Ministry of Health & Family Welfare

RECORD OF PROCEEDING MIZORAM

2019-20

National Health Mission

Preface

Record of Proceedings (RoP) document has the budgetary approvals under NHM for the financial year and serves as a reference document for implementation. The approvals given by NPCC are based on the State PIP and discussions with the State officials. Timely issuance of RoP is expected to fast track the implementation of these decisions and give State and districts ample time to monitor the progress of these activities in detail.

As we all know, the country is going through the epidemiological transition i.e. a shift in burden of diseases. Though RMNCH+A and communicable diseases continue to remain in the prime focus, NCDs are increasingly contributing to higher disease burden. The way to effectively deal with these are life style changes, better prevention, regular screening, timely and continuous compliance to treatment. For effective implementation, it is imperative that these be undertaken as close as possible to the community and hence the concept of Health and Wellness Centre that provide comprehensive primary care including prevention and platform for health promotion. Thus, apart from 12 services, we have to focus on wellness part and incorporate activities such as yoga, eat right campaign, group physical activity, forming laughter clubs etc. This will also help in dramatic reduction of the Out of Pocket Expenses (OOPE) as 72% of the OOPE is on account of outpatient care and our public primary care facilities are currently catering only to 8% of the patients. This year, we have to complete 40,000 of the 1,50,000 HWCs which are to be ready by December, 2022. In order to successfully implement this, we need a transformation in our health system and its capacity to cater comprehensively to health needs of the population. Robust procurement and IT backed logistics system from State down to the facility nearest to the community level i.e. HWCs need to be established. Capacity of the health workforce needs constant mentoring using platforms like ECHO. The provision of Performance Based Incentives (PBI) available under NHM needs to be leveraged not only to push for better performance but also to foster team spirit. We will also need the district health system to work as one unit on IT backbone to provide continuum of care between HWCs and the district hospital (DH) to ensure effective referral and downward follow up.

Dealing with the triple burden of the diseases, is not going to be easy but a strengthened Health System with able leadership at every level can take up this challenge and deliver the results. District and facility level leadership and team formation has so far been a neglected aspect. States should explore the possibility of empanelment of officers with excellent track record and leadership skills to hold key positions of CMHOs, Civil Surgeons and Medical Superintendents.

Motivated and adequate skilled human resources remain as crucial as before. Ensuring high quality recruitment, skill assessment of the clinical HR using OSCE (Objective structured clinical examination) is the first step towards bringing quality HR. We need to have in place a regular specialist cadre to ensure PGMO recruitment at entry level. As a short term measure to overcome the shortage of gynecologists and anesthetists, EmOC and LSAS training and their proper posting and mentoring is equally important. CPS and DNB courses too will help you overcome the short-supply of specialist and provide additional HR to improve service quality in our DHs.. The District Hospitals have to be developed as training hubs and specialized training for nurses e.g. neonatal nursing etc. should be started so that we have highly skilled personnel to manage SNCUs.

The provision of essential drugs and diagnostics services free of cost are expected to bring drastic reduction in Out of Pocket Expenses (OOPE). We have examples among State/UTs where the OOPE in public health facilities is almost nil and I am sure that other States can also achieve the same. Putting in place a system with robust procurement system, effective quality monitoring, IT backed supply chain management which has quality monitoring, service guarantee and awareness generation is the need of the hour. While we are providing all these services free of cost we also need to ensure that anyone who doesn't get all or any of these services is able to easily register his grievance and it is promptly redressed.

Among other priorities Eliminating TB and leprosy has to be given prime importance. As a befitting tribute to Mahatma Gandhi on his 150th birth anniversary, we must eliminate Leprosy. Towards this end, LCDC campaigns are to be taken up in the right earnest. In RNTCP we have to focus on early and comprehensive capturing of patient data through TB notification especially private sector notification. Another area that needs urgent attention is identifying and treating drug resistant TB.

We have recently started the National Viral Hepatitis Control Program. We need to understand the huge disease burden of Hepatitis and the associated mortality and morbidity and must ensure at least one model treatment centre in every State and at least one treatment centre in each district.

Ischemic heart disease has emerged as one of the major reasons of premature deaths which can be averted and reduced if in dispersed and remote facilities, patient of the IHD can be timely thrombolized and stabilized, before referring him/her to higher facilities for appropriate treatment.

Similarly accidents and injuries contribute significant DALYs as younger generation are more prone to accidental injuries. Good emergency and trauma care facilities and an integrated approach would therefore help us to significantly reduce the DALYs on account of accidents and injuries.

With increasing complexities of modern life and stress, mental Health too has emerged as a big challenge. Mental Health Act provides for assured mental health care services to all who seek such care. States would have to adopt innovative approach to scale up the mental health services not only at district hospital level but also in facilities down below. Short term courses on IT platform should be utilized to quickly scale up the capacities.

While we need to focus of NCD and DCPs, our focus on Mother and Child should not get diluted. LaQshya, availability of basket of contraceptive choice and training and formation of a cadre of midwives for quality delivery services are critical under RMNCH+A. We intend moving the deliveries to higher level facilities having good delivery loads so that we can provide assured round the clock quality services and respectful maternity carefrom highly skilled manpower. We expect highly skilled midwives to take care of normal deliveries, while the complications would be managed by obstetricians.

We will be failing in our duty towards our future generation if we don't do everything in our capacity to give opportunity to every child to grow to their fullest potential. Early Childhood Development (ECD) is a evidence based step in this direction and all the States must ensure its speedy implementation. The ECD needs to be enshrined as a

philosophy in our mothers, parents and health workforce and should become essential part of child bearing and child rearing in households.

As we gradually move towards assurance model in health care services we have to establish comprehensive integrated call centre which not only provides 'Doctor on Call' services but also redresses any grievance the patient or beneficiary may have.

It is important for States/UTs to strengthen their data reporting mechanisms to ensure accurate reporting of data across all levels of facilities. Regular analysis and action based on the data will hugely improve data quality. The analysis of this data would not only serve as an important parameter for improving the effectiveness of program implementation, but can also be leveraged for policy correction.

NHM along with the PMJAY will be the principal vehicles to achieve the Universal Health Coverage. We must recognize that even if we achieved essential health coverage and financial protection, health outcomes could still be poor if services are low-quality and unsafe. Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes.**Quality should be in the DNA of the entire health system to be able to deliver UHC.**To ensure we will need to simultaneously work on several fronts: a high-quality health workforce; quality services across all health care facilities; safe and effective use of medicines, devices and other technologies; effective use of health information systems; compliance to standard treatment guidelines; and financing mechanisms that support continuous quality improvement and right incentives to service providers to provide patient-centred care.

To give States a nudge towards long term policy changes 20% of NHM resources are tied to the conditionalities which include implementation of HRIS, NCD screening, facility rating, implementation of mental health program and operationalizing HWCs among many others.

As discussed during the NPCC meetings, we would be sharing performance indicators and benchmarks for all major program management posts shortly. If the program management staff does not meet the minimum benchmark,s/he will not be supported under NHM. **The States/UTs must ensure that in the contract letters of every program management HR, there is a clause which essentially says that every nodal officer/consultant/program manager under NHM will have to achieve minimum performance benchmark as set by MoHFW and the state government. In case of non-attainment of minimum performance benchmark, NHM will not provide budgetary support for the incumbent.**

I look forward to working with you to continuously review the progress being made against these approvals. We are willing to do whatever it takes to strengthen our public health system for improved healthcare, particularly for the poor and the marginalized population. Let us reaffirm our commitment towards provision of equitable, affordable and quality health care that is accountable and responsive to people's needs.

Manoj Jhalani
Additional Secretary & Mission Director, NHM

F. No. 10(20)/2019 – NHM –I
Government of India
Ministry of Health and Family Welfare
(National Health Mission)
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Nirman Bhawan, New Delhi
Dated the 05 March 2019

To

Mission Director (NHM)
Mizoram State Health Society
Dept. of Health and family Welfare
Govt of Mizoram, Dinthar
Aizwal- 796001, Mizoram

Subject: Approval of NHM State Program Implementation Plan for the State of Mizoram for the financial year 2019-20

This refers to the Program Implementation Plan (PIP) for financial year 2019-20 submitted by the State and subsequent discussions in the NPCC meeting held on 14th February , 2019 at Nirman Bhawan, New Delhi.

2. Against a resource envelope of Rs **140.33** Crore, (calculated assuming State Share of 10%) an administrative approval of the PIP for your State is conveyed for an amount of **Rs 163.58 Crore.** Any unspent balance available under NHM with the State as on 01.04.2019, would also become a part of the resource envelope and depending on the expenditure and requirement, the State may propose a supplementary PIP and take approvals from MoHFW. Details of resource envelope are provided in Table A and B below.

3. The State Share of Rs 311.61 Crore could be added to any pool depending on the approvals and requirement of the State. The total of funds provided to NHM should be equal to 40%.

TABLE-A

Particulars	Rs. in crore
(a) GoI Support (Flexible Pool allocation including Cash and Kind)	72.77
(b) GoI Support for Incentive Pool based on last year's performance (assuming no incentive/ reduction account of performance)	15.42
(c) GoI Support (under Infrastructure Maintenance)	38.11
Total GoI support (a+b+c)	**126.30**
State Share (10%)	14.03
Total Resource Envelope	**140.33**

TABLE 'B' - Break up of Resource Envelope

Sl.No.	Particulars	GoI Share (Including Incentive Pool)
1	RCH Flexible Pool (including RI, IPPI, NIDDCP)	21.45
1 (i)	RCH Flexible Pool (including RI, IPPI, NIDDCP) Cash Grant Support	14.3
1(ii)	RCH Flexible Pool (Kind Grant Support under Immunisation)-Provisional assuming 50% of Cash Grant allocation 1(i) above	7.15
2	Health System Strengthening (HSS) under NRHM	40.65
2 (i)	Other Health System Strengthening covered under NRHM	35.26
2(ii)	Comprehensive Primary Health Care under HSS	4.41
2(iii)	Additional ASHA Benefit Package including support to ASHA facilitators	0.97
	Total NRHM-RCH Flexible Pool	62.1
3	NUHM Flexible Pool	5.62
3 (i)	Other Health System Strengthening covered under NUHM	2.98
3 (ii)	Comprehensive Primary Health Care under NUHM	2.64
4	NDCP Flexible Pool (RNTCP,NVHCP, NVBDCP, NLEP, IDSP)	17.87
5	NCD Flexible Pool (NPCB, NMHP, HCE, NTCP, NPCDCS)	2.6
6	Infrastructure Maintenance (including Direction and Administration)	38.11
	State Share	14.03
	Total Resource Envelope	**140.33**

4. The support under NHM is intended to supplement and support and not to substitute State expenditure. All the support for HR will be to the extent of positions engaged over and above the regular positions as per IPHS and case load. NHM aims to strengthen health systems by supplementing and hence it should not to be used to substitute regular HR. All states are encouraged to create sanctioned regular positions as per their IPHS requirement. HR should only be engaged when infrastructure, procurement of equipment etc. required to operationalize the facility is in place. Moreover HR could only be proposed and approved under designated FMRs. HR under any other FMR or in any lumpsum with other proposals, would not be considered as approved.

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

- Compliance with conditionalities as prescribed by Department of Expenditure (DoE) under the Ministry of Finance.
- Ensuring timely submission of quarterly report on physical and financial progress made by the State.
- Pendency of the State share, if any, based on release of funds by Government of India.

- Timely submission of Statutory Audit Report for the year 2018-19 and laying of the same before the General Body and intimation to the Ministry.
- Before the release of funds beyond 75% of BE for the year 2019-20, State needs to provide Utilization Certificates against the grant released to the State up to 2018-19 duly signed by Mission Director and Auditor.
- State to open accounts of all agencies in PFMS and ensure expenditure capturing.

6. 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.

7. State should adhere to the clauses mentioned in the MOU signed and achieve the agreed performance benchmarks given as Annexure – 1

8. The Conditionalities framework for 2019-20 is at Annexure-II. It is to be noted that Full Immunization Coverage (FIC)% will be treated as the screening criteria and Conditionalities for 2019-20 would be assessed for only those States which achieve 90% Full Immunization Coverage. For EAG, NE and Hill States the FIC criteria would be 85%.

9. The RoP document conveys the summary of approvals accorded by NPCC based on the state PIP. The details of agreed proposals are contained in the Framework for Implementation of RoP which is enclosed. We would also be sharing the excel sheets later for facilitating implementation and reviews.

10. Finance

- State should convey the district approvals within 15 days of receiving the State RoP approvals. High priority districts must receive at least 30% more budget per capita compared to the other districts. State should share the district wise total approvals conveyed with MoHFW.
- 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.
- All procurement to be based on competitive and transparent bidding process.
- The unit cost/rate approved for all activities including procurement, printing etc are indicative for purpose of estimation. However, actuals are subject to transparent, and open bidding process as per the relevant and extant purchase rules.
- Third party monitoring of works and certification of their completion through reputed institutions to be introduced to ensure quality. Also, Information on all ongoing works to be displayed on the NHM website
- 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.

- The State must increase state health budget for primary healthcare by 10% every year. It also should strive to spend at least 2/3rd of the total budget on primary health care.
- As per the Mission Steering group meeting decision, up to 9 % of the total Annual State Work Plan for that year could be budgeted for program management and M&E; while the ceiling could go up to 14% for small states (NE) and UTs.
- 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.
- State shall ensure submission of details of unspent balance indicating inter alia, funds released in advance & funds available under State Health Societies. The State shall also intimate the interest amount earned on unspent balance. This amount can be spent against approved activities.
- The 18 major heads of the budget have been divided into three groups. In group-A there are budget heads for infrastructure, HR, Program management, Innovation, IEC and PPP. No additional funds could be added to the approvals under group A budget heads. Group B consists of Training, Quality assurance and Research and evaluations, from which funds cannot be taken out. Group C has the rest of the 9 heads, wherein State as per its requirement may reallocate funds from one head to another with the approval of the executive committee and the Governing body of the State Health Society.

11.Infrastructure

- The approval for new infrastructure is subject to the condition that States will use energy efficient lighting and appliances.
- State/UTs to submit Non-Duplication Certificate as per prescribed format

12 Equipment

- State/UTs to submit Non-Duplication Certificate as per prescribed format

13 IT Solutions

- All IT solutions being implemented by the State must be EHR compliant

14 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.

15 JSSK, JSY and other entitlement scheme

- State must provide for all the entitlement schemes mandatorily. No beneficiary should be denied any entitlement because of these cost estimates. If there are variations in cost, it may be examined and ratified by the RKS.
- State/UT to ensure that JSY payments are made through Direct Benefit Transfer (DBT) mechanism through AADHAAR enabled payment system, through NEFT under Core Banking Solution or through A/C payee check.

Yours faithfully

S. Nayak

(S. Nayak)
Deputy Secretary (NHM)

Appendix - II

MOU MILESTONES AND TARGETS

Sl No	Major Milestones	FY 2018-19	FY 2019-20
1.	Reduction of MMR	NA	NA
2.	Reduce (i) U5MR (ii) IMR (iii) NMR	I. NA II. 23 III. NA	I. NA II. 21 III. NA
3.	TFR Annual decline (points)	0.1	0.1
4.	Increase Modern Contraceptive Prevalence Rate	1.0	1.0
5.	Increase (i) ANC (ii) SBA	I. 95.1% II. 92.7%	I. 97.7% II. 95.9%
6.	Full immunization of all newborns by one year of age	I. 90%	I. 90%
7.	Achieve and maintain elimination status, in respect of: (i) Leprosy (ii) Kala- Azar (iii) Lymphatic Filariasis (iv) Malaria	**Leprosy:** Targets as recommended by WHO, Global Leprosy Strategy, 2016-2020, (to be achieved and maintained in all districts) i.e.,: 1. Grade II disability/ million population <1 / million population Zero pediatric cases with Grade II disability **Malaria:** (i) To maintain ABER > 15 (Surveillance needs to be strengthened in blocks having ABER <15) (ii) To achieve API<1	**Leprosy:** Targets as recommended by WHO, Global Leprosy Strategy, 2016-2020, (to be achieved and maintained in all districts) i.e.,: 1. Grade II disability/ million population <1 / million population Zero pediatric cases with Grade II disability **Malaria:** (i) To maintain ABER > 15 (Surveillance needs to be strengthened in blocks having ABER <15) (ii) To sustain API<1
8.	Reduce/sustain case fatality rate for Dengue at <1% (by 2018 & 2019) and set up one sentinel site hospital (SSH) in each district. Accordingly, number of new SSH in	(i) Sustain 0% case fatality rate. (ii) State must take measures to maintain the functionality of	(i) Sustain 0% case fatality rate. (ii State may increase the no. of SSH from the existing 2

MOU MILESTONES AND TARGETS

Sl No	Major Milestones	FY 2018-19	FY 2019-20
	2018 and 2019 is 15 and10, respectively	the existing 2 SSH centers.	functional SSHs, if required.
9.	I. Tuberculosis - Achieve and maintain a treatment success rate of 90% amongst notified drug sensitive TB cases by 2020 II. Total number of patient notification III. TB notification rate (per lakh population) IV. TB mortality rate (per lakh population)	I. 90% II. 3605 III. 295 IV. 45	I. 90% II. 3949 III. 318 IV. 38
10.	Blindness - Reduce the prevalence of blindness and the disease burden	I. Cataract Operation 4419 II. Free Spectacles distribution to school children 1000 III. Collection of Donated Eyes 100	I. Cataract Operation 4600 II. Free Spectacles distribution to school children 1000 III. Collection of Donated Eyes 100
11.	To halt premature mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases by 2020. Baseline ICMR India State Level Disease Burden Study	18.6 %	18.6 %
12.	Reduce prevalence of current tobacco use	16% relative reduction in current prevalence of tobacco use during 2017-2020	
13.	Increase utilization of public health facilities	OPD 13%	OPD 3.4%
14.	Reduce OOPE (In. Rs.)	583	564

Conditionalities Framework – 2019-20

SN	Conditionality[1]	Incentive/penalty	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: 1. The states showing overall improvement to be incentivized 2. States showing no overall increment get no penalty and no incentive 3. States showing decline in overall performance to be penalized % 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.	Rating of District Hospitals in terms of input and service delivery	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	HMIS and NITI Aayog DH ranking report	+10 to -10
3.	Operationalization of Health and Wellness Centers (HWC)	State to operationalize 30% of SCs, PHC and UPHCs as HWCs	State report NHSRC report	+20 to -20
4.	% districts covered under Mental health program and providing services as per framework	If 75% of the districts covered:5 points If 50% districts in Non-EAG and 40% districts in EAG states: incentive 3 points Less than 40% EAG and less than 50% Non EAG to be penalized 3 points Less than 30% in EAG and 40% in Non EAG to be penalized 5 points	Report from Mental Health Division MoHFW	+5 to -5
5.	% of 30 plus population screened for NCDs	15% of 30 plus population screened for NCDs: 5 points incentive 7% of 30 plus population screened for NCDs: 3 points incentive Less than 3% of 30 plus population screened for NCDs: 3 points penalty Less than 2% of 30 plus population screened for NCDs : 5 points penalty 50% of the screening data must be captured in	Report from NCD division MoHFW/NHSRC and State reports Any Survey data available	+5 to -5

[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.

Conditionalities Framework – 2019-20

SN	Conditionality[1]	Incentive/penalty	Source of verification	% Incentive/ Penalty [2]
		NCD app (denominator total 30 plus population of the State)		
6.	HRIS implementation	Ensure implementation of integrated HRIS for all HRH (both regular and contractual) in the state. Salary invoice and transfer orders to be generated by HRIS. Line listing of all staff for all facilities to be available. HRIS data should match with HMIS reporting. Cases where it doesn't, state should provide reason and numbers.	HRIS (State) and HMIS report	+10 to -10
7.	Star rating of PHCs (both Urban and rural) based on inputs and provision of the service package agreed	75% (in Non EAG) and (60% in EAG and NE) of the PHCs having 3 or more star rating: 5 points incentive 50% (in Non EAG) and 40% (in EAG and NE) PHCs having 3 or more star rating: 2 points incentive Less than 40% (in Non EAG) and 30% (in EAG and NE) of PHCs having 3 or more star rating to be penalized: - 5 points	HMIS	+5 to -5
8.	Early Childhood Development (ECD)	Implementation of ECD in State	State Reports Report from CH division	+5 to -5

Budget Approvals for 2019-20

FMR		Budget Head	Amount Proposed		Amount Approved	
			NHM	NUHM	NHM	NUHM
1	**U.1**	**Service Delivery - Facility Based**	**293.38**	**9.80**	**271.74**	**9.00**
1.1	U.1.1	Service Delivery	125.88	5.00	122.58	5.00
1.2		Beneficiary Compensation/ Allowances	114.48		104.64	
1.2.1		Beneficiary Compensation under Janani Suraksha Yojana (JSY)	86.46		86.46	
1.2.2		Beneficiary Compensation under FP Services	26.35		16.51	
1.2.3		Others (including PMSMA, any other)	1.67		1.67	
1.3	U.1.3	Operating Expenses	53.02	4.80	44.52	4.00
2	**U.2**	**Service Delivery - Community Based**	**399.78**	**19.37**	**332.23**	**19.95**
2.1	U.2.1	Mobile Units	149.02	0.00	123.02	0.00
2.2	U.2.2	Recurring/ Operational cost	168.20	0.10	167.41	1.14
2.3	U.2.3	Outreach activities	82.56	19.28	41.79	18.81
3	**U.3**	**Community Interventions**	**761.45**	**33.55**	**842.47**	**30.44**
3.1	U.3.1	ASHA Activities	669.83	28.58	666.21	28.58
3.1.1	U.3.1.1	Performance Incentive/Other Incentive to ASHAs	528.16	27.24	524.55	27.24
3.1.2	U.3.1.2	Selection & Training of ASHA	58.87	1.34	58.87	1.34
3.1.3	U.3.1.3	Miscellaneous ASHA Costs	82.80	0.00	82.80	0.00
3.2	U.3.2	Other Community Interventions	90.71	4.97	175.56	1.86
3.3	U.3.2	Panchayati Raj Institutions (PRIs)	0.90	0.00	0.69	0.00
4	**U.4**	**Untied Fund**	**419.95**	**15.75**	**209.97**	**15.75**
5	**U.5**	**Infrastructure**	**440.24**	**19.17**	**440.24**	**19.17**
5.1	U.5.1	Upgradation of existing facilities	417.34	4.40	417.34	4.40
5.2	U.5.2	New Constructions	0.00	14.77	0.00	0.00
5.3	U.5.3	Other construction/ Civil works	22.90	0.00	22.90	14.77
6	**U.6**	**Procurement**	**3550.09**	**84.79**	**3047.33**	**69.00**
6.1	U.6.1	Procurement of Equipment	1158.65	14.00	851.04	4.00
6.2	U.6.2	Procurement of Drugs and supplies	2304.96	70.79	2114.60	65.00
6.3	U.6.3	Procurement of Other Drugs and supplies (please specify)	9.60	0.00	2.00	0.00
6.4		National Free Diagnostic services	74.88		74.88	
6.5	U.6.5	Procurement (Others)	2.00	0.00	2.00	0.00
7	U.7	**Referral Transport**	**383.43**	**0.00**	**259.92**	**0.00**
8	**U.8**	**Service Delivery - Human Resource**	**4105.12**	**255.11**	**3140.44**	**242.80**
8.1	U.8.1	Human Resources	3962.32	231.11	2997.64	218.80
8.2	U.8.2	Annual increment for all the existing positions	0.00	0.00	0.00	0.00
8.3	U.8.3	EPF (Employer's contribution) @ 13.36% for salaries <= Rs.15,000 pm	5.68	0.00	5.68	0.00
8.4	U.8.4	Incentives and Allowances	137.12	24.00	137.12	24.00
9	**U.9**	**Training & Capacity Building**	**415.83**	**5.97**	**367.49**	**5.11**
9.1	U.9.1	Setting Up & Strengthening of Skill Lab/ Other Training Centres	10.25	0.00	10.25	0.00

FMR		Budget Head	Amount Proposed		Amount Approved	
			NHM	NUHM	NHM	NUHM
9.2		HR for Skill Lab/ Training Institutes/ SIHFW	31.20		21.60	
9.3		Annual increment for all the existing positions	0.00		0.00	
9.4		EPF (Employer's contribution) @ 13.36% for salaries <= Rs.15,000 pm	0.00		0.00	
9.5	U.9.5	Trainings	374.38	5.97	335.64	5.11
10	**U.10**	**Review, Research, Surveillance & Surveys**	**19.29**	**0.00**	**20.54**	**0.00**
10.1	U.10.1	Reviews	5.09	0.00	5.09	0.00
10.2	U.10.2	Research & Surveys	3.00	0.00	3.00	0.00
10.3		Surveillance	2.00		2.00	
10.4		Other Recurring cost	9.20		10.45	
11	**U.11**	**IEC/BCC**	**151.80**	**4.50**	**86.44**	**0.00**
12	**U.12**	**Printing**	**162.99**	**0.80**	**107.84**	**0.80**
13	**U.13**	**Quality Assurance**	**160.73**	**13.40**	**158.08**	**8.61**
13.1	U.13.1	Quality Assurance	43.26	2.56	43.19	2.56
13.2	U.13.2	Kayakalp	117.46	10.84	114.89	6.05
13.3	U.13.3	Any other activity (please specify)	0.00	0.00	0.00	0.00
14	**U.14**	**Drug Warehousing and Logistics**	**89.25**	**0.00**	**57.64**	**0.00**
14.1		Drug Ware Housing	5.95		5.84	
14.2	U.14.2	Logistics and supply chain	83.30	0.00	51.80	0.00
15	**U.15**	**PPP**	**88.62**	**0.00**	**83.42**	**0.00**
16	**U.16**	**Programme Management**	**2121.74**	**24.04**	**1915.95**	**22.99**
16.1	U.16.1	Programme Management Activities (as per PM sub annex)	556.48	0.00	435.96	0.00
16.2		PC&PNDT Activities	1.43		1.43	
16.3		HMIS & MCTS	18.61		18.31	
16.4	U.16.8	Human Resource	1545.22	24.04	1460.25	22.99
17	**U.17**	**IT Initiatives for strengthening Service Delivery**	**4.54**	**0.00**	**4.54**	**0.00**
18	**U.18**	**Innovations (if any)**	**43.40**	**0.00**	**42.20**	**0.00**
Total			**13611.63**	**486.24**	**11388.47**	**443.62**
Total amount approved for FY2019-20					**11832.08**	
Infrastructure Maintenance					**3811.00**	
Immunisation (Kind Grants)					**715.00**	
Grand total approved including IM					**16358.08**	

	Group-A		Group-B		Group-C