (Rs. in Lakhs)		Govt Remarks
				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
		7	Surakshit Matritva Aashwasan (SUMAN)	60.96	62.40	60.96	62.40	<p>For FY 2022-23 Rs.60.96 lakhs approved as under:</p> <p>Activity-1: Rs.5.40 lakhs approved towards inter sectorial meeting under SUMAN @Rs.5000/- per meeting for 108 units (95 blocks and 13 Districts)</p> <p>Activity-2: Rs.13.20 lakhs approved towards Advocacy of SUMAN through FM Radio/Bus at Prasar Bharti/DAVP Rate card and Press Campaign/Print media display advertisement as proposed. State to ensure this activity through competitive bidding process following government protocol.</p> <p>Activity-3: Ongoing activity: Rs.7.00 lakhs approved for Special incentive for people helping pregnant women transportation in doll in difficult accessible villages @Rs.2000/-per case for 350 cases(350*2000=Rs.7.00 lakhs)</p> <p>Activity-4:Rs.2.70 lakhs approved towards Incentive for MO/ANM/SH/Supporting Staff of CHC (non-FRU) conducting Institutional Delivery as per PBI Guideline@Rs.300/-per case for 900 cases (300*900=Rs.2.70 lakhs)</p> <p>Activity-5: Rs.2.10 lakhs approved towards Incentive for team members as per PBI</p>



FMR Code	Program me/ Theme	S. No	Scheme/ Activity	Amount Proposed (Rs. in Lakhs)		Amount Approved (Rs. in Lakhs)		Govt Remarks
				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								<p>guideline for conducting C-section at SDH/CHC -FRU @Rs.3000/- per case for 70 cases (3000*70=Rs.2.10 lakhs)</p> <p>Activity-6: Rs.27.00 lakhs approved for Incentive for team members as per PBI Guideline for conducting C-section at DH @Rs.3000/-per case for 900 cases as proposed (3000*900=Rs.27.00 lakhs)</p> <p>Approved Rs.3.56 Lakhs as unspent balance for SUMAN for previous year activity.</p> <p>For FY 2023-24 Rs.62.40 lakhs approved as under:</p> <p>Activity-1: Rs.5.40 lakhs approved towards inter sectorial meeting under SUMAN @Rs.5000/- per meeting for 108 units (95 blocks and 13 Districts)</p> <p>Activity-2: Rs.15.20 lakhs approved towards Advocacy of SUMAN through FM Radio/Bus at Prasar Bharti/DAVP Rate card and Press Campaign/Print media display advertisement as proposed. State to ensure this activity through competitive bidding process following government protocol.</p> <p>Activity-3: Ongoing activity: Rs.7.00 lakhs</p>



FMR Code	Program me/ Theme	S. No	Scheme/ Activity	Amount Proposed (Rs. in Lakhs)		Amount Approved (Rs. in Lakhs)		Govt Remarks
				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								<p>approved for Special Incentive for people helping pregnant women transportation in doll in difficult accessible villages @Rs.2000/-per case for 350 cases(350*2000=Rs.7.00 lakhs)</p> <p>Activity-4:Rs.2.70 lakhs approved towards Incentive for MO/ANM/SN/Supporting Staff of CHC (non-FRU) conducting Institutional Delivery as per PBI Guideline@Rs.300/-per case for 900 cases (300*900=Rs.2.70 lakhs)</p> <p>Activirt-5: Rs.2.10 lakhs approved towards Incentive for team members as per PBI guideline for conducting C-section at SDH/CHC -FRU @Rs.3000/- per case for 70 cases (3000*70=Rs.2.10 lakhs)</p> <p>Activity-6: Rs.30.00 lakhs approved for Incentive for team members as per PBI Guideline for conducting C-section at DH @Rs.3000/-per case for 1000 cases as proposed (3000*1000=Rs.30.00 lakhs)</p>
		8	Midwifery	24.72	213.55	24.72	161.30	<p>For FY 2022-23</p> <p>Rs.24.72 lakhs approved as under:</p> <p>Activity-1:Rs.0.84 lakhs approved towards Travel Cost: For National level Training of State Midwifery Educators, from State to National Institute as per Midwifery</p>



FMR Code	Program me/ Theme	S. No	Scheme/ Activity	Amount Proposed (Rs. in Lakhs)		Amount Approved (Rs. in Lakhs)		Gol Remarks
				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								<p>guidelines @ Rs 14000/- per participant x 6 Midwifery.(14000*6=Rs.0.84 lakhs)</p> <p>Activity-2:Rs. 13.88 lakhs approved for budget for 6 Midwifery educators training at National Institute for period of 6 months @Rs.231250/-per candidate for 6 candidates (231250*6=Rs.Rs.13.88 lakhs)</p> <p>Activity-3:Rs. 10.00 lakhs approved for budget for SMTI Equipment and renovation (State Nursing college, Chandra Nagar-Dehradun)</p> <p>For FY 2023-24 Rs.161.3 lakhs approved as under: Activity-1:Rs.137.50 lakhs towards 30 participants training for NPM (DA, food and Accommodation). State to follow Revised Midwifery training guideline.</p> <p>Activity-2: Rs 0.30 Lakhs approved towards travel cost for 30 participants @ 1000/- per participant.(1000*30=Rs.0.30 lakhs) one - time cost.</p> <p>Activity-3: Rs.5.40 lakhs approved towards accommodation cost for 18 months for 6 Midwifery Educators @ 5000 per month (5000*18*6=Rs.5.40 lakhs)</p>



FMR Code	Program me/ Theme	S. No .	Scheme/ Activity	Amount Proposed (Rs. in Lakhs)		Amount Approved (Rs. in Lakhs)		Govt Remarks
				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								<p>Activity-4: Rs.8.10 lakhs approved towards food for the trainers @Rs.250/-per day per trainer for 18 months for 6 trainers (250*540*6=Rs.8.10 lakhs)</p> <p>Activity-5: Rs 10.00 lakhs approved towards establishment of MLCU. (Rs 4.00 Lakhs for MLCU Equipment and Rs 6.00 Lakhs for Renovation) at DH-Gandhi Satabdi Hospital</p>
		9	Maternal Death Review	3.03	3.01	3.03	3.01	<p>For FY 2022-23</p> <p>Rs.3.01 lakhs approved as under:</p> <p>Activity-1: Rs. 0.50 lakhs approved for Budget for Primary Informer @ Rs. 1000/- per maternal death under SUMAN for 50 cases (1000*50=Rs.0.50 lakhs)</p> <p>Activity-2: Rs.1.13 lakhs approved towards Budget for verbal autopsy for Maternal deaths. A max. of 3 persons for conducting CBMDR @ Rs. 150/- per person for 250 cases (150*3*250=Rs.1.13 lakhs)</p> <p>Activity-3: Rs.0.08 lakhs approved towards Travel Expenses to team @ 200 per team for 40 cases (200*40=Rs.0.08 lakhs)</p> <p>Activity-4: Rs.0.104 lakhs approved towards Budget for participating in MDR meeting @ Rs. 200/- for deceased family/</p>



FMR Code	Program me/ Theme	S. No	Scheme/ Activity	Amount Proposed (Rs. in Lakhs)		Amount Approved (Rs. in Lakhs)		Govt Remarks
				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								<p>neighbours for 52 cases. (200*52=Rs.10400/-)</p> <p>Activity-5: Rs.1.20 lakhs approved towards Maternal Health program review meeting of all activities (1 per Quarter or asap as per need) @Rs.0.30 Lakh/- per meeting as proposed.(0.30*4=Rs.1.20 lakhs)</p> <p>Approved Rs 0.02 Lakhs as unspent balance for MDSR for previous year activities.</p> <p>For FY*2023-24 Rs.3.01 lakhs approved as under:</p> <p>Activity-1: Rs. 0.50 lakhs approved for Budget for Primary Informer @ Rs. 1000/- per maternal death under SUMAN for 50 cases (1000*50=Rs.0.50 lakhs)</p> <p>Activity-2: Rs.1.13 lakhs approved towards Budget for verbal autopsy for Maternal deaths. A max. of 3 persons for conducting CBMDR @ Rs. 150/- per person for 250 cases (150*3*250=Rs.1.13 lakhs)</p> <p>Activity-3: Rs.0.08 lakhs approved towards Travel Expenses to team @ 200 per team for 40 cases (200*40=Rs.0.08 lakhs)</p>



FMR Code	Program me/ Theme	S. No	Scheme/ Activity	Amount Proposed (Rs. in Lakhs)		Amount Approved (Rs. in Lakhs)		Govt Remarks
				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								<p>Activity-4: Rs.0.104 lakhs approved towards Budget for participating in MDR meeting @ Rs. 200/- for deceased family/ neighbours for 52 cases. (200*52=Rs.10400/-)</p> <p>Activity-5: Rs.1.20 lakhs approved towards Maternal Health program review meeting of all activities (1 per Quarter or asap as per need) @Rs.0.30 Lakh/- per meeting as proposed.(0.30*4=Rs.1.20 lakhs)</p>
		10	Comprehensive Abortion Care	46.49	41.13	46.49	41.13	<p>FY 2022-23 Rs. 44.23 Lakhs approved for MVA & MMA procurement, ASHA Incentive, CAC TOT and CAC MO Trainings.</p> <p>Approved Rs. 2.26 Lakhs as unspent balance that will be utilized in FY 22-23 to make payment of bills related to MMA drugs kits as past liability. (Already approved activity in ROP).</p> <p>FY 2023-24 Rs. 41.13 Lakhs approved for MVA & MMA procurement, ASHA Incentive and CAC MO Trainings.</p> <p>State to ensure the availability of MTP formats at the facility providing comprehensive abortion care services for documentation of MTP cases as per the</p>



FMR Code	Program me/ Theme	S. No	Scheme/ Activity	Amount Proposed (Rs. in Lakhs)		Amount Approved (Rs. in Lakhs)		Govt Remarks
				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								mandate of MTP Act.
		11	MCH wings	2485.81	3603.00	1675.01	975.90	<p>For 2022-23;</p> <p>Activity 1: Continued Approved 885.81 lakhs as final instalment for the construction of 200 bedded MCH wing at Mahila Chikitshalaya Haridwar with conditionality that work shall be completed in the current FY 2022-23 and adequacy of space for 200 bedded MCH wing shall be ensured.</p> <p>Activity 2: Continued Approved Rs.190 lakhs as final instalment for construction of 50 bedded MCH wing at Haldwani with the conditionality that work will be completed in FY 2022-23</p> <p>Activity-3: New Based on NPCC discussion, approved the amount of Rs. 1575.90 lakhs for the construction of 100 bedded MCH wing at SDH Roorkee with the conditionality that the project will be completed in FY 2023-24. It includes the cost of civil work, resisting Earthquake Force, Internal water supply & sanitary installations, External service connections, Internal electric connections, Fire fighting with wet riser and sprinkler system and Medical Gas Pipeline System.</p>



FMR Code	Program me/ Theme	S. No	Scheme/ Activity	Amount Proposed (Rs. in Lakhs)		Amount Approved (Rs. in Lakhs)		Govt Remarks
				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								For FY 2022-23, approved the amount of Rs. 600 lakh and Rs. 975.9 lakh for FY 23-24.
		12	FRUs	0.00	0.00	0.00	0.00	
		13	HDU/ICU - Maternal Health	0.00	0.00	0.00	0.00	
		14	Labour Rooms (LDR + NBCCs)	0.00	0.00	0.00	0.00	
		15	LaQshya	0.00	0.00	0.00	0.00	
		16	Implementation of RCH Portal/ANMOL/MCTS	456.22	444.04	163.22	163.22	<p>DBT-</p> <p>a. (New activity)-State proposed 23 lakhs for incentive for HRP detection and entry on RCH portal through ANMOL (for ANM @ Rs 200 per case) - Not approved, (incentive for ANM is approved in next activity)</p> <p>DOC-</p> <p>b. Approved Rs 163.22 lakh as Incentive for registration of PW and child in ANMOL application by 2267 ANMs @600/- per month for 12 months. Performance linked incentive given to those ANMs in respect of whom more than 75% beneficiaries are registered and service delivery data of registered beneficiaries is updated regularly and timely.</p> <p>Planning and M&E-</p> <p>c. Approval for Mobility Support is shifted to</p>



FMR Code	Program me/ Theme	S. No	Scheme/ Activity	Amount Proposed (Rs. in Lakhs)		Amount Approved (Rs. in Lakhs)		Govt Remarks
				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								<p>S.No. 195</p> <p>d. Approval for Unspent balance of Rs.70,000/- is shifted to S.No. 195</p> <p>e. The approval for call centre 104 GRS health helpline has been shifted to Sr. No. 178</p>
		17	Other MH Components	719.38	384.77	572.08	203.27	<p>EY 2022-23</p> <p>Activity 1: Rs 199.30 Lakhs proposed for Procurement of Labour room Equipments is approved. The state is advised to do competitive bidding for procuring the equipment. State to avoid duplication of activity from any other sources.</p> <p>- Approved Rs 54.58 Lakhs as unspent balance that will be utilized in FY 22-23 to make payment of bills related to Delivery points and FRUs as past liability as proposed.</p> <p>Activity 2: Procurement Rs.71.76 approved as under:</p> <p>a) Rs.38.72 lakhs approved towards procurement of Inj. Oxytocin vial @Rs.16/- per vial for 242000 vials.</p>



FMR Code	Program me/ Theme	S. No	Scheme/ Activity	Amount Proposed (Rs. in Lakhs)		Amount Approved (Rs. in Lakhs)		Govt Remarks
				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								<p>b) Rs.33.04 lakhs approved for procurement of Glucose pouches 75 gm @Rs.14/-per packet for 236000 packets.</p> <p>Approved Rs 0.06 Lakhs as unspent</p> <p>Activity 3: Approved Rs.12.00 lakhs for Strengthening of training Institute (5 ANMTC & 1 State nodal center)</p> <p>Activity 4: Approved Rs 5.44 Lakhs towards mentoring of Delivery points in 5 districts (Haridwar, US Nagar, Dehradun and Pauri, Nainital).</p> <p>Activity 5: Approved Rs 6.85 Lakhs towards 6 days skill lab training of 4 batches @ Rs. 1,71,250 per batch of 16 SN/ANM.</p> <p>Activity 6: Approved Rs 26.35 Lakhs towards 26 batches of 4 ANM/SNs (newly & Existing ANMs/SNs) per batch for a period of 21 days @ Rs.101340 per batch</p> <p>Approved Rs 1.79 Lakhs as unspent balance towards SBA Training.</p> <p>Activity 7 Approved Rs 2.63 Lakhs as unspent balance towards Training of Medical Officers in HIV/RTI/STI.</p>



FMR Code	Program me/ Theme	S. No	Scheme/ Activity	Amount Proposed (Rs. in Lakhs)		Amount Approved (Rs. in Lakhs)		Govt Remarks
				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								<p>Activity 8: Approved Rs 4.20 Lakhs towards 10 day BEmOC training for 3 batch @ Rs. 1,40,000/- per batch of 6 Medical Officers.</p> <p>Activity 9: Approved Rs 18.46 Lakhs towards 13 batches comprising of 14 (7 MOs and 7 SNs/ANMs) = for 3 days @ Rs. 1.42 Lakhs per batch.</p> <p>Activity 10: Approved Rs 13.42 Lakhs towards 2 batches of DARSHITA TeT @Rs. 671025 per batch for two batches</p> <p>Activity 11: Rs.62.50 lakhs approved towards Media Mix/mass media.</p> <p>Approved Rs 0.25 Lakhs as unspent balance towards Media Mix/Mass Media.</p> <p>Activity 12: Approved Rs 0.48 Lakhs @ Rs 500/-per block for printing of MDR formats</p> <p>Approved Rs 0.07 Lakhs as unspent balance towards Printing of MDR Formats.</p> <p>Activity 13: Approved Rs 6.50 Lakhs @ for Labour room register, Case sheet and other items for all 13 districts @ Rs 50000/- per district.</p>



FMR Code	Program me/ Theme	S. No	Scheme/ Activity	Amount Proposed (Rs. in Lakhs)		Amount Approved (Rs. in Lakhs)		Govt Remarks
				FY	FY	FY	FY	
				2022-23	2023-24	2022-23	2023-24	
								<p>Approved Rs 0.50 Lakhs as unspent balance towards Printing of labour room registers and case sheets/ LaQshya related printing.</p> <p>Activity 14: Approved Rs 50.60 Lakhs @Rs 23 per dual test kit for HIV and Syphilis, Lancet and alcohol swab for 2.20 lakhs ANC cases including 10% buffer stock. (23*200000=50.60 Lakhs)</p> <p>Activity 15 - Approved Rs 34.25 Lakh for printing of integrated RCH registers version 2.0. Information of 200 eligible couples and pregnant women and children can be captured in one RCH register version 2.0, competitive open tender process and by following Government protocols. Specifications are as under: 1. Size 11" X 17" 2. Inner page: 90 GSM 3. Inner cover page: 120 GSM 4. Outer cover: Soft cover.</p> <p>FY 2023-24 Activity 1: Approved Rs 71.76 Lakhs as under; a) Rs.38.72 lakhs approved for procurement of Inj. Oxytocin vial @Rs.16/-per vial for 242000 vials. State may propose this activity under free drug initiative.</p>



FMR Code	Program me/ Theme	S. No	Scheme/ Activity	Amount Proposed (Rs. in Lakhs)		Amount Approved (Rs. in Lakhs)		Govt Remarks
				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								<p>b) Rs.33.04 lakhs approved for procurement of Glucose pouches 75 gm @Rs.14/-per packet for 236000 packets</p> <p>Activity 2: Approved Rs.12.00 lakhs for Strengthening of training Institute (5 ANMTC & 1 State nodal center)</p> <p>Activity 3: Approved Rs 5.44 Lakhs towards mentoring of Delivery points in 5 districts (Haridwar, US Nagar, Dehradun and Pauri, Nainital).</p> <p>Activity 4: Approved Rs 6.85 Lakhs towards 6 days skill lab training of 4 batches @ Rs. 1,71,250 per batch of 16 SN/ANM.</p> <p>Activity 5: Approved Rs 20.27 Lakhs towards 20 batches of 4 ANM/SNs (newly & Existing ANMs/SNs) per batch for a period of 21 days @ Rs.101340 per batch</p> <p>Activity 6: Approved Rs 4.20 Lakhs towards 10 day BEmOC training for 3 batch @ Rs. 1,40,000/- per batch of 6 Medical Officers.</p> <p>Activity 7: Approved Rs. 18.46 Lakhs towards 13 batches comprising of 14 (7 MOs and 7 SNs/ANMs) for 3 days @ Rs. 1.42 Lakhs per batch.</p>



FMR Code	Program me/ Theme	S. No	Scheme/ Activity	Amount Proposed (Rs. in Lakhs)		Amount Approved (Rs. in Lakhs)		Govt Remarks
				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								<p>Activity 8: Approved Rs 6.71 Lakhs towards 1 batch of DAKSHTA ToT @Rs. 671025 for one batch. State to follow GOI RCH Training norms</p> <p>Activity 9: Approved Rs 0.48 Lakhs @ Rs 500/- per block for printing of MDR formats</p> <p>Activity 10: Approved Rs 6.50 Lakhs @ for Labour room register, Casesheet and other items for all 13 districts @ Rs 50000/- per district.</p> <p>Activity 11: Approved Rs 50.60 Lakhs @Rs 23 per dual test kit for HIV and Syphilis, Lancet and alcohol swab for 2.20 lakhs ANC cases including 10% buffer stock. (23*200000=50.60 Lakhs)</p>
		18	State specific Initiatives and Innovations	12.38	12.38	12.38	12.38	<p>FY 2022-23 New Activity, Rs 12.38 lakhs approved for enhancing Clinical Skills by Posting of Labour Room STAFF in High Delivery Load Facilities as decided in NPCC meeting.(10 days).</p> <p>FY 2023-24 New Activity, Approved Rs 12.38 lakhs proposed for enhancing Clinical Skills by Posting of Labour Room STAFF in High Delivery Load Facilities (10 days)</p>



FMR Code	Program me/ Theme	S. No	Scheme/ Activity	Amount Proposed (Rs. in Lakhs)		Amount Approved (Rs. in Lakhs)		GoI Remarks
				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
RCH. 2	PC & PNDT Act	19	PC & PNDT Act	52.18	46.74	52.18	46.73	<p>FY 2022-23: Rs. 52.18 Lakhs approved for each financial year for Capacity Building , Monitoring and IEC Activities as per details below:</p> <ul style="list-style-type: none"> • Rs. 4.4 lakhs for capacity building of appropriate authorities • Rs.12.43 lakhs for Monitoring and Evaluation • Rs 27.55 lakhs for IEC activities • Rs.7.8 lakhs for Others including operating costs (OOC) <p>FY 2023-24: Rs. 46.73 Lakhs approved</p>
		20	Gender Based Violence & Medico Legal Care For Survivors Victims of Sexual Violence	6.50	6.50	6.50	6.50	Rs.6.5 Lakhs approved for each financial year (2022-23 & 2023-24) for capacity building and training of MOs on Gender Based Violence & Medico Legal Care For Survivors Victims of Sexual Violence.
RCH. 3	Child Health	21	Rashtriya Bal Swasthya Karyakram (RBSK)	1158.26	972.32	1119.51	942.16	<p>FY 2022-23 Rs 1119.51 lakhs</p> <p>A. Rs 841.83 lakhs is approved 1) Rs 799.2 lakhs is approved for 148 vehicles @ Rs 5.4 lakhs per annum. Expenditure is as per actual and State to</p>



FMR Code	Program me/ Theme	S. No	Scheme/ Activity	Amount Proposed (Rs. in Lakhs)		Amount Approved (Rs. in Lakhs)		Govt Remarks
				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								<p>ensure that each vehicle display RBSK MHT vehicle visibility protocol.</p> <p>2) Rs. 42.63 Lakh is committed liability declared by State is approved to be utilized in FY 22-23 to make payment of bills related to pending bill of vehicle for mobility support for RBSK MHTs.</p> <p>B. Rs 24.38 lakhs is approved with 1) Rs 21.67 lakhs is approved for CuG Connections for 163 teams @ Rs 13296.7 per annum as proposed by State. Expenditure is as per actual and for functional teams.</p> <p>2) Rs. 2.71 Lakh is committed liability declared by State is approved to be utilized in FY 22-23 to make payment of bills related to pending bill of CUG for RBSK MHTs.</p> <p>C. Rs 16.02 lakhs as proposed by State is approved with 1) Rs 14.8 lakhs is approved for 148 screening kit @ Rs 10000 for MHTs as per RBSK Job Aids in a bag as proposed by State. Expenditure is as per actual, age appropriate screening kit for MHTs is as per RBSK Job Aids.</p> <p>2) Rs. 1.217 Lakh is committed liability</p>



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				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								<p>declared by State is approved to be utilized in FY 22-23 to make payment of bills related to pending bill of Equipment for RBSK MHTs.</p> <p>D. Rs 37.04 lakhs as proposed by State is approved with</p> <p>1) Rs 37 lakhs is approved for 148 Tablet with Keypad for 148 MHTs of Rs.25000/MHTs as proposed by State as replacement of laptops procured in FY 2014-15. Expenditure is as per actual and according to State procurement rules and regulations.</p> <p>2) Rs. 0.04 Lakh is committed liability declared by State is approved to be utilized in FY 22-23 to make payment of bills related to laptop procurement.</p> <p>E. Rs. 2.47 Lakh is declared as committed amount to settle bills related to medicine procured as liability. As proposed by State the amount is approved to be used in FY 2022-23.</p> <p>F. Rs 24.06 lakhs is approved for Refresher training proposed for 148 MHTs in 13 batches @ RS 185046.2per batch as proposed by State. Expenditure is as per actual and according to RCH training norms and RBSK training guidelines for 5 days.</p>



FMR Code	Program me/ Theme	S. No	Scheme/ Activity	Amount Proposed (Rs. in Lakhs)		Amount Approved (Rs. in Lakhs)		Govt Remarks
				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								<p>G. Rs 77.88 lakhs is approved for</p> <p>1. Rs 48.81 lakhs for screening format for biannual screening of 1355814, 0 to 6 yr children,</p> <p>2. Rs 11.05 lakhs for screening format for 1104863 for 6 to 18 yr children,</p> <p>3. Rs 15.27 lakhs for 2210 register of 6-18 and 5425, 0-6 register for RBSK MHTs register. Screening format and registers is critical to maintain quality of screening across observer and State to ensure that each child under RBSK is screened with age appropriate updated screening formats (with TB and Leprosy screening - Ref D. O. No. : Z.2502011012019-HBSK-CH Dated the 09th August 2019).</p> <p>4. Rs 2.75 lakhs for CNS - for 333 delivery points and SNCU - Approx 20 formats (Page 10) @ 10/-, 2 register per delivery point @125/- per register, poster per @565/- at record room in flex as in RBSK CNS guidelines.</p> <p>H. Approved for Rs 7.4 Lakhs as per detailed mentioned below -</p> <p>1) 2 Banner @Rs 500 /banner for 148 MHTs which will be displayed during their visit at</p>



FMR Code	Program me/ Theme	S. No	Scheme/ Activity	Amount Proposed (Rs. in Lakhs)		Amount Approved (Rs. in Lakhs)		Govt Remarks
				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								<p>school/AWCs.</p> <p>2) 2 Lab coat / apron @500/member for total 592 members of 148 MHTs with RBSK Logo</p> <p>1. Rs 6.4 lakhs as proposed by State is approved with</p> <p>1 As proposed by State Rs 6.2 lakh for convergence workshop/quarterly review meeting @Rs. 40000/ district for 13 and @Rs.100000 for State. Expenditure is as per actual.</p> <p>2. Rs. 0.20 Lakh is committed expenditure that will be utilized in FY 22-23 to make payment of bills related to some pending bills of convergence meeting.</p> <p>1. Rs 82.03 lakhs is approved for Ongoing activity approved in RoP FY 2021-22 of referral transport support for an estimated case load of 3070 visit of children to referral centers with</p> <p>1) Rs 2.23 lakhs declared as committed to make payment of bills related to pending bills of vehicle as past liability is approved to be used in FY 2022-23.</p> <p>2) Rs 79.80 Lakhs is approved for referral transport support for an estimated case load</p>



FMR Code	Program me/ Theme	S. No	Scheme/ Activity	Amount Proposed (Rs. in Lakhs)		Amount Approved (Rs. in Lakhs)		Govt Remarks
				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								<p>of 3070 visit to referral centers which are mostly in the plain areas. Expenditure is as per actual on case by case basis. State to develop norms and eligibility criterion based on local need and prevailing circumstances.</p> <p><u>FY 2023-24 Rs 942.16 lakhs</u></p> <p>A. Rs 799.2 lakhs is approved for 148 vehicles @ Rs 5.4 lakhs per annum. Expenditure is as per actual and State to ensure that each vehicle display RBSK MHT vehicle visibility protocol.</p> <p>B. Rs 21.67 lakhs is approved for Cug Connections for 163 teams @ Rs 13296.7 per annum as proposed by State. Expenditure is as per actual and for functional teams.</p> <p>C. Rs 20000 for printer is approved.</p> <p>D. Rs 7.96 lakhs is approved for two day orientation for "Identification of birth defects as under RBSK Comprehensive New Born Screening" as per RBSK CNS training norms for 333 DP, involving 2 day TOT at state level (26 participants) & 2 Day district level orientation of delivery point staffs MO and SN. Expenditure is as per actual and according to RCH training norms and RBSK</p>



FMR Code	Program me/ Theme	S. No	Scheme/ Activity	Amount Proposed (Rs. in Lakhs)		Amount Approved (Rs. in Lakhs)		Govt Remarks
				FY	FY	FY	FY	
				2022-23	2023-24	2022-23	2023-24	
								<p>training guidelines for 2 days.</p> <p>E. *Rs 27.13 lakhs is approved for 1. Screening format for biannual screening of 1355814, 0 to 6 yr children, 2. screening format for 1104863 for 6 to 18 yr children, F. Screening format is critical to maintain quality of screening across observer and State to ensure that each child under RBSK is screened with age appropriate updated screening formats (with TB and Leprosy screening - Ref D. O. No. : Z.25020110(2019)-HBSK-CH Dated the 09th August 2019). Expenditure is as per actual and according to RBSK Guidelines.</p> <p>G. As proposed by State Rs 6.2 lakh for convergence workshop/quarterly review meeting @Rs. 40000/ district for 13 and @Rs.100000 for State. Expenditure is as per actual.</p> <p>H. Rs 79.80 Lakhs is approved for Ongoing activity approved in RoP FY 2021-22 of referral transport support for an estimated case load of 3070 visit to referral centers which are mostly in the plain areas. Expenditure is as per actual on case by case</p>



FMR Code	Program me/ Theme	S. No .	Scheme/ Activity	Amount Proposed (Rs. in Lakhs)		Amount Approved (Rs. in Lakhs)		Govt Remarks
				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								<p>basis. State to develop norms and eligibility criterion based on local need and prevailing circumstances.</p> <p><u>Not approved for following activities under programme</u></p> <p>i. Rs 19.56 lakhs proposed in both years 2022-23 and 2023-24 for contingency for RBSK MHT and RBSK manager is not approved. Programme specific additional operational cost proposed is not approved. State may book expenditure under overall programme management cost.</p> <p>ii. Rs 8.4 lakhs proposed for laptops for 9 RBSK managers and 5 DEIC managers @ Rs 60000 is not approved under RBSK as per Guidelines laptops are for RBSK mobile health teams. State may procure the same under overall programme management cost.</p> <p>iii. Rs 10.8 lakhs proposed in Bothe years 2022-23 and 2023-24 for mobility support for Monitoring visit by RBSK Manager of MHTs are not approved under RBSK State may use supportive supervision under overall programme management cost</p> <p>iv. Rs 40000 for Photostat machine is not approved under RBSK budget. State to</p>



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				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								project under NHM overall programme management cost
		22	RBSK at Facility Level including District Early Intervention Centers (DEIC)	673.28	669.93	673.28	669.33	<p>FY 2022-23: Approved Rs 673.28 lakhs</p> <p>A. *Rs 470 lakhs is approved as proposed by State</p> <p>1) Rs 440 lakhs is approved for estimated 18852 children under RBSK. Illustrative details are annexed. Expenditure is as per actual and according to RBSK Model Procedure and Costing Guidelines.</p> <p>2) Rs. 30 Lakh is declared by State as committed liability to make payment of bills related to Surgery done in FY 21-22 is approved are is to be utilized in FY 22-23</p> <p>*Rs 24 lakhs for Operational cost of DEIC - Printing, stationary, internet, AMC, etc. @ Rs 40000 per month for 12 months for 5 DEICs. Expenditure is as per actual and for functional DEICs.</p> <p>B. Rs 24.9 lakhs is approved as proposed by State.</p> <p>1) Rs 24 lakhs for Operational cost of DEIC - Printing, stationary, internet, AMC, etc. @ Rs 40000 per month for 12 months for 5 DEICs. Expenditure is as per actual and for functional DEICs.</p> <p>2) Rs. 0.90 Lakh is declared committed liability by State is approved and will be</p>



FMR Code	Program me/ Theme	S. No	Scheme/ Activity	Amount Proposed (Rs. in Lakhs)		Amount Approved (Rs. in Lakhs)		Govt Remarks
				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								<p>utilized in FY 22-23 to make payment of bills related to operational cost of DEIC.</p> <p>C. *Rs 75 lakhs is approved for new DEIC at DH Uttarkashi as discussed in NPCC. Approx. cost required is Rs. 174.03 lakh, Rs.75 lakh is being demanded in 22-23 and remaining amount will be demanded in 23-24 State to ensure that the DEIC layout is as per RBSK DEIC guidelines with HR and equipment.</p> <p>D. *RS 91.92 lakhs is approved as proposed by State including 1) Rs 12 lakhs approved as proposed by State for DEIC Almora for procuring essential equipment to make the DEIC functional . Expenditure is as per actual and equipment specification is as per DEIC Equipment Guidelines and specifications. 2) Rs. 79.92 Lakh is committed liability declared by State is approved to be utilized in FY 22-23 to make payment of bills related to DEIC equipment procurement.</p> <p>E. Rs 11.47 lakhs is approved as proposed by State for new recruited staff of DEIC US Nagar , Dehradun, Nainital and Almora in two batches @ Rs 5.74 lakhs as proposed by State at Nodal center RBSK . Expenditure is</p>



FMR Code	Program me/ Theme	S. No .	Scheme/ Activity	Amount Proposed (Rs. in Lakhs)		Amount Approved (Rs. in Lakhs)		Govt Remarks
				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								<p>as per actual and according to RCH training norms.</p> <p>FY 2023-24: Approved Rs 669.33 lakhs A. Rs 440 lakhs is approved for estimated 18852 children under RBSK. Illustrative details are annexed. Expenditure is as per actual and according to RBSK Model Procedure and Costing Guidelines.</p> <p>B. Rs 28.8 lakhs for Operational cost of DEIC - Printing, stationary, internet, AMC, etc. @ Rs 40000 per month for 12 months for 6 DEICs as proposed by State - (Almora, Dehradun, Haridwar, Nainital, U.S.Nagar, Uttarkashi). Expenditure is as per actual and for functional DEICs.</p> <p>C. Rs 99.03 lakhs is approved for new DEIC at DH Uttarkashi as discussed in NPCC. Approx. cost required is Rs. 174.03 lakh. Rs.75 lakh was proposed in 22-23 and remaining amount Rs. 99.03 lakhs is proposed in 23-24 State to ensure that the DEIC layout is as per RBSK DEIC guidelines with HR and equipment.</p> <p>D. Rs 100 lakhs is approved for procurement of equipment for New DEIC Uttarkashi. Expenditure is as per guidelines for essential</p>



FMR Code	Program me/ Theme	S. No	Scheme/ Activity	Amount Proposed (Rs. in Lakhs)		Amount Approved (Rs. in Lakhs)		Govt Remarks
				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								equipment as per RRSK DEIC Equipment guidelines. E. As proposed by State Rs 1.5 lakhs is approved for 3 Desktops for DEIC of Uttarkashi @ 50000 per desktop. Expenditure is as per actual and according to State procurement rules and regulation
		23	Community Based Care- HBNC & HBYC	655.95	723.38	655.95	723.38	<p>For F.Y. 2022-23, Activities approved in accordance with;</p> <p>1. Rs. 300 lakhs for ASHA incentives under HBNC after completion of 6/7 home visits for 120000 newborns @Rs. 250/- per newborn.</p> <p>2. Rs. 300 lakhs for ASHA incentives under HBYC for completion of 5 quarterly home visits for 120000 children @Rs. 250/- per child (3-15 months).</p> <p>3. Rs. 36.36 lakhs incentives for 606 ASHA Facilitators for 12 months under HBYC @ Rs. 500/- Per month.</p> <p>4. Rs. 19.59 lakhs for printing of 20 HBYC reporting formats each for 12018 ASHAs @ Rs. 100/- per ASHA including Rs. 7.57 lakhs committed budget for printing under HBYC as per previous year liability.</p>

FMR Code	Program me/ Theme	S. No	Scheme/ Activity	Amount Proposed (Rs. in Lakhs)		Amount Approved (Rs. in Lakhs)		Gov Remarks
				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								<p>For F.Y. 2023-24, Activities approved in accordance with;</p> <p>1. Rs. 337.50 lakhs for ASHA incentives under HBNC after completion of 6/7 home visits for 135000 newborns @Rs. 250/- per newborn.</p> <p>2. Rs. 337.50 lakhs for ASHA incentives under HBYC for completion of 5 quarterly home visits for 135000 children @Rs. 250/- per child (3-15 months).</p> <p>3. Rs. 36.36 lakhs incentives for 606 ASHA Facilitators for 12 months under HBYC @ Rs. 500/- Per month.</p> <p>4. Rs. 12.02 lakhs for printing of 20 HBYC reporting formats each for 12016 ASHAs @ Rs. 100/- per ASHA.</p>
		24	Facility Based New born Care	424.79	268.12	430.57	259.54	<p>1a. Approved Rs. 6.83 Lakhs for 4 Batches of NBSU training for the year 2022-23 and 2023-24 as per State Proposal.</p> <p>1b. Approved Rs. 5.7 Lakhs as a Committed budget for the year 2022-23 under NBSU training.</p> <p>2. Approved Rs. 22.50 Lakhs for the year 2022-23 and Rs. 21.60 Lakhs for the year</p>



FMR Code	Program me/ Theme	S. No .	Scheme/ Activity	Amount Proposed (Rs. in Lakhs)		Amount Approved (Rs. in Lakhs)		Govt Remarks
				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								<p>2023-24 as NBSU Operational Cost for functional NBSUs as per State Proposal.</p> <p>3a. Approved Rs. 7.8 Lakhs as KMC Operational Cost for 39 functional NBSUs for the year 2022-23 and 2023-24 as per State proposal.</p> <p>3b. Rs.120 lakh approved for Operational cost for 11 SNCUs for Consumables, Maintenance, stationery, Telephone connection for Follow up SNCU and Internet broad band connection for SNCU online software, Set up of CCTV Camera etc as proposed by the State for FY 2022-23 & Rs. 151 lakh for FY 2023-24.</p> <p>4. Rs. 13.18 lakh approved for operational cost for 289 NBCC as proposed by the State @ Rs 10000 for DH and SDH, Rs 5000 for CHC and PHC and Rs 2000 for SC for FY 2022-23 & 2023-24.</p> <p>- Approved Rs 1 lakh is unspent money that will be utilized in FY 22-23 to make payment of bills related to operating expenses for NBCC as past liability (already approved activity in ROP).</p> <p>5. Rs. 9.2 lakh approved for PPC (KMC) at Special Newborn Care Units for FY 2022-23</p>



FMR Code	Program me/ Theme	S. No	Scheme/ Activity	Amount Proposed (Rs. in Lakhs)		Amount Approved (Rs. in Lakhs)		GoI Remarks
				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								<p>& 2023-24.</p> <p>6. As per NPCC discussion the upgradation of 2 NBSU to SNCU at Uttarkashi and Bagheshwar infrastructure and procurement of equipments approved. Approved the amount of Rs. 12.4 lakh for civil construction and Rs. 58.75 lakh for procurement of equipments for the upgradation of 2 NBSU to SNCU at Uttarkashi and Bagheshwar.</p> <p>7. As per NPCC discussion approved for procurement for equipments for GMC Haldwani, Base Hospital Almora, GMC Srinagar, GMC Pauri. Rs. 78.18 lakh is approved for procurement for equipments for GMC Haldwani, Base Hospital Almora, GMC Srinagar, GMC Pauri. State is advised to procure equipment through competitive bidding process and avoid duplication of resources.</p> <p>- Approved Rs. 29.59 lakh is unspent money payment of bills related to SNCU Equipment as past liability (already approved activity in ROP).</p> <p>& Rs. 5.77 lakh approved for 3 batches of 2 week observership trainings of SNCU doctors and staff nurses for FY 2022-23 &</p>



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				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								<p>2023-24.</p> <p>9. Rs. 16.02 lakh approved for 13 batches of NSSK trainings for FY 2022-23 & 2023-24.</p> <p>- Approved Rs. 1.7 lakh is unspent money to make payment of bills related to TOT for NSSK as past liability (already approved activity in ROP).</p> <p>10. Rs. 10.98 lakh approved for 4 days FBNC trainings for SNCU doctors and staff Nurses for FY 2022-23 & Rs. 6.57 lakh for FY 2023-24.</p> <p>11. Rs. 10.91 lakh approved for MusQan orientation at State and district level as proposed by the State for FY 2022-23 and Rs. 3.33 lakh for FY 2023-24.</p> <p>12. Rs. 9.24 lakh approved for 2 week FBNC Observership training of SNCU staff and doctors as proposed by the State for FY 2022-23 and FY 2023-24.</p> <p>13. Rs. 1.82 lakh approved for printing of MusQan guidelines as proposed by State for FY 2022-23.</p> <p>Shifted from RCH.3.31: SNCU mentoring visits.</p>



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				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								Rs. 9 lakh approved for SNCU mentoring visits for FY 2022-23 & 2023-24.
		25	Child Death Review	55.70	41.70	55.66	41.70	<p>1a. Approved Rs. 34.18 Lakhs for the year 2022-23 and Rs. 25.18 Lakhs for the year 2023-24 for State/ District Level training cum review cum refresher training as per State proposal.</p> <p>1b. Approved Rs. 3.03 Lakhs as a committed budget for previous year activity in year 2022-23 under CDR training cum Orientation.</p> <p>2. Approved Rs. 0.95 Lakh for printing of CDR formats for the year 2022-23 and 2023-24 as per State Proposal.</p> <p>3a. Approved Rs. 15.57 Lakhs for CDR Audit Mechanism (Notification, FBIR, Verbal Autopsy, Review at DM/CMHO level, Transport Allowance for Parents) for the year 2022-23 and 2023-24 as per State proposal.</p> <p>3b. Approved Rs. 1.93 Lakhs as a committed budget for previous year activity in year 2022-23 under CDR Audit mechanism.</p>
		26	SAANS	110.83	22.43	110.66	22.43	1. Approved Rs. 15.35 Lakhs for the year 2022-23 and Rs. 11.33 Lakhs for the year 2023-24 for State/ District level Training cum Orientation as per State proposal.

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				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
27	Paediatric	68.81	69.09	68.81	69.09	1. Approved Rs. 22.98 Lakhs for the year		



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				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
			Care					<p>2022-23 and Rs. 15.09 Lakhs for the year 2023-24 for IMNCI / FIMNCI training at State/ Regional level as per State proposal.</p> <p>2. Approved Rs. 1 Lakhs for the printing of IMNCI/ F-IMNCI training modules for the year 2022-23 as per State proposal.</p> <p>3. Approved Rs. 36 Lakhs for the year 2022-2023 and Rs. 54 Lakhs for the year 2023-24 as Operational Cost for Paediatric HDUs as per State proposal.</p> <p>4. Approved Rs 8.83 lakhs for equipment for establishment of State Resource Centre at AIIMS Rishikesh for the year 2022-23.</p>
		28	Janani Shishu Suraksha Karyakram (JSSK) (excluding transport)	3.25	3.25	3.25	3.25	<p>Rs. 3.25 lakh approved for JSSK free diagnostics for sick infants up to one year of age as proposed by the State for FY 2022-23 & 2023-24.</p> <p>The budget is indicative; State to utilize the budget following Govt JSSK guideline and book the expenditure as per actual.</p>
		29	Janani Shishu Suraksha Karyakram (JSSK) - transport	21.75	26.73	21.75	26.73	<p>Rs. 21.75 lakh approved for JSSK referral transport to and fro for sick infants up to one year from home to hospital, hospital to hospital and hospital to home.</p> <p>The budget is indicative and State to ensure booking of budget as per actual. For FY</p>



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				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								2022-23 & Rs. 26.73 lakh for FY 2023-24 as proposed by the State. The budget is indicative. State to utilize the budget following GoI JSSK guideline and book the expenditure as per actual.
		30	Other Child Health Components	214.68	164.00	214.68	164.00	Approved Rs. 214.68 Lakhs for the year 2022-23 and Rs. 164 Lakhs for the year 2023-24 for Child Health IEC/BCC as per State proposal.
		31	State specific Initiatives and Innovations	515.80	866.64	6.32	1.89	1) Approved Rs 6.32 lakhs for the 1 day Workshop/training of pharmacist & DEO of districts, blocks, CHC (both pharmacist & DEO) & APHC/PHC (1 health officials) @ Rs0.49 /district for 13 districts for FY 2022-23. 2) Approved Rs 1.89 Lakhs for Training of 1 school teacher (Nodal teacher) from all the private school of U.S. Nagar and Haridwar i.e. 947 teacher budget is (947*100/teacher *2) for FY 2023-24. 3) Not Approved for AUTISM Center in Dehradun and Haldwani as: i) Autism is included under selected Health Conditions under RBSK ii) DEICs are equipped with holistically managing Autism affected Children. State has 5 approved DEICs including Dehradun and US Nagar and DEIC management needs to be strengthened rather proposing a

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				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								parallel system only for Autism. Shifted to RCH.3, Sr. No.24 - Approval for SNCU mentoring visits for FY 2022-23 & 2023-24.
RCH. 4	Immunization	32	Immunization including Mission Indradhanush	1272.18	1179.51	1272.18	1179.51	All the activities as proposed by state are approved.
		33	Pulse polio Campaign	546.20	522.00	546.20	522.00	Pulse Polio operating costs: Activity approved for Rs 546.20 lakhs (522+24.2) for the year 2022-23 including the proposal of Rs. 24.20 Lakh, the unspent balance & 522.00 Lakhs for FY 23-24 for pulse polio operating cost (POL-TPT, booth mob, supervision, contingency, stationary, IBC, training, cold chain)
		34	eVIN Operational Cost	279.69	199.16	262.75	181.39	Activity approved for Rs 262.75 (172.75 +90) lakhs for the year 2022-23 including the proposal of Rs. 90 Lakh, the unspent balance & 181.39 Lakhs for FY 22-23 & 23-24 respectively for Operational cost of e-VIN (like temperature logger sim card and Data sim card for e-VIN) State to follow the revised eVIN guidelines.
RCH. 5	Adolescent Health	35	Adolescent Friendly Health Clinics	84.56	43.12	84.02	43.11	Approved for: FY 2022-23 A. Establishment of 3 AFHCs at DH level @ Rs. 50000 each and 14 AFHCs at Block level PHC/CHC @ Rs. 20000 each in three new PE



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				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								<p>Districts i.e. Almora, Bageshwar Rudraprayag (under I&C)</p> <p>B. Equipments for new 17 AFHCs @ Rs.10000 each (Under OOC)</p> <p>C. Establishment of 3 Model AFHCs in Haridwar, Tehri, US Nagar @ Rs. 1.22 Lakh each (under OOC)</p> <p>D. 20 District level RKSK Review meeting @ Rs.10000 each, 6 District (big districts) level meeting @ Rs. 20000 each and One RKSK Regional Review Workshop @ Rs. 13.50 lakh each.(under Planning & M&E)</p> <p>E. Two batches of AFHS training of MO @ Rs. 2.20 Lakh each (Under Capacity Building)</p> <p>F. Operating expenses of existing 72 AFHCs @ Rs. 10000 per annum (under OOC)</p> <p>G. Mass media for Adolescent health Programme on six thematic areas of RKSK in FM Radio /community Radio and News Paper total Rs. 20 lakh (under IEC & Printing)</p> <p>H. 1424 AFHC Registers @ Rs.250 each and 65000 AFHC cards @ Rs. 2 each (under IEC & Printing)</p>

FMR Code	Program me/ Theme	S. No	Scheme/ Activity	Amount Proposed (Rs. in Lakhs)		Amount Approved (Rs. in Lakhs)		Govt Remarks
				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								<p>I. For mobility support of 78 existing AH Counsellors @ Rs. 225 per visit for 8 visits in a month for 12 months (under Planning & M&E)</p> <p>J. For communication support of 78 existing AH Counsellors @ Rs. 250 per month for 12 months (under Planning & M&E)</p> <p>K. For mobility support of 6 existing District RKSK Coordinators @ Rs. 350 per visit for 8 visits in a month for 12 months (under Planning & M&E)</p> <p>FY 2023-24</p> <p>A. Operating expenses of 81 AFHCs @ Rs. 10000 per annum (under OOC)</p> <p>B. Establishment of 3 Model AFHCs in Dehradun, Nainital & Pauri @ Rs. 1.22 Lakh each (under OOC)</p> <p>C. For mobility support of 78 AH Counsellors @ Rs. 200 per visit for 8 visits in a month for 12 months and (under Planning & M&E)</p> <p>D. For mobility support of 21 AH Counsellors @ Rs. 200 per visit for 8 visits in a month for 3 months and (under Planning & M&E)</p>



FMR Code	Program me/ Theme	S. No	Scheme/ Activity	Amount Proposed (Rs. in Lakhs)		Amount Approved (Rs. in Lakhs)		Govt Remarks
				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								<p>E. For communication support for 78 AH Counsellors @ Rs. 250 per month for 12 months (under Planning & M&E)</p> <p>F. For communication support for 21 AH Counsellors @ Rs. 250 per month for 3 months(under Planning & M&E)</p> <p>G. 10 District level RKSK Review meeting @ Rs.10000 each , 3 District (big district) level RKSK Review Meeting @ Rs. 20000 each and one State level meeting @ Rs. 20000 each (under Planning & M&E)</p> <p>H. Two batches of AFHS training of MO @ Rs 2.20 Lakh per batch (Under Capacity Building)</p> <p>I. Two batches of AH Counsellor's trainings @ Rs 2.20 Lakh per batch (Under Capacity Building)</p> <p>J. For mobility support of 6 District RKSK Coordinators @ Rs. 350 per visit for 8 visits in a month for 12 months(under Planning & M&E)</p> <p>K. For mobility support of 3 District RKSK Coordinators @ Rs. 350 per visit for 8 visits in a month for 3 months(under Planning & M&E)</p>



FMR Code	Program me/ Theme	S. No .	Scheme/ Activity	Amount Proposed (Rs. in Lakhs)		Amount Approved (Rs. in Lakhs)		Govt Remarks
				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
		36	Weekly Iron Folic Supplement (WIFS)	0.00	0.00	152.93	119.72	<p>Budget shifted for 10-19 yrs beneficiaries under WIFS programme from RCH 7, Nutrition, Sr. No. 52 Anemia Mukd Bharat</p> <p>Approved for FY 2022-23 A. Rs. 152.93 lakhs for Procurement of 61172000 Blue IFA Tablets for 1176179 beneficiaries @ Rs. 0.25 per tablet including therapeutic doses (under Drugs and Supplies)</p> <p>Approved for FY 2023-24 A. Rs. 119.72 lakhs for Procurement of 47888000 Blue IFA Tablets @ Rs. 0.25 per tablet. State to ensure the availability of tablets amount proposed is lesser to cover the targeted population i.e. 1176179 beneficiaries (under Drugs and Supplies)</p>
		37	Menstrual Hygiene Scheme (MHS)	148.00	4.00	147.65	4.00	<p>Approved for</p> <p>FY 2022-23 A. Procurement of sanitary napkins for 51800 adolescent girls @ Rs. 1.90 per napkin for 9 napkins/month for 13 cycles in one year (under Drugs and Supplies)</p> <p>B. Procurement of 50 vending machines @ Rs. 40,000 each (under Drugs and Supplies)</p> <p>C. Procurement of 50 incinerator @ Rs. 25,000 each (under Drugs and Supplies)</p>



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				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								FY 2023-24 A. 40 Batches of half day sensitization of ASHA, ANMs, AWW @ Rs. 10000 per batch to create awareness on MHM among stakeholders.
		38	Peer Educator Programme	205.34	256.24	205.04	255.83	FY 2022-23 Approved for A. 3 batches of ANM training for PE programme in 3 new district @ Rs. 2.54 Lakh per batch (under Capacity Building) B. 23 batches of PE Training @ Rs. 72000 per Batch of 32 PEs+BASHAs (under Capacity Building) C. Incentives to ASHA for selection of 1400 PE in existing PE district @ Rs. 100 per PE (ASHA Incentives) D. Incentives to ASHAs for mobilizing adolescents and other stakeholders to 3500 AH&WD @ Rs. 200 each (ASHA Incentives) E. Organizing 3500 AH&WDs @ Rs. 2500 per AH&WD. 7663 villages to be covered by conducting 3500 AHDs (8 to 10 villages per AHD/per quarter) in all 6 PE districts+7 Non PE Districts(under Planning & M&E) F. Organizing monthly 432 APC meeting for

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				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								<p>10 months @ Rs. 500 per APC meeting (Planning & M&E)</p> <p>G. Non Financial incentives to 8800 existing PEs @ Rs.50 per month for 12 months (under OOC)</p> <p>H. Printing of 8800 PE Diaries @ Rs. 120 Each (under IEC & printing)</p> <p>FY 2023-24</p> <p>A. Organizing 3500 AH&WDs @ Rs. 2500 per AH&WD each (under Planning & M&E)</p> <p>B. Organizing monthly 432 APC meeting for 10 months @ Rs. 500 per APC meeting (Planning & M&E)</p> <p>C. Incentives to ASHA for selection of 4057 (old +new)PE @ Rs. 100 per PE (ASHA Incentives)</p> <p>D. Non Financial incentives to 8800 PEs @ Rs.50 per month for 12 months and for 2642 PE @ Rs. 50 per month for 4 months (under OOC)</p> <p>E. 101 batches of PE Training @ Rs. 72000 per Batch of 32 PEs+8ASHA (under Capacity Building)</p>



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				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								<p>F. Printing of 4057 PE Diaries @ Rs. 120 Each (under IEC & printing)</p> <p>G. Incentives to ASHAs for mobilizing adolescents and other stakeholders to 3500 AH&WD @ Rs. 200 each (ASHA incentives)</p>
		39	School Health And Wellness Program under Ayushman Bharat	50.07	103.35	48.17	103.22	<p>FY 2022-23 Approved for:</p> <p>A. 5 batches of HWA trainings @ Rs. 184000 per batch for remaining HWAs in Haridwar & Dehradun (under Capacity Building)</p> <p>B. IT Support and Activity for HWA @ Rs. 1000 per school for 2572 schools (under OOC)</p> <p>C. 15 District level meetings under SH&WP (3 each in five Districts) @ Rs. 15000 per meeting (Under Planning & M&E)</p> <p>D. Two State level convergence meeting for School Health & Wellness Program @ Rs. 50,000 per meeting (under Planning & M&E)</p> <p>E. IEC for SH&WP @ Rs. 2 lakh per District for 5 Districts (under IEC & Printing)</p> <p>FY 2023-24 Approved for:</p> <p>A. 10 District level meetings under SH&WP</p>



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				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								<p>@ Rs. 15000 per meeting (Under Planning & M&E)</p> <p>B. Two State level convergence meeting for School Health & Wellness Program @ Rs. 25,000 per meeting (under Planning & M&E)</p> <p>C. 33 batches of HWA trainings @ Rs. 150,000 per batch for Pauri new SH&WP District (under Capacity Building)</p> <p>D. IT Support and Activity for HWA @ Rs. 1000 per school for 2572 schools (under OOC)</p> <p>E. IEC for SH&WP @ Rs. 1 lakh per District for 6 Districts (under IEC & Printing)</p> <p>F. HWA Merchandise, poster for implementation of SH&WP in Pauri District total 20 Lakh (IEC & printing)</p>
		40	Other Adolescent Health Components	82.95	78.50	82.95	78.50	<p>FY 2022-23</p> <p>Approved for:</p> <p>A. Printing of 400000 leaflets in four theme i.e. menstrual Hygiene, mental health, Tobacco and Nutrition for Anemia @ Rs. 4 each (IEC & printing)</p> <p>B. Mass media for Adolescent health Programme on six thematic areas of RSKK using National/ Regional Satellite Channels.</p>



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				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								<p>Cable TV, FM Radio and News Paper total Rs. 62.50 lakh as per details provided by the State (under IEC & Printing)</p> <p>C. Committed budget for Mass media activities on RKSK Payment to be done in FY 2022-23 total 4.45 Lakh.</p> <p>FY 2023-24: Approved for:</p> <p>A. Printing of 400000 leaflets in four theme i.e. menstrual Hygiene, mental health, Tobacco and Nutrition for Anaemia @ Rs. 4 each (IEC & printing)</p> <p>B. Mass media for Adolescent health Programme on six thematic areas of RKSK using National/ Regional Satellite Channels, Cable TV, FM Radio and News Paper total Rs. 31.70 lakh as per details provided by the State (under IEC & Printing)</p> <p>C. Training manuals and school kits for the new SHWP district Pauri @ Rs 30.8 lakh (under IEC of SHWP above)</p>
		41	State specific Initiatives and Innovations	0.00	0.00	0.00	0.00	
RCH. 6	Family Planning	42	Sterilization - Female	615.31	509.08	615.31	509.08	1) Approved Rs.341.81 lakhs under DBT for 10000 interval sterilisations cases in Public facilities @ Rs.2000 /case, for 2000



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				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								<p>PBS cases in public facilities @ Rs.3000/case and for 2000 sterilization cases at the private healthcare facilities @ Rs. 3000/case.</p> <p>-Total amount approved Rs. 320 Lakhs for fresh approval, Rs. 21.81 Lakhs for committed budget of FY 2021-22. Total approval under Female sterilization - DBT head is Rs. 341.81 Lakhs.</p> <p>2) State has proposed Rs. 238.03 Lakhs rupees under equipment head:-</p> <p>a) Approved Rs. 150 Lakhs for procurement of 15 laparoscopes @Rs.10 lakhs/ laparoscope.</p> <p>b) Approved Rs. 4.50 lakhs for procurement of 90 minlap kits @5000 per kit.</p> <p>c) Rs. 83.52 lakhs is committed budget that will be utilized in FY 22-23 to make payment related to Laparoscope procurement</p> <p>-Total amount approved Rs. 154.5 Lakhs for fresh approval, Rs. 83.52 Lakhs for committed budget of FY 2021-22. Total amount approved under equipment head is Rs. 238.03 Lakhs.</p>



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				FY 2022-23	FY 2023-24	FY 2022-23	FY 2023-24	
								<p>3) State has proposed Rs. 7.75 Lakhs under capacity building and training head-</p> <p>a) Approved of Rs.4.5 Lakhs for 12 days training on Laparoscopic sterilization for doctors, Staff nurse and OT assistants of 3 batches with 4 participants in each batch @ Rs. 1,50,000/-per batch.</p> <p>b) Approved Rs.1.41 lakhs for 3 days laparoscopic sterilization refresher training of 2 batches with 4 participants in each batch @ Rs. 70,740/-per batch.</p> <p>c) Approved Rs. 1.84 Lakhs for 12 days minilap training of 2 batches with 4 participants (MOs) in each batch @ Rs.92,320/-per batch.</p> <p>4) State has proposed Rs. 27.03 Lakhs under OOC head-</p> <p>a) Approved Rs 13.14 lakh for 438 fixed day services (FDS) at health facility @Rs 3000/FDS.</p> <p>b) Approved Rs - 1.0 lakh for accreditation/empanelment for 20 private facilities to provide sterilisation services @ Rs. 5000/facility.</p>