GOVERNMENT OF NAGALAND

NATIONAL RURAL HEALTH MISSION

STATE PROGRAMME IMPLEMENTATION PLAN 2009-10

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Submitted by
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EXECUTIVE SUMMARY

The National Rural Health Mission (NRHM) in Nagaland was launched in Feb'06. Within the time span of these few years, the state has shown significant improvement in health care delivery both in terms of physical infrastructure and service delivery output. Taken the last facility surveys carried out in 2007 as the base line, during the current financial year reassessment of all the public health infrastructure were carried out. Household surveys and cluster survey were conducted throughout the state with the help of the Village Health Committees. This could be possible due to the existence of functioning Village Councils and very sound concept of *communitization*. Staff of health services department also assisted in the household surveys. The findings of the surveys along with the HMIS data have been used for situational analysis and for proposing adequate interventions to be taken up in days to come.

The facility surveys bears out the fact that there is much to do in the infrastructural and manpower front. While construction works have been taken up on priority basis to upgrade the health infrastructure, very little could be done for providing adequate specialist manpower. It is to be understood that the state is not having even adequate number of graduate doctors and other para-medicals. Because of serious dearth of medical doctors / specialists, the state could not make many of its health facilities fully functional. Innovative ideas like the 'alternative delivery system' have made some improvement in overcoming these shortfalls. *Incentive for the rural and posting at far flung areas* have have also been of great motivational factor in the current year. Short term courses fot skill upgradation training for M.Os and continuing medical education programmes are going to make a positive impact in years to come.

Block action plans based on village level needs and aspiration as expressed during the series of village level consultative meetings. To initiate the preparation of block action plans, many orientation and training programmes were organized for the state / district / block authorities cutting across different levels of officers. On the basis of field level situation, focus group discussions and cluster surveys of selected blocks, the block plans thus prepared were appraised at the district level, where officials from the state also attended. The state officials collected a copy of all block plans and also the key salient issues discussed in the appraisal meeting in terms of needs, resources available, aspiration etc and on that basis the state plan is prepared. The block / districts have focused on the need of adequate infrastructure, manpower and mobility in their programme implementation plans.

District plans are prepared based on the block plans as the key document, which is used by the state as well as the GOI officials as the main tool for monitoring the field level activities and also to extend supportive monitoring to the field level officers. The plans are prepared based on the evidence and need based down to the grass root level.

To meet the shortage of manpower in the state, PPP initiative in partnership with Christian Institute of Health Sciences and Research, Dimapur has been started. This is with the highest political commitment. The Nursing School in Dimapur is in fast progress and we should be able to achieve our target if fund flow is not interrupted. The existing infrastructure of Para Medical Training Institute is proposed to be used to offer a diploma course in Pharmacy and in the long run upgraded to College of Pharmacy.

The Nursing College which was approved to be set up at Kohima is yet to get underway, it is expected that civil works will complete in the current year. This institute will be yet another milestone in ensuring quality health care personnel in the state.

Kohima district hospital was referred to as state hospital in 2002 after the formation of Naga Hospital Authority. This hospital is now an autonomous institute, and the only referral hospital in the state. To cater to the increasing health care needs of the people a plan for setting up a new district hospital has been started and the initial works like identification and acquisition of plots are already in the process.

Partnerships with NGOs and also the initiative taken under public private partnership will also pave the way to reach those yet inaccessible parts of the state. Improvements in quality and increase in the number of health care personnel will also increase the options of better services for the people of the state.

The main goals of RCH II programme in Nagaland are to reduce MMR to 200 by 2008-09 and 150 by 2009-10, to decrease IMR from 20 (SRS Oct 07)) to 18 by 2008-09 and 15 by 2009-10, to reduce TFR from 3.7(NFHS-3) to 3.5 by 2007-08 and 3.1 by 2008-09 and increase Contraceptive prevalence rate among Eligible couples.

Various focused and need based interventions have been proposed for ensuring effective service delivery with regards to the diseases prevalent in the state. Adequate steps have been initiated to ensure convergence with the key stakeholders.

The state government of Nagaland is committed to according higher priority to health sector & amply demonstrated its commitments. The status of program wise fund received and utilized since 2005-06 till Dec 08 is as under.

In Crores of Rupees

	Received	**Expenditure**	**Remark**
RCH Flexible			
2005-06	6.61	3.14	As per Audit
2006-07	3.73	5.06	As per Audit
2007-08	4.96	6.55	As per Audit
2008-09	8.09	6.48	As per FMR Dec 08
Total	**23.39**	**21.23**	**91% Utilization, unspent- 2.16 Cr**
NRHM Flexible			
2005-06	3.72	0.87	As per Audit
2006-07	15.87	12.55	As per Audit
2007-08	29.37	21.71	As per Audit
2008-09	17.04	27.27	As per FMR Dec 08 and including last year's advance of Rs. 9.87 Cr. Now shown as utilized as SOE/UC received.
Total	**66.00**	**62.40**	**95% Utilization, an amount of Rs. 3.6 Cr with the districts and implementing agencies as advance**
UIP			
2005-06	0.21	0.19	As per Audit
2006-07	0.30	0.52	As per Audit
2007-08	0.66	0.40	As per Audit
2008-09	0.84	0.40	As per FMR Dec 08
Total	**2.01**	**1.51**	**75% utilization, unspent – 0.5 Cr**
IPPI			
2005-06	0.23	0.16	As per Audit
2006-07	1.04	1.09	As per Audit
2007-08	0.54	0.55	As per Audit
2008-09	1.41	1.42	Exp reports as on 15th Feb 2009
Total	**3.22**	**3.22**	**No balance**

NRHM encompasses all the different components, which projects requirement as shown below. Hopefully, if the amount, which has been sought for is approved timely then it will be a real boost for implementing different activities under NRHM.

Part	Programme	Components	Budget (Lakhs)
A	RCH		2949.62
B	NRHM		6636.90
C	UIP		95.22
D	NDCP	RNTCP	312.83
		NVBDCP	851.62
		NLEP	99.65
		IDSP	107.02
		NIDDCP	38.26
		NPCB	405.28
E	Convergence		46.00
		Sub-Total (A)	**11542.40**
F	Other New Programmes	Tobacco Control	67.60
		Oral Health	104.00
		Non Communicable Diseases	162.22
		AYUSH	2810.55
		Sub-Total (B)	**3144.37**
		Grand Total (A+B)	**14686.77**

Rupees One Hundred Forty Six Crores Eighty Six Lakhs and Seventy Seven Thousand only.

CHAPTER 1

BACKGROUND

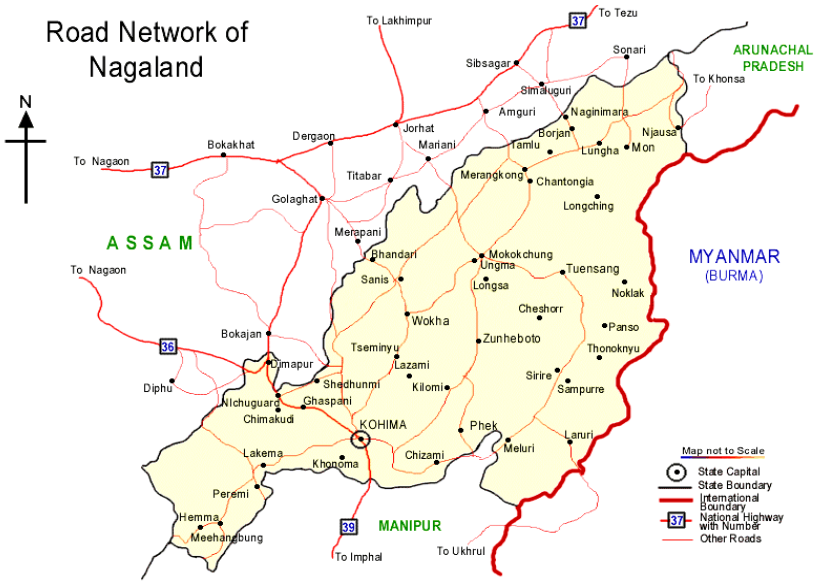
1.1 Brief Profile of the State

Nagaland, the 16th state of Indian Union, got statehood on the 1st December 1963. Verdant Nagaland, an expanse of rugged terrain and full of greenery though strategically located and inhabited by tribals, remained isolated and neglected till the dawn of independence. Prior to this, there was only a limited administration, which was considered essential by the Britishers to maintain law and order in this region. As a result, even little technological changes in other parts of the country did not bring any impact in this area and people remained economically and socially isolated from rest of the country and semi-isolated pockets of development took place.

After the independence, Government of India adopted the policy to bring the tribals to the mainstream of national life and to open up the avenues for their development. Sustained efforts were made to develop these areas economically, formulating various development programs in such a way that the existing social structure is disturbed to minimum and at the same time taking efforts to make the norms and social values responsive to the changes.

1.2 Geographical Features of Nagaland

Geographically the state of Nagaland is almost triangular in shape, having an area of 16,579 Sq. Km. It is one of the North-Eastern states of India, sharing an international border with the adjacent country of Myanmar on its maximum part of the south-east. The state lies between 25'6' N and 27'4'N latitudes and between 95'20'E and 95'15'E longitudes. Nagaland is bounded by the states of Assam on the west from north-west to south-west and Manipur on the south, Myanmar (Burma) on the east & Arunachal Pradesh on the northern part of the eastern border.



Geo- politically, Nagaland is a sensitive state as it is bounded by Myanmar in the east with China close in the north and Bangladesh in the western'part Nagaland is a hilly mountainous state excepting a few hundred square kilometers of the plains in Dimapur, Naginimora and Tizit and the foothills of

Chumukedima, Dikhu valley and several valleys of the river beds like Medziphema, Baghty, Bhandari etc. Kohima the capital of Nagaland is situated at 4,800 feet above sea level.

1.3 Administrative division

The administrative set up of Nagaland comprises of 11 Districts (including 3 new Districts of Peren, Kiphire and Longleng), 52 Community Development Blocks, 93 Administrative Circles and 1278 villages (Census 2001).

At the town/urban areas the administrative set includes 3 Municipal Councils at Kohima, Dimapur and Mokokchung, while other District Headquarters (8 Nos.) have Town Councils. In the rural areas, in every village of the state, it has Village Councils, which are village-based bodies consisting of elected representatives of various sections (khels/clans) of the village for village administration under the Nagaland Village Councils Act.

District with Headquarters: 11 in number as follows:
(1) Kohima (2) Mokokchung (3) Tuensang (4) Mon (5) Wokha (6) Zunheboto (7) Phek, (8) Dimapur (Chumukedima), (9) Peren, (10) Kiphire and (11) Longleng

Sl.	District	Head Quarter	Population	Towns	Village
1	KOHIMA	Kohima	238619	3	94
2	MOKOKCHUNG	Mokokchung	227230	4	102
3	TUENSANG	Tuensang	164361	5	146
4	PHEK	Phek	148246	4	104
5	MON	Mon	259604	3	110
6	WOKHA	Wokha	161098	3	128
7	ZUNHEBOTO	Zunheboto	154909	3	187
8	DIMAPUR	Chumukedima	308382	3	216
9	PEREN	Peren	75747	3	86
10	KIPHIRE	Kiphire	127448	2	81
11	LONGLENG	Longleng	122992	2	24
	Total		1988636	31	1278

The 52 blocks in the various districts are as follows:

District	No	Particulars	District	No	Particulars
Kohima	1	Tseminyu	Mon	27	Mon
	2	Chiephobozou		28	Wakching
	3	Jakhama		29	Tobu
	4	Peren		30	Chen
	5	Tening		31	Phomching
	6	Peren		32	Tizit
	7	Jalukie	Wokha	33	Wokha
Mokokchung	8	Ongpangkong (N)		34	Chukitong
	9	Ongpangkong (S)		35	Bhandari
	10	Changtongya		36	Sanis
	11	Mangkolemba		37	Wozhuro Ralan
	12	Longchem	Phek	38	Phek
	13	Kobulong		39	Kikruma
Tuensang	14	Sangsangyu		40	Pfutsero
	15	Shamator		41	Sekhruzu
	16	Longkhim		42	Meluri
	17	Noklak	Zunheboto	43	Zunheboto

District	No	Particulars	District	No	Particulars
	18	Noksen		44	Tokiye
	19	Thonoknyu		45	Akuluto
	20	Chare		46	Ghathashe
	21	Chessore		47	Satakha
Longleng	22	Tamlu		48	Suruhuto
	23	Longleng	Dimapur	49	Medziphema
Kiphire	24	Tamlu		50	Kuhuboto
	25	Sitimi		51	Dhansiripar
	26	Pungro		52	Niuland

1.4 Climate of Nagaland

Nagaland has a pleasant climate. The climate of Nagaland is generally cool in winter and pleasantly warm in summer especially in the interior places and higher hills. In winter the night temperature comes down between 4° C to 1° C in December, January and February which are the coldest months in the year. The temperature does not rise beyond 32° C and the average summer temperature is 22° C to 27° C. The average annual rainfall for about 7 months from May to October is between 200 Cm and 250 Cm in the state.

According to the prevailing weather conditions the year in Nagaland may be divided into four distinct seasons. They are - cold season (winter), hot season (Pre-Monsoon), rainy season (Monsoon) and cool season (Retreating Monsoon). The cold season begins in December and continues till the end of February. March and April are the hot season as this period is hot. The rainy season includes the months from May to September. The period of October and November is treated as cool season as this period is neither too hot nor too cold.

Around the year, towards the end of winter season, in the months of February and March the sky is clear almost through out the day, with occasional cloudiness in the afternoon but clear again at night. These are the windiest months in the year. At this time high winds blow almost throughout the day and night. It blows so hard that sometimes damage is caused to buildings and trees. The wind generally blows from south-west and at times its velocity rises upto 100 kilometres per hour. The wind dies out in March or April. A Jew drops of rainfall are found even in February, a few showers in March and a little more in April. Then sets in the monsoon from the month of May to September. Sometimes hailstorms occur in March and April and during hail storms it suddenly becomes cold.

The south-west monsoon sets in the middle of June and continues upto the middle of September. It brings heavy rain, mostly in showers but there are very few days without drizzling. Towards the end of the rainy season the rainy days are found less in number. Here the rain comes without any warning and so it is difficult to forecast ahead.

July is the hottest month but due to heavy rains the heat is neutralised. Hottest days appear in July, August and September during sunny days. The pleasant season starts from the month of October. Winter starts by November with a regular cold. But December till the first part of February are the coldest months in the year. Cold wind blows during winter from the north-east under the influence of the north-east monsoon.

During winter, from November to February the mornings are bright and it becomes cold. Frost falls on mountains and spreads over the river valleys and hill slopes but not everywhere. There is also winter rain at least once or twice a year. In addition, there are monsoon thunder showers. Accompanied by hail, which may sometimes be very devastating to orchards and plantations.

1.5 Transportation And Communication

The emergence of Nagaland as a state in 1963 brought great changes and improvement to the road condition of Nagaland. New roads were constructed while the existing ones got widened and metalled. At present, all the State Highways, viz, Dimapur Kohima (National Highway No. 39), Kohima - Zunheboto, Kohima-pfutsero - Phek, Kohima-Wokha-Mokokchung(National Highway-61), Kohima - Zunbehoto-Mokokchung, Kohima - Mokokchung - Tuensang etc. are metalled, so also most of the roads connecting different administrative headquarters. Most of the roads linking the district headquarters are maintained by the Border Roads Organisation. Apart from these main roads, many roads have now come up connecting the villages with the administrative headquarters.

As the topography of the region is hilly forbidding easy development of railway, Nagaland is practically deprived of railway system. Dimapur is the only place where railway could be connected in the state. Dimapur has now become an important commercial centre which handles the entire import and export trade of Nagaland. All important commodities come into Nagaland through Dimapur. The North East Frontier Railway (NFR) that runs from Guwahati to Dibrugarh through Dimapur has sent out a branch line from simulguri to Naginimora. This line has been introduced primarily for carrying the coal of Borjan colliery through Naginimora.

Recently the connectivity of Dimapur with the rest of the country was enhanced greatly by the introduction of Dimapur-Delhi Rajdhani (twice a week), Dimapur-Guwahati Shatabdi (Daily), Dimapur-Guwahati Express(Daily)

The only aerodrome in Nagaland is at Dimapur. At the moment, there are daily flights between Guwahati and Dimapur and Flights between Calcutta and Dimapur operates four times a week.

1.6 The People of the state

The people of Nagaland are almost entirely tribal consisting of 16 major tribes, each having its own distinctive language and cultural features. Family is the fundamental unit in the society and is based along patrilineal and patriarchal lines. The structure of the society is complex. A clan comprises of a group of consanguineous families descending from a common ancestor, a number of such clans constitute a village while villages constitute a tribe. The clan functions as a unit of collective responsibility and provides a criterion of identification. Clan membership determines the choice of marriage partners.

The phatry is strictly exogamous hence it is considered taboo to marry within one's clan or even a clan of another village corresponding to one's own. The breach of this rule is punishable as fines are imposed and its members can be ex-communicated from the village. Naga villages are self-contained socioeconomic and political sovereign units, which may be autocratic chieftainship (eg: Konyaks) or democratic setup with a republican form of government known as Village Council (eg. Aos) having its own definitive population, area and administration; hence it is often referred to as 'village republic'.

In Nagaland, the land ownership consists of three types: common land of the village, clan owned land, privately owned land. The village land is for common use and is reserved for community purposes and no individual or clan can claim it. However, the landed property is primarily clan owned, therefore, it is held by all members of the clan and the allotment is determined by the elders according to respective needs. The land is also privately owned by individuals which are obtained through inheritance, purchase or received as gifts. Thus every Naga owns land and there is no land leases among Nagas.
More than 95% of the population is Christian in faith. Immigrants consisting of a small percentage of the population are mostly Hindus, Muslims and Buddhist. Linguistically the Naga tribes belong to two different families based on the classification of the Linguistic Survey of India, namely the Mizo-Kuki-Chin and Bodo-Konyak-Jinghpaw subgroups of the Sino-Tibetan family. There is dialectic variation between tribes and even within the tribe. Therefore, in absence of indigenous lingua franca, with the advent of the British Rule, English became the official language, while Nagamese which is a pidgin Assamese is gaining popular amongst the common people.

1.7 Population

As per 2001 census (provisional), the population of Nagaland stands at 1988636. The percentage decadal population growth is 64.41 (census 2001). The rural population constitutes 83.77% and the urban only 17.23%. The percentage of population below poverty line in 1999-2000 is 33.67 (SRS Bulletin, April 2001).
The population is mostly tribal with an average population density per square kilometer of 120 persons (census 2001). The population density is highest in the Dimapur District having 333 persons per sq. km whereas in the Phek District, population density is only 73 persons per sq. km. In addition to its peculiar topography and difficult terrain, tribal customs also give in to widely dispersed settlement pattern of the population that applies to the whole State. There are 17 tribes, most of them being Nagas, inhabited in 1278 villages (Census 2001), each of which has distinct customs, traditions and languages.

The District-wise distribution of the different tribes is shown in the table below:

Sl	District	Tribe (s)
1	Kohima	Angami, Rengma, and small groups of Kuki and Sema.
2	Phek	Chakhesang, Pochury and Sangtam.
3	Mokokchung	Ao and small groups of Sema.
4	Wokha	Lotha.
5	Zunheboto	Sema.
6	Tuensang	Khiamniungan, Chang, Sangtam, and Yimchungrü.
7	Mon	Konyak.
8	Dimapur	Cosmopolitan nature consisting of all the tribes of Nagaland and other people from the rest of the country.
9	Peren	Zeliangrong, Kuki.
10	Kiphire	Sangtam, Yimchungrü, Sema.
11	Longleng	Phom.

The sex ratio of the State is 909 as per census 2002.

The District ratios ranged from the highest 944 in Kohima District to 854 (lowest) in Dimapur District (census 2001). However, as per the survey of Department of Health & Family Welfare in 2004, the sex ratio ranged from 1026 (highest) in Mon District to 956 (lowest) in Tuensang District.
The total literacy rate in the State is 67.11 with a male literacy rate of 72.77 and female literacy rate of 62.93. The literacy rate is highest in Mokokchung District (84.27%) and is lowest in Mon District (43.25%).

1.8 Economy

Agriculture & allied sectors, Animal Husbandry and Veterinary, Forestry and handloom & handicrafts are the chief economic occupation of the Naga people with 73% of the population engaged in these primary economic sector of the State. The secondary sector is negligible with small-scale industries. The State has oil reserves and the untapped mineral deposits.

Industrial development has been slow and largely non-existent despite the New Industrial Policy Document for the Northeast Region released in 1997 by the government of India. The State government has identified four Industrial Development Zones. Despite with numerous subsidies meted out to entrepreneurs, investments in industry whether private, government or foreign have been frugal in comparison to that of other States. This lack of confidence on the investors has largely stemmed from the hitherto intensive insurgency in the region.

The recent peace initiatives coupled with gradually growing intolerance on the part of the public at large towards antisocial elements resulting from the increasing awareness and understanding about socioeconomic development vis-a-vis congenial environment. There are definite signs of marked political, economic and social revival with positive signs emanating from the till recently marginalized tribal elements of the Naga society, seeking amalgamation into the mainstream of developmental activity.
It is therefore, not far from the realms of possibility, that the coming years would positively result in gradual industrial growth- based on predefined priority sector industries. These have largely been identified in the Industrial Policy Document as being- tourism & hotel business, floriculture & biotechnology, agro-based industries, horticulture, sericulture, aqua-culture, wood, cane, bamboo & forestry based units, handlooms & handicrafts and animal based units.

The annual growth rate of Nagaland has been compounded at 17.58% with growth in the agri-based sector pegged at 18.69% and the manufacturing industry at 9.93%. The economy of the region has strictly revolved around primary Net State Domestic Product (NSDP) indicators- 33% (agriculture, animal husbandry, forestry & logging, fishing). Secondary indicators like manufacturing units, construction activities, electricity, gas & water supply account for approximately 11% of NSDP with tertiary sector indicators accounting for the reminder (transport, communication, storage, railways, trade, hotels and restaurants, banking and insurance and real estate).

The communication and telecom services in Nagaland are averagely good with line per 100 persons estimated at 1.22 (ranking the State as 14th on an all India scale). Based on governmental policy flexibility, labour relation and political stability, the State ranks 16th or 17th in the country. Hospital bed availability is 0.87/1000 population, despite acute shortage of beds, it still compares with the national average with an all India ranking of 13. Accessibility is poor owing to the hilly terrain and poor public transport.

1.9 Major strength of Nagaland

- High level of awareness among people consequent of the relatively high literacy rate.
- Active village development board/council.
- 98% of village electrified.
- Hill slopes ideal for plantation of cash crops.
- Oil & Gas deposits. Scope of tourism.
- Good prospects for development of handloom sector.
- Participation of DONER in socio-economic development of the State.

1.10 Health Status

Health has never been a priority sector in the Northeastern states. Central and state budgetary allocation has never been adequately addressed. Existing health facilities, though widespread are under-developed and chiefly in the primary and secondary sectors. However with the implementation of NRHM, steady progress in the infrastructure to the minimum standard of IPHS is coming up in all level. Services are provided by both governemtnal and private institutions. Today most of the public health facilities have basic diagnostic facilities and are equipped with treatment facilities. The load at the health centres specially in the civil hospitals are increasing over the last three years which is a result of facility upgradation of the hospitals.

The state is still fighting with communicable diseases such as vector borne diseases, respiratory and gastrointestinal infection and infestations. The prevalence of non-communicable diseases has increased over the years with diabetes, stroke, hypertension, heart problems, and cancer leading the group. On top of it, the HIV as a disease has had the notorious distinction of achieving close to epidemic proportion. The present rate of incidence of HIV infection if left unchecked would have a serious impact in the health care services in the near future.

CHAPTER 2

PROCESS OF PLAN PREPARATION

2.1 Introduction

National Rural Health Mission strongly advocates that the planning process has to be decentralized, participatory, bottom up approach and most importantly it should start with the target group, for whom the programme is meant for. i.e. under NRHM, it is envisages that the planning has to start from villages and the compilation of these plan should take place at state level, where prioritization of needs of different villages would be done. It also asks that the plan has to be need based and evidence based. Under NRHM, the departments, whose determinants bring direct bearing on good health like water, sanitation and nutrition issues are also addressed. Therefore developing plans at all levels in Nagaland has been a rigorous process, where functionaries of health and allied departments and also general masses participated.

The State Programme Implementation Plan 2009-10 is based on the District Health Action Plan as prepared by the different districts. The Programme Implementation Plan has also made genuine effort to depict the gaps identified and interventions adopted to address the objectives of the different programmes.

The Public Health infrastructure, particularly PHCs/CHCs and district hospitals, should adequately respond when people are in health need. This NRHM has made it easier for these public health institutions to respond when people really need services but for these to happen provisions made under NRHM have to be enjoyed. All these will help in transferring health of the people at their own hand and government will play a role of facilitator providing all round support, ensuring access to health services.

District Action Plan is the most important unit of the planning process since both the GoI as well as the state government monitors the programme implementation based on the projections reflected in the district plan. The district is also the key administrative unit for most of the development activities. Members of different levels of peoples' committee (like VHC, SC Management Committee, Rogi Kalyan Samities etc), all the ANMs, MPWs, all the PHC and CHC doctors and their staffs, all the officials of NRHM concerned departments at all levels, district health officials, CMOs, Dy. CMOs, Vertical Programme Officers etc, participated in this planning process. In consultation with all these stakeholders, the plan thus prepared is need based plan, which ensures the community ownership and that ownership is the key to the success of the program.

In the state of Nagaland, this process is very strong since the state has a very sound concept of communitization. These plans are aimed at improving the access to comprehensive quality health care by improving the public health infrastructure to desired standards and placing the health of the people in their hands. Government will play a facilitators role and undertake new initiatives.

2.2 The Process

The district planning team took active steps in formulating the respective block / district / state health action plan. In the process of finalizing the district health action plan, series of consultative meetings were held, which started even at the village level and up to district level.

Village level meetings were done at few selected villages with an aim to get a feel about the general health need and also what best could be proposed with the active participation of the community. The findings of the discussions, held at village level were used while preparing the block health action plan. The facility survey of the health facilities were done with the active support of the existing health staffs. A day long consultative meeting was done at the sub division level, where the findings of the village level

discussion were shared and suggestions were taken. The Medical Officer of the PHC / CHC also attended the sharing meeting and they also submitted their respective plan detailing what are resources they have, what do they need etc and after threadbare discussion the block health action plan was finalized.

The plan thus prepared for the block health action was then placed at the district, which was finally being compiled at district level to prepare the district health action plan. The vertical program officers shared their programs at the district level as per the respective programmatic norms and these plans are being incorporated in the district plan. Due care was taken to reflect the community need as expressed by the community during the consultative meetings. Thereafter, there was district level appraisal of block health action plans (complete) and also the appraisal of the district health action plan, whatever has been prepared in all the eleven districts of the state. This process also helped all the members to own the plan.

The block health action plan for all the 52 blocks and the district health action plan whatever prepared by all the districts was submitted to the Mission Director, NRHM. Meetings were also held at state, where the block and district plans were assessed by the state planning team members and noted down the salient features of the plan prepared by the respective block / district. During the plan preparation of the state the block / district plans were used as base and compilation of these plans was done to prepare the state plan. In finalizing plans at all levels, viz. block, district and state, the information given in the data source like NFHS II & NFHS III, SRS, DLHS, state / district / facility level HMIS, Focus group discussion and Cluster Survey 2008 was also used. The state plan is the reflection of the need of the community and also commitments of the state health society to ensure better health delivery system with an aim to take the health delivery system at the door step of the masses.

The State Action Plan has been prepared through a participatory process. It is developed by integrating the block health action plans / District Action Plans under NRHM, which are need based and developed through integration of village health plans prepared through participation of members of various peoples' committees, departmental functionaries.

CHAPTER 3

SITUATIONAL ANALYSIS

3.1 Background Characteristics

The state harbors a total of 19 lakhs population spread over an area of 1657 sq km. There are 52 development blocks, 9 towns and 1278 villages in the state. All the villages are having functioning Village Councils, which is very instrumental in determining the effective and timely implementation of all programmes including NRHM interventions. The state as such has an excellent conceptualization of communitization, which works towards empowerment of the community in health care delivery as well as health seeking behavior. About 99% of the villages have access to safe drinking water. With a population density of 120 persons per sq.km due to the typical characteristics of the state on the globe primarily attributed to its isolated and dispersed population and added by the difficult terrain and inadequate manpower, the health care delivery at times becomes very difficult. These facts have been considered while projecting the state's requirement in the SPIP.

Template 1: background characteristic of the state

Source: Census 2001 (unless otherwise stated)

S.No	Background Characteristics	Number
1	Geographic Area (in Sq. Kms)	1657sq/km
2	Number of blocks	52
3	Size of Villages (2001 Census)	1278
	1-500	432
	501-2000	624
	2001-5000	167
	5000+	54
4	Number of towns	9
5	Total Population (2001)	19,88,636
	-Urban	3,52,821
	-Rural	16,35,815
6	Sex Ratio (F/M*1000) Population Sex Ratio Child Sex Ratio	909
	Decadal growth rate	64.4
7	Density- per sq. km.	120/sq.km
8	Literacy Rate (6+ Pop)	67.11%
	-Male	71.80%
	-Female	61.90%
9	%SC population %ST population No. of schools No. of Anganwadi Centres	- 83% 2319 3035
10	Length of road per 100 sq. km.	68.32 km
12	% of villages having access to safe drinking water facility	99%
13	% of households having sanitation facility (Specify Type –sewer, septic tank)	Septic Tank

14	% of population below poverty line	32.67
15 *	Nagaland ROI Morbidity Asthma 5729 - TB 1654 5444 Jaundice 5348 1361 Malaria 16166 3697	 - 1:3.39 1:0.25 1:0.22
	Mortality MMR IMR **	 - 20
16	Health Resources- Facilities (Specify level of Facility like Sub centre) Personnel(Sanctioned Vacancy) Finances(Requirement and Releases)	DH -11 CHC-86 PHC-128 SC -450
17.	1. Birth rate and death rate** 2. Fertility rate.*** 3. Disease maximum Disability. 4. High Risk Groups	1) 17.3; 4.8 2) 3.7 3) Diabetes, Hypertensions, Heart problems, Cancer 4) Obesity, Alcoholism, Smoking, Smoked food
18.	<u>B.To link with the nutritional determinants</u>- 1. % of Infants with low birth weight. 2. Weight for Age no. above 90%, 3. No between 60%-80%, 4. No. below 60% weight for age	 1) 7.2
19 ****	No of Primary schools No of Primary school teachers No of children enrolled (Age wise) (All relevant data needed to Start School Health Programme)	1537 7474 197082

* Source : Nagaland Human Resource Development Report 2004
**Source: SRS Bulletin Oct 2007
***Source: NFHS III
**** Source : SSA report 2007

Note: The population given in the census with respect to the Village house hold survey carried out in 2007 reflects a disparity in the numbers. This may lead to results which are not the correct picture.
Though there is no such report of gender determination in the State, but the sex ratio of 2001 census indicated a wide proportion which is another area of concern. It may be due to the improper census.

3.2 Public health infrastructure

Presently, the State has 1 Referral Hospital at Kohima, 10 District Hospitals at Mokokchung, Tuensang, Mon, Phek, Wokha, Zunheboto, Dimapur, Peren, Longleng and Kiphire. The district hospitals in the 3 new Districts are upgraded from two Sub-divisional Hospitals and from a CHC in Longleng district. The Kohima district hospital was made into an autonomous institution in 2003. This hospital is upgraded to the lone State referral Hospital. It has been imperative to open up a new district hospital at Kohima to meet the increasing health care needs of the district.

On the rural health service front the State has 21 Community Health Centres (CHCs), 86 Primary Health Centres (PHCs), 27 Subsidiary Health Centres (SHCs), 15 Big Dispensaries (BDs) and 397 Sub-Centres (SCs).There are 3 Homoeopathy Dispensaries attached to 3 District Hospitals at Mokokchung, Tuensang and Dimapur.
`

Whereas the DLHS shows the PHC number as 87, it is not accurate. When the 3 new districts were notified in 2003, two sub-divisional hospitals in Peren and Kiphire and a CHC in Longleng were notified as District Hospitals. Subsequently, a PHC at Bhandari, Wokha was upgraded to CHC status. Hence the number of CHCs stayed at 21 but the number of PHCs reduced to 86.

There are 2 (two) 50 bedded TB hospitals and 1 (one) 25 bedded Mental hospital in State. The State also has activated the first phase (115 beds) of the erstwhile Referral Hospital, now called Christian Institute of Health Science & Research (CIHSR) at Dimapur on the 29th October 2007. The bed capacity of this hospital is expected to be 630 on completion having a Nursing College, a Medical College and a school (CBSC).

Template 2: Public Health Infrastructure in the state

Health Facility	Number	
	Government Buildings	Rented
State referral Hospital	1	
District Hospital	10	-
Medical College Hospital	-	-
AYUSH Colleges and Hospitals	-	-
Sub District	-	-
Rural Hospitals	-	-
UFWC	-	-
CHC including Identified FRUs	21	-
PHC	86	-
Subsidiary Health Centre	27	
Big Dispensaries	15	
Sector PHC	-	-
Sub centre	260	137
Ayurvedic Dispensary	16	-
Homeopathic Dispensary	3	
Nursing School for GNM	1	
Nursing School for ANM	1	
Nursing Up-gradation to College at Kohima	Under progress	
TB Hospital	2	
Mental Hospital	1	

District wise Health Centres in Nagaland

District	CHC	PHC	SHC	BD	SC	Total
Kohima	3	12	2		40	57
Mokokchung	3	11		5	51	70
Tuensang	2	8	3	1	39	53
Phek	3	17	2	3	44	69
Mon	2	8	6	1	50	67
Wokha	2	7	4	1	37	51
Zunheboto	2	9	3	1	47	62
Dimapur	2	6	1	2	46	57
Kiphire	1	2	1	1	19	24
Peren	1	4	4		16	25
Longleng		2	1		8	11
Total	21	86	27	15	397	546

Analysis:

The State health units require a lot of thinking in the creation of the health units at various levels. Re-look at the population, topograghy and redistribution of units particularly at Phek district requires a policy decision. There is certain area like Kiphire, Longleng, Peren and Dimapur requires a lot more attention. Another area of concern is, repair/ renovation of health units and more seriously 137 SCs which is still under rented or community halls need immediate infrastructure. In the year 2009-2010, some infrastructural strengthening will be taken up based on the block level plan projection and facility survey report. NRHM looks into the more difficult and unreached areas and provide the best health services to the unserved areas with more equidistribution of health facilities.

3.3 Human Resources in the state

Template 3: Human Resources in the state

Staff	Sanctioned	In-Position	Vacant
State Level: Directorate of Health& Family Welfare Headed by Principal Director	37	37	Nil
Principal PMTI	5	5	NIL
Chief Medical Officer/AYUSH	11	11	NIL
Deputy Chief Medical Officer/ Additional CMHOs, Additional DHOs or RCHOs/AYUSH	11	11	NIL
Medical Superintendent - CHC	14	14	NIL
Medical Officers including specialists (sub district facilities) / from AYUSH also	370	370	NIL
Medical Officers / from AYUSH also			
Lady Medical Officers only if there is any separate cadre in the state)	NIL	NIL	NIL

Staff	Sanctioned	In-Position	Vacant
State Level: Directorate of Health& Family Welfare Headed by Principal Director	37	37	Nil
Principal PMTI	5	5	NIL
Lab technicians	61	61	NIL
X-ray technicians	4	4	NIL
Staff Nurse	361	361	NIL
LHV	37	37	NIL
ANMs	812	812	NIL
Male MPWs		200	
District TB Officer	11	11	Nil
Senior Treatment Supervisor (STS)			
Senior TB Laboratory Supervisor			
Staff provided under the Vector Borne Disease Control Programme like District Malaria Officer, Assistant Malaria Officer and, Malaria Inspector, Surveillance inspector Surveillance worker	11 8 23 39 226	11 8 23 39 226	Nil
Mention any other category			

Human Resource has been a major issue in the state, to be adressed with priority. There is acute shortge of specialist doctors, MOs, SNs, ANMs, Lab Techs and other health personnel in the state. These health providers are not available even on contractual basis neither from within the state or from outside. Sanctioned posts in each category of staff is much less than the actual requirement. So, it is proposed to overcome this shortage by offering higher remuneration to the contractual personnel.

Though the vacancy is indicated as nil in the table, health care delivery can be improved only with increase in the number of service providers.

3.4 Functionality of HEALTH FACILITIES

District Hospitals, CHCs, PHCs and Subcentres (in terms of availability of critical staff position)
- Template 4

Critical Staff	No. of facilities	Status	Remarks
District Availability of staff needed for service guarantees	11	All the FRUs are functional	

CHC Ob & Gy specialists (either qualified or trained), Pediatrician Anesthetist (either qualified or trained) at identified FRUs	All the 21 CHCs are providing 24x7 hrs service	No specialist at the moment. Short course skilled up gradation training will be taken up top priority.	In the current year the State plan to develop 3 more CHC into FRUs based on the workload, population and infrastructure. These are Jalukie, Pfutsero and Mangkolemba. For these units, currently 2 MOs as aneasthesist and 1 MO in Gynae are undergoing training.
PHC Availability of a medical officer at PHC	86 (all regular)	63 (regular)	Out of 86 PHCs, 63 PHCs are functional with regular MOs of which 33 PHCs are 24x7. 23 PHCs do not have M.O. regular post and are covered by contractutal docotors, Some of the units were upgraded from sub centres during the State notification in 2004 and subsequently no post were created.
Sub Centre Availability of an ANM at sub centre (resident at sub-centre)	397 (236 Regular)	397	Through the communitisation process most of the SCs are becoming functional.

The State also has 27 SHCs and 15 BDs, which have the same manpower and infrastructural pattern of PHCs. The state is in the process of changing their nomenclature to PHCs. In the interim period, these units are also provided with the same funding support of the PHCs. It was proposed to bring up 3 CHCs to function as FRUs iin 2007-08 along with the 3 DHs which are yet to reach FRU status. This will be done through contractual recruitment of specialist by offering a larger remuneration than the market and by incentivising them on a per operation basis. The upgradation work is currently in progress.

3.5 Status of Logistics-Template 5

The state has a central warehouse at Kohima which caters to all the districts.Two more drug stores were constructed in 2008-09 at Dimapur and Mokokchung to act as zonal depots. At a later stage, Drug stores may be required in all districts.

It has also been proposed to hire vehicles for transportation of supplies to various health facilities.

Logistics Elements	Description
Availability of a dedicated District warehouse for health department	State warehouse at Kohima.
Drug store construction in 2008-09	2 drug stores were constructed at Dimapur and Mokokchung to serve as zonal depots.
Stock outs of any vital supplies in last year	-.
Indenting Systems (from peripheral facilities to districts)	Districts indent as per requirement. (Proposed for new construction at Kohima, Dimapur and Mokokchung to act as Nodal drug store.)
Existence of a functional system for assessing Quality of Vaccines	Yes

3.6 Status of Training Infrastructure -Template 6

To meet ever increasing demands for quality health care personnel, the nursing schools in the state are to be upgraded both in terms of infrastructural improvements and capacity expansion. The state PIP is proposing 1 more nursing school in the district of Dimapur. The existing infrastructure of Para Medical Training Institute is proposed to be upgraded to offer a Diploma in Pharmacy. It is proposed to set up a State Health and Family Welfare Training Institute. The Nursing College, which was approved to be set up at Kohima is yet to get underway. This institute will be yet another milestone in ensuring quality health care personnel in the state.

Details about the training institution/s	
Name of the Institution:	Key issues
1. Nursing school at Kohima.	
1.1 Physical Infrastructures Availability of lecture halls, place for training faculty, residential accommodation for trainees (men and women) , dining hall, furniture, safe drinking water and electricity etc	Upgradation work was undertaken in 2007-08
1.2 Provide details of Faculty (Sanctioned and In-position) with designation and specialization	
1.3 Availability of Teaching Aids, computers etc. Assessment of availability of common audio visual aids at the facility	Yes
1.4 Availability of annual training plans for the last year and achievements of the plan?	YES
2. School of Nursing at Mokokchung	
2.1 Physical Infrastructures Availability of lecture halls, place for training faculty, residential accommodation for trainees (men and women) , dining hall, furniture, safe drinking water and electricity etc	Hostel for Girls and Boys constructed in 2008-09.
2.2 Provide details of Faculty (Sanctioned and In-position) with designation and specialization	
2.3 Availability of Teaching Aids, computers etc. Assessment of availability of common audio visual aids at the facility	
3. Nursing School at Tuensang:	
3.1 Physical Infrastructures Availability of lecture halls, place for training faculty, residential accommodation for trainees (men and women) , dining hall, furniture, safe drinking water and electricity etc	Hostel for Girls constructed in 2008-09.
3.2 Provide details of Faculty (Sanctioned and In-position) with designation and specialization	
3.3 Availability of Teaching Aids, computers etc. Assessment of availability of common audio visual aids at the facility	

Availability of training calendar for the current year with clear cut time line for the training activities. <u>Training activities under NRHM:</u> Orientation / sterilization workshops on NRHM District level officers of related departments, sub district level officers, elected PRIs, field NGOs, faculty of ANMTCs/DTCs, block panchayat and Gram panchayat Training for strengthening of health system ASHA training Skill based trainings The districts are required to indicate the trainings conducted for all categories of health personnel with reference to the training load. The cumulative number of trained manpower and the number of trained during the current year along with percentage of achievement may be specified.	i) Held regularly at state level and also at District and Village through the DHS. ii) Upto 4th module ASHA training over by Dec 2008.

3.7 BCC Infrastructure-Template 7

The state has an IEC Bureau headed by a Joint Director and 11 District Media officers in the districts. The awareness level, primarily about the programme interventions is to be augmented, for which a separate BCC/ IEC plan is proposed.

Human Resources for BCC i.e. District Media officers, Dy. Media officers and block level staff Any trainings the staff has undergone in media planning or material development in past five years Any functional Mass media audio- visual aids such as 16 mm projectors, Video cameras, VCD/DVD players	District Media officers- 11 Dy Media officers - 4 (Kohima, Mon, Tuensang, Dimapur) YES.
-Did the district prepare a BCC plan in the past year? -If yes, what BCC activities were planned and undertaken? -In the absence of plan, find out what BCC activities were undertaken?	-YES. -Exhibition,wall painting/writing, press advertisement, observance of important health days, programmes through radio / TV / cable etc.
Are there other institutions available in the private sector for conducting communication activities using modern media or folk media?	Yes, Red Cross, Rotary Club, Lions Club.

3.8 Private & NGO health services/infrastructure:

The State is in the process of developing relationship with the private sector and NGOs running health facilities in the State. Private sector health service is a very recent phenomenon in Nagaland. As of now, these are limited to just a few District capitals. They are concentrated in Dimapur, Kohima and Mokokchung. Similarly, there are no reputed and capable NGOs, who are actively involved in health care services. Apart from some Church-aided mission hospitals, the Nagaland Branch of the FPAI and the Nagaland Voluntary Health Association, there are no large NGOs involved in the health sector. A total of 54 NGO run health facilities have been registered under the Nagaland Health Care Establishment Act, 1997. However, most of these are small dispensaries catering to 1st aid, immunization and ANC. At present there are 4 Mother NGOs operating in the State. These are 'Nagaland Voluntary Health Association' (in Kohima & Phek Districts), 'Woodland Nursing Home' (Mokokchung District) and 'Konyak Women Society' (Mon District). It has been proposed to involve the private sector in various interventions of NRHM.

Template 8

Private Services Facilities	Number and location in case of sub district facilities.
Multi-Specialty Nursing Homes	The Nagaland State Health Care Establishment Act was passed in 1997 and came into force in January 2004. Clear detailed information on this sector is still unavailable. But a total of 56 private health service providers have been registered since then.
Solo Qualified Practitioners	
Practitioners from AYUSH	
Approved MTP centres in Private sector	
RMPs (Less than formal qualified practitioner)	
Number of nursing homes with facilities for comprehensive emergency obstetric care	
Accredited centres for sterilization service	
Accredited centres for IUD services	

3.9 ICDS Programme

It has been envisaged that the AWWs will be involved in various interventions of NRHM.

	Name of the block with ICDS Programme	Number of AWCs		CDPOs and ACDPOs		Supervisors		AWWs		AW helpers	
		S	F	S	IP	S	IP	S	IP	S	IP
	Total	3194	3194	54	54			3194	3194	3194	3194

S=Sanctioned; F=Functional; and IP=In Position

An ICDS Programme is implemented in each of the 52 blocks in the State.

3.10 Elected representatives to Panchayat institutions-Template 10

Nagaland as such does not have a PRI system. However the state has well functioning Village Councils, which will be actively involved in implementing NRHM interventions

Name of the block	Total panchayat villages	Total ZP members		Total BDC/Mandal members		Total Panchayat Pradhans	
		Male	Female	Male	Female	Male	Female
The details are covered in the District Action Plans. Currently the State has 1278 recognized Villages. Every Village has its own Village council (Panchayat), Village Development Board, Village Education Committee, Village Health Committee.							

3.11 NGOs & CBOs - Template 11

Names of NGOs	Key Activities in Health/Nutrition/community organization	Block/Villages of NGOs operations

Nagaland Voluntary Health Association' (in Kohima & Phek Districts), 'Woodland Nursing Home' (Mokokchung District) and 'Konyak Women Society' (Mon District)	The MNGOs scheme currently covers the 4 Districts of Kohima, Phek, Mon and Mokokchung. 2 more MNGOs for Longleng and Peren has been identified, and has been approved by the GOI. They have undergone induction training. Selection of MNGOs for the other 5 districts has been done. They will undergo the orientation training at RRC, Guwahati by April 2009. Their task will be to extend the search of Health services to regions / people who fall in the peripheral limits of existing health infrastructure.

3.12 Key health indicators Template 12, 13 and 14

The TFR of the state has remained constant for last 5 years. The current use of FP by any method, modern method has gone down. Female sterilization has gone down by 3%. The unmet need for limiting has gone up. 3 ANC services have increased but far below the national average. ID has also remained static. The state IMR is 38, which is below than the national average. The state's full immunization coverage has increased but is below thab the national average.

INDICATOR	NAGALAND		INDIA
	NFHS - 2	NFHS - 3	NFHS - 3
MATERNAL HEALTH			
Total fertility rate (children per woman)	3.77	3.74	2.68
Mothers who had at least 3 antenatal care visits for their last birth (%)	21.9	31.6	50.7
Births assisted by a doctor/ nurse/ LHV / ANM / other health personnel (%)	32.8	25.9	48.3
Institutional births (%)	12.1	12.2	40.7
Mothers who received postnatal care from a doctor/nurse/LHV/ANM/other health personnel within 2 days of delivery for their last birth (%)	NA	11.3	36.4
CHILD HEALTH			
Infant Mortality Rate		38	57
Infant Mortality Rate (SRS Oct 2007)		20	57
Children 12-23 months fully immunized (BCG, measles, and 3 doses each of polio/DPT) (%)	14.1	21	44
Children age 12-35 months who received a vitamin A dose in last 6 months (%)	NA	8.7	21.0
Children with diarrhoea in the last 2 weeks who received ORS (%)	29.7	17.1	26.2
Children with acute respiratory infection or fever in the last 2 weeks taken to a health facility (%)	NA	23.2	64.2
Children age 0-5 months exclusively breastfed (%)	NA	29.2	46.3
Children age 6-35 months who are anaemic (%)	43.7	NA	79.2
FAMILY PLANNING			
Current use			
Any method (%)	30.3	29.7	56.3
Any modern method (%)	24.2	22.5	48.5

INDICATOR	NAGALAND		INDIA
	NFHS - 2	NFHS - 3	NFHS - 3
Female sterilization (%)	12.3	9.9	37.3
Male sterilization (%)	0	0	1.0
IUD (%)	7.7	5.2	1.8
Pill (%)	2.5	4.7	3.1
Condom (%)	1.8	2.8	5.3
Unmet need for family planning			
Total unmet need (%)	30.2	26.3	13.2
For spacing (%)	18.3	10	6.3
For limiting (%)	11.9	16.4	6.8
Knowledge of HIV/AIDS			
Women who have heard of AIDS (%)	72.4	80.9	57
Men who have heard of AIDS (%)	NA	90.8	80.0
Women who know that consistent condom use can reduce the chances of getting HIV/AIDS (%)	NA	39.7	34.7
Men who know that consistent condom use can reduce the chances of getting HIV/AIDS (%)	NA	68.6	68.1

3.13 NATIONAL DISEASE CONTROL PROGRAMMEs (RNTCP, NVBDCP, NPCB, IDSP, NLEP & NIDDCP) - Template 15

These templates have been included in the respective Program Implementation Plans of the National Disease Control Programmes.

3.14 Locally endemic diseases in the state - Template 16

No locally endemic disease reported.

3.15 New interventions under NRHM - Template 17

Sl	Activity	Goal for State	Achieved	Achievement %
1	Number of ASHAs selected	1700	1700	100.0
2	Number of ASHAs undergone First Orientation training for seven days	1700	1700	100.0
3	No of Fully trained Accredited Social Health Activist (ASHA) for (a) every 1000 population/ (b) large isolated habitations.	1700	Upto 4th module	100.0
4	Number of clients benefited under JSY (2008-09)	20000	8311 till sep 08	41.5
5	No of Village Health and Sanitation Committee constituted and untied grants provided to them.	1278	1278	100.0
6	No of 2 ANM Sub Health Centres strengthened / established to provide service guarantees as per IPHS.	397	250	62.9

Sl	Activity	Goal for State	Achieved	Achievement %
4	No of PHCs strengthened/established with 3 Staff Nurses to provide service guarantees as per IPHS.	86	33	38.3
5	No of CHCs strengthened/established with 7 Specialists and 9 Staff Nurses to provide service guarantees as per IPHS.	21	0	0.0
6	No of Sub Divisional Hospitals strengthened to provide quality health services.	-	-	-
7	No of District Hospitals strengthened to provide quality health services.	11	11	100.0
8	No of Rogi Kalyan Samitis/Hospital Development Committees established in all CHCs/Sub Divisional Hospitals/ District Hospitals.	11DH+ 21CHC+ (86+42) PHC =160 RKS	160	100.0
10	No of Untied grants provided to each Sub Centre, PHC, CHC to promote local health action.	397+ 86+42 +21 = 546	505	92.5
11	Annual maintenance grant provided to every Sub Centre, PHC, CHC and one time support to RKSs at Sub Divisional/ District Hospitals.	397 86+42 21 11 = 557	397 86 21 11 = 515	92.5
12	Systems of community monitoring put in place.	Yes	Yes	
13	Procurement and logistics streamlined to ensure availability of drugs and medicines at Sub Centres/PHCs/ CHCs.	In each district	2 drug stores set up at DMU and MKG in 2008-09	
14	No. of PHCs/CHCs/Sub Divisional Hospitals/ fully equipped to develop intra health sector convergence, coordination and service guarantees for family welfare, vector borne disease programmes, TB, HIV/AIDS, etc.			Only at state and district level
15	District Health Plan reflects the convergence with wider determinants of health like drinking water, sanitation, women's empowerment, child development, adolescents, school education, female literacy, etc.			Yes
16	Facility and household surveys carried out or not			Yes
17	Annual State and District specific Public Report on Health published	Yes		Yes
18	Institution-wise assessment of performance against assured service guarantees carried out.			Yes.
19	Mobile Medical Units provided	11	11	100.0
20	No. of Ayush dispensaries re-located to PHCs	-	-	No
21	No. of PHCs where AYUSH physicians appointed	86	16	18.6
22	No. of CHCs where AYUSH physicians appointed	21	21	100.0

3.16 Critical Analysis & Requirements:

Manpower

In the absence of any Medical College, the State has been facing acute shortage of Manpower both general duty Medical Officers as well as Specialist. Effort is being put for immediate as well as long term measures so as to bridge the gaps. The paucity of medical professionals especially the specialists limits the public health services in providing much required higher level care to the needy. There is a mismatch of exists in the state between the available paramedical and medical health professionals.

It is also observed that there are even shortage of Staff Nurse / PHN and ANM in the state as per IPHS standards. Another area of concern is shortage of trained pharmacists in the state due to stoppage of certificate course of pharmacist at PMTI. Since infrastructure both in terms of structure and man power is available, the state is having a plan to start diploma course in pharmacology with the hope of making it into a college of pharmacology.

The following table illustrates the current available manpower against requirement as per IPHS.

Sl. no	Qualification	As per IPHS DH	In-position DH	As per IPHS CHC	In-position CHC	As per IPHS PHC	In-position PHC	As per IPHS SC	In-position SC	Requirement			
										DH	CHC	PHC	SC
1	Medicine	33	4	1	-	-	-	-	-	29	1	-	-
2	Surgery	22	7	1	-	-	-	-	-	15	1	-	-
3	OBG/GYN	44	3	1	-	-	-	-	-	41	1	-	-
4	Anesthesiology	22	10	1	-	-	-	-	-	12	1	-	-
5	Paediatric	22	6	1	-	-	-	-	-	16	1	-	-
6	Ophthalmology	11	6	1	-	-	-	-	-	5	1	-	-
7	ENT	11	4	-	-	-	-	-	-	7	-	-	-
8	Orthopaedics	11	2	-	-	-	-	-	-	9	-	-	-
9	Dermatology	11	-	-	-	-	-	-	-	11	-	-	-
10	Radiology	11	1	-	-	-	-	-	-	10	-	-	-
11	Pathology/ Microbiology /Biochemistry	11	7	-	-	-	-	-	-	4	-	-	-
12	GDMO	99	73		59	384	121	-	-	26		263	-
13	AYUSH	22	-	21	21	128	-	-	-	22	0	128	-
14	GNM	825	253	147	100	640	66	-	-	572	47	574	-
15	PHN		-	21	17	128	31	-	-		4	97	-
16	ANM		162	21	98	128	241	794	632		-	-	162
17	Lab Technician	132	69	21	39	256	40	-	-	-	-	216	-
18	Pharmacist	55	55	21	18	128	110	397	226	0	3	18	171
	Total	1342	662	258	352	1792	609	1191	858	779	60	1296	333

Short term measures:

1. Recruitment of doctors from outside the state.
2. Short term skilled training for the regular employees with performance based incentives.
3. Contractual appointment of specialists with better allowance.
4. Regular fixed day visit of specialists in the CHCs

Short-to-medium term measures:

DNBE course of family medicine is approved by the Board of Examination. The first batch of 4 (four) doctors have been selected at NHAK for the the 'Family medicine" course – which is suitably tilted for practitioners in the rural areas.

The modality of this plan was to have only in-service doctors in the DNBE course initially. To ensure continuity of health service delivery in the centres where they were serving, these doctors will be posted to the NHAK. Due deployment of other doctors will fill the vacated positions. In this way, we can circumvent shortage of MOs due to 'study leave', as these doctors will be part of the duty roster in the NHAK, in addition to being in the DNBE course. This ensures minimal disturbance to the system and at the same time assures us of better trained and more knowledgeable doctors within.

The state has no medical college; hence in-house training of doctors is not possible. NHAK, District Hospital Mokokchung and Dimapur are the facilities which can offer the in-service doctors an avenue for skill upgradation. The state looks at this activity as an avenue to provide multi-skilling for our doctors while ensuring that the already stretched rota is not disrupted.

Medium-to-long-term measures

- Negotiation with the GOI for allotting more seats in a critical specialty for the state for at least 2-3 years.
- Opening new nursing schools to meet the demand for ANMs.

Infrastructure and Equipments

The state has notified 33 PHCs and all 21 CHCs as 24x7 service health units.

3 CHCs namely: Jalukie, Pfutsero and Mankolemba are to be upgraded to FRU status under 2007-08 and 2008-09. Civil works are currently underway at Pfutsero, the other two has been completed. Three Doctors are undergoing skill upgradation training and more manpower has been deployed so as to develop these centres into fully functional FRUs.

In 2008-09, equipments were purchased and released to all SCs, PHCs and CHCs.

Population stabilization

Another area of concern is of the TFR, which has shown no decline as per the NFHS III. It is hope that by taking care of the unmet needs which is high the TFR can be brought down even faster. If proper strategy with more emphasis is given on the motivational activities, the state will be able to achieve its objective on the population stabilization. Keeping these in mind the State has made a good progress during the current year where capacity building on IUCD is concerned. Concerted training efforts are underway and observing the high motivational level of the trainees, it is hoped that the State will achieve its goal.

Capacity building of health personnel, making all the district hospitals fully functional for conducting regular sterilization including lap-ligation, mini lap, NSV services. All the public health units, where doctors are posted will be made functional for inserting CuT. Nurses will be trained on CuT insertion and other family planning programs.

School Health Activities

This is a continuing activity.

Nagaland with a population of 19, 88,636 (2001 census) which is constituted by a large population of children below 14 years estimated to be 701765 (0-6 years 2,80,172 + 6-14 years 4,21,593). Considering the magnitude of the population and the importance of keeping these children healthy and educate them to develop a healthy lifestyle is going to be very crucial.

The children are our future. To keep these children healthy and educate them to develop and adopt healthy lifestyle will not only increase the life expectancy rate but will boost the state to develop more stable economy and a prosperous social state. Presently when we look at the present health schemes, there is very little program focusing towards the preventive health programs for this important age group. It is therefore considered appropriate to plan such preventive public health program for this age group with the aim to catch them young.

Objectives & Strategies

1. Check up of children for early detection of diseases;

The Health & Family Welfare in collaboration with Education department will carry out general health check up programs with a special focus is given on the following areas:

Hearing, eyesight, dental diseases, skin diseases, deficiency diseases, immunization status, heart, lungs and neurological problems. A team of doctors along with nurses consisting of specialist will be sent to conduct such health check up. Necessary facilities will be provided for necessary referral needy cases. This will be done on a quarterly basis.

2. To provide early treatment;

Treatment will be provided to needy children. De-worming drugs, Vitamin A, D and immunization will be provided to all the children.

3. To Prevent preventable diseases among children;

Among these children, the focus will be made to assess communicable diseases through physical examination and education. It is also observed that many of such illnesses which are actually preventable. Immunization status, personal and public hygiene.

4. To provide IEC materials and conduct relevant health talks:

To develop relevant IEC materials for children, teachers and parents. Also a health card will be provided to all the children for future references.

Implementation Strategy

The activities will be carried out with the existing infrastructure of the health department through Medical Mobile Units and the alternate delivery system under NRHM. Often it is observed that children are made to suffer, disabled or abused by the children and parents due to ignorance. Most of the illnesses like diminished eye sight or hearing are being ignored or not been detected early. These make the children suffer and and also make them consider themselves lower than the average student whereas they have so much potential if such minor problems can be corrected timely. We need to look at the children for the over all development in a holistic manner.

Creating ownership among the community for the welfare of the children through community participation will be emphasized. This includes active participation of VEC, VHC, teachers and parents. Attention will be given to special focus groups, which require more special attention. Some special provisions will be made available for financially disadvantage groups for necessary treatment.

The program will initially plan to cover the difficult rural areas with less health facilities. The medical team will comprise of Specialist doctors and nurses with some supporting staff like lab technicians etc. Health information will be delivered by the Public Health Specialist. Under the programme, it is proposed to cover around 2,50,000 students in the state. CMO and Medical Superintendent will be responsible to organize the team in their respective districts. Monitoring of each of the activities will be done by reviewing the number of schools, number of beneficiaries, number of cases detected every month. Monthly reports will be sent to both the Directorates of Health & Family Welfare and School of Education. At the end of the year, analysis will be made and annual report will be made published. It is hope that the project will be cost effective, focusing on disease prevention, early detection of diseases with early treatment.

Vitamin A is being provided under RCH, for de-worming a separate budget is proposed under NRHM.

Communitization of all health facilities at block level

The state has already passed on order as of Feb 2008 wherein 54 PHC's and 20 CHCs were brought in under Communitization (2nd Phase of Communitization - effective 1 Apr '08). This brings the total communitised centres to 334 SCs, 64 PHCs and 21 CHCs. A major impact will be on the presence of the health personnel at the place of posting as the health centre committee disburses the salary.

Community Participation

Strong Private Public Partnership is developing in the districts. A strong sense community ownership and belongingness is developing. Some observed practices of community participation:

District Hospital:

RKS fund is provided to all the District Hospital. With this fund, the hospitals particularly Kohima, Dimapur and Mokokchung district have been able to mobilize more fund through LADP, community contribution etc. The fund thus mobilized is being used for carrying out development activities of the hospital.

CHC:

Donations of chairs, benches, wall clocks, framed quotations to the hospital.
Building materials and free manpower during minor repairs or renovations at the hospital
Social works by the community, youth organizations, in and around the hospital.
Providing refreshments, fooding during social works in & around the hospital
Sponsoring health camps at the CHC.

PHC:

Donating building materials for minor repair, erecting fences.
Providing free manpower during renovation, repair.
Community social works in and around health centres.
Donating chairs, buckets, water reservoir.

SC:

Donating community buildings, rooms to house the SC.
Donating materials for minor repairs, erecting fences.
Providing free manpower during renovations, repairs.
Catering food refreshments during social works, renovations.
Mandatory ANC check up
Encouraging Institutional delivery

Village Level:

Demanding and organizing health camps
Donating money for village health camps
Encouraging pregnant mothers for ANC check up and institutional delivery
Encouraging for Immunization.

Improving the public health delivery system through community participation:

Inorder to strengthen the community participation, VHCs werere formed at the Village Level with the active participation of the elected representatives. Some of the activities that need to be carried out to further the initiative:

Capacity building of the VHCs and Village councils on health planning and utilizing untied funds.
Encourage participation in Village Health and Nutritional Day
Formulate a policy on compulsory ANC check up and immunization of children.
Orientation on usage of Untied funds and maintenance grants
Compulsory ANC registration at all level.
Encouraging Institutional Delivery.
Timely referral of needy patients.
Ensure quality service by strengthening infrastructure as well as baic equipments.

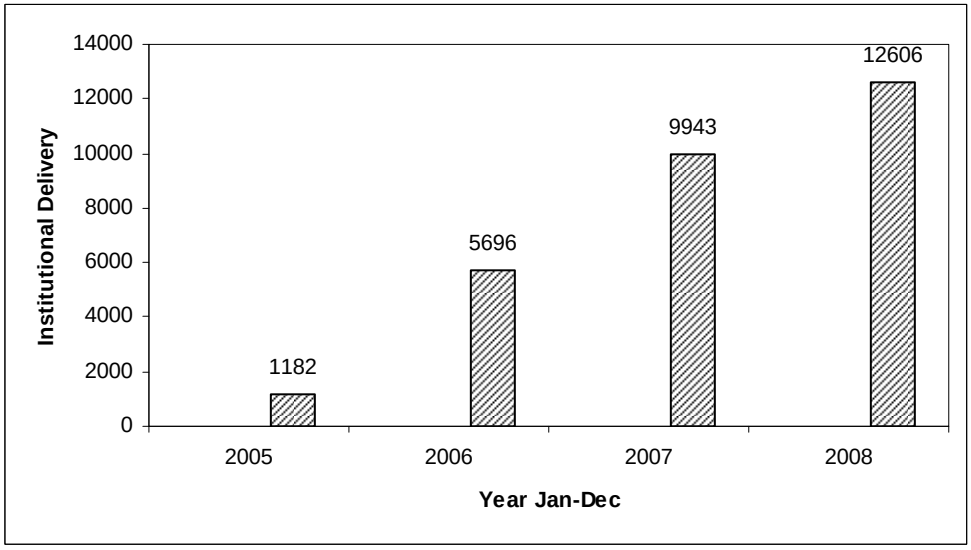
Capacity Building and Institutional Stregthening

Till December 2008, the following activities have been carried out:

- 1700 ASHAs selected and trained. The 3rd and 4th Module completed by Dec 08.
- 23 ASHA co-ordinators selected and trained. 20 more ASHA co-ordinators are still required.
- Contractual ANMs placed in 60 hard to reach Sub Centers. And an incentive of Rs. 1500 is given for ANMs who are posted in those places.
- 2 MOs are undergoing on short term Anesthesiology at Dibrugarh.
- 3 MOs have undergone ToT on EmoC at Surat.
- There are 8 Mother blood banks linkage in 8 district in the state.
- Blood storage centre – 12 centres, 3 district hospital, 4 CHCs
- During this period 8 MOs have trained. 11 Lab Tech. have been trained for 10 days on blood safety in collaboration with NSACS
- Out of 21 targeted MOs to be trained on MTP, 8 MOs have been trained so far.
- For RTI/STI prevention and management, 20 MOs have trained in collaboration with NSACS, 66 MOs and 68 Lab Tech under IDSP.
- Programme Officer (RCH) has undergone ARSH training in Nov 08.
- 14 M.Os has been trained on IMNCI at Naga Hospital, Kohima.
- Currently we have 8 Master Trainers for IMNCI in the State.
- A total of 29 M.Os and 107 Nurses have been trained on IMNCI.
- For effective new born care and sick neonates, radiant warmer, incubator, suction machines for 24x7 PHCs procurements are under process through NRHM.
- Out of 11 districts hospital 5 districts hospitals/FRU are fully equipped SNCU.
- Capacity building for Districit Health management.
- HMIS training on new software.

Improvement in Service Delivery

With the various infrastructural initiatives taken up under NRHM like Health Centre building constructions, deployment of contractual manpower, providing equipments and medicine and other funds like untied funds, maintenance funds, and RKS funds; all round improvements in service delivery is being observed. The following graphs illustrates this fact.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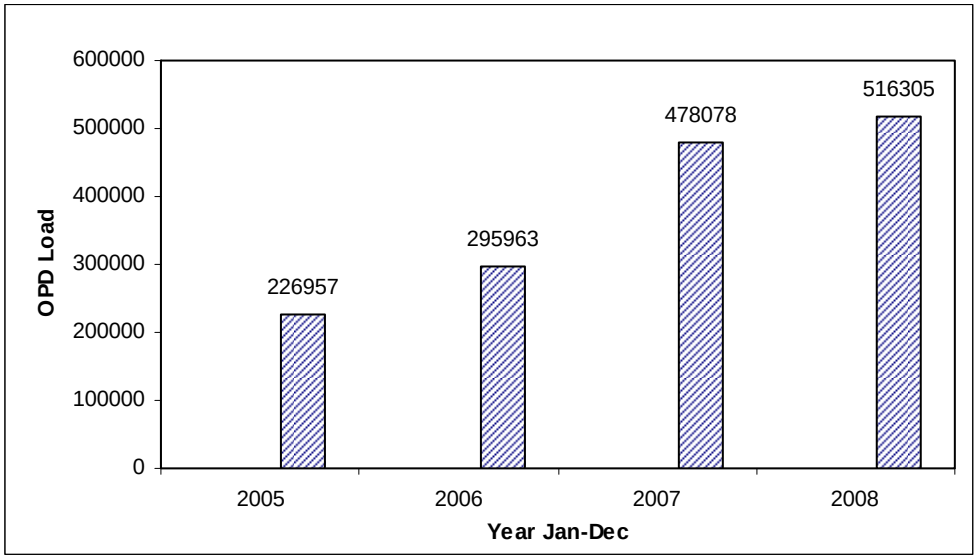
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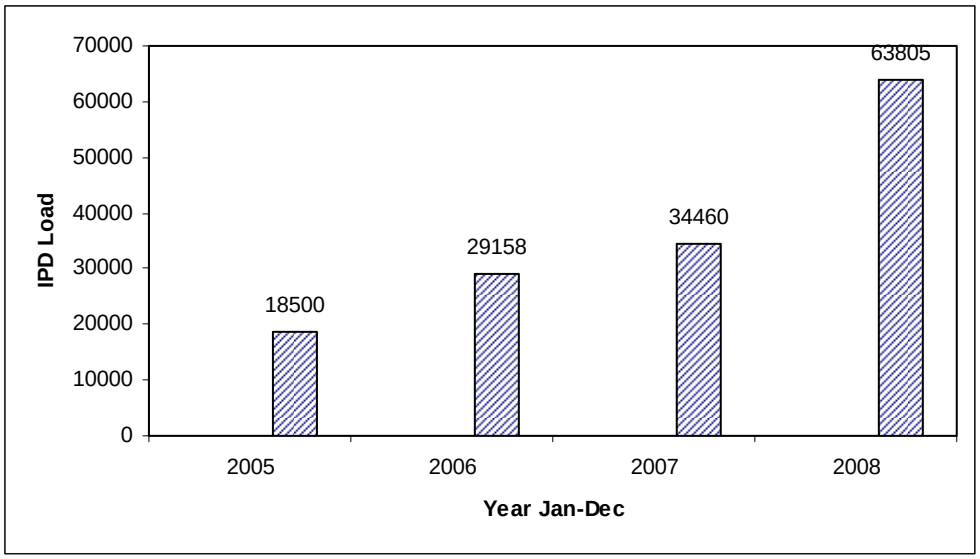


Monitoring and Evaluation / HMIS

One of the major constraints in the State was the absence of a Health Management and Information System to facilitate the smooth flow of information. But now, with the M & E Officer at the State and District Programme Managers at the districts in place, the information system has been streamlined and reporting has improved since then.

At the District level, the DPMSU is responsible for the dissemination of data from the Sub-centre levels to the District headquarter. The Sub-Centre reports to the Primary Health Centre which then reports to the District HQ. The Community Health Centre and District Hospital sends the report to the District HQ directly. Data as collected from these health units are compiled at the District HQ and is sent to the State.

At the State level, the SPMSU is responsible for the collection, compilation, analysis and transmission of information required for organizing and operating the health services. The compiled report is send to the Ministry monthly, quaterly and annually in the prescribed formats.

The Ministry has come up with new formats for reporting and recording for the States. The entire set of forms is web-enabled through a software application for capturing of data at the district level. Orientation training on DHIS has been imparted to all the districts during the last two months with the resource persons from NHSRC. The State might take some time to initiate the action of uploading the data online as most of the districts do not have net connectivity. As of now, the districts will be working offline and upload data at the district level only. With this new software, the districts will be able to analyze, validate and generate quality data and also give feedback reports to the health units. The feedback reports can also be used by the State to the district and take necessary steps for improvement.

Regular monitoring and timely review of different programmes under NRHM is being carried out. The purpose of regular supervisory visits by the State Programme Officers, DPMs and Nodal officer in charge of the Districts is to assess the performance of the health units and the personnel involved and also to monitor the activities being carried out.
With the appointment of professionals as DPMs, from 2008-09 onwards the Monitoring and Survelliance system has seen much improvement. It is expected that with the appointment of Block Programme Managers the system will be even better.

Thematic meetings at all levels will be held every quarterly. Monitoring and supervisory visits by the programme managers, SPM, DPMs and Nodal officer incharge of the Districts will be given maximum emphasis on a regular basis.

Decentralization of planning

Decentralization of planning process is already initiated since 2007 after setting up the planning team.
In the current year block level planning have been initiated and is in the process of completion.
All the stake holders and VHC members along with PRIs and block level administrators were actively involved in the planning process.

Block Level Programme Manager

To ensure more effective and timely monitoring of the programme implementation at the Block and Village level, it is proposed to appoint 40 Block Programme Managers. They will share the same office with the 40 ASHA coordinators; together they can give a more precise picture of the actvities taking place at the block and village level.

Procurement and Supply Management Chain

It was initially proposed to purchase all medicines from TNMSC and negotiations and draft MOUs were prepared. But the volume of requirement of the state was too small for TNMSC given the branding and logistics of distribution to the different points in the state; hence it could not work out.

It is proposed to set up procurement unit at the state level. Initially a consultant will be hired for projecting demands, compiling specification and preparing bid documents. Logistics management information system will be developed to track availability of critical drugs in the health units.
Capacity building of the store keepers and logistics management team for storage, distribution, supplies chain management.

There was only one centralized store at Kohima for all drugs and supplies till recently. Logistically, it was quite difficult for timely distribution of drugs and supplies. With the construction of 2 new drugs stores at Dimapur and Mokokchung to act as zonal depots, this burden has been eased. The three stores now serve the districts in three separate zones. Kohima acts as the depot for Phek, Kiphire and Wokha; Mokokchung for Zunheboto, Tuensang and Longleng; Dimapur for Mon and Peren.

New building construction at CHC Meluri, Phek

The CHC at Meluri has been functioning from the old PHC building since its upgradation to CHC back in 2004. It is centrally located with a large catchment area and serve quite a large population. Also, due to infrastructural constraints, it is not able to provide full FRU services. It is therefore proposed that a new building is constructed as per IPHS standards.

New Nursing School at DH MON and DH PHEK

The state is facing a serious crisis when it comes to manpower deployment to the remote districts like Kiphire, Longleng, Phek and Mon. This includes even ANM staff. Despite the fact that these districts do not have adequate manpower, even the selected ANMs When posted to these areas very often end up resigning. This issue was thoroughly discussed during the State PIP review. In order to develop the people in these areas and especially to strengthen the health infrastructure, it was felt that nursing schools should be opened in these remote districts. Post creation for the staff has already been put on process. It is therefore proposed that two nursing schools are opened at Phek and Mon districts in the year 2009-10. The commitment of the State Government is very clear and positive that a recruitment policy which is to be adopted will be taken up in all seriousness as follows:

1. All the trainees under these institutions will sign a bond to serve these districts for at least 5 years.
2. 50% of the seats will be reserved from amongst these districts only.

Improvement in Bed Capacity of Mokokchung District Hospital

There is a case for upgradation the functional bed capacity in the district hospital at Mokokchung. Since it is a better equipped hospital, patients from the adjoining districts also come there for treatment. A brief background of the hospital and activities is given below.

i. Bed Strength: 150
ii. Total number of functioning beds: 105 (Does not include the paying cabins.)
iii. Turnover of patients.

Sl	Department	2003	2004	2005	2006	2007	2008
1	OPD*	13485*	15320*	16228*	16464*	17500*	**15412***
2	IPD	1582	2155	2593	3951	4150	**4649**
3	Emergency	2748	3098	3078	3582	3413	**4836**
4	Total Turnover	16233	18418	19306	20046	25063	**24897**
	Bed Occupancy Rate	**28.89%**	**39.36%**	**47.36%**	**72.16%**	**75.79 %**	**60.65%**

* Patients are registered only once a year irrespective of subsequent visits or follow ups to the OPD.
All figures are for calendar year ie Jan-Dec

Unit Wise Distribution IPD

Sl	unit	2003	2004	2005	2006	2007	2008
1	Surgical	546	491	670	646	700	519
2	Orthopedics	60	70	110	204	295	176
3	ENT	15	8	25	35	50	19
4	Dental	6	5	15	25	33	13
5	EYE					20	16
6	Medical	600	775	855	1763	1677	654
7	Pediatrics		279	377	610	592	388
8	O&G	355	527	541	668	730	421
9	Palliative Care					53	14

As the figures clearly indicates, the number of both in patients and out patient are on the rise, hence there is a felt need to upgrade the hospital functional bed capacity.

Upgradation of Bed Capacity in Phek, Mon, Longleng and Kiphire District Hospitals

It is proposed to increase the bed capacity of the following District Hospitals as follows:

- Phek DH: From 50 to 100 bedded
- Mon DH: From 50 to 75 bedded
- Longleng DH: From 30 to 50 bedded
- Kiphire DH: From 30 to 50 bedded

Cadre Management Policy

- The state is implementing a minimum of 3 (three) years compulsory posting to rural and difficult areas in order to be eligible to get NPA for the doctors.
- The same tenure is required to be eligible to go for PG studies as per the state reserved seats. It is felt strongly that all the medical colleges implement the same criteria so that more and more doctors will be motivated to go for such rural postings.
- Another initiative being considered is for compulsory rotational tenure posting for all the carde in the department to maintain uniform transfer and posting pattern without any bias.

Proposal for Setting up of State ASHA Resource Center-Nagaland as Per the Guideline of GOI

ASHA Resource Center Description

As mentioned in the Annexure V of Implementation framework of NRHM a state can set up ASHA Resource Center. State level Resource Centre for ASHA is one technical support unit in the state for the success of NRHM programs under community participation and involvement. The success of ASHA scheme will depend on how well the scheme is implemented and monitored. It will also depend crucially on the motivational level of various functionaries and the quality of all the processes involved in implementing the scheme. It is therefore necessary that ASHA support system and participatory institutional structures are put into place at all levels from state level to village level. ASHA Resource Center at the State Level is one unit which can strengthen the implementation of ASHA scheme and health service delivery at the village and local level.

Goal: the goal of ASHA Resource Center is to improve the health service delivery at the local or village level by strengthening ASHA.

Objectives

1. To deliver a composite package of life skills among ASHA on health issues so as to enable them to inform the community about their well being.
2. To strengthen local capacity and undertake advocacy with key stakeholders to improve access to health care services in the village.
3. To bring about innovative steps in the operation and the functioning of ASHA in the state

Activities

- Development of ASHA IEC and monitoring materials,
- Providing hand holding support to ASHA and ASHA coordinators,
- Reporting format and resource materials
- Translation and printing of ASHA training modules
- Getting badges and I-card for ASHA
- Monitoring and supervision of ASHA
- Operational research and documentation
- Organize workshops/seminars and training for ASHA
- Arrange exposure visit for ASHA
- Community mobilization in strengthening the health care service.

ASHA Resource Center Management

It is proposed the ASHA Resource Center will be implemented by the Health and Family Welfare Department NRHM wing. ASHA Resource Center will have a team of qualified professionals with the experience of working with the community or local women in areas of handholding and training on health related issues. State ASHA Resource will undertake capacity building for ASHA, handholding assistance and mentoring and other assignments to make the ASHA actively functional in the village level.

Financial Resource for ASHA Resource Center

GoI have come up with financial guidelines for the management of ASHA Resource Center. This financial guideline will apply to the States where less than 20,000 ASHAs have been envisaged to be selected during the Mission period.

Personnel Requirement of ASHA Resource Center
(a) State ASHA Manager (MBA)
(b) Data Assistant (Graduate with Basic Computer knowledge)
(c) Office Attendant

Budget for State ASHA Resource Center

Man Power

1.	State ASHA Manager 25,000 x12	300000
2.	Data Assistant 10,000 x12	120,000
3.	Office Attendant 5000 x 12	60,000
4.	Sub Total A	480,000

State ASHA Resource Center Activities

1.	Office Expenses on Telephone, Photocopy, Stationery etc.	180,000
2.	Development for IEC monitoring material (IEC material, reporting format, monitoring formats and resource material for meetings.)	350,000
3.	Setting up of ASHA Resource Center and Office Equipment such as Computer, Two tables and chairs and training hall furnishing	400000
4.	Translation, printing any other material related with ASHA modules, badges & I-cards for ASHA	500000
5.	Monitoring and supervision	150000
6.	Operation research	200000
7.	Documentation, ASHA exposure visits	150000
8.	Workshops, seminars and Meetings	600000
9.	Contingency	50,000
10.	Sub Total B	2580000
11.	**Grand Total A+B**	**30,60000**

Thirty Lakhs and Sixty Thousand only.

SWOT ANALYSIS OF NAGALAND

Strengths:	Weakness:
High level of literacy Increasing awareness of health issues Improving health indicators Health infrastructure improvement Active participation of VHC and communitizing of health units. 98% electrification SPMU & DPMU set in place	Shortage of manpower Shortage of specialists' doctors Poor road communication and transportation Poor accommodation facility for health personals in rural areas Large rural area >80% where health personals are not willing to stay Lack of medical college
Opportunities:	**Threats:**
Village institution in place with strong community participation Active involvement of the community into health system through communitisation and VHCs Decentralization of management Block managers proposed	High Total Fertility Rate Malpractice and corruption

CHAPTER 4

PROGRESS & LESSONS LEARNT FROM NRHM IMPLEMENTATION IN 2007-09

VILLAGE LEVEL ACTIVITIES

Under the Nagaland communitization of Public Institutions and Services Act 2002, all villages in the state had formed the Village Health Committee. In 1st phase of communitization, 334 villages with Sub centres were taken and these villages opened their VHC bank accounts.

Under NRHM, Untied fund of Rs.10,000 were to be provided to the VHCs which had opened bank accounts. In 2008-09 Untied funds were then provided to the 397 Sub centres.

Under the concept of "Communitization", the VHCs play an important role in improving the health care system of the village. The ANM salaries are handed over to these committees and the committee is empowered to deduct from or withhold the salary from errant ANMs. This has also ensured that ANMs stay at their place of posting.

Village Health and Nutrition Day (VH & ND) is held on 2nd Friday of the month at Anganwadi centres located at the respective village. The main activities carry out on this day is imparting education to the community on various health issues, ANC check up and immunization activities are done. Needy patients care provided alone with referral services.The state is supposed to have 3035 VH & NDs every month since the state has 3035 AWCs in the state. Presently, the state does not have no effective system is in place so as to ensure that all the VH & NDs are held regularly but in the year 2008-09, a monitoring system was in place so as to make the VH & NDs more result oriented and fruitful.

UNTIED FUND

Untied funds have been released in the following manner:

Sl. No.	Facility	Numbers	Amount	Year			Total Released
			(in Rs.)	2006-07	2007-08	2008-09	In Lakhs
1	SC	397	10000	3340000	3340000	3970000	106.5
2	PHC*	86	25000	2150000	2150000	3200000	75.0
3	CHC	21	50000	1050000	1050000	1050000	31.5

*In 2008-09 with the approval of the Centre, Untied funds were also provided to 27 Subsidiary Health Centres and 15 Big Dispensaries.

These funds were used generally for essential medicine purchases, during social works around health centre etc. These funds are also bringing the community together to work and contribute for their own welfare. An example, in Mokokchung district, in Puniboto SC, the people contributed to the Rs.20,000 that was released to the SC, and constructed a Sub centre building as there was none.

MAINTENANCE FUND

Sl.	Facility	Numbers	Amount	Year			Total Released
			(in Rs.)	2006-07	2007-08	2008-09	In Lakhs
1	Sub centre	397	10000	3340000	3340000	3970000	106.5
2	PHC	86	50000	4300000	4300000	4300000	129.0
3	CHC	21	100000	2100000	2100000	2100000	63.0

During the district visits, it was found that some of the functionaries i.e. MOs, ANMs, VHC members etc. were not very clear on the areas of utilization of the Untied Fund and the Maintenance Fund. More orientation meetings on these finer details has been planned so as to expedite expenditure.

RKS FUND

In 2006 – 07, this activity was confined to only the 11 District Hospitals. A sum of Rs.5 lacs each has been sanctioned for maintenance and also for emergency purchase of Life-Saving Drugs etc. with the approval of the Hospital Management Committee. From 2008-09, RKS funds are also being released to all 21 CHCs, 86 PHCs, 27 SHCs and 15 BDs.

Sl. No.	Facility	Numbers	Amount	Year			Total Released
			(in Rs.)	2006-07	2007-08	2008-09	In Lakhs
1	DH	11	500000	5500000	5500000	5500000	165.0
2	CHC	21	100000		2100000	2100000	42.0
3	PHC	86	100000		8600000	12800000	214.0

ASHA

The state has 1700 ASHAs. ASHA kits have also been given. ASHA and AWW work as team leaders of the village health team to encourage and plan for institutional delivery and other health activities of their respective village

Experiences have shown that the ASHAs are yet to fully understand their roles. Emphasis will be given on clarifying the key roles of ASHAs and how they can really contribute in ensuring better health status of villagers. Up till now, the ASHAs are only getting incentive under Janani Suraksha Yojana (JSY), but in coming days it would be ensured that holistic convergence of all vertical programmes take place and the ASHAs are used as vehicle in implementing those programmes and in turn ASHAs will also get incentives as per the approved rates of the respective programme. The state has been seriously planning on how to maximize the ASHAs incentives so that the ASHAs intervention can be made sustainable in long run

Total ASHAs to be selected in state: 1700
Total selected till date: 1700
Total Trained till date: 1700 (till the 4nd module)

AYUSH

In 2007-08, 21 AYUSH doctors have been selected under NRHM and they have been posted at different CHCs spread over in different districts.

24X7 PHC

28 Primary Health Centers were selected to function as 24x7 services in 2006-07. In order to make these identified PHCs functional as 24 X 7 hours, 2 Staff Nurses with 1 PHN were appointed to these PHCs. In the current year, another 5 PHCs were identified for up gradation in 2007-08. 2 SNs and a PHN will be posted to these units under NRHM. The focus now is to make these 33 units fully functional as 24x7 centres with adequate manpower and proper infrastructure.

JANANI SURAKSHA YOJANA (JSY)

The state does not have a high reputation as far as figure of the institutional delivery goes; it is only 12%, which is very low. In order to improve the institutional delivery, under JSY Scheme fund has been released to all 11 District Hospitals, 21 Community Health Centers and 86 Primary Health Centers. Each of these health facilities will submit report related to institutional delivery separately.

Currently, Institutional delivery has improved to 56.6% (state RCH data).

Under JSY, there are provisions such as escort and referral services by ASHA. ASHAs receive Rs.600/- for pre (Rs.200) and post (Rs.200) monitoring of the pregnant women and for escort service (Rs.200) to the health institution. The mother, who prefers institutional delivery gets Rs. 1400/- per delivery. It is recorded that during April to December 2007, all total 4213 mothers got JSY incentives.

MOBILE MEDICAL UNIT (MMU)

The State has already initiated MMU with 2 Vehicles since December 2007. The equitable distribution of health services and access to health services is the right of every individual. In Nagaland with its topography and difficult terrain and primitive transportation facility, only through MMU, this goal can be achieved. The following services are provided through MMU:

- Regular visit of Villages through the active participation of VHCs and CBOs.
- To improve health seeking behavior and early health care
- ANC, general health checks up with basic investigative facilities, immunization, health education, and treatment and referral facilities.

Indicators:

- Number of village camp conducted
- Number of patients attended
- Number of cases treated
- Number of patients referred
- Number of children immunized

Outcome:

- MMR reduced
- IMR reduced
- Increasing in health seeking behavior

MOTHER NGOS (MNGO)

Three Mother NGOs have been identified with good track record already working in the state under RCH – II and other health services delivery schemes. The Mission has already established partnership with three identified MNGOs and the mission is encouraging NGO partnership, which will improve health status of the target group.

Currently, 4 districts are covered under the MNGO scheme in the state. 2 more MNGOs for Longleng and Peren have been identified and approved by the GOI. Selection of MNGOs for the other 5 districts has been completed.

PUBLIC PRIVATE PARTNERSHIP (PPP)

Presently, three mission hospitals at Azuito, Impur, and Vankhosang have been brought under the PPP model. Further, the CMOs of the districts were instructed to identify health institutions and formulate district specific plans for implementation of PPP, if the need for the same was felt.

A meeting of all Private practitioners, Nursing homes and Private Hospitals of Kohima, Mokokchung and Dimapur was held at Zion Hospital and Research Centre, Dimapur in the month of August 2008 to explore various avenues for coordination and cooperation

A model community participation of health care service delivery has been piloted at Shangshanyu SC in Tuensang district.

Zion Hospital, Dimapur has adopted Athibung PHC, Peren dsitrict for regular outreach activities.

MANPOWER

Under NRHM, the following contractual appointments have been approved so far:

Sr	Category	2006-07	2007-08	2008-09	Total
1	Specialist*			6	**6**
2	MO		33	54	**87**
3	Dental Doctor			21	**21**
4	AYUSH Doctor			21	**21**
5	GNM – SN		47	21	**68**
6	GNM – PHN		33	21	**54**
7	ANM	120	80	50	**250**
8	Pharmacist*			54	**54**
9	Lab Tech			21	**21**
					582

* The post of Specialist and Pharmacist has not been filled up due to lack of skilled manpower.

TRAINING INSTITUTE

Currently, there is only one Para-Medical Training Institute at Kohima. Besides conducting training of Trainers, the Institute is conducting training for Multi-purpose Health Workers, ASHA, and Induction Training to GNMs, PHNs and ANMs. A comprehensive training programme is planned out under NRHM to train different levels of staff at PMTI, Kohima.

In the long term, to meet training requirements of all the different health programmes, a state training institute for HFW is needed to be established.

DISTRICT HOSPITAL UPGRADATION

The up gradation works at the 11 district hospitals have been completed.

CHAPTER 5

CURRENT STATUS AND GOAL

ANNEX 3b

INDICATIVE FORMAT FOR CURRENT STATUS AND TARGETS

RCH II GOAL	STATE			INDIA		
	Current status (*specify year & source*)	Target		Current status	Target	
		08-09	09-10		06-07	09-10
MMR	240 (ITSP 2007)*	150	<100	289 (ITSP 2007)*	200	<100
IMR	20 (SRS bulletin Oct07)	18	15	57 (SRS 2006)	45	<30
TFR	3.7 (NFHS-3)	3.5	3.2	2.9 (SRS 2005)	2.3	2.1

* India – The State of Population 2007

RCH OUTCOMES		Current Status (*year & source*)	TARGET	
			08-09	09-10
Maternal Health				
	% of pregnant women receiving full ANC coverage (3 ANC checks, 2 TT injections & 100 IFA Tablets)			
	Overall	31.6 NFHS 3		
	SC/ST			
	% of pregnant women age 15-49 who are anaemic			
	Overall	38.2 NFHS 2		
	SC/ST			
	% of births assisted by a doctor/nurse/LHV/ANM/other health personnel			
	Overall	25.9 NFHS 3		
	SC/ST			
	% of institutional births			
	Overall	7748 (till Dec'07) Target 10000	20000	20000
	SC/ST			
	% of mothers who received post partum care from a doctor/ nurse/ LHV/ ANM/ other health personnel within 2 days of delivery for their last birth			
	Overall	11.3 NFHS 3		
	SC/ST			
Child Health				
	% of neonates who were breastfed within one hour of life			
	Overall	51.5 NFHS 3		
	SC/ST			
	% of infants who were breastfed exclusively till 6 months of age			
	Overall	29.2 NFHS 3		
	SC/ST			
	% of infants receiving complementary feeds apart from breast feeding at 9 months			
	Overall	71 NFHS 3		

RCH OUTCOMES		Current Status (*year & source*)	TARGET	
			08-09	09-10
	SC/ST			
	% of children 12-23 months of age fully immunized			
	Overall	21 NFHS 3		
	SC/ST			
	% of children 6-35 months of age who are anaemic			
	Overall	43.7 NFHS 2		
	SC/ST			
	% of children under 5 years age who have received all nine doses of Vitamin A			
	Overall			
	SC/ST			
	% of children under 3 years age with diarrhoea in the last 2 weeks who received ORS			
	Overall			
	SC/ST			
	% of children under 3 years age who are underweight			
	Overall	29.7 NFHS 3		
	SC/ST			
Family Planning				
	Contraceptive prevalence rate (any modern method)			
	Overall			
	SC/ST	58%		
	Contraceptive prevalence rate (limiting methods)			
	Male Sterilization	18		
	Female Sterilization	1257 till Dec'07		
	Contraceptive prevalence rate (spacing methods)			
	Oral Pills	11134 Till Dec'07		
	IUDs			
	Condoms	22785 till Dec'07		
	Unmet need for spacing methods among eligible couples			
	Overall			
	SC/ST	52%		
	Unmet need for terminal methods among eligible couples			
	Overall			
	SC/ST			

RCH INTERMEDIATE INDICATORS		CURRENT STATUS [a] (year, source)	TARGET (cumulative) [b]				
			08–09 (quarter-wise)				09–10
			Q1	Q2	Q3	Q4	
Infrastructure							
	No. and % of PHCs upgraded to provide 24X7 RCH services (as per GOI guidelines)	33	4	2	2	2	
	No. and % of health facilities upgraded to FRUs, fulfilling the minimal criteria per the FRU guidelines (at least 3 critical criteria)						
	a. District Hospitals	8	1	1	1		
	b. Sub-district/ Civil Hospitals						
	c. CHCs	0	1	1	1		

RCH INTERMEDIATE INDICATORS		CURRENT STATUS [a] (year, source)	TARGET (cumulative) [b]				
			08–09 (quarter-wise)				09–10
			Q1	Q2	Q3	Q4	
	d. Block PHCs						
	No. and % of functional Sub-Centres [c]	397					
	No. and % of health facilities that have operationalised IMEP guidelines	0	3	3	3	2	
Human Resources							
	No. and % of ANM positions filled [d]	100%(116 RCH)					
	No. and % of specialist positions filled at FRUs [d]	72% 8	6				
Programme Management							
	% of district action plans ready	100%					
Financial Management							
	% of districts reporting quarterly financial performance in time	80%	100%				
Logistics / Procurement							
	% of district not having at least one month stock of a. Measles vaccine b. OCP c. EC Pills d. Surgical Gloves	 100% Nil Nil 100%	 100% 100% 100% 100%				
	% of sub-centres supplied Kit A and Kit B in the last 6 months	Nil			100%		
Training							
	No. and % of Medical Officers trained in						
	Management of Common Obstetric Complications						
	Life-saving anaesthesia skills		3	3			
	EmOC		3	3			
	RTI/STI		30	30	20	20	
	Safe Abortion Services		15				
	MTP using other methods		7	7	7		
	IMNCI	15	5	5	6	6	
	Facility Based Newborn care	15	5	5	6	6	
	Care of sick children and severe malnutrition	15	5	5	6	6	
	NSV	8	5	5	6	6	
	Laparoscopic sterilisation		4	4	4	4	
	Minilap		12	12	13	13	
	IUD insertion						
	ARSH		10	10	10	11	
	IMEP		18	19	19	19	
	No. and % Staff trained in SBA						
	ANM	124	25	25	25	25	
	LHV						
	Staff nurse						
	No. and % Staff trained in RTI/ STI						
	ANM	85 Nurse	40	40	40	40	

RCH INTERMEDIATE INDICATORS		CURRENT STATUS [a] (year, source)	TARGET (cumulative) [b]				
			08–09 (quarter-wise)				09–10
			Q1	Q2	Q3	Q4	
	LHV						
	Staff nurse						
	Lab Technician						
	No. and % Staff trained in IMNCI						
	ANM	107	44	44	44	43	
	LHV						
	AWW						
	Staff nurse						
	No. and % of staff nurses trained in Facility Based Newborn Care	107	44	44	44	43	
	No. and % of ASHAs trained in Home Based Newborn Care						
	No. and % Staff trained in IUD insertion						
	ANM	88 Nurses	50	50	50	50	
	LHV						
	Staff nurse						
	No. and % of staff trained in ARSH						
	ANM		33	33	32	32	
	LHV						
	Staff nurse						
	Programme Managers						
	No. and % of state and district program managers trained on IMEP	Nil	11				
	No. and % of health personnel who have taken Contraceptive Updates						
Maternal Health							
	% of ANC registrations in first trimester of pregnancy	32%	45%	48%	50%		
	% of 24 hrs PHCs conducting minimum of 10 deliveries/month	30%	40%	60%			
	No. and % of health facilities providing RTI/STI services						
	SDHs 11 FRUs	11 (100%)					
	CHCs	3 (14 %)	3	6	5	5	
	PHCs		10	10	10	13	
	No. and % of health facilities providing Safe Abortion services (including MVA/ EVA and medical abortion)						
	DHs	11 (100%)					
	SDHs						
	CHCs			5	8	8	
	PHCs						
	No. and % of planned Monthly Village Health and Nutrition Days held (even if budgeted under NRHM Part B)						
Child Health							
	No. of districts where IMNCI logistics are supplied regularly			3	2		
	No. and % of health facilities with at least one provider trained in Facility Based Newborn Care			18	18	18	

RCH INTERMEDIATE INDICATORS		CURRENT STATUS [a] (year, source)	TARGET (cumulative) [b]				
			08–09 (quarter-wise)				09–10
			Q1	Q2	Q3	Q4	
Family Planning							
	No. and % of health facilities providing Female Sterilization services						
	DHs	11					
	SDHs						
	CHCs			7	7	7	
	PHCs						
	No. and % of health facilities providing Male Sterilization services						
	DHs	11					
	SDHs						
	CHCs			7	7	72	
	PHCs						
	No. and % of health facilities providing IUD insertion services						
	CHCs	21					
	PHCs	62	16				
	Sub centres	103		100	100	94	
	No. of accredited private institutions providing:						
	Female sterilisation services						
	Male sterilisation services						
	IUD insertion services						
	% of districts with Quality Assurance Committees (QACs)		6	5			
	% of district QACs having quarterly meetings						
	% of planned Female Sterilisation camps held in the quarter	11	11	11	11	11	
	% of planned NSV camps held in the quarter		11	11	11	11	
Adolescent Reproductive and Sexual Health							
	% of ANC registrations in first trimester of pregnancy for women < 19 years of age	30%					
	No. and % of health facilities providing ARSH services						
	FRUs		3				
	CHCs			8			
	PHCs			10	9	10	
	Others						
	No. and % of health facilities with at least one provider trained in ARSH						
Innovations/PPP/NGO							
	No. of districts covered under MNGO scheme	4		7			
	No. of MNGO proposals under implementation (received funding for planned activities)			7			
Monitoring and Evaluation							
	% of districts reporting on the new MIES format on time	8 (75%)					
BCC/ IEC							

RCH INTERMEDIATE INDICATORS		CURRENT STATUS [a] (year, source)	TARGET (cumulative) [b]				
			08–09 (quarter-wise)				09–10
			Q1	Q2	Q3	Q4	
	No. and % of districts with decentralised BCC/IEC strategy/ plans	11 (100%)					

a - Current status as at beginning April 2008. In case PIP prepared earlier, take current status as at beginning January 2008 and project April 2008 status taking into view the Q4 target as per PIP 07-08.
b - All targets to be cumulative from current status. c - ANM posted and working out of the facility, not deputed elsewhere. d – Against required e - Safe abortion services includes MVA/ EVA and Medical Abortion

CHAPTER 6

GOAL, OBJECTIVES, STRATEGIES AND ACTIVITIES UNDER DIFFERENT COMPONENTS OF NRHM

A. Mission background

Recognising the importance of Health in the process of economic and social development and improving the quality of life of our citizens, the Government of India has resolved to launch the National Rural Health Mission to carry out necessary architectural correction in the basic health care delivery system. The Mission adopts a synergistic approach by relating Health to determinants of good health viz. of nutrition, sanitation, hygiene and safe drinking water. It also aims at mainstreaming the Indian systems of medicine to facilitate health care.

The Plan of Action includes increasing public expenditure on health, reducing regional imbalance in health infrastructure, pooling resources, integration of organisational structures, optimisation of health manpower, decentralisation and district management of health programmes, community participation and ownership of assets, induction of management and financial personnel into district health system, and operationalising Community Health Centers into functional hospitals meeting Indian Public Health Standards in each Block of the Country.

B. Goals and Objectives of NRHM

The Goal of the Mission is to improve the availability of and access to quality health care by people, especially for those residing in rural areas, the poor, women and children.

Salient features of the Mission are:

- Provide effective healthcare to rural population.
- Undertake architectural correction of the health system.
- Promote policies that strengthen public health management and service delivery.
- Provision of a female health activist (ASHA/ Link Worker) in each village.
- Strengthen the rural hospital for effective curative care and make it measurable and accountable to the community.
- Integration of vertical Health & Family Welfare Programmes.
- Revitalise local health traditions and mainstream AYUSH into the public health system.
- Effective integration of health concerns like sanitation & hygiene, nutrition, safe drinking water and social concerns.
- Improve access of rural people to equitable, affordable, accountable and effective primary healthcare.
- The primary objectives of the mission are:
- Reduction in IMR and MMR.
- Universal access to public health services such as women's health, child health, water, sanitation & hygiene, immunisation, and nutrition.
- Prevention and control of communicable and non-communicable diseases, including locally endemic diseases.
- Access to integrated comprehensive primary healthcare.
- Population stabilisation, gender and demographic balance.
- Revitalise local health traditions and mainstream AYUSH.
- Promotion of healthy life styles.

C. Strategies for implementation

- The following Strategies were envisioned to ensure an efficient implementation:

- Promote access to improved healthcare at household level through the Link Worker.
- Health Plan for each village through Village Health Committee.
- Strengthening existing PHCs and CHCs.
- Preparation and Implementation of an inter-sectoral District Health Plan prepared by the District Health Mission, including drinking water, sanitation & hygiene and nutrition.
- Integrating vertical Health and Family Welfare programmes at State and District levels.
- Technical Support to State and District Health Missions, for Public Health Management.
- Developing capacities for preventive health care at all levels for promoting healthy life styles, reduction in consumption of tobacco and alcohol etc.
- Promotion of Public Private Partnerships for achieving public health goals.
- Institutional Mechanisms under NRHM for State
- Village Health & Sanitation committee
- Hospital Management Committee/Rogi Kalyan Samiti for management of public hospitals.
- District Health Mission, with District Health Head as Convenor and all relevant departments, NGOs, private professionals etc. represented on it.
- State Health Mission, Chaired by Chief Minister and co-chaired by Health Minister and with the State Health Secretary as Convenor.
- Mainstreaming AYUSH - The Mission seeks to revitalise local health traditions and mainstream AYUSH infrastructure, including manpower, and drugs, to strengthen the public health system at all levels.

D. Expected Outcome on NRHM Implementation

- ASHA/ Link Worker at all villages.
- Health Day at Anganwadi level on a fixed day/month for provision of immunisation, ante/post natal checkups and services related to mother & child healthcare, including nutrition.
- Availability of generic drugs for common ailments at Sub-centre and hospital level.
- Availability of doctors, drugs and quality services at PHC/CHC level.
- Improved access to Universal Immunisation.
- Improved facilities for institutional delivery under Janani Suraksha Yojana (JSY) for BPL families.
- Improved outreach services through mobile medical unit at district-level.

Various strategic objectives and key interventions to meet the NRHM goals are being outlined. The goals, objectives, strategies and activities of one of the major component of NRHM i.e. RCH is discussed below. However, the goals, objectives, strategies and activities for differenet national disease control programmes and immunization are discussed in their respective plans discussed later on in this PIP.

PART A

6.1 R C H P R O G R A M M E

RCH-II programme with the goals of reducing maternal mortality, infant and child mortality and total fertility rate started from April 2005 in the state of Nagaland.
The main objectives of the RCH II programme in Nagaland are to reduce MMR, IMR and TFR in tune with the national programme targets. During the year 09-10 it is proposed to consolidate gains made during the previous years and focus on enhancing coverage and improve service quality. Main Strategies adopted to achieve these objectives are:

Main Strategies adopted to achieve these objectives are:

A. MATERNAL HEALTH STRATEGIES:

Strategic Focus

1. To identify institutions and strengthening them to the capacity of basic and comprehensive obstetric care.
2. Short courses on Obstetrics and Anesthetics skills for general doctors on basic and comprehensive obstetric care to overcome shortage of specialist in remote area.
3. Equipping PHCs to undertake non-emergencies deliveries (forceps deliveries, manual removal of placenta etc.).
4. Ensuring complete ANC (Registration, 2 dose of TT, three check-ups and 100 IFA tablets) and PNC (three visits by health workers/ASHA for domiciliary deliveries).
5. Ensuring provision for referral services for high risk pregnancies to higher institutions.
6. Ensuring regular supply of medicines and vaccine etc.
7. Strengthening the tie with private service providers, VC /NGOs /SHGs through PPP agreement for facilitating the service delivery system.

B. CHILD HEALTH:

Strategic Focus

1. The strategy includes range of preventive and curative interventions, which aim to improve practices both in health facilities and home. The key strategy for improving child health is IMNCI with intervention such as promotion of growth response to sickness and prevention of disease.
2. Early case management of ARI, Diarrhoea.
3. Improve quality and coverage of routine immunisation services.
4. Reduce neonatal and child mortality and morbidity.
5. Improve care of sick neonates infants and children.
6. Improve facility based care of neonates and children.
7. Promote breastfeeding and complimentary feeding.

C. FAMILY PLANNING:

Strategic Focus

1. Family Planning services will emphasize on a multi pronged strategy.
2. Developing client centered communication strategies.
3. Strengthening community based distribution by ASHA and at the Sub Center level.
4. Promote the mix methods offered for family planning and strengthen the provision of high quality family planning service.
5. Promote the importance of male responsibility and enhanced the involvement of male as responsible sexual partners, husbands, and fathers to undergo NSV.

D. ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH

Strategic Focus

1. Improved access to reproductive health of Adolescent.
2. Ensure that reproductive health of adolescents are met
3. Establishing Adolescent clinic in the functional PHCs/CHCs/FRUs to offer services once in a week on every Tuesday.
4. Training on ARSH will be given to Women Leaders, /Youth Leaders/ Village Council leaders.
5. The trained youth leaders, women leaders and village council leaders will in turn train the Adolescent Group in the churches/community level in incorporation with the state level trainers.
6. All the training activities on ARSH will be converged with NSACS.
7. BCC/IEC will continue in the form of round table conference among the youth along with printed media.

E. INFRASTRUCTURE DEVELOPMENT:

1. Construction of 13 Incinerators in all the FRUs
2. Setting up of New Born Care Corner in 21 CHCs.

F. Human resources for service delivery

1. Contractual appointment of 8 Obgy specialist 8 Pediatricians and 8 anesthetists. This appointment can be solicited even from within and out side the state.

G. HMIS

1. Ensuring availability of printed forms in adequate numbers
2. Training of staff handling data in users manual

H. BCC

1. Development and implementation of decentralized BCC strategy at state level
2. Development and implementation of district BCC strategic plans
3. School based program covered 165 schools under ARSH.
4. 110 advocacy with VHCs and community leaders in different villages on the roles community leaders in the management village health.
5. Radio jingles/ Print advertisement on RCH / NRHM themes

J. Monitoring & Evaluation

1. Regular monitoring and evaluation will be done, by visiting to the facilities centers and in collaboration with Integrated Disease Surveillance Program for teleconference. To strengthen the movement of the official to the facilities centers separate fund will be made available for the purpose of monitoring and evaluation visit at the district level.

ACHIEVEMENTS MADE DURING 2008-09

1. Institutional arrangements

The State Program Management Unit and District Program Units in all the Districts are in position and the erstwhile RCH Program Management personnel at State and District levels brought under NRHM. As civil works improvements is a key to delivery of quality health services it is proposed to have an engineering section within the NRHM SPMU to expedite civil works progress and have better coordination and control on quality of works.

i) State Programme Management Unit (Staff appointed)

Sl.No	Position	No	Remuneration*
1	State Programme Manager	1	
2	Consultant Management	1	35000
3	Consultant Training	1	35000
4	Finance Consultant	1	35000
5	Consultant Engineer	1	35000
6	Assistant Engineer	1	28000
7	Consultant (HMIS)	1	28000
8	HMIS Asst.	1	16800
9	Accounts Manager	1	25200
10	Accountant-cum Clerk	1	25200
11	Statistical Assistant	2	14000
12	Stenographer	1	8400
13	Procurement Consultant	1	25000

* Remuneration has been increased by 40% over the previous year.

ii) District Programme Management Unit

Staff appointed

Sl.No	Position	No	Remuneration*
1	District Programme Manager	11	21000
2	Statistical Assistant	11	12000
3	Computer Assistant	11	7000
4	Block Programme Managers	40	15000
5	District Media Officer	11	16800

* Remuneration has been increased by 40% over the previous year.

iii) District Media Officer under BCC/IEC

11 District Media Officer appointed remuneration paid @ Rs.12000P.m

iv) **Appointment of Field Staff**

1. Medical Officers: 46 Medical Officers appointed for 28 PHCs for 24 x 7 delivery services and 13 CHCs, and 1 Gynecologist in District Hospital
2. GNMs: 21 staff nurses for 13 CHCs and 8 District Hospitals
3. ANMs: 116 appointed : 60 for SCs without ANMs,
: 28 for 24 x 7 delivery services in PHCs
: 28 for difficult to reach areas

2. Training

- EMOC at Surat – 4 MOs
- Short term Anesthesiology – 2 MOs
- Blood Safety – 3 MOs and 11 Lab. Technicians.
- MTP – 18 M.Os
- RTI/STI
    1. In collaboration with IDSP – 20 M.Os.
    2. In collaboration with IDSP – 60M.Os and 68 Lab. Technicians
- IMNCI – 29 MOs and 107 Nurses.
- IUCD (at Guwahati) – 3 Gynecologists (as state level)
- Mini Lap – 8 MOs (Rural)
- Home base Pregnancy Test for District level – 44 ASHA Trainers and 3 MNGOs

3. RCH Camp.

Altogether 16 Sterilisation camps have been conducted in the State till date. The total No. of beneficiaries is 208.

4. BCC

- Development and implementation of decentralized BCC strategy at state level
- Development and implementation of district BCC strategic plans
- School based program covered 165 schools
- 110 advocacy with VHCs and community leaders in different villages
- Radio jingles/ Print advertisement on RCH / NRHM themes
- Translation of RCH/ NRHM in all 16 local dialects.

5. Infrastructure

17 CHCs and 62 PHCs (functional) have been selected for the construction of Waste Disposal during 08-09. The construction of the selected health centers for the construction of Waste Disposal has been completed.

6. JSY

The State with a targeted 20,000 Institutional Delivery for the year 2008-09 has already covered 8311 till Novemebr 2008. It is expected that by the end of March 2009, the State should be able to reach its target. There is a mark increase in institutional delivery since the introduction of JSY scheme in the State. The JSY scheme was initiated in the month of January 2007 only. It is hope that with the continuation of JSY scheme for another 2-3 years, it is expected that all pregnant women will be encouraged to come for Institutional delivery. At present the practices of Home Delivery are more, but with the experience of the benefits institutional delivery we can expect more institutional delivery in the near future.

7. BOTTLENECKS:

In Nagaland, we still struggle with functioning of DHs,CHCs,PHCs & SCs due to:-

- Shortage of Manpower both specialist/MO
- Poor infrastructural health Units and Quarter. The lack of staff quarters is a major impediment.
- Health Personnel not willing to stay in remote Districts
- Even though referral transport fund is available in many remote places there is no vehicle to hire or it is very expensive.

Area we need to stress are:

- Manpower availability specialist/MO short, medium and long term measures strategies given under NRHM.
- District Health Society, RKS in DH, CHC, PHC and VHC need to strengthen with regular monitoring for which steps have been taken.
- Improvement of quality of service through ANC, SBA intensive training etc.
- Training of Nurses, MO on EmoC and Anesthesiology
- Transportation facilities to be provided in selected areas.

6.1.1 TECHNICAL STRATEGIES AND ACTIVITIES FOR 2009-10

6.1.1.1 MATERNAL HEALTH

Goal: The overall goal of Maternal Health in the state are;

1. Improved skilled maternity health care in the state.
2. Improved access to institutional delivery/ safe delivery.
3. Improved EmoC and basic comprehensive EmoC services.
4. Improve access to quality, women friendly and responsible RTI & STI services.

Objective 1. Improved skilled care.

Activities

- Training of Medical Officers from FRUs and 24x7 CHC on basic and comprehensive emergency obstetric care for 21 M.O. of CHC
- Contractual appointments of Gynecologist, Pediatricians, and 3 Anaesthetist for FRUs and short term course shall be given in collaboration with RRC.
- Training of support staff TBAs, AWWs, MSS, members of Community based organization and PRIs on antenatal care, complicated pregnancies, RTIs & STIs at District Hospital, 10 person per batch for 10 days to be conducted, one batch in everey 3 months, to be trained 440 persons.
- Training of ANM/GNM on skilled birth attendant for 100 nurses in 25 batches in 11 District Hospitals.

Objective 2. Improved access to institutional delivery/ safe delivery.

Activities

- Strengthening and promoting Institutional deliveries and training of 1700 ASHAs in 11 districts of the State as re-orientation for 2 times during the year.
- Strengthening ANCs, PNCs, at Sub center level by the District Officials.
- Provision of Kit A & B to all the SCs as per guidelines for 397 sub-centres.
- Strengthening of basic equipments for complete AN Care comprising of the 8 parameters Early registration, BP, Weight, Abdominal Girth, Urine Sugar Dipstick, Blood for anemia, IFA tablet & Tetanus immunization which is already in placed.
- Orientation of all ANMs for two days on quality ANC as per SBA module of GOI will be organized for 100 nurses in 25 batches in District Hospitals.
- 24x 7 CHC & 24x PHC already under process to provide emergency obstetric care. CHC, 24X7 PHCs, PHC, SCs requires to be equipped with labor rooms & equipments as the 24x7 guidelines.
- Repair and renovation works are proposed in 24x7 PHCs especially the PHCs which are upgraded from Sub Center and which are in the rented building.
- Strengthening out reach services in inaccessible areas with the involvement of MNGOs and FNGOs.
- Strengthening institutional delivery by providing referral transport assistance to the centers.
- Providing essential obstetric care drug for 86 PHCs and 21 CHCs.
- Incentive of 1 month salary for field staff posted at underserved districts of Mon, Tuensang, Kiphire and Longleng.

Objective 3. Improved EmoC and basic comprehensive EmoC services.

Activities

- Introduction of investigation related antenatal care, maintaining existing level of antenatal level services for ANC.
- Developing BCC curriculum with focus on importance and need of institutional deliveries, danger sign of pregnancies, care during antenatal period etc.
- Improving & strengthening the 24 hours delivery services in all 24x7 PHCs and CHCs.
- PPP strategies have developed at the state level; through PPP the institutional deliveries conducted will be reported by private institutions so far 10 private Hospitals have been identified for the same.
- Women if utilizes private facilities for institutional deliveries JSY scheme will be made available.

Bench Mark

Month wise reporting from all districts on maternal mortality would be collected and compiled. This activity will be carried out in collaboration with the District Collectors and Social Welfare Department.

Objective 4: Improve access to quality, women friendly and responsible RTI & STI services.

Activities

- Repair & Rennovation of labour room in the remaining 53 PHCs
- Training of Doctors on syndromic management of RTIs and STIs in collaboration with NSACS for 96 M.Os in 12 batches.
- Providing Drugs and Medicines for RTIs and STIs at 86 PHCs
- Lab equipments and reagents are in place
- Training of Labb-Techs by NSACS and other vertical programs.

Janani Suraksha Yojana
Vision
- To reduce overall maternal mortality rate and infant mortality rate.
- To increase institutional deliveries and to promote family planning in the state.

Activities and Strategies
1. Early Registration of beneficiaries
2. Early identification of complicated cases.
3. Providing free antenatalnd post natal care and services.
4. Building partnership with private Health sector in the rural areas.

6.1.1.2 NEW BORN & CHILD HEALTH

Goal: Reduce IMR from 38.3 (NFHS-3) to 35 by 2009-10

Objective1. Access to essential neo born care by each neonate at home.

Activities:
- Strengthening routine immunization by ensuring cold chain equipments maintenance supply of vaccine and syringes and conducting regular immunization sessions.
- Strengthening and ensuring effective Vaccine preventable diseases and AFP surveillance by regular sensitization and through field visits of Medical Officers
- Ensuring early neonatal care i.e. observing and examining the child for congenital abnormalities cleaning of eyes, respiration and weight after birth in PHCs, CHCs and FRUs.
- Procurement and use of auto disable syringe for immunization of all inoculations. Implementing Hepatitis B programme in all the districts. This will be done under UIP.

Objective 2. Improve coverage and quality of facility based care of neonates and children.

Activities
- Referral facility for all emergency cases identified by service providers i.e. ANMs/GNMs or Medical Officers.
- Ensuring supply of ORS Packets and Cotrimaxazole with ASHAs and TBAs.
- Strengthening of 24x7 PHCs and CHCs and FRUs by putting trained manpower, drugs and material for care of sick neonates.
- New Born Care Centres in all the 24x7 PHCs. This is for PHCs which could not be done in the year 08-09.
- Providing drug for sick neonates and children in 19 CHCs, 86PHCs and 13 FRUs.

Objective 3. Promoting community based care

Activities
- Strengthening outreach services in un-served and underserved areas with the involvement of ASHAs and MNGOs.
- Providing incentives Rs.1500 & Rs. 2000 respectively for services providers i.e. ANMs and GNMs in the hard to reach areas.

- Strengthening home based care through ANMs / ASHAs by personal visits for each neonate with in seven days of delivery with emphasis on first visit in 24 hours of the delivery at home or discharges from health facility.
- Developing BCC curriculum print and media with focus on importance of colostrums initiation of breastfeeding etc.

6.1.1.2.1 INTEGRATED MANAGEMENT OF NEONATAL AND CHILDHOOD ILLNESS (IMNCI) 2008-09

A. IMNCI Package:

The health of the mother during pregnancy, the quality of ANC, mode of delivery of the baby, PNC of mother and baby, immunization and care of various childhood illnesses are extremely important to obtain a healthy child at birth. A large number of children continue to die during infancy due to LBW, malnutrition, diarrhea and ARI. The main focus of this integration programme is to check infant and childhood mortality due to these illnesses.

B. Selection of priority districts:

Three districts namely, Kohima, Dimapur and Mokokchung were taken up for IMNCI implementation during 2007-08. Another 2(Two) districts namely Wokha and Phek will be taken up during 2008-09, for IMNCI implementation.

C. IMNCI Training plan:

Training under IMNCI is focused on applied still development. The existing staff in the districts will be provided inservice training in a phase manner with an objective to cover all the M.Os and health workers in the selected districts.

1. Create pool of State level trainers – Presently the State has only 3(three) Master trainers which is still below the required number of the Pool of State Facilatators. Five more will be trained for state trainers at National level during 2008-09.

2. To create pool of District Trainer:-There are only 15 District Trainers trained during 2007- 08 in 3 selected districts including 10 M.Os and 5 nurses. Another 22 M.O's from 5 selected districts will be trained during 2008-09 to create District Pool of trainers.

3. Number of personnel to be trained:

i)Clinical skill training

Sl.no.	District	Medical Officer	Nurses
1	Kohima	2	25
2.	Dimapur	2	25
3.	Mokokchung	2	25
4.	Wokha(New)	8	50
5.	Phek (New)	8	50
	Total	22	175

ii)Supervisory skill training

Sl.no.	District	Paediatrician/MO/CDPO,/LHVs,	No. of days
1	Kohima	5	2
2.	Dimapur	5	2
3.	Mokokchung	5	2
4.	Wokha(New)	5	2
5.	Phek (New)	5	2
	Total	25	10

D. Requirement

i) Support for SPMU and DPMU set up.
ii) Training equipments and teaching accessories.
iii) Translation/printing of materials.
iv) Mobility support for M&E both for State and District level.
v) Contingency grants.

E. Monitoring, follow up and review of implementation.

Periodic reviews of the implementation of IMNCI in the district will be conducted in a quarterly basis by the State and district IMNCI Nodal Officer. Those district not implementing IMNCI will continue with the existing interventions which include, Immunization, Control of diarrhea, ARI Control, Vit. A supplementation & essential new born care such as exclusive breastfeeding, and complementary feeding to achieve universal coverage. The progress of IMNCI implementation will be monitored through follow up visits by Health and ICDS supervisors They will also conduct timely field visit to follow up all the workers. They will also carry drugs during such visits to ensure uninterrupted supply of drugs.

Budgetary requirements

Sl. No.	Nature of Expenditure	Qnty	Rate	Value
1.	Computer with in-build CD RW & Accessories	2 (Districts)	1.20	2.4
2.	LCD Projector & Screen	2 (Districts)	3.50	7.00
3.	Teaching Accessories	2 (Districts)	1.00	2.00
4.	Translation/Printing of materials	Lumpsum		6.00
5.	Mobility support M& E State level			5.00
6.	Mobility support District level	5 (Districts)	2.00	10.00
7.	DMU Set up	5 (Districts)	0.50	2.50
8.	Contigency State Level			2.50
	Total			**37.40**

(Rupees thirty seven lakhs and forty thousand) only.

6.1.1.3 FAMILY PLANNING

Goal: Reducing Total Fertility Rate 3.77 (NFHS-11) to 3.00 % by promoting Family Planning Method both temporary and permanent in the state.

Objective 1. To reduce the unmet need for spacing and terminal methods of Family Planning.

Activities

- Ensuring availability for spacing methods in all health institutions.
- Ensuring availability of spacing methods through community based distributors i.e. ASHA making them as depot holders.
- Mobilizing community to ensure utilization of spacing methods during Village Health and Nutrition Day every month.

Objective 2. To develop and expand Family Planning services without compromising on the quality and effectiveness of the existing services.

Activities

- Regular availability of services of permanent methods of FP in District Hospitals through out the year.
- Ensure availability of wider choice of spacing methods.
- Availability of permanent FP services in CHCs, on every Tuesday of the month through out the year.

- Family Planning program will be integrated with the private institution and different family planning methods available under the RCH II will be made available.

Objective 3. Ensure improved availability of spacing methods through community-based distributor's social marketing and social franchising.

Activities
- Expanding network through involvement of sister departments like Ayurveda, Social Welfare Board for distribution of contraceptives and monitoring of spacing methods.
- Developing strategies with private partners for distribution of Family Planning methods.

Objective 4. Ensure improved use of spacing methods by promoting positive attitude among users.

Activities
- To develop strategic BCC curriculum and promote gender friendly spacing methods

Objective 5. Increase availability of quality sterilization services in public and private sector.

Activities
- Promotion of NSV by training 12 MOs for NSV and through promoting BCC activity for promoting male participation in FP methods particular NSV.
- RCH camps to offer permanent FP services on quarterly basis in the remote villages covering 44 such camps.

Objective 6. Sterilization compensation

Activities
- Promotion of female sterilization compensation in FRUs & CHC, with a target of 2000 cases
- Promotion of NSV in the CHCs and FRUs with a target of 50 cases

6.1.1.4 Adolescent Reproductive and Sexual Health (ARSH)

Strategic Focus: Improved access to reproductive health of Adolescent.

Objective: Ensure that reproductive health of adolescents are met

Activities
- Establishing Adolescent clinic in the functional 6 PHCs, 8CHCs and 3 DH to offer services twice in a week on every Tuesday & friday. Adolescent Youth Friendly Clinic has already started in Dimapur District with 5 centres
- Training on ARSH will be given to Women Leaders, /Youth Leaders/ Village Council leaders.
- The trained youth leaders, women leaders and village council leaders will in turn train the Adolescent Group (Peer Group) in the churches/community level in incorporation with the state level trainers.
- All the training activities on ARSH will be converged with NSACS.
- BCC/IEC will continue in the form of round table conference among the youth along with printed media with special focus on the school drops out students.
- Training of M.Os & Nurses in all the three identified Districts for the current year.
- Training of councilors from the ICTC
- Procurement logistics for the youth friendly cetres.

District.	District Hospital.	No. of CHC's selected.	No. of PHC's selected.	No. of manpower to be trained.

Kohima.	NHAK (H)	3 (H)	2(H)	10 M.Os, 10 Nurses & 5 councilors
Mokokchung	IMH(H)	3 (H)	2(H)	10 M.Os, 10 Nurses & 5 councilors
Tuensang	DH	2(H)	2(H)	8 M.Os, 8 Nurses & 4 councilors
Total Units.	**3**	**8**	**6**	**70**

6.1.1.5 Infection Management and Environment Plan (IMEP)

Objective: Strengthen IMEP at all facilities as per GOI guidelines

IMEP as a component under RCH-II was launched in the State from Dec.2007. For smooth function and proper implementation, an organizational set-up has been form at the state level with Commissioner & Secretary H&FW as the Convenor and Dy. Director F.W/RCH as the Nodal Officer. At the District Level, CMO and one M.O of respective District are made Convenor & Nodal Officer. They are responsible for executing the activities in the state and as well as District.

Strategy: To set up waste disposal systems at the facilities

Activities:

- Waste disposal unit will be constructed in all the sub-centres as has been done in the PHCs & CHCs during 2008-09.
- For proper management of waste and infection control, the necessary equipments will be provided which cound not be done during 2008-09. These equipments will include segregation buckets, utility gloves, masks and aprons etc.

As a continuous process IEC activities shall be carried out on waste segregation and disposal at appropriate places in the facilities to remind the providers about proper collection, segregation and disposal of waste material.

The following proposals is projected during 2009-10

1) Civil Works:
All the 397 communitised Sub-centre are proposed to be brought under IMEP in providing deep burial pit and sharp pit

a) Waste Disposal Unit @ Rs. 50,000/- for 397 = Rs.198, 50000

2) Health Awareness activities:-
In order to create awareness about the danger and hazards of hospital/medical waste, it is proposed to put up signboard in all the waste disposal site in the state.

a) Signboard @Rs. 1000/- per Nos for 515 nos
Total Rs. 1000X515 = Rs. 5, 15,000/-

3) Monitoring & Supervision:-
Success of the programmes depends on proper monitoring and supervision of the project.

Fund requirement

Sl.No.	Item	Rate	Qtty	Amount
1	Civil Work(Wast Disposal	50000	397	19850000

	Unit)			
2	Health Awareness activities (Signboard)	1000	515	5,15,000/-
Total				20365000

6.1.2 INSTITUTIONAL STRENGTHENING

Organization Functioning

Strategy: Augment organization and functional structure

Activities
- Regular monthly review meetings of State Health Society at State level will be held to review progress on the work plan and financial expenditures and give feedback to the districts
- Regular meetings of District Health Societies to facilitate review of their program activities and plans and also strengthen intersectoral coordination at the District level.
- Orientation of State/District PMUs. The staff at these units will be given orientation on the key components of RCH 2, monitoring and evaluation activities.
- Review RCH II components specially the JSY district wise and the state level.
- For the smooth implementation of the JSY scheme there will be direct monitoring system in place with the health facility centers.

HMIS and M&E

Strategy 1: Quality collection and collation of data will be done to ensure progress made in the RCH program.

Activities:
- Orientation of ANMs at the sub center level and MOs at the PHCs will receive orientation on data collection, use of data and processing data in to the indicators at District Level.
- Adequate number of registers and formats will be made available at the facilities.
- Integrated Disease Surveillance Program will support in the process of transmission of data through web enabled system.

Strategy 2: Ensure effective programme monitoring

Activities:
- There will be regular monitoring visit to the health facilities centers and separate fund will be made available to strengthen the monitoring movement of the officials.

BCC

BCC strategic activities will be developed at the state and district level to supplement the program in generating greater awareness on public health issues and to reduce IMR, MMR and TFR in the state.
Strategies to disseminate information on maternal health, child health and family planning will be developed using the mode of community resources at the local level.

Some of the strategies and activities for specific target groups are:

General
- IEC/BCC strategies will aim at reducing MMR, IMR and TFR in the State.
- Organize media conclaves with media persons to sensitize them on health issues related to maternal health, child health and family planning.

- Training on capacity building for contractual and regular IEC/Media officials to equip them for effective and professional functioning.

Maternal health

- Promote/ensure early registration of all pregnant women, full antenatal care services and at least 2 post-natal visits by ANM/ASHA/AWW.
- Promote institutional delivery and JSY. Where institutional delivery is practically impossible, promote safe domiciliary delivery, recognition of danger signs and early referrals.
- Create awareness among women and community leaders on danger signs of pregnancy, delivery and post natal period and timely referral.
- Community's role in promoting maternal health.
- Tie-up with service providers and available facilities.

Child health

- Early and exclusive breastfeeding with particular reference to feeding colostrums.
- Recognizing danger signs and home management and case referrals for ARI and diarrhea in children.
- Promote and ensure full primary immunization of all children through routine immunization.
- Role of community in promoting child health.
- Tie-up with service providers and available facilities.

Family Planning

- Use client-centred communication methods and tools- IPC and counseling.
- Male responsibility in family planning and promotion of NSV among them.
- Roles and responsibilities of community depot holders of contraceptives (TBA, AWW, ASHA).
- Facilitate eligible couples to access contraceptive services.
- Tie-up with service providers, especially for outreach programs, village health and nutrition days etc.
- Role of community in family planning.

Adolescent reproductive and sexual health (ARSH)

- IPC and Group Discussions for/with youth on village health and nutrition days.
- School-based programs.
- Promote peer educators for awareness and accessing services of ARSH at Adolescent Clinics.
- Participate in training of community leaders (women, youth, VC, VHC).
- Help develop reading materials for adolescents to be kept at Adolescent Clinics.
- Take part in forums that promote convergence among stakeholders that are involved with the youth/adolescents (e.g. education, social welfare, women and child development, youth resources, NGOs, Media, VCs, student bodies etc.).
- Topics to be disseminated: early health seeking behaviour, delaying age at marriage, reducing teenage pregnancy, maternal mortality, incidence of STI and prevention of HIV/AIDS etc.

Sl.	Name of the Activities	Physical targets	Budget (in lacs)
1	Maintenance of existing MSS	821	9.85
2	BCC Bureau	-	
	i) Maintenance of BCC Bureau	-	2.30
	ii) Equipments	-	1.00
	iii) Mobility	-	6.00
3	Repair of equipments	-	1.00
4	Local Specific BCC in Urban Areas		
	i) Exhibitions (District level)	11	2.20
	ii)		
	iii)		

Sl.	Name of the Activities	Physical targets	Budget (in lacs)
	iv) Production of AV materials/print materials	5 kinds	6.00
5	Local Specific BCC in rural areas		
	i) OTC	100	2.00
	ii) Folk program /dramas (with folk troupes)	20	1.80
	iii) Painting & Essay writing competition in college & schools on ARSH	11 Dist x2 levels	5.00
	iv) School programs on ARSH	50	0.50
6	BCC through Mass Media		
	i) Radio programs	-	1.00
	ii) Print media Posters in local dialect on Breastfeeding etc	51000 nos @ Rs 20	10.20
	iii) News paper advertisement (local papers) on JSY	50	2.00
	iv) Posters/ leaflets in local dialect for family planning	40000 nos @ Rs.25	10.00
	v) ARSH leaflets	40000 nos @ Rs.3	1.20
7	Capacity Building of IEC manpower		
	i) State level training/workshops/reviews	2	0.50
8	World Population Day etc.	-	1.00
9	Baby show competition in 11 Districts	11	1.1
12	IMEP printing of leaflets	50,000 nos @ Rs. 3	1.5
14	Training (PHC 'BCC team' & village level collaborators)	-	2.20

Overall Budget requirement for IEC/BCC component during 2009-10

(Rs. in lakhs)

Sl.	Items	Amount
A.	**State level**	
1.	State IEC Bureau maintenance	2.00
2	Equipments *(details in Annexure-1)*	26.532
3	Mobility and travel expenses	3.00
4	Capacity building training for IEC officials	1.50
5	'Information Needs Assessment' survey/study	3.00
6	Print media	
	a. Press advertisement/release	2.00
	b. Printed materials (charts, posters, leaflets etc.)	10.00
	c. Publication of reports, booklets, periodicals etc.	10.00
7	Electronic media	
	a. TV spots/programs	15.00
	b. Short video films	15.00
	c. Radio spots/jingles	6.00
8.	State level IEC/BCC quarterly review	2.00
	Total State Headquarters	**96.032**

Sl.	Items	Amount
B.	**District level**	
1.	*General*	
	a. District IEC Bureau maintenance (Rs.1.00 x 11 districts)	11.00
	b. MSS maintenance (Rs.1200/- x 821 Nos.)	9.852
	c. Mobility and travel expenses (Rs.1.00 x 11 districts)	11.00
	d. Basic equipments *(details in Annexure-2)*	65.95
	e. Minimum basic office furniture *(details in Annexure-3)*	4.356
2.	*IEC activities in urban areas for RCH, CD and NCD*	
	a. District level exhibition (Rs.0.20 x 11 districts)	2.20
	b. Hoarding/billboard (Rs.6000/- x 33 Nos.)	1.98
	c. Wall writing/painting (Rs.5000/- x 33 Nos.)	1.65
	d. Radio spots/jingles (Rs.50,000/- x 3 districts)	1.50
3.	*IEC activities in rural areas on RCH, CD and NCD*	
	a. Group discussion/meeting with mothers (Rs.0.02 x 550)	11.00
	b. Advocacy & OTC for village leaders (Rs.0.02 x 330)	6.60
	c. School based programmes (Rs.0.03 x 165)	4.95
C.	**Other activities**	
1.	One day training for IEC/BCC Teams	
	a. District level Teams (Rs.0.05 x 11 districts)	0.55
	b. Block level Teams at Dist. Hq. (Rs.0.08 x 22 batches) *(details in Annexure-A)*	1.76
	c. Village level Teams at PHC/CHC (Rs.0.06 x 46 batches) *(details in Annexure-A)*	2.76
2.	Monthly IEC review meetings	
	a. District level review (Rs.0.05 x 11 districts x 12 months)	6.60
	b. Block/PHC level review (Rs.0.02 x 12 months x 31 PHCs)	7.44
4.	Additional manpower contractual *(details in Annexure-4 and also Annexure-B & C)*	26.16
5.	Observance of health related days (Rs.0.20 x 11 districts)	2.20
	Total (11 districts)	**179.508**

Grand total for IEC/BCC

a. State Headquarters 96.032
b. Districts (11 Nos.) 179.508
Total 275.54
(Rupees Two crores and Seventy Five Lakhs Fifty Thousand only)

EQUITY/GENDER

Taking in account the nature of society and the community process existing in the state, the equity and gender is considered to be one less concern areas for the RCH program. However; steps will be taken to prevent gross insensitive gender disparity in the implementation of the program.

FINANCIAL MANAGEMENT

Objective: Strengthen financial management at all levels with adherence to audit recommendation of previous year.

Strategy: Streamline accounts keeping
Activities

- Ensure regular training with help of RRC Guwahati, including on the job training for Finance personnel.
- Regular review meeting of District and State level staff, to keep tract of financial situation and ensure monitoring of funds with use of suitable formats etc.
- Ensuring timely submission of financial statements as per prescribed formats and reduce time in getting SoEs.
- Developing financial management format at the state level to ensure timely utilization and disbursement.

PROCUREMENT AND SUPPLY MANAGEMENT

Objective: Procurement system and logistics management well in placed.

Strategy: Enhance management practice at all levels
Activities

1. Ensure implementation of inventory management systems developed by Govt. of India at all levels.
2. Re-deploy existing stores personnel from Central Medical Store to look after RCH supplies at State level.
3. Give on-the-job training to designated personnel in inventory management
4. Enhance stores distribution with mobility support
5. Hiring of full time consultant to coordinate the procurement process as well distribution in the state. With a consolidated pay of 25,000/- per month.

PUBLIC PRIVATE PARTNERSHIP

Public – Private Partnership and NGOs involvement in Health has emerged as an important strategy for health sector reform. NRHM, Nagaland has played a pioneering role in augmenting PPP / Innovation and NGO activities in the state by undertaking following activities in previous years.

- Management of PHC (N) adopting contracting out strategy.
- MNGO / FNGO / SNGO programme under RCH II.
- Mega Health Camps & RCH Camps, Tribal Health Camps involving MNGOs, FNGOs, NGOs.

Under the Public Private Partnership several initiatives have been undertaken in the State by NRHM. One of the areas where PPP has been successful in Nagaland is in the management of public health institutions mainly PHC. The Government in principle has decided to start on pilot basis a community base management of PHC in collaboration with local NGO at Tuensang district. This step has been taken on the basis of the inherent success of community ownership shown in the HIV/AIDS prevention activities.

To provide outreach RCH services in the unserved and underserved population, there is a greater need for Public-Private Partnership (PPP) and NGOs involvement. Mother NGOs, field NGOs and Service NGOs play an important role to complement and supplement the Government efforts. MNGO / FNGOs are links between Government and People, Plans & reality. The stated objectives of NRHM, Nagaland is to promote a true partnership for innovation between NGOs and also to encourage NGOs participation in areas where the presence of the Government has been traditionally weak.

Background and Current status

- A State NGO Committee under the Chairmanship of Secretary, Health and District NGO Committee under the Chairmanship Collector in all districts have been constituted to select and approve NGO proposals under PPP. This has enhanced the transparency and accountability at all level to select NGOs under different PPP initiatives.
- MNGO Program in 4 districts is currently working and will be evaluated by independent agencies during 2009.
- MNGOs for all the districts have been selected and orientation and induction training by RRC is under process.

Objectives:

- Reduce IMR by 50% from the existing in the underserved areas by 2010.
- Reduce CPR by 30% in the project area from the existing ratio, ANC coverage by 50% from the existing rate. Immunisation of Children and pregnant women by 50% from the existing rate by 2010.
- Increase Institutional delivery by 50% from the existing by 2010.

Strategy-2009-10

- Mainstreaming the MNGO scheme in NRHM.
- Capability Building of MNGOs / FNGOs / SNGOs on financial management and HMIS.
- Exposure / Exchange visit of MNGOs / FNGOs.
- Documentation of best practices of FNGOs.
- Scaling of MNGO / FNGO / SNGO program in vacant districts.
- Appointment of Additional ANMs in FNGO area / Sub-Centres.
- Mid Term – Annual Evaluation of MNGOs / FNGOs through outside agencies.
- Quarterly review of MNGO program at district level.

Activities

- Continuation of MNGO program in 11 districts.
- Quarterly review meetings at State and district level.
- Mid Term evaluation of selected MNGOs completed one year or two years of work.
- MNGOs / FNGOs convention at State level with the support of RRC..
- Exposure visit of MNGOs to other districts / State facilitated by RRC.
- Publication of Case Studies / Best Practices document.
- Strengthening Public Private Partnership (PPP) cell at State Level for effective NGO/Corporate involvement.
- Developing innovative and areas specific RCH Service Delivery programmes for NGOs for support under different schemes.
- Strengthen inter - Departmental linkages for smooth functioning of RCH - NGO programmes.
- Systematised participatory monitoring and evaluation mechanism for MNGOs
- Training and capacity building of all the MNGOs, SNGOs, FNGOs through RRC.
- Involve credible and capable Health MNGOs to undertake different training courses for Government functionaries ,NGOs and ASHAs .
- Development of Training Modules in local language for MNGOs (SNGOs) FNGOs with the help of RRC.
- Conduct different training and IEC/BCC/Advocacy programmes including ASHA Training.

Detail Budget for MNGOs Scheme 2009-10

Activities	Components	Amt
Grant to Existing MNGOs Second Release for 16 months	20,00000 x 4	80,00000
Grant to MNGOs(7 New MNGOs) First Release for 18 months	22,50000 x 7	15750000
Preparatory Release for 7 new NGOs	100000 x 7	700000
Monitoring & Evaluation of MNGOs through external Agencies	3 old NGOs in 1st qtr & 7 new NGOs in 2nd qtr	500000
Evaluation of FNGOs	Evaluation of old FNGOs in the first quarter and New FNGOs in the second quarter	500000
Workshops Seminar & Capacity Building	Two Capacity Building for the MNGOs and FNGOs	600000
Quarterly review meetings at State and district level.	Review meeting expenses	200000

Mid Term evaluation of selected MNGOs completed one year or two years of work.	Review meeting expenses	200000
Salary for NGOs Coordinator at SPMU	@ 25,000X12	300000
SPMU Office Expenses		200000
Laptop	Laptop for NGO coordinator	50000
Travel / Convergence	Vehicle for NGO coordinator for monitoring and handholding support to MNGOs	750000
Contingencies	Unseen expenses to cover visiting officials from center and regional	300000
Total		**28050000**

CONVERGENCE AND COORDINATION:

Since pubic health issues being developmental issues and not only the health issues strategies for convergence with other vertical departmental programs will be worked out to supplement the developmental programs in the state.

TRAINING

RCH II for 2009-10 will focus on the capacity building aspect of the following concern areas. The detailed training plan based on the need of the programme is enclosed in the budget annexure.

Strategic Focus for Training Plan 2009-10

- Skilled Birth Attendant for ANMs/GNMs and MOs 100 ANMs/GNMs, 40 M.Os
- Orientation workshop for trainers for SBA – 50 participants
- Training on Medical Termination of Pregnancy 60 M.Os,
- Orientation of 15 Gyny Specialist on MTP and IUCD
- Mini-Lap for 48 M.Os / 12 OT Nurses
- Training on management of RTI/STI /ARSH - 17 Specialists
- Training on management of RTI/STI – 96 MOs
- Training on management of RTI/STI – 220 Nurses
- Blood transfusion procedure and storage training – 24 MOs
- Integrated Management of Neonatal and Childhood Illness (IMNCI) 36 M.Os, 72 Nurses & 24 CDPO
- Intra Uterine Contraceptive Device (IUCD) Insertion - 40 M.Os, 50 Nurses
- Training of NSV for MOs who are posted at 24x7 PHCs and CHCs/FRUs - 12 M.Os.
- Lap Ligation - 32 M.Os / 8 OT Nurses
- Adolescent Reproductive Sexual Health for MOs and community leaders 28 M.Os, 28 Nurses & 14 Councellors.
- Orientation of NGOs on ARSH – 40 nos
- Training on documentation and reporting system 42 M.Os & 108 Nurses.
- ASHA re-orientation training on 1700 ASHAs
- ASHA Training Trainers for 50 M.Os
- IMEP Orientation training for 220 M.Os and 330 Nurses
- IMNCI training for 36 M.Os, 72 Nurses and 24 CDPO

RCH 2009-10 Budget Summary

Sn	Activity	Amount (Lakhs)	% of Total
1	Maternal Health	72.71	2.90%
2	Child Health	52.40	2.09%
3	Family Planning	2.75	0.11%
4	Adolescent Health	32.90	1.31%
5	Urban Health	0.00	0.00%
6	Tribal Health	0.00	0.00%
7	Vulnerable Groups	0.00	0.00%
8	Innovation / NGOs / PPP	280.50	11.19%
9	Infrastructure and HR	838.21	33.44%
10	Institutional Strenghtening	111.05	4.43%
11	Training	221.49	8.84%
12	BCC/ IEC	291.38	11.62%
13	Procurement	356.58	14.22%
14	Programme Management	246.90	9.85%
	Total Base Flexipool	**2506.87**	**100.00%**
	JSY	400.00	
	Sterilisation Compensation	20.75	
	NSV Camps	22.00	
	Total RCH Flexipool	**2949.62**	

PART B

6.2 NRHM ADDITIONALITIES

6.2.1 Orientation of community leaders on Village, SHC, PHC, CHC Committees

This is an ongoing activity. For effective implementation, it is vital that the members of the Village Health Committee and community leaders are made aware about the various activities under NRHM. A sensitized and knowledgeable VHC also can effectively work as community watchdog under the mission. Thus, orientation of these key people is an important factor for the success of the mission. The village members participating in this orientation would consists of Village council member, VDB chairman, VDB woman leader, VDB youth leader, VHC secretary, ASHA, AWW, Church leader, One progressive health worker, Retired health employee of the village. It is proposed to have one round of training in a year for each of the villages and thus total number of orientation for all the villages would be 1278. A working lunch would be arranged during this orientation and relevant reading materials will also be given to the participants.

Since, the day loss of ASHAs are to be compensated as per the guideline so, it is decided that the ASHAs will also be eligible for getting the training allowances for these orientations.

6.2.2 Untied grants to Village Health and Sanitation Committees

The village untied grant will be given to the 1278 notified villages. Opening of the VHC accounts were taken up in earnest during the previous two years.

6.2.3 Training of Community Health Workers - ASHA

Training of all the 1700 were completed by Dec 2008 in all the districts. For the current year, only the periodic ASHA re-orientation has been budgeted for.

6.2.4 ASHA Co-ordinator

In 2008-09, 23 ASHA corodinators were appointed against 21 CHCs and 2 PHCs at Longleng. The felt need for the corodinators stands at 40 taking into consideration the area coverage and geographical distribution. Hence it is proposed to select 17 more ASHA coordinators in the 2009-10.

6.2.5 Untied Fund for Health Units

Untied fund is proposed for the 397 SC, 86 PHC (plus 15BDs and 27SHCs), and 21 CHC. The utilisation of these funds is as laid down in the guidelines

6.2.6 Maintenance Fund

Maintenance fund is proposed for the 397 SC, 86 PHC (plus 15BDs and 27SHCs), and 21 CHC. The utilisation of these funds is as laid down in the guidelines

6.2.7 RKS Fund

RKS Fund is proposed for 86 PHC (plus 15BDs and 27SHCs), and 21 CHC and 11 DH. The utilisation of these funds is as laid down in the guidelines

6.2.8 Recurring cost of Contractual Manpower

The recurring cost of all catergories of staff under NRHM in the SCs / PHCs / CHCs has been budgeted for. No new recruitement is proposed in the current year.

6.2.9 Construction of Sub centre buildings

Out of the 397 SC, only 260 are housed in Govt building and the rest are in village donated buildings or in a room given by some village members.

With a view to house all SCs in Govt buildings during the mission period it is proposed that in 09-10, 50 sub centre building are constructed according to IPHS standards at those locations with no buildings. These will also ease the pressure for ANM quarters.

6.2.10 PHC building Construction

Most of the PHCs are in a state of dis-repair, it is proposed to construct new building conforming to IPHS norms at these places in a phased manner. In the current year, 5 PHCs are proposed. The rates are as per Nagaland PWD SOR 2008

6.2.11 Ambulance for 24x7 PHCs

Ambulances are being proposed in a phased manner. Currently, 33 PHCs have been made into 24x7 facilities. 7 of these PHCs were provided with ambulances in 2008-09. It is proposed to provide ambulances to another 26 in the current year.

The ambulances are fitted with an oxygen cylinder and re-suscitiation kits. Recurring expenditure like driver etc. will be borne by the state.

6.2.12 New building construction at CHC Meluri, Phek

The CHC at Meluri has been functioning from the old PHC building since its upgradation to CHC back in 2004. It is centrally located with a large catchment area and serve to quite a large population. Also, due to infrastructural constraints, it is not able to provide full FRU services. It is therefore proposed that a new building is constructed as per IPHS standards.

6.2.13 Dental Equipment in CHCs

Dental Doctors have been appointed in all 21 CHCs in 2008-09, but equipments were provided to only 5 CHCs during the year. It is proposed to provide Dental equipments to another 10 CHCs in the current year

6.2.14 Visioning workshops

As in the previous year, visioning workshops are proposed for the following levels:

- State level officers
- Districts level officers
- CHC/ PHC level officers
- NGO/ Village level functionaries

6.2.15 Procurement plan

Requirements of the PHC and CHC are kept at par on PHC norms

Requirements for DH is worked out on the basis of CHC norms

6.2.16 Mobile medical units

Recurring fund for the 11 MMUs.

6.2.17 Non-Governmental Health care providers

Three non-governmental mission hospitals under the PPP model had been taken up to bolster the existing delivery system. The three (3) centres are at Impur, Mokokchung; Vankhosang, Wokha and Aziuto, Zunheboto. Support will be extended to these centres in terms of equipments, instruments etc. Support is extended as GIA. It is proposed to continue the support in the support in the same manner.

6.2.18 Preparation of DHAP

For 2010-11, DAP planning has to be taken further down to to be more inclusice at the village level, hence funds requirement is also increased and reflected in the budget.

6.2.19 Alternate delivery system

This was initiated in 2006-07 as an innovative activity. The salient feature of the Alternate delivery system is that 4 specialists from the District Hospitals would visit at least 2 health centres – CHC/ PHCs in a month. They will be accompanied by the team of assistants. For these visits, each person will be compensated as per specified norms. The calendar of these visits would be notified to the villages

through the district administration through the CHCs/ PHCs etc. Wherever possible, these would be held during the health melas to achieve synergy. Complicated cases which cannot be handled at the site itself will be referred to the district hospitals. The patients will be given impromptu admit cards to the hospitals and advised to check-in within a specified time period. This is an ongoing activity.

6.2.20 School Health Programme

Burget for Provision for medicine for de-worming for 2,50,000 children twice a year. A course consist of 3 dosages, each costing Re.1. The other nutritional and vitamin components are within the ambit of the RCH programme, UIP and Department of School Education.

6.2.21 Incentive for field staff in underserved areas

An incentive of 1 month salary is proposed for technical staff posted at the underserved areas in the districts of Mon, Tuensang, Kiphire and Longleng. The same has been reflected for field staff under RCH in these districts.

6.2.22 Nursing School at Dimapur

In 2008-09, a sum of Rs.5 crores was sanctioned out of a proposed amount of Rs.8.74 crores. The remaining amount is proposed in the current year.

6.2.23 Telephones

Recurring cost of the telephones for the health units.

6.2.24 New Nursing School at DH MON and DH PHEK

It is proposed to set up 2 new nursing schools in these 2 districts. Greater details are given in the critical analysis in chapter 3.

6.2.25 Upgradation at Mokokchung DH – Ward improvements

There is a felt need at the Mokokchung District to Improve functional bed capacity as the growing number of OPD and IPD figures reveals. Greater details are given in the critical analysis in chapter 3.

6.2.26 Upgradation of Bed Capacity in Phek, Mon, Longleng and Kiphire District Hospitals

It is proposed to increase the bed capacity of the following District Hospitals as follows:

- Phek DH: From 50 to 100 bedded
- Mon DH: From 50 to 75 bedded
- Longleng DH: From 30 to 50 bedded
- Kiphire DH: From 30 to 50 bedded

6.2.27 Review on implementation process

To keep a constant watch on the implementation process of the different activities, and if the need arise, take corrective actions, review meeting across all levels are proposed.

6.2.28 Setting up of State ASHA Resource Center-Nagaland as Per the Guideline of GOI

With the goal of improving the health service delivery at the local or village level by strengthening ASHA, a state ASHA Resource Center is being proposed for the state. Greater details are given in the critical analysis in chapter 3.

PART C

6.3 UNIVERSAL IMMUNIZATION PROGRAMME

Situational analysis

The reported coverage from all the districts in Nagaland had shown high coverage of all the antigens during 2007-08 though there is a big gap between evaluated and reported coverage. The high coverage can be attributed to the implementation of six immunisation weeks conducted in the state in 2007-08 which have contributed more than 40% of the total coverage. Village health days carried in AWW centres have also boosted coverage in some districts. Man power has been augmented by appointment of contractual doctors and ANMs through NRHM. The evaluated percentage coverage of the antigens by UNICEF 2006 (AC Nielsen ORG. MARG) is as follows-

1-BCG—62.5%	5-DPT1-58.6 %	9-Vit-A-23.3 %
2-OPV1—57.2 %	6-DPT2-49.8 %	10-TT2—54.2 %
3-OPV2 –49.7 %	7-DPT3-41.0 %	11-FII--33 %
4-OPV3 -40.3 %	8-Measles-46.1%	

& The reported coverage percentages of antigens in 2008-09 (April to Nov08) are as follows:-

1-BCG- 28%	5-DPT1- 28.9%	9-Vit-A1-17%
2-OPV1- 31%	6-DPT2- 27.8%	10-Vit-A2-12%
3-OPV2- 28.4%	7-DPT3- 26%	11-TT1-17%
4-OPV3 - 26.6%	8-Measles- 23%	12-TT2-13%

There is a worrying decline in coverage of all antigens in 2008-09 that can be attributed to the non-implementation of immunisation weeks in the state. The campaign mode adopted in 2007-08 and the success achieved is planned to be repeated by conducting 6 immunisation weeks in 2009-10. The mobile medical units provided to each district under NRHM will be utilised to carry out outreach camps. Low performing units identified by the districts will be targeted in these camps. The services of ASHAs, AWWs will also be requisitioned in these catch up camps. These activities will require separate funding from the GOI.

Training of DIOs, MOs, ANMs and other health workers on basic immunisation skills based on GOI's publication – "IMMUNISATION HANDBOOK FOR HEALTH WORKERS" have been conducted at state and district levels. Sub-centre and PHC micro plans have been prepared and are being executed accordingly in most units. Though lack of power supply in some districts is a major concern, cold chain maintenance has improved considerably. Cold chain equipments (ILRs&DFs) requirements for the state have been projected to the GOI in the last PIP but awaiting supply still. Vaccine vans need repair/replacement, but spares not available in market. Three newly created districts need vaccine vans.

Since the state does not have sufficient trained alternate vaccinators for hire, regular govt ANMs are pressed into service in outreach and hard to reach areas with monetary incentives. 178 hard to reach areas and urban slums have been identified and coverage intensified in these areas. The offices of the DIOs need to be strengthened with more IT equipments e.g. broad-band internet connection, FAX, Xerox machine, RIMS etc to facilitate proper recording and reporting of activities. Because of the difficult terrain, DIOs need light motor vehicles with 4x4 wheels to effectively monitor and supervise the district activities especially during the monsoons.

1 Background

1.1 State Profile

Total population (2001 census)	1990036	2001 census
Annual Growth Rate	5.3% (Decennial GR –	Census 2001

	64%)	
Rural population (%)	83 %	Do
Urban population (%)	17%	Do
SC/ST Population (%)	89%	
Infant Mortality Rate (IMR)	20	SRS OCT O7
Below Poverty line(BPL) (%)	32.67%	Planning Commn.
Crude Birth Rate (CBR)	17.3	SRS OCT 07
No. of infants / year	34428	CBR x Population
No. of pregnancies / year	37871	Infants x 1.1
Divisions (no.)	0	
Districts	11	
Gram Panchayat (no.)	1278	
Villages (no.)	1278	
Town / Urban Areas (no.)	31	
Age Specific population		
0-1 yr (~3%)	59701	
0-5 yr (~14%)	278605	

1.2 Recent Performance

1.2.1 Reported and evaluated coverage

Comparison of Reported and Evaluated Coverage 2004 to 2008(%)

Antigen	NFHS 1999	NFHS-3	UNICEF 2006	Reported Coverage 2005-06	Reported Coverage 2006-07	Reported coverage 2007-08.	Reported Cover age 2008-09
Fully vaccinated	14%	21	32.5	47#	61.9#	86.4#	23
BCG	55%	45.9	62.5	59.6	73.6	83.6	28
DPT-3	38%	46.4	49.8	43	71	84.4	26
Measles	40.7%	27.4	46.1	47	61.9	86.4	22.8
Drop-out BCG-Measles	15%	18.5	16.4	11.9	10.4	2.8	5
TT 2 + booster	37.68%	-	54.2	55.4	71.5	43.2	17

[1] While this plan is intended as an integral part of RCH activities, in case of delays in overall plan development, the UIP plan may be approved and started in advance of the full set of RCH activity.

[2] Average of available district data

#Assumed that those who received measles vaccine have also taken all doses of DPT, OPV & BCG

1.2.2 Vaccine preventable diseases.

Vaccine Preventable Diseases (No.)

Antigen	2005-06	2006-07	2007-08	2008-09
Measles	1180	1022	816	254
Diphtheria	0	25	Nil	0
Pertussis	855	625	535	111
Neonatal Tetanus	0	0	Nil	0
Polio	0	0	Nil	0
TB cases below 5 yrs of age	No data	N0 data	Nil	0

Source: State Monthly Reports

1.2.3 Adverse Effects Following Immunization (AEFI)

No. reported in 2005 – 06: No data
No. reported in 2006 – 07: No AEFI reported
No. reported in 2007- 08: 1 No of TSS reported (from Bethel nursing home)
2008-09: Nil

1.2.4 Outbreaks of vaccine preventable diseases reported and outbreaks investigated in the last year.

NIL

1.2.5 Infrastructure & Staffing Levels

In addition to dedicated immunization staff and cold storage points, please indicate all areas of planned expansion under RCH II as this will effect budget calculations for immunization trainings and supply inputs.

A. HEALTH STAFF

Position	Sanctioned Posts	In position	Proposed Addition	Trained in last 3 years
Medical Officers	232	242	-	119
Contractual Medical Officer	46	46	-	-
LHV (Female Multi-purpose Health Supervisor)	59	59	-	59
Male Multi-purpose Health Supervisor	127-	127	-	35
ANM (Female Multi-purpose Health Worker)	795	795	-	672
Contractual ANM	116	116	0	60

B. DEDICATED IMMUNIZATION STAFF

Position	Sanctioned	In position	Proposed Addition	Trained in last 3 yrs
District Immunization Officer	11	11	nil	11
District Statistical Officer	0	0	11	0
District Cold Chain Officer	0	0	11	0
ASO	0	0	11	0
CC technical Assistant(CCTA)*	1	1	4*	1
Cold Chain Mechanic(CCM)#	7	11#	4*	6
District Health Education Officer/ DT mass education Officer + Dy	2+4	2+4	-	0
District level pharmacist	0	0	11	0
Driver (dedicated to UIP Vehicle)	10	10	2	0

* Existing CCTA requires up gradation as State Cold Chain Technician (class-2)
# 4 contractual CCMs appointed under RCH-11 in 2008.

C. Public Health Infrastructure

Facility	Sanctioned	No. Functioning	Own building available	With Functional Cold Chain Equipment		Proposed Expansion + replacements*	
				ILR	DF	ILR*	DF*
Sub-Centre	514	397	-	0	0	40	70

PHU/SHC	27	27	-	16	2		
PHC	87	87	-	61	40		
CHC	21	21	21-	21	19		
State HQ			1	5	3		
General Hospital	11	11	11	11	2		
UHC	3	nil	0	0	0		
AWC				-	-		
Private institution	-	-	-	4	2		

* CFC cold chain equipment need replacement + buffer stock
* As per UIP norms each PHC / CHC has to have a combination of 1 ILR and 1 DF

D. COLD CHAIN STORAGE POINTS

Cold Storage Point	Total Number	Proposed Expansion
Regional Storage	1(WIC)	Need reinstallation at the New Directorate Office located at Kohima; in addition * + 1 (one) at Mokokchung to cater to Mon,Tuensang, and Longleng districts
Store District	8	3 for new dist HQs of Longleng, Peren and Kiphire
Block Store	Nil	Nil
ILR Storage Points	87 PHC+21 CHC=108	28 additional storage points at remote locations which are cut off from district HQ for long time

The topography of the state is such that some health units are cut off due to monsoon rains, landslides etc.
Cold Chain equipment requirement for the different Health Units are submitted in enclosure – 1a

1.3 Summary of recent initiatives

1.3.1 Service delivery improvements

- Improved vaccine coverage with implementation of 6 nos of Immunization Weeks
- Fully Immunized infants increased from 21% (NFHS-3) to 33% (UNICEF 2006)
- Availability of RI Micro plans for hard to reach and urban slums.
- Improvement in availability of vaccines & other logistics
- Improvement in Community participation through village health committees, churches, village health days.
- Vit-A supplementation started August 2007.(purchased through NRHM)
- AEFI monitoring committees formed at state and dist levels.
- Man power augmented through NRHM
- PCs and Computer assistants in all districts
- Decreasing trend of disease prevalence
- Training of DIOs, MOs as TOTs, health workers completed
- Waste disposal pits in 51 health units.(out of 108)

1.3.2 Partnerships with other agencies / Organizations (e.g. ICDS, IAP, etc.)

- ICDS- AWWs & helpers & Village Health committees are involved
- Private sector like hospitals, nursing homes, FPAI, VHAI, involved in service delivery
- ASHA appointed and started working.

1.3.3 UIP related trainings conducted in the last 3 years including review meetings at state level. @

Position	No.
DIO (Mid Level Manager)	14
MOs	25
LHVs	11
ANMs	22
Sr. Health Assistants	0
Pharmacist	0
BHEOs	0
Other (Vaccinators)	4

(Refresher course for TOTs and MOs required)

1.4 Assessment of critical bottlenecks for full coverage.

1.4.1 Availability

Main problems are:

- Some districts lift the vaccines on irregular basis
- Poor supply of cold chain system & maintenance (State CC requirement at annexure 1A)
- Training & motivation of some of the field staff is not up to the mark
- Lack of spare parts for repair of CC equipments
- Poor quality of equipment supplied e.g. voltage stabilizers, ILR without baskets, etc.
- Erratic power supply all over state for Cold chain maintenance
- Incomplete and late recording & over reporting from districts regarding RI & related data eg-sessions planned/held, hired vaccinators, AEFIs, fund disbursal, vaccine delivery etc.(RIMS yet to be installed in Nagaland)
- WIC at state HQ needs installation at new Directorate building site.

1.4.2 Accessibility

Describe the main problems in ensuring regular immunization sessions for all villages / urban slums -

- Implementation not according to micro plans.
- Difficult terrain, poor road conditions & many hard to reach areas
- Staff not staying in their duty stations
- Insufficient mobility support /no vehicle for DIO, SMO-PHC leading to insufficient supervision/monitoring.
- Inaccessibility of many villages during rainy season (5 months)

1.4.3 Utilization / Adequate Coverage

Describe the main problems in ensuring high attendance (full coverage) in immunization session-

- Incomplete assessment of target population
- Health facility level micro plan not implemented accordingly.
- Lack of planned contact with community/parents
- Inaccessibility of many villages during rainy season (5 months)
- Ignorance & lack of IEC/ complacency by parents.
- Floating population in the districts of Dimapur and Kohima.
- No regular informed RI sessions (village health days irregularly held)
- Increased factional feuds in some districts leading to displacement of staff and target population

1.4.4 Effective Coverage / Quality

- No proper waste disposal facilities in 57(CHC+ PHC).
- Poor supervision/Monitoring at all levels.
- No Hub cutters.
- Low level of awareness.
- No vehicles for dist officials.

2. Objectives

The overall goal is to increase immunization coverage rates. Based on review of past performance, assessment of critical bottlenecks, and planned activities indicate below the current (2008-09) and expected performance (2009-10)

IMMUNIZATION COVERAGE TARGETS

Indicator	2007-08 Reported	2008-09 Reported up to Nov. 08	Planned 2009-10
BCG coverage (%)	85.6	28	75
DPT-1 coverage (%)	88.9	28.9	80
DPT-3 coverage (%)	79.9	26	75
PHCs with over 80% DPT-3 coverage - (%)	65	No data	65
Measles coverage (%)	85.2	23	70
Vit A coverage (% 2+ doses)	21	12	50
PHCs with over 70% Vit A coverage(%)	nil	No data	50
Drop-out rate BCG – Measles (%)	4	5	< 5
PHCs with under 15% BCG Measles Drop Out (%)	75	No data	<90
Children fully vaccinated by 12 months of age (%)	85.2*	23*	75
TT 2 + B coverage (%)	38.5	17	>70
PHCs with over 90% TT2 + B coverage (%)	15	No data	>50

*Assuming all who have received Measles, have also received BCG and three doses each of OPV and DPT.
*Vitamin- A supplementation started from August 2007

2.1 Improve Vaccine / Supply Logistics

2.1.1 Key Performance Indicators

Indicator	2008-09	Planned 2009-10
PHCs with BCG stock-out (nil stock) more than 1 month in the last 12 months -(%)	0	0
PHCs with DPT stock-out (nil stock) more than 1 month in the last 12 months (%)	0	0
PHCs with OPV stock-out (nil stock) more than 1 month in the last 12 months -(%)	0	0
PHCs with Measles vaccine stock-out (nil stock) more than 1 month in the last 12 months -(%)	0	0
PHCs with TT stock-out (nil stock) more than 1 month in the last 12 months (%)	0	0
PHCs with DT stock-out (nil stock) more than 1 month in the last 12 months -(%)	0	0
PHCs with AD syringe stock-out more than 1 month in the last 12 months – (%)	0	0

2.2 Expand Cold Chain Reach and improve performance

2.2.1 Key Performance Indicators.

Indicator	Current 2008-09	Planned 2009-10
Cold Chain assessment done within last 3 years (exact year done or planned)	Yes, in 2007 &2008	Yes
Proportion of ILR registered (not condemned) non-functional (No)	Process is on for condemnation	Yes
Proportion of DF registered (not condemned) non-functional (No)	Process is on for condemnation	Yes

2.3 Ensure all children in all villages / towns Covered with regular (monthly / quarterly) immunization session according to village size.

2.3.1 Key Performance Indicators.

Indicator	Current 2008-09	Planned 2009-10
% PHCs with routine immunization micro-plan (Subcentre plan) available	85	100
% of urban areas with routine immunization microplan available (including involvement of Private practitioners and medical colleges	75	90
% Village (over 1,000 population) covered 1 or more times a month	50	75
% Village (under 1,000 population) covered 1 or more times a quarter	60	75
% Slums / high risk areas covered monthly	60	75
% Sessions planned versus sessions held	65	80

Source of data: as DIOs reports.

2.4 Improve injection safety by introducing AD-syringes

2.4.1 Key Performance Indicators

Indicator	Current 2008-09	Planned 2009-10
PHCs using AD Syringes for all immunizations (%)	100%	100%
PHCs with appropriate waste disposal in place (safety pits) (%)	47%	100 %

Safe disposal of bio hazards to be part of training curriculum.

2.5 Ensure accurate record-keeping/monitoring with improved supervision

2.5.1 Key Performance Indicators*

Indicator	2007-08	2008-09	Planned 2009-010
Gap between reported and evaluated full immunization coverage (%)	<45	No evaluation	<15
PHCs maintaining counterfoils of vaccination card (%)	<70	80	100
PHCs maintaining vaccination registers (%)	100	100	100

*Coverage evaluation done in February 2007 by AC Nielsen.ORG.Marg.

2.6 Train immunization Staff

2.6.1 Key performance Indicators

Indicator	2007-08	2008-09	Planned 2009-10
ANMs having received refresher training in immunization within that last 3 years (%)	*40	70	90
MOs having received training in immunization within that last 3 years (%)	#57	60	80

*These are RCH trainings and not specific trainings for immunization program
#All DIOs participated in TOT for ANM training.

3 Action Plan (Annexure 1a & 1b)

3.1 Alternative Vaccine Delivery

As per guidelines laid down, outline action points for implementing delivery scheme at district / Taluka level, justifying district or Taluka specific divisions from the established norms.

Total health units: 397 sub centres

Budget required @ Rs. 50/- per session = 4 X 50 X 397X 12 = 952800 (4 sessions/month)

Total Budget: Rs.952800.

(This is to facilitate transportation of vaccines from PHC/CHC to SCs/session sites. If a motorcycle can be provided to all the PHCs and CHCs (87+21) vaccine delivery to the session sites, data collection supervision can be improved)

3.2 Mobilization of children

Outline social mobilization plans using AWW or other link worker within the prescribed funds (Rs. 100/ month/village).To be paid both to AWW and ASHA.

Total villages in the State = 1278
Total budget required = 1278 x Rs 100 x 12months
= Rs.1533600/-

Mechanism of Payment of honorarium to AWWs / ASHA will be through DIOs and MO I/c & Village Health Committee.
Mobilization of beneficiaries to be done on session days and village health days.

3.3 Slums & Underserved areas

National guidelines provide Rs. 1,400/month per slum/underserved area of 10,000. Scheme may provide funds to contract an ANM / NGO to implement activities or alternative arrangement. Again provide details for the total allocation required as well as roles and responsibilities and monitoring.

Total number of slums +hard to reach areas+ underserved: 25+78 +75= 178

Rs 1,400/- X 178 areas X 12 months = 2990400.

(Backward dists with low coverage and literacy rate will be focused eg, Tuensang,Mon,Longleng,Kiphire,Peren. High risk areas identified district- wise for effective coverage by district officials. Urban slums in Dimapur and Kohima.)

3.4 Strengthening monitoring and supervision and surveillance

Monitoring and supervision by PHC/CHC MOs need to be strengthened in the State. Many of the PHC/CHC/Sub-centers are situated in far flung areas that requires long travel for supervisory visits. At some places night stay by supervisors may be required. These situations and difficulty are variable among various districts and therefore categorized in three groups for support. DIOs to monitor 1 session weekly, provide hands-on training.

Group A: Highly difficult terrain and inaccessibility most part of year: 5 districts

(Longleng,Mon,Tuensang,Kiphire and zunheboto)

Group B: Moderate difficulty: 2 districts (Peren and Phek)

Group C: less difficult district: 4 districts (Dimapur,Wokha,Kohima and Mokokchung)

Group A: 5 district X Rs. 40000- = Rs. 200000/se

Group B: 2 district X Rs. 30000- = Rs. 60000/

Group C: 4 district X Rs. 20000 = Rs. 80000/

Total = Rs. 340000/

(A Jt.Director has been assigned a district each for monitoring and supervising along with the DIOs. DIOs given additional charge of school health programme which requires tours to assess children with special needs.)

3.5 Computer assistant to DIO and SIO.

3.5.1 Computer Assistant
A provision of up to Rs. 7,000/ month is available to employ a computer assistant for the DIO.

Support for Computer Assistant at District Level (11)+ State level (1)
=12 x 7,000 x 12 months = Rs 10,08,000/-

3.6 Introduction of RIMS software for monitoring UIP.

GOI has contracted an external agency to prepare and introduce “RIMS” computer software into all districts. A provision has been made to train up to 5 persons / district. Plan is already in place and response from central ministry is awaited.
DIOs, comp. astts, computer literate health workers identified for training.

In addition, computer hardware and other infrastructure like internet connectivity need to be established in many districts. All the districts have PCs but require additional infrastructure to support RIMS.

Computer infrastructure:

Computer infrastructure Maintenance may be made out of funds from part B (NRHM additionalities)
Broadband Internet connection (including a telephone line that will connect to fax machine too)
= Rs. 10,000/- X 11 districts = Rs. 1,10,000/-
Fax Machine X 11 districts = Rs. 5000/- X 11 = Rs. 55,000/-
Total for computer infrastructure = Rs. 1,65000/

Computer infrastructure maintenance:

Annual Maintenance of computer infrastructure (11 district + 1 SIO office)
Repair and servicing: Rs. 10,000/- X 12 districts = Rs. 1,20,000/-
Consumables (paper, fax roll, printer ink cartridge) =
Rs. 15,000/- X 12 = Rs. 1,80,000/-
Rentals for broadband connection/ tel. connection:
Rs. 2000/- X 12 X 12 mths = Rs. 2,88,000/-
Total for maintenance: = Rs. 588000/-

3.6.1 Review meetings

3.6.1 State Level Review: State whether review meetings will be held with provided allocation and the frequency. Quarterly review meetings of DIOs along with computer assistant are planned at the state level (2 persons/district). Dist performance reports collection, collation, analysis and remedial/ corrective measures to be adopted in these meetings. Review meetings are important to assess dist performances.

Support for Review Meetings @ Rs. 1,500/- X 11 X 2 X 4 = Rs. 1,32,000/-

3.7 Provision for additional support

3.7.1 Vaccine Supplies
Complete included annexes (1a & 1b) to determine the annual District-wise vaccine requirement at annexure 1

3.7.2 Strengthening cold chain
An assessment of cold chain infrastructure was completed in 2006-07 and 2007-08 Attachment annex (1-a) summarizes the overall requirement for the coming year. Below provide Justification / explanation of the proposed activity.

- Supply of new Vaccine Vans:

The Vaccine Vans need to be given to 3 new districts (+1 at State level). Vaccine Vans must be constructed on a Tata 207 chassis with isolated body with sitting capacity of 4 persons with double rear wheels with 4X4 transmission). Tempo Trax Vaccine Van supplied earlier was not suitable for hilly State like Nagaland. These Tempo Trax vans should be phased out / replaced with new ones.

- Replace CFC equipment with non-CFC equipment

Many of the cold chain equipment working in the state are CFC and need replacement with non-CFC equipment at earliest. The number is given in Annexure 1-a.

- Replacement of non-functional (beyond repair) equipment

An estimation of cold chain equipment that is non-functional has been made and many types of equipment will need to be replaced in 2009-10. In the annex 1-a, details are provided.

- Explanation of Cold Chain Storage points

Some remote areas of the state are not accessible by road for extended period of time during monsoon. Additional cold storage points (28) are planned to service these kind of remote areas.

- Additional Cold Storage facility:

Three newly created districts need Cold Chain storage facility at district HQs.

3.7.3 Cold Chain maintenance

- Cold Chain Technicians (Technical Assistants)

Provision has been made for 1 cold chain mechanic(CCM) per district.

7 CCMs are in position. 4 more CCMs recruited in 2008 on contractual basis under RCH-11. All CCMs require training/reorientation.

- Maintenance Fund.

A total of Rs. 500 per ILR should be budgeted for spares and other maintenance requirements. Plans should indicate how funds will be disbursed and plans for management of spare parts. Indicate correct number of ILRs (See: Annexure- 1.a)

3.7.4 AD syringes

The total AD syringes requirements are outlined in enclosure. (See Annexure-1)

3.7.5 Printing and dissemination of tally sheets, and other material

Supply mother-child card / vaccination card / plastic jacket for the cards. Total requirement should be indicated in vaccine supply requirement – as will be printed and supplied by the Central Government.

Annexure-1

3.7.6 Injection Safety:

Training on management/reporting of AEFI and safe waste disposal to be part of all training curriculum.

3.7.7 Re-orientation of Health Workers/ANMs

A provision is made for 2-day refresher training to all ANMs, LHVs, and male health workers. A total of Rs. 350 per participant has been allotted. If planned, outline schedule of training and implementation responsibilities. (See Annexure-1.b)

Rs. 350/- X 750 = Rs 262500/-

Basic syllabus from "IMMUNISATION HANDBOOK FOR HEALTH WORKERS'

(Training for cold chain management and AEFI management and surveillance also included in training syllabus)

3.7.8 Additional trainings:

- Medical Officer's training on routine immunization.
  Rs1,500/- X 150 Medical Officers X 2 days =450000
- Newly recruited MOs under NRHM require training on immunization.
- Refresher training to DIO / Regional Store on supply formats

A 1-day training to DIO / cold chain officers on rationale and procedures for filling-up required formats (TOT). Provide refresher training on cold chain maintenance and procedures to follow in case an extended power-cut.

Training of DIO & CCO to be taken up by GoI in batches of 4.

Training of computers Assistants on RIMS,data management and Reporting
(T/A @ Rs.1000 + 250 X 2 per diem + 2 X 100 institutional cost)
1700 X 12 participants = Rs.20,400

Summary of UIP-related training plan, 2009-10

Training date*	Target Group	No. of participants	No. of batches	Duration	Remarks
Aug-sept	Health Workers	750	25	2 days	Training on basic Immunization skills
Oct-Nov	PHC/ CHC Medical Officers	150	10	2 days	MO Training on immunization
Oct-Nov	Comp Assistant	12	1	2-3	RIMS and data management and reporting

3.7.9 Information Education & Communication

Nagaland state intends to improve community awareness and participation by carrying out intense IEC activities during implementation of Immunization weeks.

A. Immunization Weeks (total 6 per year) The successful implementation with high coverage of all antigens in the last IWs has encouraged the state to conduct 6 IWs in 2009-10. Wide IEC coverage is planned. Out of the total coverage in 2007-08, more than 40% coverage has been contributed during the implementation of IWs. Coverage in 2008-09 is showing a gradual decline.

- Posters: 100/district/IW

100 X11 X 6 X Rs. 4/- = Rs. 26400/-

- Banners: 1 banner per health unit/IW (397SC+97PHC+11CHC)
  1 X 505 X 6 X Rs. 100/- = Rs. 3,03,000/-
- Newpaper Advt.: Rs. 20,000/- per IW
  Rs. 20,000/- X 6 = Rs. 120,000/-
  Total = 449400

3.8 District-specific strategies.

3.8.1 Funded by State Budget
Outline UIP activities that are being funded with state budgetary support.
Vaccinators, RHIs funded by NSEP budget.

3.8.2 Funded by State Development Partners
None of the UIP activities are funded by Development agencies or partners.

3.8.3 Additional Schemes requiring Additional Funding from Central Government
A- Funding for conducting 6 IWs as projected in 3.7.9 A.
B- Waste disposal pits. Due to high cost of transportation only 51 out of 108 units(87 PHC+21 CHC) have waste disposal pits with shelf life over 7 years.
57 units need waste disposal pits @ Rs10000/pit.
57x10000= Rs.570000.

4 Annexures-

1. Vaccine supply plan (plus vaccine requirement worksheet)
   1a. Cold Chain Plan
   1b. Budget

A. Existing Support for District & Additional Requirements: (Annexure 1a)

Sl	Item	Existing	Additional Requirement 2009 - 2010	2010 - 2011	2011 - 2012	2012 - 2013
1.	a) Cold Chain:					
	→ WIC	1	1 Nos	-	-	
	→ WIF	0	1 Nos			
	→ ILR (+/ - 300 lits)	16 Nos	3 Nos			
	→ DF (+ / - 300 lits)	14 Nos	3 Nos			
	→ ILR (+ / - 140 lits)	83 Nos	30 Nos			
	→ DF (+ / - 140 lits)	52 Nos	70 Nos			
	→ Cold Boxes (+ / - 20 lits)	Nil	30 Nos			
	→ Cold Boxes (+ / - 5 lits)	23 Nos	40 Nos			
	→ Vaccine Carrier	2500 Nos	-			
	→ Ice Pack	10,000 Nos	-			
	Voltage Stabilizer (1.5 KVA)	0	0			
	Voltage Stabilizer (for PHC/CHC)		30 + 10=40			
	b) Funds for cold chain maintenance as per GOI norms.	---	1).87 PHC +21 CHC =108X500=54000 (@ Rs 500/PHC/CHC)			

Sl	Item	Existing	Additional Requirement 2009 - 2010	2010 - 2011	2011 - 2012	2012 - 2013
			2).11X10,000=1,10,000 (@Rs10,000/dist) Total=54000+1,10,000 =1,64,000	180000	198400	218240
	c) Vaccine Vans (must be on a Tata 207 with isolated body with sitting capacity of 4 persons with double rear wheels with 4X4 transmission)	8	4 new + 8 (needed as replacement) = 12 3 for newly created districts and 1 for state HQ	-	--	-
2.	Logistics					
	AD syringes	Expecting ADS supply from GOI	Annex 1			
3.	Vaccine – This will be provided by GOI	Vaccines will be provided by GOI				
4.	Support for Computer Assistant at District level and 1 at state HQ	12 x 7000 x 12 =10,08000	100800	100800 +10%	100800+ 20%	100800 0/- + 30%
5.	Support for Review Meetings A. State Level qtrly Review Rs. 1,500/- X 11 X 2 X 4 = Rs. 1,32,000/-	132000	132000+10%	132000 +10%		
6.	Immunization cards	15,000	25,000+10% buffer stock	25,000 +20%		

Norms for supply of:

- ILRs, DF, Voltage stabilizers

I. All CFC equipments supplied till 1992 has been replaced with Non CFC equipment. The expansion plan should include replacement of remaining CFC equipments supplied during the period of 1993-98.

II. Plan of replacement of all condemned or non-services able equipment which is beyond repair.

III. Expansion: Need based depending on the setting up of New PHC / health facility.

→ Cold boxes, Vaccine carriers: replacement plan for expansion or replacement of condemned equipment.

→ Insulated vaccine van: Plan of supply of insulated vaccine vans against condemned vehicles & expansion plan for supply of vaccine van for newly created district.

→ Existing norms for maintenance of cold chain equipment: Rs. 500/- per PHC/CHC per year and at district Rs. 10,000 per year.

B. Additional Support required: (Annexure 1b)

Service Delivery	2009 - 2010	2010 - 2011	2011 - 2012
→ Mobility Support for supervision @ Rs. 50,000 rupees per District for District Immunization Officer (this includes POL and maintenance) per year.Plus SIO mobility support = 1,00000	Rs 650000+	Rs 650000	Rs 650000/-
→ Alternate Vaccine Delivery: Alternative vaccine delivery support for 4 sessions p.m. @ Rs. 50/- per session=Rs.200 per Sub-Centre per month which is Rs. 2400/- per Sub-Centre p.a.	397x200x12 = Rs 952800/-	= Rs.952800/-+10%	= Rs.952800/-+20%
→ Focus on slum & underserved areas in rural areas: Hiring an ANM @ Rs. 300/-/ session for four sessions/month/slum and Rs. 200/- per month as contingency per slum i.e. total expense of Rs.1400/- per month per slum. 178 areas identified.	178X1400X12months= Rs.2990400	Rs2990400 +10%	Rs.2990400 +20%
→ Mobilization of children through AWW / AW Helper / SHGs @ Rs. 100/month/village (Rs. 25/ session for 1278 villages).	100x1278x12 Rs 1533600	Rs 1533600+10%	Rs 1533600 +20%
Trainings → District Level orientation/reorientation training for two days. ANM, Multi Purpose Health Worker (Male), LHV, Health Assistant (Male / Female), Nurse Mid Wives, BEEs & other specialist (per diem Rs. 100 per day & Rs. 50 institutional costs)	Rs.390250/- (1115 participants)	Rs .390250-+10%	Rs .390250-+10%
→ Training of the Medical Officers → Rs. 1,500/- X 150 Medical Officers X 2 days = 450000. → RIMS training for comp. asstts	450000 20400	450000 +10% 20400 + 10%	450000 +20%
Information, Education and Communication A. Immunization Weeks (total 6 per year) • Posters: 50/district/IW 100 X11 X 6 X Rs. 4/- = 26400/- • Banners: 1 banner per health unit/IW 1 X 505 X 6 X Rs. 100/- = Rs. 3,03,000/- • Newpaper Advt.: Rs. 20,000/- per IW Rs. 20,000/- X 6 = Rs. 120,000/-	Rs. 449400	Rs. 449400 + 10%	Rs. 449400 +20%

Service Delivery	2009 - 2010	2010 - 2011	2011 - 2012
Computerization of District Offices. Additional equipment, infrastructure for implementation of RIMS A. Computer infrastructure: Broadband Internet connection (including a telephone line that will connect to fax machine too) = Rs. 10,000/- X 11 districts = Rs. 1,10,000/- Fax Machine X 11 districts = Rs. 5000/- X 11 = Rs. Rs. 55,000/-	Rs. 165000	Rs. 165000 +10%	165000 + 20%
B. Computer infrastructure maintenance: Annual Maintenance of computer infrastructure (11 district + 1 SEPIO office) Repair and servicing: Rs. 10,000/- X 12 districts = Rs. 1,20,000/- Consumables (paper, fax roll, printer ink cartridge) = Rs. 15,000/- X 12 = Rs. 1,80,000/- Rentals for broadband connection/ tel. connection: Rs. 2000/- X 12 X 12 mths = Rs. 2,88,000/-	Rs. 588000/-	Rs. 588000/- +10%	Rs. 588000/- +20%
C. Waste disposal pits. 57 units @ Rs 10000/pit. 57x10000=570000	Rs. 570000/-.	-	-
C-Strengthening monitoring,supervision and surveillance. Group A—5 dists x40000 =200000 Group B---2 distsx30000 =60000 Group C---4 dists x20000=80000 T0tal =340000.	Rs 340000	Rs340000 + 10%	Rs 340000 +20%

VACCINE SUPPLY PLAN (Annex 1)

Sl. No.	Action Plan	2009-10	2010-11
01	Population 2001 census	1990036	1990036
02	Pregnant women (Infants+10%)	65671	65671
03	Infants (3%)	59701	59701
04	0-5 years children (14%)	278605	278605
05	Children at 5 year (2.5%)	49750	49750
06	Children at 10 years(2%)	39800	39800
07	Children at 16 years (1.7%)	33830	33830

II

Sl. No.	Antigen	2009-10	2010-11
01	DPT	317609 doses +25%	317609 doses+25%
02	OPV	317609 doses +25%	317609 doses+25%
03	BCG	79402 doses +25%	79402 doses+25%
04	MEASLES	79402 doses +25%	79402 doses+25%
05	T.T.	272612 doses+25%	272612 doses+25%

III

Sl. No.	Item	2009-10	2010-11
01	0.1 ml syringe	87342 +25%	87342 +10%
02	0.5 ml syringe	1071396 +25%	1071396+10%
03	5 ml reconstitution syringes	174684 +25%	174684+10%

Note:-The above formula for requirement of vaccines has been calculated as per GoI publication of COLD CHAIN –MANAGEMENT FOR VACCINE HANDLER at page no.22.Published by the Ministry of Health & Family Welfare.
Requirement of Vaccines = Total No. of children proposed to be vaccinated (target) X No. of doses to be given X wastage factor

GRAND TOTAL= Rs 95,21,650 (Rupees ninety-five lakhs twenty one thousand six hundred and fifty only.)

PART D

NATIONAL DISEASE CONTROL PROGRAMME

6.4.1 REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME (RNTCP)

OBJECTIVES

- To achieve and maintain a cure rate of at least 85% among newly detected infectious (new sputum smear positive) cases, and
- To achieve and maintain detection of at least 70% of such cases in the population

Section-A – General Information about the State

1	State Population (in lakh) please give projected population for next year2008	22.37
2	Number of districts in the State	11
3	Urban population	
4	Tribal population	22.37
5	Hilly population	
6	Any other known groups of special population for specific interventions (e.g. nomadic, migrant, industrial workers, urban slums, etc.)	

No. of districts without DTC: 0

No. of districts that submitted annual action plans, which have been consolidated in this state plan: 11
Organization of services in the state:

S. No.	Name of the District	Projected Population (in Lakhs)	Please indicate number of TUs of each type		Please indicate no. of DMCs of each type in the district		
			Govt	NGO	Public Sector	NGO	Private Sector
1	KOHIMA	2.48	1	-	4	-	-
2	MOKOKCHUNG	2.56	1	-	4	-	-
3	MON	2.93	2	-	5	-	-
4	TUENSANG	2.37	1	-	4	-	-
5	ZUNHEBOTO	1.75	1	-	4	-	-
6	DIMAPUR	3.48	2	-	5	-	-
7	PHEK	1.68	1	-	4	-	-
8	WOKHA	1.82	1	-	4	-	-
9	PEREN	1.00	1	-	2	-	-
10	KIPHIRE	1.10	1	-	2	-	-
11	LONGLENG	1.20	1	-	2	-	-
	Total	**22.37**	**13**	**NIL**	**40**	**-**	**-**

RNTCP performance indicators:
Important: Please give the performance for the last 4 quarters i.e. July'07 to June '08

Name of the District (also indicate if it is notified hilly or tribal district	Total number of patients put on treatment	Annualized total case detection rate (per lakh pop)	No of new smear positive cases put on treatment	Annualized New smear positive case detection rate (per lakh pop)	Cure rate for cases detected in the last 4 corresponding quarters	Plan for the next year	
						Annualized NSP CDR	Cure rate (85%)
1. DIMAPUR	807	237	252	99%	88%	100%	90%
2. KIPHIRE	42	153	20	97%	-	98%	85%
3. KOHIMA	458	185	164	88%	87.8%	90%	90%
4.LONGLENG	26	87	12	53%	-	75%	85%
5.MOKOKCHUNG	201	80	93	50%	91%	75%	95%
6.MON	423	151	156	74%	95.8%	75%	97%
7.PEREN	30	122	9	49%	-	75%	85%
8.PHEK	134	84	57	47%	92.6%	75%	95%
9.TUENSANG	571	248	216	125%	85%	126%	90%
10.WOKHA	120	68	76	57%	95.6%	75%	97%
11. ZUNHEBOTO	118	69	43	34%	84.2%	75%	85%
Total	**2930**	**139**	**1098**	**70%**	**90%**	**85%**	**90%**

Section B – List Priority areas for achieving the objectives planned:

S.No.	Priority areas	Activity planned under each priority area
1	IEC	Sensitization of key leaders of the Community
		Targeted Community meetings etc
2.	Monitoring and Supervision	Intensified monitoring of poor performing districts.
3	Training	Training and Re-training of MOs, Pharmacists, nurses etc on RNTCP and TB-HIV
		Patients consultations and Interaction.
4	Civil works	Upgradation of the three new DTCs namely Peren, Kiphire and Longleng
5	Procurement of Equipments	Photocopiers and OHP for the above new DTCs.(This is urgently required for daily activities of the Programme)
		Any other priority areas as may be specified by CTD

Priority Districts for Supervision and Monitoring by State during the next year

S No	District	Reason for inclusion in priority list
1.	Kiphire	New DTCS
2.	Longleng	New DTCS
3.	Peren	New DTCS
4.	Zunheboto	Poor performing District
5.	Phek	- do-

Section C – Plan for Performance and Expenditure under each head:

Civil Works:

Activity	No. required as per the norms in the district	No. actually present in the district	No. planned for this year	Pl provide justification if an increase is planned (use separate sheet if required)	Estimated Expenditure on the activity	Quarter in which the planned activity expected to be completed
	(a)	(b)	(c)	(d)	(e)	(f)
DTC Upgradation and maintenance		11 8	3	5,20,000 x 3	15,60,000 64,350	2nd Qtr.
No. of TUs upgraded	13	13			21,970	
No. of MCs upgraded	40	40			52,000	
STCS	1	1			13,000	
SDS	1	1			13,000	
TOTAL					17,24,320	

Laboratory Materials:

Activity	Amount permissible as per the norms in the district	Amount actually spent in the last 4 quarters	Procurement planned during the current financial year (in Rupees)	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ Remarks for (d)
	(a)	(b)	(c)	(d)	(e)
Purchase of Lab Materials		9,87,699	12,00,000	15,40,800	

Honorarium:

Activity	Amount permissible as per the norms in the district	Amount actually spent in the last 4 quarters	Expenditure (in Rs) planned for current financial year	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ Remarks for (d)
	(a)	(b)	(c)	(d)	(e)
Honorarium for DOT providers*		7,82,229	10,00,000	14,69,500	
Honorarium for DOT providers of Cat IV patients					

*(both tribal and non tribal districts)

IEC/Publicity:

Permissible budget as per Norms : Rs. 8,00,000/- (Excluding Communication Facilitators)
Budget for next financial year proposed for all Districts as per action plan detailed below: Rs.4,83,000/-
Estimated IEC activities and Budget at the State level (excluding districts) for the next financial year proposed as per action plan detailed below: Rs. 8,03,000 /- (incl Communication Facilitators)

Target Group/ Objective	Activities Planned at State and District Level						Total activities proposed during next fin. year	Estimated Cost per activity unit	Total expenditure for the activity during the next fin. year
	Activity (All activities to be planned as per local needs, catering to the target groups specified)	No. of activities held in last 4 quarters	No of activities proposed in the next financial year, quarter wise						
			Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar			
Patients and General public / for awareness generation and social mobilization	Outdoors: - wall paintings - Flex boards - Tin plates (for all strategic locations & small shops) - Banners - Advertisement in NST Buses	 55 292 - 30	 55 	 	 30	 	 55 30	 3500 1500	 1,92,500 45,000
	Outreach activities: Patient provider interaction meetings Community meetings Mike publicity Others	 71 91	 33 33	 33 33	 33 33	 33 33	 132 132	 1000	 1,32,000
	Puppet shows/ street plays/etc.								
	School activities	6	8	8	8	9	33	2000	66,000
	Print publicity Booklets Posters Note books Invitation cards - Newspaper Advertisement	 1000 - 150 120 6	 27 50 2x2 papers	 1x2 papers	 2x2 papers	 1x2 papers	 2750 12	 10 7000	 27,500 84,000
	Media activities on Cable/local channels Radio	48 192	48 48	48 48	48 48	48 48	192 192	677.08 229.16	130,000 44,000
	Any other activity (Cinema slides)								
Opinion leaders/ NGOs for advocacy	Sensitization meetings	54	9	9	8	9	35	5000	1,75,000
	Media activities								
	Power point Presentations / one to one interaction	Approx 30 times	As rqd						
	Information Booklets/ brochures								

Target Group/ Objective	Activities Planned at State and District Level						Total activities proposed during next fin. year	Estimated Cost per activity unit	Total expenditure for the activity during the next fin. year
	Activity (All activities to be planned as per local needs, catering to the target groups specified)	No. of activities held in last 4 quarters	No of activities proposed in the next financial year, quarter wise						
			Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar			
	World TB Day activities	12				12 incl St cell	12	10,000	1,20,000
	Any other public event								
Health Care providers – public and private	CMEs Interaction meetings one to one interaction meetings								
	Information Booklets Any other								
Any Other Activities proposed	Communication Facilitators (each for 5-6 districts	2,20,000					2 nos	1,10,000	2,20,000
	Miscellaneous							50,000	50,000
Total Budget									**12,86,000**

Equipment Maintenance:

Item	No. actually present in the district	Amount actually spent in the last 4 quarters	Amount Proposed for Maintenance during current financial yr.	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ Remarks for (d)
	(a)	(b)	(c)	(d)	(e)
Office Equipment (Maintenance includes computer software and hardware upgrades, repairs of photocopier, fax, OHP etc) Binocular Microscopes (RNTCP)		7,51,027	8,00,000	8,79,000	

Training:

Training Activity	No. in the district	No. already trained in RNTCP	No. planned to be trained in RNTCP during each quarter of next FY (c)				Expenditure (in Rs) planned for current financial year	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ remarks
			Q1	Q2	Q3	Q4			
	(a)	(b)					(d)	(e)	(f)
Training of DTOs/STO (National Level)								1,00,000	
Training of MOs			15	16	16			1,42,500	
Training of LTs of DMCs- Govt + Non Govt				15		15		60,750	
Training of MPWs			25	25	25	25		1,00,000	
Training of MPHS, pharmacists, nursing staff, BEO etc			80	80	80	84		2,92,300	
Training of Comm Volunteers			61	61	61	62		2,90,000	
Training of Pvt Practitioners				9				27,880	
Re- training of Accountants Re- training of DEOs			12	11				30,000 60,000	
Re- training of MOs			47	46	47	46		4,04,400	
Re- Training of LTs of DMCs			11	11	12			1,06,500	
Re- Training of MPWs			55	55	55	55		2,33,500	
Re- Training of MPHS									
Re- Training of Pharmacists									
Re- Training of nursing staff, BEO									
Re- Training of CVs									
Re-training of Pvt Practitioners									
TB/HIV Training of MOs				25	25			1,00,000	
TB/HIV Training of STLS, LTs , MPWs, MPHS, Nursing Staff, Community Volunteers etc					13			60,000	
TB/HIV Training of STS				13				60,000	
Provision for Update Training at Various Levels(key staff & MO-PHIs)									
Review Meetings at State Level			1	1	1	1		2,00,000	
TOTAL								**22,67,830**	

Vehicle Maintenance:

Type of Vehicle	Number permissible as per the norms in the district	Number actually present	Amount spent on POL and Maintenance in the previous 4 quarters	Expenditure (in Rs) planned for current financial year	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ remarks
	(a)	(b)	(c)	(d)	(e)	(f)
Four Wheelers		9	17,67,791	19,50,000	16,57,500	
Two Wheelers		13			3,90,000	
TOTAL					**20,47,500**	

Vehicle Hiring:

Hiring of Four Wheeler	Number permissible as per the norms in the district	Number actually present	Amount spent in the previous 4 quarters	Expenditure (in Rs) planned for current financial year	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ remarks
	(a)	(b)	(c)	(d)	(e)	(f)
For DTO	4	4	9,49,415	10,00,000	10,20,000	
For MO DTC	2	2			1,42,800	
SDS					6,00,000	
TOTAL					**17,62,800**	

SDS shall include expenses for transporting of Drugs, Lab Consumables etc to various DTCSs from SDS.

NGO/ PP Support:

Activity	No. of currently involved in RNTCP in the district	Additional enrolment planned for this year	Amount spent in the previous 4 quarters	Expenditure (in Rs) planned for current financial year	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ remarks
	(a)	(b)	(c)	(d)	(e)	(f)
NGOs involvement scheme 1					-	
NGOs involvement scheme 2					-	
NGOs involvement scheme 3					-	
NGOs involvement scheme 4					-	
NGOs involvement scheme 5					-	
NGOs involvement unsigned					-	
Private practitioners scheme 1					-	

Private practitioners scheme 2A					-	
Private practitioners scheme 2B					-	
Private practitioners scheme 3					-	
Private practitioners scheme 4					-	
TOTAL					-	

NGO/ PP Support: (New schemes w.e.f. 01-10-2008)

Activity	No. of currently involved in RNTCP in the district	Additional enrolment planned for this year	Amount spent in the previous 4 quarters	Expenditure (in Rs) planned for current financial year	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ remarks
	(a)	(b)	(c)	(d)	(e)	(f)
ACSM Scheme: TB advocacy, communication, and social mobilization					1,50,000	
SC Scheme: Sputum Collection Centre/s					60,000	
Transport Scheme: Sputum Pick-Up and Transport Service					24,000	
DMC Scheme: Designated Microscopy Cum Treatment Centre (A & B)						
LT Scheme: Strengthening RNTCP diagnostic services						
Culture and DST Scheme: Providing Quality Assured Culture and Drug Susceptibility Testing Services						
Adherence scheme: Promoting treatment adherence					1,20,000	
Slum Scheme: Improving TB control in Urban Slums						
Tuberculosis Unit Model						
TB-HIV Scheme: Delivering TB-HIV interventions to high					2,40,000	

HIV Risk groups (HRGs)						
TOTAL					**5,94,000**	

Miscellaneous:

Activity*	Amount permissible as per the norms in the district	Amount spent in the previous 4 quarters	Expenditure (in Rs) planned for current financial year	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ remarks
	(a)	(b)	(c)	(d)	(e)
TOTAL		**35,13,561**	**36,00,000**	**35,03,000**	

NOTE:- The above head shall include all other expenses which are not categorized like provision of TA/DA, Stationery items, Telephones bills, Postage, Touring, I.E, Supervisory visit, etc

Contractual Services:

Activity	No. required as per the norms in the district	No. actually present in the district	No. planned to be additionally hired during this year	Amount spent in the previous 4 quarters	Expenditure (in Rs) planned for current financial year	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ remarks
	(a)	(b)	©		(d)	(e)	
MO-STCS	1	1				2,70,000	
State Acctt	1	1				2,25,000	
State IEC Offr	1	1				2,25,000	
Secretarial Asstt	1	1				1,05,000	
Medical Officer-DTC		1	1		-	3,93,600	
STS	13	13				15,03,220	
STLS	13	13				14,89,720	
TBHV	1	1				88,200	
DEO	12	12				10,23,420	
Accountant – part time	11	11				3,10,800	
Driver	8	8				4,56,300	
Contractual LT		12				11,34,300	
TOTAL						**72,24,560**	

* The above category is assessed taking into consideration the 5% annual increment and additional new posts.

Printing:

Activity	Amount permissible as per the norms in the district	Amount spent in the previous 4 quarters	Expenditure (in Rs) planned for current financial year	Estimated Expenditure for the next financial year for which plan is being submitted	Justification/ remarks

				(Rs.)	
	(a)	(b)	(c)	(d)	(e)
Printing*		11,73,700	13,50,000	15,84,000	

* Please specify items to be printed

Research and Studies:
Any Operational Research project planned (Yes)
(Post Graduate grant for one research paper from Medical College)
(If yes, enclose annexure providing details of the Topic of the Study, Investigators and Other details)

Whether submitted for approval/ already approved? (Yes/No) _____
Estimated Budget (to be approved by STCS)._____

Medical Colleges

Activity	Amount permissible as per norms	Estimated Expenditure for the next financial year(Rs.)	Justification/ remarks
	(a)	(b)	(c)
Contractual Staff: MO (In place: Yes/No) STLS (In place: Yes/No) LT (In place: Yes/No) TBHV (In place: Yes/No)			
Research and Studies: Thesis of PG Student Operations Research*			
Travel Expenses for attending STF/ZTF meetings			
IEC: Meetings and CME planned			

* Expenditure on OR can only be incurred after due approvals of STF/ STCS/ZTF/CTD (as applicable)

Procurement of Vehicles:

Equipment	No. actually present in the district	No. planned for this year	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ remarks
	(a)	(b)	(c)	(d)
4-wheeler **	8	8	48,00,000	6,00,000 x 8
2-wheeler				

* Seven nos of 4-Wheelers procured are beyond six and half years old and requiring for replacement.

1 no. of 4 wheeler, the KM coverage is more than 150 Kms

Procurement of Equipment:

Equipment	No. actually present in the district	No. planned for this year	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ remarks
	(a)	(b)	(c)	(d)

Office Equipment (computer, modem, scanner, printer, UPS etc)				
Photocopier	9	3	4,50,000	150,000 x 3
OHP	9	3	1,50,000	50,000 x 3
TOTAL			6,00,000	

* The above mention equipments are necessary for the 3 new districts

Section D: Summary of proposed budget for the State and the Districts

S.No.	Category of Expenditure	Budget estimate for the coming FY 2009- 10 (To be based on the planned activities and expenditure in Section C)
1	Civil works	17,24,320
2	Laboratory materials	15,40,800
3	Honorarium	14,69,500
4	IEC/ Publicity	12,86,000
5	Equipment maintenance	8,79,000
6	Training	22,67,830
7	Vehicle maintenance	20,47,500
8	Vehicle hiring	17,62,800
9	NGO/PP support	5,94,000
10	Miscellaneous	35,03,000
11	Contractual services	72,24,560
12	Printing	15,84,000
13	Research and studies	0
14	Medical Colleges	0
15	Salaries of regular staff**	0
16	Procurement – drugs	0
17	Procurement –vehicles	48,00,000
18	Procurement – equipment	6,00,000
	TOTAL	**3,12,83,310**

(Rupees Three Crores, Twelve lakhs, Eighty three thousand,Three hundred and Ten Only).

6.4.2 NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NVBDCP)

I. Situational Analysis

1. State Profile

No. of FTD	-	550
No. of DDC	-	667
No. Malaria Microscopic centre/IRC	-	27
Urban Malaria Scheme	-	1

2. Organisation Structure

Existing: Presently the Programme is headed by the Jt. Director under the Principal Director of DHFW. While in the districts the CMOs are the controlling officer of the programme and DMOs/ AMOs are the technical supervisors of the programme.

3. Man Power Status (Technical)

3.1 State HQ

1.	Jt. Director (NVBDCP)	-	1
2.	Dy Director (NVBDCP)	-	1
3.	Sr. Entomologist	-	1
4.	Malaria Inspector	-	1
5	Lab. Technician	-	1
6.	Driver	-	3
7.	Mechanic	-	1
8.	Grade IV	-	4

3.2 State GFATM Cell

1.	Jt. Director/Project Director	-	1
2.	Accountant cum Comp Asstt	-	1
3.	Secretarial Asstt.	-	1

3.3 Rural (District level)

1.	District Malaria Officer	-	11
2.	Asstt. Malaria Officer	-	8
3.	Zonal Entomologist	-	1
4.	Biologist	-	1
5.	Asstt. Entomologist	-	1
6.	Malaria Inspector	-	23
7.	Malaria Technical Supervisor (Contractual)	-	10
8.	Surveillance Inspector	-	39
9.	Lab. Technician (Regular)	-	25
9a	Lab. Technician (Contractual)	-	11
10.	Insect Collector	-	8
11.	Surveillance Worker (Regular)	-	243
11a	Multipurpose Worker (Contractual)	-	116
12.	Driver	-	6
13.	Mechanic	-	1
14.	Grade IV	-	14

3.4 Urban Malaria Scheme Dimapur

1.	Asstt. Director (UMS)	-	1
2.	Malaria Inspector	-	2
3.	Insect Collector	-	3
4.	Lab. Technician	-	4
5.	Field Worker	-	53
6.	Grade IV	-	2
7.	Driver	-	1

STATE ACTION PLAN

A. Status of Health facilities

SL. No	Health Facilities	No
1	District Hospital	11
2	PHC	86
3	Sub centre	397
4	FTD	550
5	ASHA	1700
6	Rapid response team formed (yes/ no)	Yes

B. Human Resource

SL. No	Category of staff	Sanctioned	In Place	Trained
1	DMO (Full time)	11	11	8
2	AMO	8	8	8
3	MO	402	402	150
4	Lab Tech. NVBDCP	32	32	32
5	Lab. Tech (Contractual)	11	11	11
6	Health Supervisors (M)	62	62	62
7	MPW (Contractual)	116	116	116
8	SW	296	296	296
9	MTS (Contractual)	10	10	10
10	ASHA	1700	1700	1700

GFATM States Only

State PMU	In Place
Consultant M & E	Nil
Project Director/ **Programme Officer**	1
Finance Consultant	Nil
IEC Consultant	Nil
Data Entry Operator	1
Secretarial Assistant	1

C. District wise Epidemiological Situation:

C.1:

District Name	Year	Population	BSC/ BSE	ABER	Total Malaria Cases	Pf. cases	API	SPR	SFR	Deaths due to malaria
KOHIMA	2004	174399	7464	4.27	120	1	0.60	1.60	0.01	Nil
	2005	209210	5665	2.70	199	1	0.95	3.51	0.01	Nil
	2006	213394	12389	5.80	513	168	2.40	4.14	1.35	10
	2007	217662	14182	6.51	511	116	2.34	3.60	0.81	3
PHEK	2004	119795	5828	4.86	275	2	2.29	4.71	0.03	Nil
	2005	128373	4970	3.87	352	1	2.74	7.08	0.02	Nil
	2006	130940	6852	5.23	467	7	3.56	6.81	0.10	Nil
	2007	133559	6958	5.20	601	6	4.49	8.63	0.08	Nil
WOKHA	2004	140249	3057	2.17	205	3	1.46	6.70	0.09	Nil
	2005	162361	2862	1.76	237	11	1.45	8.28	0.38	Nil
	2006	165608	6642	4.01	417	25	2.51	6.27	0.37	Nil
	2007	168920	8782	5.19	871	139	5.15	9.91	1.58	4
MOKOK-CHUNG	2004	172571	19139	11.09	796	25	4.61	4.15	0.13	Nil
	2005	200607	19663	9.80	934	5	4.65	4.75	0.02	Nil
	2006	204619	20060	9.80	764	48	3.73	3.80	0.23	6
	2007	208711	17874	8.56	1183	221	5.66	6.61	1.23	4
ZUNHEBO-TO	2004	163231	8374	5.13	256	17	1.56	3.05	0.20	Nil
	2005	122122	7387	6.04	137	6	1.12	1.85	0.08	Nil
	2006	124564	10791	8.66	49	7	0.39	0.45	0.06	Nil
	2007	127055	10546	8.30	261	33	2.05	2.47	0.31	Nil
MON	2004	239945	3368	1.61	69	2	0.28	1.78	0.05	Nil
	2005	204689	2451	1.19	14	2	0.06	2.04	0.08	Nil
	2006	208783	6620	3.17	201	60	0.96	3.03	0.90	Nil
	2007	2129559	8286	3.89	433	133	2.03	5.22	1.60	Nil
TUENSANG	2004	146768	4876	3.32	148	0	1.00	3.03	0.0	Nil
	2005	186225	4279	2.29	88	3	0.47	2.05	0.07	Nil
	2006	189949	5202	2.73	170	11	0.89	3.26	0.21	Nil
	2007	193748	11531	5.95	435	18	2.24	3.77	0.15	Nil
DIMAPUR	2004	160576	6400	3.98	124	11	0.77	1.93	0.17	1
	2005	210899	6755	3.20	91	11	0.43	1.34	0.16	Nil
	2006	215117	6446	2.99	131	44	0.60	2.03	0.68	Nil
	2007	219419	10995	5.01	192	63	1.19	1.74	0.57	Nil
UMS DIMAPUR	2004	159542	3124	1.95	243	61	1.52	7.77	1.95	Nil
	2005	162733	2832	1.74	156	29	0.95	5.50	1.02	Nil
	2006	165988	3279	1.97	207	90	1.24	6.31	2.74	59
	2007	169308	2776	1.63	99	37	0.58	3.56	1.33	15
KIPHIRE	2004	127448	1586	1.24	104	0	0.81	6.55	0	Nil
	2005	93752	3191	3.40	232	2	2.47	7.27	0.06	Nil
	2006	95627	4258	4.45	302	5	3.15	7.09	0.11	Nil
	2007	97540	3264	3.34	129	1	1.32	3.95	0.03	Nil
LONG-LENG	2004	124992	1588	1.27	88	1	0.70	5.54	0.06	Nil
	2005	107021	3607	3.37	78	0	0.72	2.16	0	Nil
	2006	109161	6367	5.83	109	15	0.99	1.71	0.23	Nil
	2007	111344	7607	6.83	242	27	2.17	3.18	0.35	Nil
PEREN	2004	75747	2206	2.91	58	0	7.68	2.62	0	Nil
	2005	71761	3089	4.30	6	0	0.08	0.19	0	Nil
	2006	73196	3047	4.16	31	26	0.42	1.01	0.85	Nil
	2007	74660	3132	4.19	19	12	0.25	0.60	0.38	Nil
State Total	**2004**	**1805263**	**67010**	**3.71**	**2486**	**123**	**1.37**	**3.70**	**0.18**	**1**
	2005	**1859753**	**66781**	**3.59**	**2524**	**71**	**1.35**	**3.77**	**0.10**	**Nil**
	2006	**1896948**	**91953**	**4.84**	**3361**	**69**	**1.77**	**3.65**	**0.07**	**75**
	2007	**1934887**	**105933**	**5.47**	**4976**	**806**	**2.57**	**4.69**	**0.76**	**26**

C2. High Risk Areas: Based on the epidemiological data

Sl	District	High risk sub centre/ section (no)	High risk village (no)	High risk population (no)	Tribal Population (no)
1	KOHIMA	5	25	74124	74124
2	PHEK	3	7	15660	15660
3	WOKHA	11	35	48215	48215
4	MOKOKCHUNG	21	126	163449	163449
5	ZUNHEBOTO	5	44	49531	49531
6	MON	10	54	143828	143828
7	TUENSANG	10	48	73749	73749
8	DIMAPUR	13	218	173422	173422
9	KIPHIRE	3	16	55665	55665
10	LONGLENG	4	20	65468	65468
11	PEREN	5	79	77155	77155
TOTAL	11	90	672	940266	940266

C3. Classification of the areas as per following API ranges

Sl. No	API	District (No)	PHCs (No)	Sub centre/ Section (No)	Villages (No)	Population @ Village (No)	% population of State
1	< 1	1	4	6	92	76153	3.86
2	1-2	5	27	66	612	956377	48.45
3	2-5	3	37	44	352	555868	28.16
4	5-10	2	19	34	235	385183	19.51
5	> 10	Nil	-	-	-	-	-
TOTAL		**11**	**87**	**150**	**1291**	**1973581**	**99.98**

D. GIS mapping based on epidemiological data for the years 2007.

District	Total PHC	Total Sect.	Total Village	Total Popn	BSE	Malaria Positive	No. Of Pf.	No. of Death	No. of ASHA trained	No. of ASHA working	No. Of FTD
Kohima	12	11	133	174399	14219	511	116	3	50	50	50
Dimapur	6	13	218	160576	10995	192	63	-	50	50	50
Phek	17	13	103	119795	6850	601	6	-	50	50	50
Zbto	9	18	166	116231	10546	261	33	-	50	50	50
Wokha	8	12	107	140249	8776	871	139	4	50	50	50
Mkg	11	22	128	172571	17874	1183	221	4	50	50	50
Tuensang	8	20	116	146768	11531	435	18	-	50	50	50
Mon	8	18	102	239945	8286	433	133	-	50	50	50
Kiphire	2	10	81	127448	3264	129	1	-	50	50	50
Longleng	2	7	45	124992	7607	242	27	-	50	50	50
Peren	4	6	92	75747	3132	19	12	-	50	50	50
UMS Dmr				159542	2776	99	37	15	-	-	-
Total	**87**	**150**	**1291**	**1934887**	**105856**	**4976**	**806**	**26**	**550**	**550**	**550**

E. Outbreak: Yes/ No if yes;

- No of outbreaks- *1*
- Area affected- *Medziphema CHC*
- Period of outbreak- *13TH TO 23RD Oct 08*
- No of deaths reported during outbreak- *Nil*
- Reasons for outbreak- *Poor coverage of IRS due to non acceptance by the community*.
- Containment measures taken *- Awareness on IRS and self protection measures*
  - Focal spray
  - Blood Slide Collection & Examination
  - Treatment of community owned bednet with delta methrine
  - Treatment of +ve cases with anti malarial drugs

F. Specific activities:

a) RD Kits (selected pf endemic districts only)

Planning for distribution of Rapid Diagnostic Kits 2009-10 which was allocated in 2008-09
(Quantity as per allocation in Annexure)

Sl	**District name**	**RDTs to be distributed in 2009- 10**	**Sub centre/ section in inaccessible areas (No)**	**Villages in inaccessible areas (No)**	**Population at villages in inaccessible areas (No)**	**Slide Collection in inaccessible areas (No)**
1	Kohima	14000	5	25	74,124	1943
2	Phek	12000	3	7	15660	2680
3	Wokha	14000	11	35	48215	3680
4	Mokokchung	17000	21	126	163449	5215
5	Zunheboto	12000	5	44	49531	2334
6	Mon	17000	10	54	143828	3632
7	Tuensang	16000	10	48	73749	5172
8	Dimapur	18000	13	218	173422	6556
9	Kiphire	10000	3	16	55665	868
10	Longleng	10000	4	20	65468	1109
11	Peren	10000	5	79	77155	1052
TOTAL		**150000**	**90**	**672**	**940266**	**34241**

Requirement of Rapid Diagnostic Kits based on epidemiological data 0f 2007 for 2010- 11

Sl	Details	Sub centre/ section (No)	Village (no)	Total Ppn	Tribal Ppn	Slide Collection
1	Areas with high Pf%	90	672	940266	940266	34241
2	Of the above prioritized to be equipped with RDT during the year	90	672	940266	940266	-
3	No of RDTs required for 2010- 11	2,00,000				

b) Bednets

Planning for distribution of Bednets												
No of DISTRICT	Eligble sub centre/ section (no)	Eligible village (no)	Eligible Ppn	Tribal Ppn	House holds (no)	No of households with bednets (no)	Total bed-nets required	Total distributed till date	Total intact bednets table below	Total planned to be distributed in the year (no) as per allocation in Annexure		Total planned to be treated
										ITNs	LLIN	
					A	B	C=AX 2	D	E	F	G	E+F
11	150	1291	19,000 00	19,000 00	38000 0	107500	7,60,000	2,15,000	1,51,0 00	15000 0	20080	301000
Total	**150**	**1291**	**19,000 00**	**19,000 00**	**38000 0**	**107500**	**7,60,000**	**2,15,000**	**1,51,0 00**	**15000 0**	**20080**	**301000**

c) Planning for IRS: based on MAP criteria

Sl	District/ PHC selected for IRS	Sub centre/ Section selected (no)	Village selected (no)	Total Ppn selected	Tribal Ppn	Spray squad required	Training batches of spray squads	Equip-ment requi-red (no)	Name of insec-ticide	Insecticide required (MTs)		
										DDT	Mala-thion	SP
1	Kohima	5	25	74,124	74,124	8	1	16	DDT	140 MT		
2	Phek	3	7	15660	15660	2	1	4	DDT			
3	Wokha	11	35	48215	48215	5	1	10	DDT			
4	Mokg	21	126	163449	163449	17	1	34	DDT			
5	Zunhebotto	5	44	49531	49531	5	1	10	DDT			
6	Mon	10	54	143828	143828	15	1	30	DDT			
7	Tuensang	10	48	73749	73749	8	1	16	DDT			
8	Dimapur	13	218	173422	173422	18	1	36	DDT			
9	Kiphire	3	16	55665	55665	6	1	12	DDT			
10	Longleng	4	20	65468	65468	7	1	14	DDT			
11	Peren	5	79	77155	77155	8	1	16	DDT			
TOTAL		**90**	**672**	**940266**	**940266**	**99**	**11**	**198**		**140 MT**		

- **Associated activities for IRS:**

- Specify what IEC activity will be carried out for sensitization and mobilization of community for spray also in also in advance information regarding spray dates operations: **Awareness campaign/ Advocacy workshop**
- Supervision Plan: within the PHC and from district level (sub centre/ village wise) Supervision Plan with village level date of spray and SC/ PHC district level supervision - **Yes**
- Selection of sites for dumping insecticides completed? - **Yes**
- Whether safeguards for storage & handling of insecticides ensured? - **Yes**
- Certification on functional status of equipment by DMO by - **(10-01-09)**
- Spare parts of spray equipments like lance available - **Yes**
- Provision of protective gear for spray workers present - **Yes**
- No of functional stirrup pumps?- **80** No required- **110**

- No required to be repaired- **10**
- Certification by panchayat for coverage of IRS- **Planned**

G) Innovations

Sl.	Innovations	Describe details	Fund Allocated (in lakhs)
1	Patient referral e.g Like use of NRHM/ RKS flexi funds for transport of severe cases	150 cases x Rs. 1000=1.50 lakhs	1.50
2	Transportation of slides E.g use of Public transport system	Not feasible	
3	NGO/ CBO involvement refer to PPP guidelines on www.nvbdcp.gov.in	So far 6 NGOs adopted under NVBDCP Activities: 1. Awareness campaign 2. ITBN Treatment & distribution 3. Distribution of LF to water bodies.	6.60
4	Community mobilization eg. Mobilizing using street plays, puppet plays, self help groups	Awareness to community through - Church platform, Village development board meetings & Mahila meetings.	10.50

H. Commodities Requirement

Item	Previous year's utilization (no)	Requirement for current year (no)	Balance Available (no)	Net requirement (2-3)
	1	***2***	***3***	***4***
Insecticide for IRS (Kg) - DDT	1,50,000	1,40,000	Nil	1,40,000
Insecticide for ITMN (Lts)	2,200	3010	5800	Nil
ITNs	Nil	300000	Nil	300000
Pimaquine 7.5 (No)	1,75,000 tab	300000	200000	1,00,000
ACT (Artesunate + SP) Blister (No)	45,925 nos	1,00,000	11,575	88,425
Artesunate tabs (No)	97,150 tab	1,50,000	2,850	147150
S+P Combination (No)	2,17,000 tab	3,00,000	1,83,000	1,17,000
Quinine Injection (No)	4,600 Amp	10,000	400	9,600
Arteether Inj (No)	1,200 Amp	3,000	NIL	3000
RDK (No)	250000	300000	100000	200000
Micro Slides (No)	200000	300000	30,000	2,70,000
Pumps (No)	160	200	90	110

I) Training:

Sl	**Trainings**	Cost per Batch	Previous year (no)	**Current Year**					
				Q1 (no)	Q2 (no)	Q3 (no)	Q4 (no)	Total (no)	Total Cost (Rs)
1	Medical Officers	1.10	1	-	-	-	1	1	1.10
2	Laboratory Technicians (Reorientation)	0.76	1	-	-	1	1	2	1.52
3	Health Supervisors (M)	0.60	1	-	-	1	1	2	1.20
4	Health Workers (M)	0.15	11	-	-	-	11	11	1.65
5	Health Workers (F)	0.40	1	-	-	1	-	1	0.40
6	ASHA	0.15	22	-	-	11	11	22	3.30
7	Community Volunteers other than ASHA	0.15	40	-	-	22	22	44	6.60
8	NGOs	0.35	-	-	-	-	1	1	0.35
9	MOs on ACT	1.00	-	-	-	5	5	10	10.0
TOTAL									**26.12**

J. BCC/ IEC:

Sl	Activities	Unit Cost (Rs)	Previous year (no)	**Current year**					
				Q1 (no)	Q2 (no)	Q3 (no)	Q4 (no)	Total (no)	Total Cost (Rs)
1	Posters	0.00015	50000	50,000	-	-	-	50000	7.50
2	Hoardings	0.35	10	15	-	-	-	15	5.50
3	TV/ Radio campaigns	1.0	1 nos	1	1	-	-	2	2.00
4	Health camps	0.30	11	-	11	11	-	22	6.60
5	Community mobilization meetings for IRS	0.03	323 nos	350	-	-	-	350	10.50
6	Sensitization meetings of Village Health & Sanitation Committee	0.03	400 nos	100 village	100 villages	100 Villages	100 Village	400 Villages	12.00
7	Others – a) Guidelines books, b) Pamplets	0.002 0.00006	a)-5000 b)-60000	-5000 -60000	- -	- -	- -	5000 60000	10.0 3.60
8	Others – Print & Electronic Media	0.50	6	6	-	-	-	-	3.00
TOTAL									**60.70**

K. PPP Involvement

S.No.	Schemes	Previous year (no)	Planned in Current year (no)	Cost
1	Scheme IV	6	8	3.30
2	Scheme V	Nil	8	3.30
	TOTAL	**6**	**16**	**6.60**

L. Larvivorous Fish

Sl	District	Hatcheries	Seasonal water bodies	Perennial water bodies	Water bodies released with fish previous year (no)	Planned in current year (no)	Cost
1	Kohima	Nil				1	0.60
2	Phek	1				1	0.60
3	Wokha	1				1	0.60
4	Mokokchung	2			✓	1	0.60
5	Zunheboto	Nil				1	0.60
6	Mon	1			✓	1	0.60
7	Tuensang	1				1	0.60
8	Dimapur	2			✓	1	0.60
9	Kiphire	1				1	0.60
10	Longleng	1				1	0.60
11	Peren	1			✓	1	0.60
TOTAL		**11**				**11**	**6.60**

M. SWOT

Strengths: 11 district - DMO in all district - Contractual staff - Increase community participation	**Actions to be Taken** - Provision of transport facility for DMOs and AMOs for supervision and monitoring - More advocacy workshop/ IEC activities.
Weakness: Shortage of LT/SW - Poor surveillance - Shortage of transport for mobility	- Contractual appointment - Disciplinary action for erring staff - Provision of more vehicle for supervisory officers
Opportunities: ASHA/ FTD holders for mobilization	- Incentives need to be given.
Threats: Outbreak of VBDs Drug resistance	- To be more vigilant.

N. Proforma for Urban Malaria Scheme

Status of hatcheries/ up-scaling of Larvivorous fish in the states:-

Sl. No	Name of states/ UTs	No. of hatcheries at district level	No of hatcheries at Block/ PHC. Village level	No. of water bodies seeded
1	Nagaland	2	1	1,50,000

MONTH-WISE EPIDEMIOLOGICAL REPORT FOR THE YEAR 2008

	Jan.	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
No. of BSC/ BSE	4893	4987	6189	7496	9838	17882	17488	14827	14613	15472		
No. of pv	97	113	216	222	340	465	667	820	724	465		
No. of pf	6	35	28	36	52	112	101	74	55	143		
No. of Total positive	103	148	244	258	392	577	768	894	779	608		
SPR	2.10	2.96	3.94	3.44	3.98	3.22	4.39	6.02	5.33	3.92		
SFR	5.83	23.64	11.47	13.95	13.26	19.41	13.15	8.27	7.06	23.51		
ABER												
RT given	103	148	244	258	392	577	768	894	779	608		
Deaths, if any	Nil	Nil	Nil	Nil	Nil	6	5	2	3	Nil		

Appendix 1

Micro action plan for IRS

Table 1 Training Programme

Training of Supervisions and Spray Squads				
	Total Number	***Training Sessions***	***Dates***	***Venue***
MPWs and other supervisors	421	11	25-03-09	Dist HQ
Spray squads	99	11	01-04-09	Dist HQ/ Block HQ

Table 2 Spray Programme

			District Spray Programme			
Sl	***District***	***Sub- centre/ Section no.***	***Village***	***Date of Spray***	***Squad No.***	***Dumping site for insecticide***
1	Kohima	5	25	03-04-09	8	Kohima Town DMO Kohima CHC Tseminyu
2	Phek	3	7	03-04-09	2	DMO Phek CHC Meluri
3	Wokha	11	35	03-04-09	5	DMO Wokha PHC Bhandari
4	Mokokchung	21	126	03-04-09	17	DMO Mokokchung PHC Mangkolemba
5	Zunheboto	5	44	03-04-09	5	DMO Zunheboto PHC V.K
6	Mon	10	54	03-04-09	15	DMO Mon PHC Tizit
7	Tuensang	10	48	03-04-09	8	DMO Tuensang PHC Noklak
8	Dimapur	13	218	03-04-09	18	DMO Dimapur UMS Dimapur
9	Kiphire	3	16	03-04-09	6	DMO Kiphire
10	Longleng	4	20	03-04-09	7	DMO Longleng
11	Peren	5	79	03-04-09	8	DMO Peren PHC Jalukie
TOTAL		**90**	**672**		**99**	**21**

Table 3 village wise beat for spray squads

Sl	***Districts***	***Section no***	***Squad No***	***Village***	***Population***	***Date of Spray***	
						I Round	***II Round***
1	Kohima	5	8	25	74,124	3-4-09	15-6-09
2	Phek	3	2	7	15660	3-4-09	15-6-09
3	Wokha	11	5	35	48215	3-4-09	15-6-09
4	Mokokchung	21	17	126	163449	3-4-09	15-6-09
5	Zunheboto	5	5	44	49531	3-4-09	15-6-09
6	Mon	10	15	54	143828	3-4-09	15-6-09
7	Tuensang	10	8	48	73749	3-4-09	15-6-09
8	Dimapur	13	18	218	173422	3-4-09	15-6-09
9	Kiphire	3	6	16	55665	3-4-09	15-6-09
10	Longleng	4	7	20	65468	3-4-09	15-6-09
11	Peren	5	8	79	77155	3-4-09	15-6-09
TOTAL		**90**	**99**	**672**	**940266**		

Information on financial performance 2005-06 to 2007-08:

Sl. No	Component	Grant-in-aid Received			State level Expenditure			Grant-in-aid released to Districts			Closing balance		
		2005 -06	2006 -07	2007 -08	2005 -06	2006 07	2007 -08	2005 06	2006 -07	2007 -08	2005 -06	2006 -07	2007 -08
1	GFATM/ W. B.	46.36	42.01	127.02	28.07	21.85	87.77	17.84	20.55	37.38	0.45	0.06	1.87
2	DBS	158.95	119.21	167.71	67.76	45.56	121.99	91.19	73.64	45.65	0.0	0.01	0.07
Total		**205.31**	**161.22**	**294.73**	**95.83**	**67.41**	**209.26**	**109.03**	**94.19**	**83.03**	**0.45**	**0.38**	**2.44**

Expenditure (financial) Budget Proposal

(Rs. in lakhs)

	2008-09 (Expenditure)	**2009-10 (Proposed)**
Malaria		
(A) DBS		
1. Human resources:		
i. Salary for Contractual MPW	74.04	144.00
ii. Wages for spray workers	36.00	61.87
Sub. Total	**110.04**	**205.87**
2. Operational Expenses:		
i. Local transportation of DDT/ Bednet/ RRT	16.00	29.67
ii. Supportive Medicine	----	20.0
iii. Commodities	----	45.00
iv. Quality assurance & assessment	----	2.00
v. Incidental charge	----	8.00
Sub. Total	**16.00**	**104.67**
3. Monitoring & Evaluation:		
i. TA/DA for State and District Staff	98.32	123.95
ii. ASHA incentives	----	75.84
Sub. Total	**98.32**	**199.79**
4. Training:		
i. MPW	1.20	2.40
ii. ASHA	3.30	3.30
iii. Spray workers	1.65	1.65
iv. FTD Holder	3.30	3.30
Sub. Total	**9.45**	**10.65**

5. IEC/BCC:									
Sl.	Activities	Unit Cost (Rs.)	Previous Year (no)	Current year 2009-10					
				Q1 (no)	Q2 (no)	Q3 (no)	Q4 (no)	Total (no)	Total Cost (Rs.)
i.	Posters	0.00015	50000 nos	50000	-	-	-	50000	7.50
ii.	Hoardings	0.35	10	15	-	-	-	15	5.50
iii.	TV/Radio campaigns	1.0	1 no.	-	1	1	-	2	2.00
iv.	Health camps	0.30	11	-	11	11	-	22	6.60
v.	Community mobilization meetings for IRS	0.03	323 nos	350	-	-	-	350	10.50
vi.	Sensitization meetings of Village	0.03	400 nos	100 villages	100 villages	100 villages	100 villages	400 villages	12.00
vi.	Others- a) Guidelines books b) Pamphlets	 0.002 0.00006	 5000 60000	 5000 60000	 - -	 - -	 - -	 5000 60000	 10.0 3.60
viii.	Others:- Print & Electronic Media	0.50	6	6	-	-	-	-	3.00
Sub. Total				**9.25**					**60.70**

6. UMS:		
i. Larvicidal operations	3.0	3.0
ii. Maintanances of Machines	3.0	3.0
iii. Maintance of vehicles	1.50	1.50
iv. Procurement of equipments & Machines	----	12.50
Sub. Total	**7.50**	**20.00**
Total	**250.56**	**601.68**

(B) GFATM		
1. Human Resource (State level):		
i. M&E Consultant	….	4.80
ii. Finance Consultant	….	3.00
iii. IEC Consultant	….	3.00
iv. Secretariat Assistance	0.84	0.84
v. Computer Operator	0.84	0.84
Sub. Total	**1.68**	**12.48**
2. Human Resource (District Level):		
i. MTS	7.15	8.58
ii. LT	7.26	16.56
iii. Accountants	0.72	0.72
Sub. Total	**15.13**	**25.86**
3. Training:		
i. Medical Officer	1.00	1.10

ii. Community Volunteer iii. MTS iv. LT	1.50 ….. ….	3.30 0.60 1.52
Sub. Total	**2.50**	**6.52**
4. Planning and Administration (State/ District/ Audit)	15.00	54.50
Sub. Total	**15.00**	**54.50**
5. Monitoring and Evaluation (Hiring of vehicle, POL for state level and district level, Review meeting others pls specify)	21.61	33.00
Sub. Total	**21.61**	**33.00**
6. IEC (Camps of treatment of Bed nets)	3.39	….
Sub. Total	**3.39**	**…..**
7. Operational Expenses for treatment of bed nets Twice in a year (with bed nets)	6.00	60.20
Sub. Total	**6.00**	**60.20**
8. *Others* i. Construction of L/Hatcheries ii. Transportation of severe and complicated cases	….. …..	10.00 1.50
Sub. Total	**…..**	**11.50**
9. Public Private Partnership	3.30	6.60
Sub. Total	**3.30**	**6.60**
Total	**68.61**	**210.66**

(C) World Bank		
1. Training i. MO ii. LTs iii. H/S iv. MTS v. Com. Volunteers vi. Spray supervisors	 6.71 ….. ….. ….. ….. …..	 2.40 1.52 0.90 0.60 1.65 1.65
Sub. Total	**6.71**	**8.72**
2. Monitoring and Evaluation (Hiring of vehicle and POL for state and district level)	9.0	15.00
Sub. Total	**9.0**	**15.00**
Total	**15.71**	**23.72**
Grant Total	**334.88**	**836.06**

JAPANESE ENCEPHALITIS

1. SITUATION ANALYSIS

a) Entomological studies show abundance of J.E vectors in foot hill areas of the state.
b) Area wise J.E cases and deaths.

Sl. No	Month/ Year	Name of District	No. of cases	No. of deaths
1.	July 2007	Dimapur	6	1
2.	July 2007	Mokokchung	1	NIL

2. SPECIFIC CONSTRAINTS FOR IMPLEMENTATION OF THE PROGRAMME

a) Lack of Lab facilities for serum examination and facilities for management of complicated cases.
b) Habitual rearing of animals around human dwellings
c) Unplanned sewage / drainage system
d) Seasonal terrace cultivation in and around suburb
e) Shortage of portable fogging machines and accessories

3. PRIORITIZATION OF THE AREAS INCLUDING THE CRITERIA OF PRIORITIZATION.

Stronger focus for early detection and vector control measures will be given in all the endemic areas of the state and priority will be given to all SC, villages, blocks under Dimapur and Mokokchung districts as there was incidence of JE cases in the above 2 districts in the year 2007.

4. STRATEGY

a) Awareness of the communities.
b) Rearing of pigs away from human dwellings
c) Integrated vector control measures- IRS
- ITBN
- L.F

d) Transportation of patients to health units for case management.

5. INNOVATION PROPOSED

a) Reorientation training of different categories of staff i.e MOs/ Health Supervisors/ MPW/ ASHAs/ FTD holders etc.
b) Strengthening of IRS and ITBN distribution
c) Distribution of L.Fish in water bodies.
d) Incentives for transportation of patients to health units.
e) Preparedness for any J.E outbreak with insecticides and fogging machines.

6. EXPENDITURE- BUDGET PROPOSAL (J.E)

Sl	J.E	2008-09 Expenditure (in lakhs)	2009-10 Proposed (in lakhs)
1	Fogging machine 4 x 1.80	7.20	0.0
2	Elisa kits 2 x 0.28	0.0	0.56
3	IEC Material	0.0	8.40
4	Training	0.0	6.60
5	Technical malathion (GOI supply)	0.0	_
Net Total		**7.20**	**15.56**

NVBDCP

SUMMARY OF BUDGET PROPOSAL: 2009-2010.

(Rs in lakh)

Sl.	Name of Activity	2009-10 Proposed expenditure
A	(i) Malaria (DBS) (ii) Malaria (GFATM) (iii) Malaria (World Bank)	601.68 210.66 23.72
B	J.E	15.56
Grand total (A+B)		**851.62**

Rupees Eight Crores Fifty One Lakhs and Sixty Two Thousand Only.

6.4.3 NATIONAL LEPROSY ERADICATION PROGRAMME (NLEP)

INTRODUCTION

A comprehensive and specific state action plan for the year 2009-10 for the State of Nagaland is drawn up after compilation of all district plan activities giving maximum emphasis on early detection on voluntary case reporting, treatment completion, disability prevention, reconstructive surgery and qualitative improvement of services to leprosy affected persons.

Prevalence rate:- .18 per 10000 population as on 1st Sept.2008.

Objectives:-

1. Improvement of quality services to leprosy affected persons.
2. Sustained action plan for areas of high disability cases.
3. Enhanced activities in urban areas with migratory cases.
4. DPMR plan implementation.
5. Maintenance of gain already achieved.

Activities:-

1. Situation analysis of NLEP.
2. Infrastructure.
3. Training activities.
4. IEC activities.
5. DPMR plan.
6. Urban leprosy control activities.
7. Procurement plan.
8. Contractual services.
9. NGO services.
10. ASHA.
11. Review activities of NLEP at State/District levels.
12. Transportation.
13. Office expenditure.

DETAILED ACTIVITIES

1. NLEP SITUATION ANALYSIS

Nagaland has been successfully implementing the NLEP since inception of MDT in the state in 1995 keeping in mind all the instructions and guidelines received from Govt. of India from time to time which culminated in bagging the first prize in the country for being the first state in achieving the elimination target of below 1 per 10000 all through the year, increase in voluntary self reporting cases, successful awareness drive in far flung areas, maintenance of records at all levels. Our financial achievements are maintenance of financial discipline in state as well as district levels. Our hostile hilly terrains in bordering areas with Myanmar.

Though a special programme was suggested in 2008-09, it could not be implemented due to paucity of funds. A special action programme like SAPEL is suggested during 2009-10 to reach the bordering areas of Myanmar. Another action plan is also suggested to overcome the problem of migratory cases especially in Dimapur, the commercial hub of the State.

Special initiative will be taken for involvement of all the churches in the state to propagate the messages of leprosy. Nagaland being a 98 percent Christian state the communication via the church media will be a strong means to convey the messages of leprosy which will help in a great deal to eradicate the disease in shortest possible time.

2. INFRASTRUCTURE

At present the state leprosy cell is manned by a full time State Leprosy Officer who is assisted by clerical staff in the form of 2 UDAs, 3LDAs, 2 Typists, 1 Store Keeper, 1 Computer Operator, 1 Data Entry Operator, 1 BFO in addition to 2 Senior NMS and 3 PMWs. An administrative Officer looks after all administrative matters. A state consultant is in place for coordination of all activities who guides the SLO and other Field Staff as and when difficulty arises in discharge of anti leprosy activities.

In the districts a District Leprosy Officer is posted who is assisted by 2 NMSs, 3 PMWs, 1 Physiotherapist, 1 Health Educator in addition to clerical staff.

3. TRAINING PLAN

A. Four (4) days orientation training is planned for newly appointed Medical Officers, Health Supervisors, and Health Workers both male and female.
B. 2 days refresher training is contemplated for the Medical Officers of PHCs.
C. Lab technicians' training- Lab technicians will undergo training in smear examination for district hospitals and community Health Centres. The duration of each training will be 5 days.
D. Private practitioners & dermatologists will be trained for 2 days.
The training of Private Practitioners, Dermatologists, Registered Medical Practitioners will be conducted on DPMR Plan.

4. IEC ACTIVIIES

In Nagaland, being a Christian State the men and women are considered equal partners in all spheres of life without any differentiation. The theme: NAGA WOMEN AND LEPROSY will be circulated in all nooks and corners of the district to involve the women folk in the anti leprosy programmes.

Leprosy free India will be the theme in publicity. The activities will be carried out in war footing manner. The messages of Leprosy will be spread to poorest and remotest areas of the district so that the still partially lingering social stigma will be removed from minds of people. For this purpose special orientation trainings will be arranged for the following categories:

(a). School children and teachers of the district.
(b). Village Health Committee Members.
(C). Church functionaries.

Awareness messages in all local dailies in local languages once in every month will be ensured. Leaflets, Banners, Play cards, Sign boards with anti – leprosy slogans/messages will be printed in different local dialects so that even the illiterate people can read and understand those messages.

Another new concept of awareness programme is contemplated during 2009-10. Nagaland harbours different tribes totaling to 17 major tribes having their own dialect and festivals which are celebrated in different times during the year mainly harvesting seasons and which are observed with traditional fervor and gaiety by one and all in the community. We feel that propagating the leprosy messages will be of utmost use during these times. Hence it is decided that during 2009-10 stalls depicting leprosy slogans, skin examination facilities, different types of leprosy modules etc will be displayed during these festivals.

It is planned to construct 3 waiting sheds in all the district headquarters depicting the leprosy slogans in local dialects which will help in a big way to propagate the messages of leprosy.

These activities will be carried out throughout the year.

5. DPMR Plan

This is a major activity during this year. Training will be imparted to the new Medical Officers, Health Supervisors, Health Educators, Health Workers (Male and Female). This training will be for 4 days along with the general training which will be of 3 days duration. Due to inclusion of DPMR this training will be of 1 more day.

- The 1 day training of PHC Medical Officers has been increased to 2 days in view of inclusion of DPMR Plan.
- The training of Private Practitioners, Dermatologists, and Registered Medical Practitioners will be conducted on DPMR Plan.
- Procurement of drugs, MCR Foot wears, Splints and appliances will be a major factor in DPMR Plan which has been shown separately in the respective heads of budget estimate of Action Plan.
- Procurement of drugs, MCR Foot wears, Splints and appliances will be a major factor in DPMR plan which have been shown separately in the respective heads of budget estimate of Action Plan.
- Trainings will be completed by first quarter of 2009-10.

6. URBAN LEPROSY CONTROL

In Nagaland, the commercial hub Dimapur poses a threat to elimination of Leprosy. Though other parts of the state is fully under control maintaining the prevalence rate is well below 1 per 10000 populations, the only problem lies in Dimapur. This is due to the fact that Dimapur lies in close proximity to Assam from where thousands of people enter the city for different purposes which includes a sizeable number of Leprosy cases. The dermatologists and private practitioners help a great deal in treating these cases though allocation of funds especially in supportive medicines, MDT delivery systems, periodic meetings and transportation is a realistic necessity.

Budget requirements for these activities will be shown separately in budget estimate column of action plan. The duration will be 6 months which is to be completed by December 2009.

7. PROCUREMENT PLAN

As in previous year this year too supportive medicines, laboratory reagents, equipments, printing of different forms, registers will be continued.

The actual requirements and budget provisions have been shown separately under respective heads in budget column of action plan. The activities will be continued through out the year.

8. CONTRACTUAL SERVICES

The services of BFO, Drivers and other staff will be continued in 2009-10 also.
Nagaland being devoid of good auditors it is planned that services of expert professional auditor outside the State will be necessary as in previous year. The amount of honorarium is to be raised as the allocation of Rs.400 per month per district is too meager. The budget requirements are projected in budget estimate in action plan.

9. NLEP MONITORING AND REVIEW

Provision have been kept for travel cost of contractual staff like Medical Officers, Drivers, BFO, NMS, in appropriate budget column.

10. TRANSPORTATION

Most of the vehicles utilized in the programme are very old and worn out as they were received way back in 1995 and were exclusively used in programme activities. Generally a brand new vehicle could hardly

be utilized in Nagaland more than 2 years due to wear and tear as they ply through the rough, rugged hilly terrains coupled with inclement hostile weather. All vehicles are either off road or need major repairs which may be beyond economic considerations. Moreover, hiring of vehicles are highly expensive as most vehicle operators refuse to send their vehicles in bad roads and border areas.

It is suggested that new vehicles be procured for smooth conduct of scheme implementation. In case of new vehicles are not possible, at least 2 (two) new light vehicle is a must. Further the allocation of maintenance be increased. Budget needs are being projected in separate column.

Funding source:- Govt. of India and ILEP.

11. OFFICE EXPENSES

The annual requirement for 2009-10 is indicated in budget column. The items will be same as in previous year.

12. ASHA INCENTIVES

Some provision for payment to ASHA is kept in budget at the rate of Rs.300 per PB case (6 doses) and Rs.500 per MB case (12 doses).

13. EQUIPMENTS

It is decided to procure equipments for smooth office operations and maintenance since these are the long felt needs and are basic requirements of any modern office in electronic era. They are as follows:-

(a). Lap tops – 13 numbers.
(b). Slide projectors – 13.
(c). Cinema projector – 1.
(d). Photo copiers – 13

The requirements of equipments were not considered in approval of action plan in 2008-09. It is requested that this year at least some consideration should be made for supply of some equipments as stated above. Smooth functioning of the programme will be affected in case of non receipt of equipments.

14. NGO SERVICES

So far no NGO services were available to us. But now it is felt that the services of
NGOs will be an added bon to hasten the anti leprosy programmes in the State. We recommend HOSPITAL LEPROSY MINISTRY, an NGO based in Dimapur doing good job as far as anti leprosy activities are concerned. They are a self help group extending counseling and other services to the needy leprosy patients. It is decided to rope in this particular NGO body which will go a long way in solving leprosy problems in state. A budget provision is envisaged for the purpose in budget column.

CONCLUSION

This action plans for 2009-10 has been meticulously prepared in consultation with NRHM authorities, state NLEP consultant, all District Leprosy Officers taking into account all the needs in mind giving importance to the priority sectors such as IEC, Training, Transportation, DPMR and special action plan in remote inaccessible international bordering areas. Due care has been taken to keep expenditures within reasonable limits and reasonable fund requirements and desired from funding agencies so that Nagaland can work smoothly towards a leprosy free zone.

We assure that we want to bag the first prize in the country by eradicating leprosy from our state by being the first state as we have already achieved the distinction of being the first state in India to eliminate the disease.

NATIONAL LEPROSY ERADICATION PROGRAMME
ANNUAL ACTION PLAN 2009-10
BUDGET

Sl. No.	Description of activities	Approximate Budget requirement 2009-10	Funding sources	Remarks if any
1.	Infrastructure & Contractual Services	Rs.10,00000.00	GOI	
2.	Office expenses	Rs.3,50,000.00	GOI	
3.	Consumables	Rs.2,10,000.00	GOI	
4.	Transport/Pol	Rs.20,00000.00	GOI+ILEP	
5.	Medicines	Rs.20,5000.00	GOI	
6.	Materials & Supply	Rs.4,00000.00	GOI	
7.	I.E.C	Rs.15,00000.00	GOI+ILEP	
8.	Urban Leprosy Programme	Rs.5,00000.00	GOI	
9.	Meetings/Workshops	Rs.2,00000.00	GOI+ILEP	
10.	Training activities	Rs.5,00000.00	GOI+ILEP	
11.	Cash assistance	Rs.8,00000.00	GOI	
12.	Equipments	Rs.8,00000.00	GOI	
13.	NGO Services	Rs.5,00000.00	GOI	
14.	DPMR	Rs.10,00000.00	GOI	
GRANT TOTAL		**Rs.99,65,000.00**		

(Rupees ninety nine lacs sixty five thousands) only

6.4.4 INTEGRATED DISEASE SURVEILLLANCE PROGRAMME (IDSP)

The IDSP in Nagaland has been implemented in the year 2004 with the formation of State Surveillance Unit and 11 District Surveillance Units.

Achievements:

1) EDUSAT installation done in all the eleven district and the state surveillance unit.
2) IT component installed and functional in all the district and the state surveillance unit .
3) The SSU have conducted various review meeting/ resensitization programmes for the IDSP personnel (DSOs, Accountants and Data Entry Operators).
4) Training of different personnel's viz. Medical Officer, Laboratory Technicians, Laboratory Assistants, and Health Workers completed.
5) The IEC activities have also been taken up through billboards, press advertisements and other media.
6) The procurement of Laboratory consumables under IDSP has been made and distributed to all the laboratory units under IDSP surveillance network.
7) The reporting formats (S Form, P Form, and L Form) have also been printed, distributed to all the DSUs and in use for collection of datas.
8) Advocacy meeting conducted for Doctors of private health units / nursing homes.

Objective:

The Action Plan for IDSP Nagaland 2009-10 has been prepared with special emphasis on the following points:

1) Strengthening of existing IDSP infrastructure.
2) Effective flow of information-reorientation/ resensitization/ review meetings/ workshops for regular, timely, continuity of reporting system.
3) To complete training of the various targeted Health personnel's of the States.
4) Better co-ordination and effective outbreak surveillance and investigation.

Annual District Plan of Action and Budget Estimates
State: Nagaland Headquarter Year: 2009.

S.N	Component	Physical Target	Budget Required (in Rs.)	Supporting Documents/ Remarks
A	**Recurring:**			
1	**Laboratory Consumables**			(Annexure 1)
1.1	State Laboratory	1	2,00,000	
2	**Personnel cost at SSU**	5	6,12,000	
3	**Information, Education, Communication**			
3.1	Sensitization Workshops, Advocacy meeting, review meeting.		3, 00,000	
3.2	Printing of Reporting format, reporting planner.			
3.3	Press Advertisements			
4	**Operational Costs**			
4.1	POL, maintenance/ hiring vehicles		1,00,000	
4.2	Telephone, Fax, electricity, etc		60,000	
4.3	Office stationery/ consumables		60,000	
4.4	TA/ DA to officers/ staff		80,000	
4.5	Miscellaneous & contingencies		50,000	
5	**Web-enabled connectivity**	1	50,000.	
	TOTAL (A)		**Rs.15,12,000/-**	

S.N	Component	Physical Target	Budget Required (in Rs.)	Supporting Documents/ Remarks
1.	**Training**			Excluding organizational cost and Honorarium for Resource person
1.1	Medical Officers	71	Rs. 3,09,536/-	
1.2	Laboratory Technicians	40	Rs.1,03,872/-	
1.3	Laboratory Assistants	50	Rs.98,388/-	
1.4	Multi Purpose Worker's	233	Rs.1,08,350/-	
	Total (B)		**Rs.6,20,146/-**	

Grand Total (A +B) = Rs. 21, 32,146/-

(Rupees Twenty one lakhs thirty two thousand one hundred four six) only

Annual District Plan Of Action And Budget Estimates
State: Nagaland District: Kohima Year: 2009.

S.N	Component	Physical Target	Budget Required (in Rs.)	Supporting Documents/ Remarks
A	**Recurring:**			
1	**Laboratory Consumables**			
1.1	District Hospital Laboratory	1	1,00,000	Details as per prescribed list
1.2	CHC Laboratory	3	3 x 10,000 = 30,000	Details as per prescribed list
2	**Personnel Cost at DSU**	3	2,16,000	
3	**Information, Education, Communication**			
3.1	Sensitization Workshops		1,00,000	
3.2	Review Meetings			
3.3	Press Advertisements			
3.4	Printed Material			
3.5	Other/ Indigenous methods			
4	**Operational Costs**			
4.1	POL, maintenance/ hiring vehicles	5,000 x 3 CHCs + 40,000. (DSU)	55,000	
4.2	Telephone, Fax, electricity, etc	4000 x 3 CHCs + 20,000. (DSU)	32,000	
4.3	Office stationery/ consumables	2,000 x 3 CHCs + 30,000. (DSU)	36,000	
4.4	TA/ DA to officers/ staff	3,000 x 3 CHCs + 30,000. (DSU)	39,000	
4.5	Miscellaneous & contingencies	1,000 x 3 CHCs + 20,000. (DSU)	23,000	
5	**Web-enabled connectivity**	1	50,000.	
	TOTAL (A)		**Rs.6,81,000/-**	

S.N	Component	Physical Target	Budget Required (in Rs.)	Supporting Documents/ Remarks
1.	**Training**			Excluding organizational cost and Honorarium for Resource person
1.1	Medical Officers	4	8000	
1.2	Laboratory Technicians	2	450	
1.3	Laboratory Assistants	5	1750	
1.4	Multi Purpose Worker's	10	1500	
	Total (B)		**11700**	

Annual District Plan Of Action And Budget Estimates
State: Nagaland District: Mokokchung Year : 2009.

S.N	Component	Physical Target	Budget Required (in Rs.)	Supporting Documents/ Remarks
A	**Recurring:**			
1	**Laboratory Consumables**			
1.1	District Hospital Laboratory	1	1,00,000	Details as per prescribed list
1.2	CHC Laboratory	3	3 x 10,000 = 30,000	Details as per prescribed list
2	**Personnel Cost at DSU**	3	2,16,000	
3	**Information, Education, Communication**			
3.1	Sensitization Workshops		1,00,000	
3.2	Review Meetings			
3.3	Press Advertisements			
3.4	Printed Material			
3.5	Other/ Indigenous methods			
4	**Operational Costs**			
4.1	POL, maintenance/ hiring vehicles	5000 x 3 CHCs + 40,000. (DSU)	55,000	
4.2	Telephone, Fax, electricity, etc	4,000x 3 CHCs + 20,000. (DSU)	32,000	
4.3	Office stationery/ consumables	2000 x 3 CHCs + 30,000. (DSU)	36,000	
4.4	TA/ DA to officers/ staff	3000 x 3 CHCs + 30,000. (DSU)	39,000	
4.5	Miscellaneous & contingencies	1000 x 3 CHCs + 20,000. (DSU)	23,000	
5	**Web-enabled connectivity**	1	50,000.	
	TOTAL (A)		**Rs.6,81,000/-**	

S.N	Component	Physical Target	Budget Required (in Rs.)	Supporting Documents/ Remarks
1.	**Training**			Excluding organizational cost and Honorarium for Resource person
1.1	Medical Officers	1	1600	
1.2	Laboratory Technicians	1	1441	
1.3	Laboratory Assistants	3	4698	
1.4	Multi Purpose Worker's	20	3000	
	Total (B)		**10739**	

Annual District Plan Of Action And Budget Estimates
State: Nagaland District: PHEK Year : 2009.

S.N	Component	Physical Target	Budget Required (in Rs.)	Supporting Documents/ Remarks
A	**Recurring:**			
1	**Laboratory Consumables**			
1.1	District Hospital Laboratory	1	1,00,000	Details as per prescribed list
1.2	CHC Laboratory	3	3 x 10,000 = 30,000	Details as per prescribed list
2	**Personnel Cost at DSU**	3	2,16,000	
3	**Information, Education, Communication**			
3.1	Sensitization Workshops		1,00,000	
3.2	Review Meetings			
3.3	Press Advertisements			
3.4	Printed Material			
3.5	Other/ Indigenous methods			
4	**Operational Costs**			
4.1	POL, maintenance/ hiring vehicles	5000 x 3 CHCs + 40,000. (DSU)	55,000	
4.2	Telephone, Fax, electricity, etc	4,000x 3 CHCs + 20,000. (DSU)	32,000	
4.3	Office stationery/ consumables	2000 x 3 CHCs + 30,000. (DSU)	26,000	
4.4	TA/ DA to officers/ staff	3000 x 3 CHCs + 30,000. (DSU)	39,000	
4.5	Miscellaneous & contingencies	1000 x 3 CHCs + 20,000. (DSU)	23,000	
5	**WEB-ENABLED CONNECTIVITY**	1	50,000.	
	TOTAL (A)		**Rs.6,71,000/-**	

S.N	Component	Physical Target	Budget Required (in Rs.)	Supporting Documents/ Remarks
1.	**Training**			
1.1	Medical Officers	11	42504	Excluding organizational cost and Honorarium for Resource person
1.2	Laboratory Technicians	5	7285	
1.3	Laboratory Assistants	6	9492	
1.4	Multi Purpose Worker's	13	1950	
	Total (B)		**61231**	

Annual District Plan Of Action And Budget Estimates
State: Nagaland District: TUENSANG Year : 2009.

S.N	Component	Physical Target	Budget Required (in Rs.)	Supporting Documents/ Remarks
A	**Recurring:**			
1	**Laboratory Consumables**			
1.1	District Hospital Laboratory	1	1,00,000	Details as per prescribed list
1.2	CHC Laboratory	2	2 x 10,000 = 20,000	Details as per prescribed list
2	**Personnel Cost at DSU**	3	2,16,000	
3	**Information, Education, Communication**			
3.1	Sensitization Workshops		1,00,000	
3.2	Review Meetings			
3.3	Press Advertisements			
3.4	Printed Material			
3.5	Other/ Indigenous methods			
4	**Operational Costs**			
4.1	POL, maintenance/ hiring vehicles	5000 x 2 CHCs + 40,000. (DSU)	50,000	
4.2	Telephone, Fax, electricity, etc	4,000x 2 CHCs + 20,000. (DSU)	32,000	
4.3	Office stationery/ consumables	2000 x 2 CHCs + 30,000. (DSU)	34,000	
4.4	TA/ DA to officers/ staff	3000 x 2 CHCs + 30,000. (DSU)	36,000	
4.5	Miscellaneous & contingencies	1000 x 2 CHCs + 20,000. (DSU)	22,000	
5	**WEB-ENABLED CONNECTIVITY**	1	50,000.	
	TOTAL (A)		**Rs.6,60,000/-**	

S.N	Component	Physical Target	Budget Required (in Rs.)	Supporting Documents/ Remarks
1.	**Training**			Excluding organizational cost and Honorarium for Resource person
1.1	Medical Officers	9	29160	
1.2	Laboratory Technicians	5	10525	
1.3	Laboratory Assistants	4	8920	
1.4	Multi Purpose Worker's	20	3000	
	Total (B)		**51605**	

Annual District Plan Of Action And Budget Estimates
State: Nagaland District: DIMAPUR Year : 2009.

.

S.N	Component	Physical Target	Budget Required (in Rs.)	Supporting Documents/ Remarks
A	**Recurring:**			
1	Laboratory Consumables			
1.1	District Hospital Laboratory	1	1,00,000	Details as per prescribed list
1.2	CHC Laboratory	2	2 x 10,000 = 20,000	Details as per prescribed list
2	**Personnel Cost at DSU**	3	2,16,000	
3	**Information, Education, Communication**			
3.1	Sensitization Workshops		1,00,000	
3.2	Review Meetings			
3.3	Press Advertisements			
3.4	Printed Material			
3.5	Other/ Indigenous methods			
4	**Operational Costs**			
4.1	POL, maintenance/ hiring vehicles	5000 x 2 CHCs + 40,000. (DSU)	50,000	
4.2	Telephone, Fax, electricity, etc	4,000x 2 CHCs + 20,000. (DSU)	28,000	
4.3	Office stationery/ consumables	2000 x 2 CHCs + 30,000. (DSU)	34,000	
4.4	TA/ DA to officers/ staff	3000 x 2 CHCs + 30,000. (DSU)	36,000	
4.5	Miscellaneous & contingencies	1000 x 2 CHCs + 20,000. (DSU)	22,000	
5	**WEB-ENABLED CONNECTIVITY**	1	50,000.	
	TOTAL (A)		**Rs.6,56,000/-**	

S.N	Component	Physical Target	Budget Required (in Rs.)	Supporting Documents/ Remarks
1.	**Training**			Excluding organizational cost and Honorarium for Resource person
1.1	Medical Officers	2	4000	
1.2	Laboratory Technicians	3	2451	
1.3	Laboratory Assistants	4	3768	
1.4	Multi Purpose Worker's	20	3000	
	Total		**13219**	

Annual District Plan Of Action And Budget Estimates
State: Nagaland District: MON Year : 2009.

S.N	Component	Physical Target	Budget Required (in Rs.)	Supporting Documents/ Remarks
A.	**Recurring:**			
1.	Laboratory Consumables			
1.1	District Hospital Laboratory	1	1,00,000	Details as per prescribed list
1.2	CHC Laboratory	2	2 x 10,000 = 20,000	Details as per prescribed list
2.	**Personnel Cost at DSU**	3	2,16,000	
3.	**Information, Education, Communication**			
3.1	Sensitization Workshops		1,00,000	
3.2	Review Meetings			
3.3	Press Advertisements			
3.4	Printed Material			
3.5	Other/ Indigenous methods			
4	**Operational Costs**			
4.1	POL, maintenance/ hiring vehicles	5000 x 2 CHCs + 40,000. (DSU)	50,000	
4.2	Telephone, Fax, electricity, etc	4,000x 2 CHCs + 20,000. (DSU)	28,000	
4.3	Office stationery/ consumables	2000 x 2 CHCs + 30,000. (DSU)	34,000	
4.4	TA/ DA to officers/ staff	3000 x 2 CHCs + 30,000. (DSU)	36,000	
4.5	Miscellaneous & contingencies	1000 x 2 CHCs + 20,000. (DSU)	22,000	
5	**WEB-ENABLED CONNECTIVITY**	1	50,000.	
	TOTAL (A)		**Rs.6,56,000/-**	

S.N	Component	Physical Target	Budget Required (in Rs.)	Supporting Documents/ Remarks
1.	**Training**			Excluding organizational cost and Honorarium for Resource person
1.1	Medical Officers	11	64680	
1.2	Laboratory Technicians	4	12228	
1.3	Laboratory Assistants	6	19092	
1.4	Multi Purpose Worker's	30	4500	
	Total		**100500**	

Annual District Plan Of Action And Budget Estimates
State: Nagaland District: ZUNHEBOTO Year : 2009.

S.N	Component	Physical Target	Budget Required (in Rs.)	Supporting Documents/ Remarks
A	**Recurring:**			
1	Laboratory Consumables			
1.1	District Hospital Laboratory	1	1,00,000	Details as per prescribed list
1.2	CHC Laboratory	2	2 x 10,000 = 20,000	Details as per prescribed list
2	**Personnel Cost at DSU**	3	2,16,000	
3	**Information, Education, Communication**			
3.1	Sensitization Workshops		1,00,000	
3.2	Review Meetings			
3.3	Press Advertisements			
3.4	Printed Material			
3.5	Other/ Indigenous methods			
4	**Operational Costs**			
4.1	POL, maintenance/ hiring vehicles	5000 x 2 CHCs + 40,000. (DSU)	50,000	
4.2	Telephone, Fax, electricity, etc	4,000x 2 CHCs + 20,000. (DSU)	28,000	
4.3	Office stationery/ consumables	2000 x 2 CHCs + 30,000. (DSU)	34,000	
4.4	TA/ DA to officers/ staff	3000 x 2 CHCs + 30,000. (DSU)	36,000	
4.5	Miscellaneous & contingencies	1000 x 2 CHCs + 20,000. (DSU)	22,000	
5	**WEB-ENABLED CONNECTIVITY**	1	50,000.	
	TOTAL (A)		**Rs.6,56,000/-**	

S.N	Component	Physical Target	Budget Required (in Rs.)	Supporting Documents/ Remarks
1.	**Training**			Excluding organizational cost and Honorarium for Resource person
1.1	Medical Officers	10	25840	
1.2	Laboratory Technicians	3	4275	
1.3	Laboratory Assistants	6	9300	
1.4	Multi Purpose Worker's	30	4500	
	Total (B)		**43915**	

Annual District Plan Of Action And Budget Estimates
State: Nagaland District: WOKHA Year : 2009.

S.N	Component	Physical Target	Budget Required (in Rs.)	Supporting Documents/ Remarks
A	**Recurring:**			
1	Laboratory Consumables			
1.1	District Hospital Laboratory	1	1,00,000	Details as per prescribed list
1.2	CHC Laboratory	1	1 x 10,000 = 10,000	Details as per prescribed list
2	**Personnel Cost at DSU**	4	2,16,000	
3	**Information, Education, Communication**			
3.1	Sensitization Workshops		1,00,000	
3.2	Review Meetings			
3.3	Press Advertisements			
3.4	Printed Material			
3.5	Other/ Indigenous methods			
4	**Operational Costs**			
4.1	POL, maintenance/ hiring vehicles	5000 x 2 CHCs + 40,000. (DSU)	50,000	
4.2	Telephone, Fax, electricity, etc	4,000x 2 CHCs + 20,000. (DSU)	28,000	
4.3	Office stationery/ consumables	2000 x 2 CHCs + 30,000. (DSU)	34,000	
4.4	TA/ DA to officers/ staff	3000 x 2 CHCs + 30,000. (DSU)	36,000	
4.5	Miscellaneous & contingencies	1000 x 2 CHCs + 20,000. (DSU)	26,000	
5	**WEB-ENABLED CONNECTIVITY**	1	50,000.	
	TOTAL (A)		**Rs.6,31,000/-**	

S.N	Component	Physical Target	Budget Required (in Rs.)	Supporting Documents/ Remarks
1.	**Training**			Excluding organizational cost and Honorarium for Resource person
1.1	Medical Officers	12	32160	
1.2	Laboratory Technicians	4	9028	
1.3	Laboratory Assistants	6	5940	
1.4	Multi Purpose Worker's	10	1500	
	Total (B)		**48628**	

Annual District Plan Of Action And Budget Estimates
State: Nagaland District: KIPHIRE Year : 2009.

S.N	Component	Physical Target	Budget Required (in Rs.)	Supporting Documents/ Remarks
A	**Recurring:**			
1	Laboratory Consumables			
1.1	District Hospital Laboratory	1	1,00,000	Details as per prescribed list
1.2	CHC Laboratory	1	1 x 10,000 = 10,000	Details as per prescribed list
2	**Personnel Cost at DSU**	4	2,16,000	
3	**Information, Education, Communication**			
3.1	Sensitization Workshops		1,00,000	
3.2	Review Meetings			
3.3	Press Advertisements			
3.4	Printed Material			
3.5	Other/ Indigenous methods			
4	**Operational Costs**			
4.1	POL, maintenance/ hiring vehicles	5000 x 1 CHCs + 40,000. (DSU)	45,000	
4.2	Telephone, Fax, electricity, etc	4,000x 1 CHCs + 20,000. (DSU)	24,000	
4.3	Office stationery/ consumables	2000 x 1 CHCs + 30,000. (DSU)	32,000	
4.4	TA/ DA to officers/ staff	3000 x 1 CHCs + 30,000. (DSU)	33,000	
4.5	Miscellaneous & contingencies	1000 x 1 CHCs + 20,000. (DSU)	21,000	
5	**Web-enabled connectivity**	1	50,000.	
	TOTAL (A)		**Rs.6,31,000/-**	

	Component	Physical Target	Budget Required (in Rs.)	Supporting Documents/ Remarks
1.	**Training**			Excluding organizational cost and Honorarium for Resource person
1.1	Medical Officers	5	27320	
1.2	Laboratory Technicians	4	9028	
1.3	Laboratory Assistants	3	7146	
1.4	Multi Purpose Worker's	10	1500	
	Total		**44994**	

Annual District Plan Of Action And Budget Estimates
State: Nagaland District: PEREN Year : 2009.

S.N	Component	Physical Target	Budget Required (in Rs.)	Supporting Documents/ Remarks
A	**Recurring:**			
1	**Laboratory Consumables**			
1.1	District Hospital Laboratory	1	1,00,000	Details as per prescribed list
1.2	CHC Laboratory	1	1 x 10,000 = 10,000	Details as per prescribed list
2	**Personnel Cost at DSU**	4	2,16,000	
3	Information, Education, Communication			
3.1	Sensitization Workshops		1,00,000	
3.2	Review Meetings			
3.3	Press Advertisements			
3.4	Printed Material			
3.5	Other/ Indigenous methods			
4	**Operational Costs**			
4.1	POL, maintenance/ hiring vehicles	5000 x 1 CHCs + 40,000. (DSU)	45,000	
4.2	Telephone, Fax, electricity, etc	4,000x 1 CHCs + 20,000. (DSU)	24,000	
4.3	Office stationery/ consumables	2000 x 1 CHCs + 30,000. (DSU)	32,000	
4.4	TA/ DA to officers/ staff	3000 x 1 CHCs + 30,000. (DSU)	33,000	
4.5	Miscellaneous & contingencies	1000 x 1 CHCs + 20,000. (DSU)	21,000	
5	**WEB-ENABLED CONNECTIVITY**	1	50,000.	
	TOTAL (A)		**Rs.6,31,000/-**	

S.N	Component	Physical Target	Budget Required (in Rs.)	Supporting Documents/ Remarks
1.	**Training**			Excluding organizational cost and Honorarium for Resource person
1.1	Medical Officers	3	8232	
1.2	Laboratory Technicians	5	6685	
1.3	Laboratory Assistants	5	7310	
1.4	Multi Purpose Worker's	26	3900	
	Total		**26127**	

Annual District Plan Of Action And Budget Estimates
State: Nagaland District: LONGLENG Year : 2009.

S.N	Component	Physical Target	Budget Required (in Rs.)	Supporting Documents/ Remarks
A	**Recurring:**			
1	**Laboratory Consumables**			
1.1	District Hospital Laboratory	1	1,00,000	Details as per prescribed list (Annexure 2)
1.2	CHC Laboratory	0	-	Details as per prescribed list (Annexure 3)
2	**Personnel Cost at DSU**	4	2,16,000	
3	**Information, Education, Communication**			
3.1	Sensitization Workshops		1,00,000	
3.2	Review Meetings			
3.3	Press Advertisements			
3.4	Printed Material			
3.5	Other/ Indigenous methods			
4	**Operational Costs**			
4.1	POL, maintenance/ hiring vehicles	5000 x 1 CHC + 40,000. (DSU)	45,000	
4.2	Telephone, Fax, electricity, etc	4000 x 1 CHC + 20,000. (DSU)	24,000	
4.3	Office stationery/ consumables	2000 x 1 CHC + 20,000. (DSU)	24,000	
4.4	TA/ DA to officers/ staff	3000 x 1 CHC + 30,000. (DSU)	33,000	
4.5	Miscellaneous & contingencies	1000 x 1 CHC + 20,000. (DSU)	21,000	
5	**WEB-ENABLED CONNECTIVITY**	1	50,000.	
	TOTAL (A)		**Rs.6,11,000/-**	

S.N	Component	Physical Target	Budget Required (in Rs.)	Supporting Documents/ Remarks
1.	**Training**			Excluding organizational cost and Honorarium for Resource person
1.1	Medical Officers	3	8040	
1.2	Laboratory Technicians	4	7044	
1.3	Laboratory Assistants	2	3772	
1.4	Multi Purpose Worker's	20	3000	
	Total		**21856**	

Annexure – 1,2,3

Consumables for Laboratories under IDSP

S l.No	PARTICULAR	IDSP LAB (Annexure 1)	DISTRICT HOSPITAL (Annexure2)	CHC (Annexure 3)
1	Clean Slide	12 boxes	5 boxes	2 boxes
2	Slide Markers	12 units	5 units	2 units
3	Gloves	14 boxes	4 boxes	1 boxes
4	Leishman Stain	1.5 litres	500 ml	500 ml
5	C Fuchsin	5.5 litres	1.5 litres	500 ml
6	M Blue	5.5 litres	1.5 litres	500 ml
7	S Acid	5.5 litres	1.5 litres	500 ml
8	Sterile cotton swab	200 units	100 units	50 units
9	Sample container	200 units	100 units	50 units
10	Cotton	5 units	5 units	3 units
11	Syringe 5 cc	100	100 units	50
12	Cary Blair	5.5 litres	500 ml	-
13	Sterile test tube	2 box	1box	1 box
14	Glucose broth	200 units	50 units	20 units
15	M Spirit	6.5 ml	500 ml	500 ml
16	S Materials	2 box	2 box	-
17	Vacuutainer 5 cc	300 units	200 units	100 units
18	N Agar	1 litre	1 litre	-
19	Diagnostic kit for water	1 kit	1 kit	-
20	Screw capped Bottles	100 bottles	50 bottles	-
21	M Agar	1 litre	1 litre	-
22	MH Agar	1 litre	1 litre	-
23	TCBS Agar	1 litre	1 litre	-
24	P Pipette	1 doz.	1 doz.	-
25	D Carbol Fuchsin	1 litre	1 litre	-
26	Lugols Iodine	1 litre	1 litre	-
27	C Violet	1 litre	1 litre	-
28	I Oil	100 ml	100 ml	-
29	Xylene	500 ml	500 ml	-
30	Liquid Paraffin	1 litre	1 litre	-
31	P Dish	1100 units	200 units	-

(Annexure 1) State IDSP Laboratory

S l.No	PARTICULAR	QUANTITY	ESTIMATED COST (in Rs.)
1	Clean Slide	12 boxes	Approximated at Rs. 2,00,000/-
2	Slide Markers	12 units	
3	Gloves	14 boxes	
4	Leishman Stain	1.5 litres	
5	C Fuchsin	5.5 litres	
6	M Blue	5.5 litres	
7	S Acid	5.5 litres	
8	Sterile cotton swab	200 units	
9	Sample container	200 units	

S l.No	PARTICULAR	QUANTITY	ESTIMATED COST (in Rs.)
10	Cotton	5 units	
11	Syringe 5 cc	100	
12	Cary Blair	5.5 litres	
13	Sterile test tube	2 box	
14	Glucose broth	200 units	
15	M Spirit	6.5 ml	
16	S Materials	2 box	
17	Vacuutainer 5 cc	300 units	
18	N Agar	1 litre	
19	Diagnostic kit for water	1 kit	
20	Screw capped Bottles	100 bottles	
21	M Agar	1 litre	
22	MH Agar	1 litre	
23	TCBS Agar	1 litre	
24	P Pipette	1 doz.	
25	D Carbol Fuchsin	1 litre	
26	Lugols Iodine	1 litre	
27	C Violet	1 litre	
28	I Oil	100 ml	
29	Xylene	500 ml	
30	Liquid Paraffin	1 litre	
31	P Dish	1100 units	

Annexure 2 (District Hospital)

S l.No	PARTICULAR	QUANTITY	ESTIMATED COST (in Rs.)
1	Clean Slide	5 boxes	Approximated at Rs. 1,00,000/-
2	Slide Markers	5 units	
3	Gloves	4 boxes	
4	Leishman Stain	500 ml	
5	C Fuchsin	1.5 litres	
6	M Blue	1.5 litres	
7	S Acid	1.5 litres	
8	Sterile cotton swab	100 units	
9	Sample container	100 units	
10	Cotton	5 units	
11	Syringe 5 cc	100 units	
12	Cary Blair	500 ml	
13	Sterile test tube	1box	
14	Glucose broth	50 units	
15	M Spirit	500 ml	
16	S Materials	2 box	
17	Vacuutainer 5 cc	200 units	
18	N Agar	1 litre	
19	Diagnostic kit for water	1 kit	
20	Screw capped Bottles	50 bottles	
21	M Agar	1 litre	
22	MH Agar	1 litre	
23	TCBS Agar	1 litre	
24	P Pipette	1 doz.	
25	D Carbol Fuchsin	1 litre	

S I.No	PARTICULAR	QUANTITY	ESTIMATED COST (in Rs.)
26	Lugols Iodine	1 litre	
27	C Violet	1 litre	
28	I Oil	100 ml	
29	Xylene	500 ml	
30	Liquid Paraffin	1 litre	
31	P Dish	200 units	

Annexure 3 (Community Health Centre)

S I.No	PARTICULAR	Quantity	ESTIMATED COST (in Rs.)
1	Clean Slide	2 boxes	Approximated at Rs. 30,000/-
2	Slide Markers	2 units	
3	Gloves	1 boxes	
4	Leishman Stain	500 ml	
5	C Fuchsin	500 ml	
6	M Blue	500 ml	
7	S Acid	500 ml	
8	Sterile cotton swab	50 units	
9	Sample container	50 units	
10	Cotton	3 units	
11	Syringe 5 cc	50	
12	Cary Blair	-	
13	Sterile test tube	1 box	
14	Glucose broth	20 units	
15	M Spirit	500 ml	
16	S Materials	-	
17	Vacuutainer 5 cc	100 units	
18	N Agar	-	
19	Diagnostic kit for water	-	
20	Screw capped Bottles	-	
21	M Agar	-	
22	MH Agar	-	
23	TCBS Agar	-	
24	P Pipette	-	
25	D Carbol Fuchsin	-	
26	Lugols Iodine	-	
27	C Violet	-	
28	I Oil	-	
29	Xylene	-	
30	Liquid Paraffin	-	
31	P Dish	-	

Budget Requirement of consumables for Laboratories under various units

Sl.No	Units	Cost per unit (in Rs.)	Total units	Total Requirement (in Rs.)
1	State IDSP Lab	2,00,000	1	**2,00,000**
2	District Hospital	1,00,000	11	**11,00,000**

3	CHC	10,000	20	**2,00,000**
TOTAL				**15,00,000**

(Rupees Fifteen Lakhs) only.

Budget Requirement for identified priorities Laboratory

The GOI has identified two priorities laboratories for the State of Nagaland.
(i) State IDSP Laboratory, Kohima.
(ii) District Hospital Laboratory, Dimapur
These laboratories are to serve as referral laboratories for the other Public Health Laboratories. However, civil work and equipments are needed for the provision of:-
(i) Power back up.
(ii) Continuous water supply.

S.No.	Component	Quantity	Budget requirement
1.	10 KVA Genset Silent Muffler (Include installation)	2	2,00,000 x 2 = 4,00,000/-
2	Civil work for continuous water supply (Include fitting)	2 sites	1, 00, 000 x 2 = 2,00,000/-

Total Budget requirement = Rs.6, 00, 000/-

(Rupees Six lakhs) only

COMPONENT : RECURRING					
Sl.No	Unit	A Personnel Cost (in Rs.)	*B Laboratory Consumables* (in Rs.)	C IEC (in Rs.)	D Operational Cost (in Rs.)
1	SSU	6,12,000	2,00,000	3,00,000	4,00,000
2	Kohima	2,16,000	1,30,000	1,00,000	2,35,000
3	Dimapur	2,16,000	1,20,000	1,00,000	2,20,000
4	Mokokchung	2,16,000	1,30,000	1,00,000	2,35,000
5	Wokha	2,16,000	1,10,000	1,00,000	2,05,000
6	Zunheboto	2,16,000	1,20,000	1,00,000	2,20,000
7	Longleng	2,16,000	1,00,000	1,00,000	1,80,000
8	Kiphire	2,16,000	1,10,000	1,00,000	2,95,000
9	Peren	2,16,000	1,10,000	1,00,000	2,05,000
10	Mon	2,16,000	1,20,000	1,00,000	2,22,000
11	Phek	2,16,000	1,30,000	1,00,000	2,25,000
12	Tuensang	2,16,000	1,20,000	1,00,000	2,24,000
	TOTAL	849600	15,00,000	14,00,000	28,83,000
OVERALL TOTAL = (A+B+C+D) = Rs.66,32,600 /-					

(Rupees Sixty six lakhs thirty two thousand and six hundred) only.

Training

I. Medical Officers:
Targeted = 71
Batches = 3
Duration = 3 days

1) Trainers: Trainers will be the trained state/ district RRT Nagaland.
2) 3 training centre has been identified namely Kohima Training Centre, Dimapur Training Centre and Mokokchung Training Centre.

II. Laboratory Technicians:
Targeted = 40
Batches = 2
Duration = 6 days

III. Laboratory Assistants:
Targeted = 50
Batches = 2
Duration = 3 days

IV. Multi Purpose Workers:
Targeted = 233
Batches = 11
Duration = 2 days

1) Trainers: The trained Medical Officers.
2) Training will be held in the respective CHC/ PHC of the trained Medical Officers.
3) MPW's will include Pharmacist/ ANM/ GNM/ Dhai/ ASHA/ LDA.

Budget requirement for Training of various personnels Under IDSP, Nagaland.

Sl.No	Personnels	Trained	Untrained	Target	Budget Required (in Rs.)
1	Medical Officers	66	71	71	Rs. 3, 09, 536/-
2	Laboratory Technicians	68	40	40	Rs. 1, 03,872/-
3	Laboratory Assistants	50	50	50	Rs. 98,388/-
4	MPWs	277	233	233	Rs. 1, 08,350/-
	TOTAL				**Rs.6,20,146**

(Rupees Six Lakhs Twenty Thousand One Hundred and Forty Six) only.

TRAINING - 2009
ANNEXURE - 1

Medical officers (Training for 3 Days) for Kohima District

Sl. No.	District	Km	No. of Trainees	Calculation of TA per person (To & Fro) @ Rs.8 per kilometer	DA @ Rs.200 X 1 day per person for 3 days	Refreshment @ Rs.200 X 1 day per person for 3 days	Amount during the travel Period @ Rs.100	Stationery @ Rs.100 per person	Grand Total (in Rs.)
1.	Kohima	Nil	4	Flat rate @ Rs.200 per day for 3 days for 4 person Rs.2400	2400	2400	400	400	8000
2.	Kiphire	254	5	5 person x 254 km x Rs.8 x 2 =Rs.20,320	3000	3000	500	500	27320
3.	Phek	154	11	11 person x 154 km x Rs.8 x 2 =Rs.27,104	6600	6600	1100	1100	42504
4.	Wokha	80	12	12 person x 80 km x Rs.8 x 2 =Rs.15,360	7200	7200	1200	1200	32160
			32					**Total (A)**	**109984**

(B) 1. Honorarium for Trainers: Rs.500 x 3 days x 3 trainers x 2 batches = Rs.9, 000/-
2. Organizational Cost for 32 person for 2 batches @ Rs.10,000 per batch = Rs.20,000/-
Total **(B)** = Rs.9, 000 + Rs. 20, 000 = Rs.29000/-
Total = (A + B) = Rs.1, 09,984 **+** Rs**.** 29000 = **Rs.1, 38,984**
(Rupees One Lakh thirty eight thousand nine hundred and eighty four) only

TRAINING - 2009
ANNEXURE – 2

Medical officers (Training for 3 Days) for Dimapur District

Sl. No.	District	Km	No. of Trainees	Calculation of TA per person (To & Fro) @ Rs.8 per kilometer	DA @ Rs.200 x 1 day per person for 3 days	Refreshment @ Rs.200 X 1 day per person for 3 days	Amount during the travel Period @ Rs.100	Stationery @ Rs.100 per person	Grand Total
1.	Dimapur	Nil	2	Flat rate @ Rs.200 per day for 3 days for 2 person Rs.1200	1200	1200	200	200	4000
2.	Peren	84	3	3 person x 84 km x Rs.8 x 2 =Rs.4032	1800	1800	300	300	8232
3.	Mon	280	11	11 person x 280 km x Rs.8 x 2 =Rs.49280	6600	6600	1100	1100	64680
			16					**Total (A)**	**76,912/-**

(B) 1. Honorarium for Trainers : Rs.500 x 3 days x 3 trainers x 1 batch = Rs.4,500/-
2. Organizational Cost for 16 person for 1 batch @ Rs.10,000 per batch = Rs.10,000/-
Total **(B**) =Rs. 4,500 + 10,000 = Rs.14, 500/-
Total = (A + B)= Rs.76, 912 **+** Rs.14, 500 = **Rs.91, 412/-**
(Rupees Ninety one thousand four hundred and twelve) only.

TRAINING - 2009

ANNEXURE -3

Medical officers (Training for 3 Days) for Mokokchung District

Sl. No.	District	Km	No. of Trainees	Calculation of TA per person (To & Fro) @ Rs.8 per kilometer	DA @ Rs.200 X 1 day per person for 3 days	Refreshment @ Rs.200 X 1 day per person for 3 days	Amount during the travel Period @ Rs.100	Stationery @ Rs.100 per person	Grand Total
1.	Mokokchung	Nil	1	Flat rate @ Rs.200 per day for 1day for 10 person Rs.200	600	600	100	100	1600
2.	Tuensang	115	9	9 person x 115km x Rs.8 x 2 =Rs.16560	5400	5400	900	900	29160
3.	Longleng	80	3	3 person x 80 km x Rs.8 x2 =Rs.3840	1800	1800	300	300	8040
4	Zunheboto	74	10	10person x 74km x Rs.8x 2 =Rs.11840	6000	6000	1000	1000	25840
			23					**Total (A)**	**64,640**

(B) 1. Honorarium for Trainers: Rs.500 x 3 days x 3 trainers x 1 batch = Rs.4, 500/-
2. Organizational Cost for 23 person for 1 batch @ Rs.10,000 per batch = Rs.10,000/-

Total **(B)** **=** Rs.4, 500 + Rs. 10,000 = Rs.14, 500/-

Total = (A + B) = Rs.64, 640 **+** Rs.14, 500 = **Rs.79, 140/-**

(Rupees Seventy nine thousand one hundred and forty) only.

Lab. Technician: Training for 6 days

Sl. No	Name of District	Trained	Untrained	Target	Kilometers from Kohima	TA @ Rs. 4 per km	Budget Required
1	Kohima	8	2	2	Nil	Nil	450
2	Kiphire	6	4	4	254	8128	9028
3	Wokha	6	4	4	80	2560	3460
4	Phek	5	5	5	154	6160	7285
5	Dimapur	7	3	3	74	1776	2451
6	Peren	5	5	5	139	5560	6685
7	Mon	6	4	4	354	11328	12228
8	Mokokchung	9	1	1	152	1216	1441
9	Tuensang	5	5	5	235	9400	10525
10	Longleng	4	4	4	192	6144	7044
11	Zunheboto	7	3	3	150	3600	4275
	Total (A)	**68**	**40**	**40**		**55872**	**64872**

B. Organizational Cost @ Rs. 10,000/- for 2 batches. = **Rs. 20,000/-**
C. Honorarium for 3 Resource persons @ Rs.400 for 6days for 2 batches. = **Rs. 14,400/-**
D. Refreshment for 40 Lab Tech.. + 6 Resource persons @ Rs.100 per head = **Rs. 4600/-**
Total Budget requirement (A + B + C + D) = Rs. 1, 03,872/-
(Rupees One lakh three thousand eight hundred seventy two) only

Lab. Assistants: Training for 3 days.

Sl. No	Name of District	Trained	Untrained	Target	Kilometers from Kohima	TA @ Rs. 4 per km.	Budget Required
1	Kohima	5	5	5	Nil	Nil	1750
2	Kiphire	2	3	3	254	6096	7146
3	Wokha	4	6	6	80	3840	5940
4	Phek	4	6	6	154	7392	9492
5	Dimapur	6	4	4	74	2368	3768
6	Peren	5	5	5	139	5560	7310
7	Mon	4	6	6	354	16992	19092
8	Mokokchung	7	3	3	152	3648	4698
9	Tuensang	6	4	4	235	7520	8920
10	Longleng	3	2	2	192	3072	3772
11	Zunheboto	4	6	6	150	7200	9300
	Total (A)	**50**	**50**	**50**		**63688**	**81188**

B. Organizational Cost @ Rs. 4000/- for 2 batches. = **Rs. 8000/-**
C. Honorarium for 3 Resource persons @ Rs.200 for 3days for 2 batches. = **Rs. 3600/-**
D. Refreshment for 50 Lab Asst. + 6 Resource persons @ Rs.100 per head = **Rs. 5600/-**
Total Budget requirement (A + B + C + D) = Rs. 98,388/-

(Rupees Ninety eight thousand three hundred eighty eight) only.

Multi-Purpose Workers: Training for 2 days.

Sl. No	Name of District	Trained	Untrained	Target	Budget Required
1	Kohima	50	10	10	1500
2	Kiphire	30	10	10	1500
3	Zunheboto	30	30	30	4500
4	Phek	27	13	13	1950
5	Wokha	30	10	10	1500
6	Dimapur	40	20	20	3000
7	Peren	14	26	26	3900
8	Mon	10	30	30	4500
9	Mokokchung	40	20	20	3000
10	Tuensang	20	20	20	3000
11	Longleng	10	20	20	3000
	Total (A)	**301**	**209**	**209**	**31350**

B. Organizational Cost @ Rs. 3000/- for 11 batches. = **Rs. 33,000/-**
C. Honorarium for 3 Resource persons @ Rs.200 for 3days for 11 batches. = **Rs. 19,800/-**
D. Refreshment for 209 MPW + 33 Resource persons @ Rs.100 per head = **Rs. 24,200/-**
Total Budget requirement (A + B + C + D) = Rs. 1, 08,350/-
(Rupees One lakh eight thousand three hundred and fifty) only.

Estimated Budget for Reorientation Training of DEOs, (2 days)

Sl. No.	District	Km	No. of Trainees	TA/ DA at Flat Rate	Refreshment @ 100 per day/ person	Stationary @ 100per head
1.	SSU	Nil	1	200	100	100
2.	Kohima	Nil	1	200	100	100
3.	Dimapur	74	1	600	100	100
4.	Mokokchung	150	1	1000	100	100
5.	Wokha	70	1	600	100	100
6.	Tuensang	180	1	1000	100	100
7.	Mon	250	1	1200	100	100
8.	Peren	80	1	600	100	100
9.	Phek	154	1	1000	100	100
10.	Kiphire	200	1	1200	100	100
11.	Longleng	180	1	1000	100	100
12.	Zunheboto	1	1	1000	100	100
	Total		**12**	**9600**	**1200**	**1200**

Total (A) = **Rs.12, 000/-**

(B) 1. Organisational Cost = Rs.5000/-
2. Honorarium @ Rs.300 for 2 trainers for 2 days = Rs.1200/-

Total (B) = Rs.6200/-
Total (A+B) = 12,000 + 6, 200
= Rs.18, 200/-
(Rupees Eighteen thousand two hundred) only

Estimated Budget for Reorientation Training of Accountants, (1 day)

Sl. No.	District	Km	No. of Trainees	TA/DA Flat Rate	Refreshment @100 per day/person	Stationary @100 per head
1.	Kohima	Nil	1	200	100	100
2.	Dimapur	74	1	600	100	100
3.	Mokokchung	150	1	1000	100	100
4.	Wokha	70	1	600	100	100
5.	Tuensang	180	1	1000	100	100
6.	Mon	250	1	1200	100	100
7.	Peren	80	1	600	100	100
8.	Phek	154	1	1000	100	100
9.	Kiphire	200	1	1200	100	100
10.	Longleng	180	1	1000	100	100
11.	Zunheboto	120	1	1000	100	100
	Total		**11**	**9400**	**1100**	**1100**

Total (A) = **Rs.11, 600/-**

(B) 1. Organisational Cost = **Rs. 3000/-**

2. Honorarium @ 300 for 1 Trainer per day = **Rs.300/-**

Total (B) = Rs.3300/-

Total (A + B) = Rs.14, 900/-

(Rupees Fourteen thousand nine hundred) only

Estimated Budget for Reorientation Training of Data Manager, (1 day)

Sl. No.	District	Km	No. of Trainees	TA/DA Flat Rate	Refreshment @100 per day/person	Stationary @100 per head
1.	Kohima	Nil	1	300	100	100
2.	Dimapur	74	1	700	100	100
3.	Mokokchung	150	1	1200	100	100
4.	Wokha	70	1	700	100	100
5.	Tuensang	180	1	1200	100	100
6.	Mon	250	1	1500	100	100
7.	Peren	80	1	700	100	100
8.	Phek	154	1	1200	100	100
9.	Kiphire	200	1	1500	100	100
10.	Longleng	180	1	1200	100	100
11.	Zunheboto	120	1	1200	100	100
	Total		**11**	**11400**	**1100**	**1100**

Total (A) = **Rs.13, 600/-**

(B) 1. Organisational Cost = **Rs. 3000/-**

2. Honorarium @ 500 for 1 Trainer per day = **Rs.500/-**

Total (B) = Rs.3500/-

Total (A + B) = Rs.17, 100/-

(Rupees Seventeen thousand one hundred) only

Estimated Budget for Reorientation Training of various Personnels under IDSP

Sl. No.	Personnels to be Reoriented	Cost of Training
1.	Data Managers	Rs.17, 100
2.	Accountants	Rs. 14, 900
3.	Data Entry Operator's	Rs. 19, 200

Total = Rs. 51, 200/-
(Rupees Fifty one thousand two hundred) only.

Hiring of vehicle for mobility of Rapid Response Team (RRT).

IDSP Nagaland has 1 SSU and 11 DSUs. However due to the shortage of required specialist for forming RRT, currently there are only 4 (Four) RRT. They are:

i) State RRT
ii) Kohima District RRT
iii) Mokokchung District RRT
iv) Dimapur District RRT

Sl.No	RRT	Area Coverage
1	State RRT	Overall incharge
2	Kohima District RRT	Kohima, Wokha, Phek and Kiphire
3	Mokokchung District RRT	Mokokchung, Longleng, Tuensang and Zunheboto
4	Dimapur District RRT	Dimapur, Peren, Mon

Sl.No	Hiring of vehicle	Rate per day (in .Rs)	Calculation of vehicle hiring	Budget required per annum (in .Rs)
1	State RRT (Station)	1745	1500/day X 10 days/ month X 12 months	209,400
2	3 District RRT (Outstation)	2501.98	3 X 2500/day X 5 days/ month X 12 months	4,50,356
GRAND TOTAL				**6,59,756 /-**

(Rupees six lakhs fifty nine thousand seven hundred and fifty six) only.

Overall Additional Fund Requirement

Sl.No	Component	Budget required (inRs.)
1	Hiring of Vehicles for RRT	6,59,756
2	Priorities Laboratories	6,00,000
3	Reorientation Training of various personnels	40, 750
	GRAND TOTAL	**Rs.13,00,506**

(Rupees Thirteen Lakhs Five hundred and six) only.

Overall Budget Requirement

SL.NO	Component	Physical target	Estimated Budget (in Rs.)
1	**Recurring**		
1.1	Personnel Cost	38	8, 49,600
1.2	Laboratory Consumables	32	15,00,000
1.3	IEC	-	14,00,000
1.4	Operational Cost	1 SSU/11 DSUs	28,83,000
	SUB-TOTAL		**Rs.66, 32, 600/-**
2	**Training**		
2.1	Medical Officers	71	3, 09, 536
2.2	Laboratory Technicians	40	1, 03, 872
2.3	Laboratory Assistants	50	98, 388
2.4	MPWs	233	1, 08, 350
	SUB-TOTAL		**Rs.6, 20, 146/-**
3	**Additional Fund Requirement**		
3.1	Hiring of Vehicles for RRT	4	6, 59, 756
3.2	Priorities laboratories	2	6, 00, 000
3.3	Reorientation Training of various Personnels	33	51, 200
	SUB-TOTAL		**13, 10, 956**
	GRAND TOTAL= (1 + 2 + 3)		**85, 63, 702**

(Rupees Eighty five lakhs Sixty three thousand seven hundred and two) only

Overall Budget Requirement For IDSP, Nagaland 2009

Sl.No	Unit	A Personnel Cost (in Rs.)	B Laboratory Consumables (in Rs.)	C IEC (in Rs.)	D Operational Cost (in Rs.)	E Training (in Rs.)	F Additional Fund Requirement (in Rs.) Hiring of vehicle for RRT
1	SSU	6,12,000	2,00,000	3,00,000	4,00,000		
2	Kohima	2,16,000	1,30,000	1,00,000	2,35,000		
3	Dimapur	2,16,000	1,20,000	1,00,000	2,20,000		
4	Mokokchung	2,16,000	1,30,000	1,00,000	2,35,000		
5	Wokha	2,16,000	1,10,000	1,00,000	2,05,000		
6	Zunheboto	2,16,000	1,20,000	1,00,000	2,20,000		
7	Longleng	2,16,000	1,00,000	1,00,000	1,97,000	6,20,146	13,10, 956
8	Kiphire	2,16,000	1,10,000	1,00,000	1,95,000		
9	Peren	2,16,000	1,10,000	1,00,000	2,05,000		
10	Mon	2,16,000	1,20,000	1,00,000	2,22,000		
11	Phek	2,16,000	1,30,000	1,00,000	2,25,000		
12	Tuensang	2,16,000	1,20,000	1,00,000	2,24,000		
	TOTAL	**29,88,000/-**	**15,00,000/-**	**14,00,000/-**	**28,83,000/-**	**6,20,146**	13,10,956
OVERALL TOTAL = (A+B+C+D + E +) = 1,07,02,102							

(Rupees One Crore Seven Lakhs Two Thousand One hundred and Two) only.

6.4.5 NATIONAL IODINE DEFICIENCY DISEASE CONTROL PROGRAMME (NIDDCP)

1. Background

Nagaland lies in a severely Iodine deficient South- eastern part of Sub-Himalayan region. The goiter endemicity was detected in early 1960's, where 34.3% of goiter prevalence was recorded. State IDD cell was established in 1987 in the Directorate of Health and Family Welfare. Since then IEC activities were conducted at various levels emphasizing on the importance of supply of iodised salt and consumption. Information on supply and consumption of iodised salt was also disseminated to the rural population through various other departments.

With all these health education activities over the years, the IDD scenario in the State has drastically been improved. Presently the IDD prevalence in the State is about 1% as recorded through Random Sample Survey in the recent past.

2. Situation analysis

The different components of IDD Control programme for implementation are; (i) IDD Control Cells, (ii) IDD Monitoring Laboratory, (iii) Publicity and Health Education and (iv) Survey and Resurveys.

2.1: **IDD Control Cell** – For effective implementation of the programme IDD Cell was established in the State in 1987, at Directorate of Health and Family Welfare. All the man power as per GOI guideline is in position. At District level CMO's are the Nodal Officers for implementation of the programme in Coordination with the State Programme Officer.

2.2: **IDD Monitoring Laboratory** – The IDD Monitoring Laboratory has been established attached to the State Public Food Laboratory. Regular monitoring and evaluation of iodised salt sample at both consumers and retailers level are being carried out to monitor the quality of iodised salt.

2.3: **Publicity and Health Education (BCC & IEC)** – This is the most important component of the programme. It is being carried out with an objective to generate awareness regarding consequences of IDD's, importance of proper storage and consumption of good quality iodised salt at various levels involving VC, VHV, AWW, ASHA etc.

2.4: **Survey & Resurvey** – Random surveys are conducted to asses the magnitude of goiter and other IDD's and the resurveys are conducted every five years to assess IDD's and the impact of the programme activities. The current status of IDD prevalence in the State is 1%.

2.5: **Mobility Support** – Constant Monitoring and supervision on storage and for sample collection for analysis is very essential. The Programme manager has to be mobile but as the guideline does not permit for purchase of vehicle under the programme, provision for mobility should be made.

3. Objectives:

- To upgrade BCC activities at all levels.

- To upgrade IDD Monitoring and evaluation activities.
- To conduct resurvey in 8 (eight) major Districts.

4. Strategies and activities:

4.1: **To upgrade BCC activities at all levels.**

Activities:

i. Advocacy and sensitization meeting with all the Stakeholder departments will be conducted at all levels – from State level to block and Village levels.

ii. School awareness Campaign will be conducted in 5 (five) rural school, each of all the Districts.

iii. Posters, calendar and OPD tickets with IDD slogans will be printed for distribution.

iv. Porter campaign will be conducted in all the districts through the local NGO's on the Global IDD Prevention Day.

4.2: **To upgrade IDD Monitoring and Evaluation.**

Activities:

i. Supervision and monitoring of the activities will be conducted by the Programme manager on quarterly basis.

ii. Regular submission of samples from districts for laboratory analysis will be ensured.

4.3: **To conduct resurvey in 8 (eight) major districts:**

Activities:

i. M.O.'s will be sensitized on the new guidelines on District IDD survey.

ii. Resurvey will be conducted in 30 villages of each District.

5. Physical and Financial Target for 2009-10 (NIDDCP).

Sl. No.	Section	Activities	Time frame				Total
1	IDD Cell State Headquarters		1st qtr.	2nd qtr.	3rd qtr.	4th qtr.	
		Salary	0.822	0.822	0.822	0.822.	3.288
		OE/Contingency	0.50	0.50	0.50	0.50	2.00
		Mobility support	0.50	0.50	0.50	0.50	2.00
						Total =	7.288
2.	IDD Monitoring Laboratory	Salary- lab. Tech & Lab. Asstt.	0.414	0.414	0.414	0.414	1.656
		Sample packaging and transportation cost.	0.70				0.70
		Lab. Equipment and glassware's.	2.00				2.00
		Repair and furnishing of IDD lab.	0.50				0.50
						Sub Total =	4.856
3.	Health Education Activities	State level	0.35				0.35
		11 District level	0.825	0.825	0.825	0.825	3.30
		22 Block level	1.375	1.375	1.375	1.375	5.50
		School awareness campaign in 55 schools	1.375	1.375	1.375	1.375	5.50
		Global IDD prevention Day celebration at 11 Districts	2.20				2.20
						Sub Total =	16.85.
4	IDD survey in 8 districts	Sensitization of M.O.'s on new guideline	0.20	0.20	0.20	0.20	0.80
		Incentives to workers	0.30	0.30	0.30	0.30	1.20
						Sub Total =	2.00
5.	Publicity & Advertisement	Coloured posters with photograph (large size)	Quantity		Rate		
			4000		50/-		2.00
		Printing of OPD tickets with IDD message	40.000		3/-		1.20
		Three page colour calendar with IDD slogans	1000		100/-		1.00
						Sub Total =	4.20
6.	Training equipment	HP/Compaque Presario Notebook	1		1.50		1.50
		LCD Projector EPSON Model	1		1.44		1.44
		Projection screen 70"x70" glass bleaded with stand.	1		0.125		0.125
						Sub Total =	3.065.
							Grand Total = 38,26,000

(Rupees Thirty Eight Lakhs Twenty Six Thousand) only.

6.4.6 NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS (NPCB)

Project/ Programme Goal & Objectives

- Reduction in the prevalence of Blindness from 1.4% to 0.3%.
- Establish Eye care facilities for every 5 lakhs population.
- Develop human resources of Eye care services at all level PHC, CHC, SDH and District Hospital.
- Improve quality of service delivery.
- Secure participation of Civil Society and and the private sector.

Project/ Programme Area

The state of Nagaland covering eleven districts

Project/ Programme beneficiaries

The people of Nagaland

Programme Components

i. Cataract surgery & Some blinding Eye diseases.
ii. School Eye Screening
iii. Eye banking
iv. Eye Care education

Annual Project cost for 2007-2008 : 405.28 lakhs

SITUATION ANALYSIS

a. Health Units in Nagaland.

District Hospital	- 11 Nos
Community Health Centre	- 21 Nos
Primary Health Centre	- 86 Nos
Subsidiary Health Centre	- 27 Nos
Big Dispensary Health Centre	- 15 Nos
Sub Centres.	- 397 Nos

b. Ophthalmic Man Power

Out of eleven District Hospital only seven District Hospital has Ophthalmic Surgeon and Para Medical Ophthalmic Assistant, out of 21 Community Health Centre 13 CHC has got PMOA and out of 86 Primary Health Centre only in 5 PHC PMOA are posted. (Annexure A)

c. Infrastructure

Only District Hospital Mokokchung and DH Dimapur has got dedicated eye O.T and 10 (ten) bedded eye ward which was constructed through the funding from NPCB. None of the District Hospital is having Eye OT and Eye ward and all other Health Units where PMOA is posted are not having Dark Room for refraction.

d. Equipments

Ophthalmic equipments for cataract surgery and other eye operations are available in five District Hospitals but due to not having separate Eye O.T and Eye ward service delivery is not satisfactory.

Achievement of National Programme for Control of Blindness Nagaland during 2007-08, 2008-09.

Category	2007-08	2008-09 (Upto Nov08)
1. Total no. of cataract surgery done	823	554
2. Total no. of Cataract IOL done	803	550
3. Total no. of School children examined	29,754	11,147
4. Total no. of School children with ref. error	2,977	1610
5. No. of children provided with glass	450	-
6. Total no. of Teachers trained	50	-
7. Total no. of Ophthalmic Assistant trained in refresher course	60	23
8. Total no. of Ophthalmic Nurses trained	7	-
9. Total no. of Minor Surgery	750	550
10. Total no. of Major Surgery	50	33
11. Total no. of Refractive Error detected	5500	3998
12. Total no. of Eye Cases	21,000	11,486

Physical target during 2009-2010

(A) Cataract Surgery

Target 1500, IOL= 1350, Woman = 825, Bil. Cataract =750, SC / ST= 750.

District wise Cataract Surgery target during 2009- 2010

Sl No	Districts	Hospital	Eye Camp	Total
1	Kohima	250	50	300
2	Mokokchung	50	100	150
3	Tuensang	50	60	110
4	Mon	50	60	110
5	Zunheboto	50	100	150
6	Wokha	50	100	150
7	Phek	50	100	150
8	Dimapur	180	50	230
9	Kiphire	x	50	50
10	Longleng	x	50	50
11	Peren	x	50	50
		730	770	1500

(B) Other Eye diseases

Other diseases like Glaucoma, Diabetic, Retinopathy, Laser techniques, Childhood Blindness (Squint) at least 100 cases of the above mentioned diseases will be targeted in all the District Hospital where Eye Surgeons are posted.

(C) School Eye Screening

All eleven District will Screen at least 3000 Student during the year 2009-2010 (3000X11=33,000). At least 1000 Spectacles will be given to the students having refractive error.

(D) Trainings

(i) Eye Surgeons: At least 3 (three) Eye Surgeon will be trained in different sub speciality of ophthalmology like ECCE, IOL, SICS, Phaco- emulsification, Retina, Low vision etc which will be conducted by GOI.

(ii) District Programme manager: Programme specific DPM training will be made to attend if such training is conducted by GOI.

(iii) Training of Medical Officers in Community Ophthalmology: 54 MOs from 24x7 CHC/PHC in 2 batches will be trained for 3 days in Community Ophthalmology.

(iv)Training of Staff Nurses in Ophthalmic Technique – 2 Staff Nurses from each district will be trained in ophthalmic technique. (2 x 11= 22 Nurses) for 1 month at NHAK.

(v) Orientation Training of Ophthalmic Assistant: Para Medical Ophthalmic assistant (Regular +Contractual) will be trained in two batches for 5 days Naga Hospital Kohima/District Hospital Dimapur during 2009-2010 (29 + 13 = 42).

(vi) Teachers Training on School Eye Screening for 1 day : 100 Teachers per District will be train during 2009- 2010 (100x11 =1100)
Health Worker Training for 1day: At least 100 Health workers likeANM, MPW ASHA, AWW will be train during 2009-2010 (100x11 =1100)

(E) Information Education and Communication

i. Electronic Media (20%): Local cable operator at Kohima, Mokokchung and Dimapur or any District Headquarter where such facilities are available will be utilized for telecasting Eye Health awareness programmes.

ii. Print Media (20%): During important occasion like Prevention of Blindness week (April 1-7), Eye donation fortnight (25 Aug- 8 Sept) and World Sight Day (Second Thursday of every year). Print Media advertisement will be utilize in local dailies like Nagaland Post, Eastern Mirror, Morung etc.

iii. Out Door Publicity (30%) : Like wall Painting , Hortings,unipole etc at prominent places,

vi. Local Level IEC (30%): IEC activities involving NGO, Health Workers, Private practitioners ASHA, School Teacher and Folk dances.

(F) Strengthening of facilities

Dedicated eye OT and 10 bedded wards -2 Nos, where Eye surgeons are posted and are working without proper operation theatre for eye so it is proposed to construct two Eye O.T+10 bedded ward at DH Mon and DH Tuensang during 2009-2010.

District Hospital strengthening for cataract surgery (ECCE, SICS, Phaco-emulsification) with IOL implantation- It is proposed to strengthen two (2) District Hospital namely –Tuensang and Wokha.

Mobile Ophthalmic Unit with Tele Ophthalmology network: It is proposed to set up two (2) mobile ophthalmic unit with Tele ophthalmology at tow District i.e. Mokokchung and Dimapur.

Vision Centre: Five (5) more vision centre is proposed to set up during 2009-2010 – Namely:

1. Aghunato CHC
2. Niuland PHC
3. Seyochung PHC
4. Tizit PHC
5. Alongkima. PHC.

Budget Requirement for the Financial Year 2009-2010.

Under National Programme for Control of Blindness Nagaland

(Rs in Lakhs)

Sn	Particulars	Amount
1	Grant in Aid for Cataract Surgery	15.00
2	Grant in Aid for School Eye Screening	10.00
3	District Hospital Strengthening (Non recurring)	40.00
4	Grant in Aid for Vision Centre (Non-recurring)	2.50
5	Grant in Aid to Eye Bank (recurring)	2.00
6	Grant in Aid to Eye Donation Centre (recurring)	2.00
7	Training of ophthalmic and support manpower	10.00
8	IEC	10.00
9	SBCS Remuneration, other activities &Contingency	7.50
10	Eye Ward & Eye OT.	150.00
11	Mobile Ophth Units with Tele Ophthalmology	120.00
12	Maintenance of Ophthalmic Equipment (non-recurring)	10.00
13	Support towards Salaries of Ophthalmic Manpower to states	
	a. New District Hospital i. Eye Surgeon 3x12x25000.00	9.00
	ii. PMOA 3x12x8000.00	2.88
	b/ PMOA for vision centre 15x12x8000.00	14.40
	Total	**405.28**

(Rupees Four Crores Five Lakhs Twenty Eight Thousand) only.

Annexure A (NPCB)

Name of District Hospital where Eye Surgeon is posted as on Dec 2008.

1. Naga Hospital Kohima -2 nos.
2. District Hospital Mokokchung -1 no.
3. District Hospital Mon -1 no.
4. District Hospital Zunheboto -1 no.
5. District Hospital Wokha -1 no.
6. District Hospital Phek -1 no.
7. District Hospital Dimapur -1 no.

Name of District Hopital where PMOAs is posted as on December 2008.

1. Naga Hospital Kohima
2. District Hospital Mokokchung
3. District Hospital Mon
4. District Hospital Zunheboto
5. District Hospital Tuensang
6. District Hospital Phek
7. District Hospital Dimapur
8. District Hospital Peren

Name of CHC where PMOAs is posted as on December 2008.

1. Viswema CHC -Kohima District
2. Tseminyu CHC -Kohima district
3. Changtongya CHC -Mokokchung District
4. Mangkolemba CHC -Mokokchung District
5. Tuli CHC -Mokokchung District
6. Noklak CHC -Tuensang District
7. Tobu CHC -Mon District
8. Aboi CHC -Mon District
9. Bhandari CHC -Wokha District
10. Chazoba CHC -Phek District
11. Meluri CHC -Phek District
12. Medziphema CHC -Dimapur District
13. Pungro CHC -Kiphire District
14. Longkhim CHC -Tuensang District

Name of PHC where Para Medical Ophthalmic Assistant is Posted as on December 2008.

1. Shamator PHC - Tuensang District
2. Naginimora PHC - Mon District
3. Atoizu PHC - Zunheboto District
4. Satakhaq PHC - Zunheboto District
5. Chukitong PHC - Wokha District.

PART E

CONVERGENCE

6.5 CONVERGENCE

In order to effectively implement the health and health related programs, convergence of all vertical programs under Health & Family Welfare has been initiated. In the process all disease programs are brought under State Health Society.The State has also formed District Health Society where all programs are routed through it.

Under communitisation, the state is working on convergence of Village Health and Sanitation Committee and Village Education Committee to implement programs comprehensively.

At the implementation level, convergence action will be targeted with ASHAs, Lab Technician, ANMs, Nurses and M.Os. Including HIV/ AIDS program are integrating various service deliveries as a package. In 2008-09, some progress has been made in this front especially in training.

In 2009 – 2010, the activities started in 2008-09 will be carried forward.

- With the funds of the various vertical programmes being routed through the State Health Society, it is expected to achieve better synergy within the system itself.
- All the vertical program man-power will be pulled together and will be performing duties of each others program wherever possible.
- Convergence of various programmes with NSACS, HIV/TB, RCH & PPTCT, RTI/STI training and service delivery.
- At the service delivery site personnel will be pulled together for effective implementation of different programs.
- At State level series of meetings are under way with an aim to practically converge the field level actions related to NSACS, SSA, NRHM, PHE, Power, RD, DUDA and Social Welfare Departments to avoid duplication and also to complement each other activities in a more cost effective way to ensure end result.
- Joint training of lab Technicians, Computer Operators and Accountants are already being conducted cutting across all programmes.
- The District Plan Commottee visits the health centres and holds meetings with the surroundings VHCs before formulation of the plan.
- A seperate School Health Programme is run by within the department .Most of the activities are carried out in conjunctions with the SSA of the education department. Activities include check-up, disbursement of medicine, providing micro-nutrients.
- Convergence with ICDS- VHN days are always organized at the AWW centres.
- Registration of birth and deaths is done by the information & Statistics department. At a village level the ANM maintains a birth register for the area, but not involved in acquiring the birth certificates. Now with the formation of of VHCs in all the recognized 1278 villages, steps are taken upto maintain birth and death registration in all the villages.
- Convergence with PRI/Village Councils - As mentioned, the planning Committee draws up the Action Plan in consultation with the village Councils.
- Joint Ventures on providing sanitation, water supply and electricity to all schools and health units have been initiated through a convergence meeting.
- Convergence with AYUSH - In 2009, 21 Ayush doctors were selected and posted in the 21 CHCs. At the PHC level no Ayush doctors have been placed. Convergence currently is at the level of providing the salary for the placed doctors, medicine and other support is being provided by the AYUSH wing of the Department.
- Ayush doctors are also being trained on institutional delivery/SBA/Family Planning and other emergency care.

- Children with special needs to be taken up jointly by school Education, Health & Family Welfare Department.
- Compulsory school children to be supported through NRHM and providing micro-nutrients to the needy is being initiated.
- Initiation of ARSH program in Dimapur district as a pilot project jointly by NSACS and NRHM is being initiated.
- Road Show' in April 2009 is another initiative by various departments.
- Convergence with NGOs.

BUDGET

Sl	Activity/ Sub-activity	Physical target	Unit cost	Total amount In Rs. Lacs)
E.1	Convergence meeting			
	Meeting with representative from PHE, Education Dept, Social Welfare dept, PRI members, vertical Health System NSACS, RNTCP, NLEP, NVBDCP, DBCS etc	2 per district	1.00	22.00
E.2	Convergence workshop			
	Workshop with representative from PHE, Education Dept, Social Welfare dept, PRI members, vertical Health System NSACS, RNTCP, NLEP, NVBDCP, DBCS etc	1 Per district	2.00	22.00
E.3	Training of members from other dept and vertical health system	1	2.00	2.00
	Component total			46.00

PART E

OTHER NEW PROGRAMMES

6.6.1 NATIONAL TOBACCO CONTROL PROGRAMME

OBJECTIVES:

1. To implement National Tobacco Control Act 2003.
2. To reduce Tobacco/Cigarette/Biddi smoking prevalence by 50% in the state by 2020.
3. To reduce the prevalence rate of Tobacco consumption by 50% in the State by 2020.
4. To create Tobacco-free School.
5. To reduce the mortality and morbidity of Tobacco related diseases.
6. To achieve Tobacco free State.

Tobacco consumption profile in Nagaland:

1	Tobacco Consumption	48%
2	Male Tobacco users	67.9%
3	Female tobacco users	28.1%
4	School children smoking	36.60%
5	Male school children smoking	55.1%
6	Female school children smoking	18.1%
7	School children tobacco users	41.15%
8	Male school children smokeless form users	49.8%
9	Female school children smokeless form users	32.8%

Source: Global School Personal Survey (GSPS) 2003.
: DH&FW Oral Disease Surveillance 2007.
: NFHS -2(1998-1999).
: NSS (1993-1994).

COMPONENTS:

Tobacco Control Programme will consist of the following components:

1. State Nodal Officer.
2. State Tobacco cell.
3. District Tobacco cells.
4. State monitoring committee.
5. District monitoring committee.
6. Monitoring & Implementation of the Tobacco Act.
7. Capacity building/training.
8. School programme.
9. IEC.
10. Networking.
11. NGOs.
12. Establishment of State and District office.
13. Budget.

CAPACITY BUILDING/TRAINING.

Capacity building/ training will be given to the following groups of people:

1. State Monitoring Committee members.
2. District Monitoring Committee members
3. State & District Tobacco Cell members.
4. All Medical Officers in the Dist. Hospital/CHC/PHC/Sub-Centre etc.
5. Health Workers (GNM/ANM/ASHA) etc.
6. NGOs.
7. Legislators.
8. Bureaucrats.
9. Technocrats.
10. VHC/SHG etc.

SCHOOL PROGRAMME

To create Tobacco-free School, the State and District Tobacco Control cells will initiate the following action. The State will take up at least 30 schools in three different districts.

1. Training/Capacity building to all school teachers.
2. Awareness campaign for the students.
3. Painting/Drama competition related to tobacco control.
4. Painting/Drama competition related to ill-effects of tobacco.
5. Advocacy programme to the students.
6. Ban/prohibition of sale of Tobacco and Tobacco products within 100 yards of school premises.
7. Inclusion of ill-effects of Tobacco & Tobacco products in the elementary School curriculum.

IEC:

1. Posters.
2. Radio talk.
3. Short TV play.
4. Mass media campaign.
5. Display of boards.
6. Advertisements.
7. Print media.

NETWORKING:

The following departments will be directly/indirectly involved in Tobacco control:

1. Home.
2. Law & Justice.
3. School Education.
4. Health & Family Welfare.
5. Transport.
6. IPR.
7. Industry.
8. Agriculture.
9. Excise.
10. Taxes.
11. Municipal council.

** More department can be included later if found necessary*.

Proposed District Tobacco Control Programme .

Budgetary Estimate for a District as per Govt. of India directives.

Sl.No.	Details	Sub-Total	Amount (Rs.)
1.	Psychologist/Counselor @Rs.12,000/- x1personx12months Social worker @Rs.8,000/-x 1person x12months	144,000 96,000	240,000.00
2.	Training activities		200,000.00
3.	IEC		200,000.00
4.	School Programme		400,000.00
5.	Monitoring the Tobacco Control laws & reporting violation		200,000.00
6.	Contingency		200,000.00
7.	Equipment (One time grant) One computer with Printer/Accessories and establishment of office etc. (Non recurring)		300,000.00
		Total:-	17,40,000.00

Total for one district =Rs.17,40 lakhs

Total for 3 districts =Rs.17,40 x 3 =Rs.52,20 lakhs.

(Rupees fifty two lakhs twenty thousand only).

Proposed Budget for establishment of State Tobacco Cells Budgetary
Estimates for one State Tobacco Cell as per Govt. of India directives.

Infrastructure/Administrative Recurring Costs	Budgeted amount (Rs.)
Staff salaries: Consultant @ Rs.12,000 x 1 person x 12 months	1,44,000
Programme Assistant @ Rs.8,000/- x 1 person x 12 months	96,000
IEC Activities	400,000
Training material development and workshop	200,000
Contingency Expenditure/Monitoring the implementation of Programme	200,000
Total	10,40,000
Estt. of office furniture including Computer etc. (non-recurring)	5,00,000
Grand Total	15,40,000

Total cost for one State Tobacco Cell = Rs.15,40 lakhs

(Rupees fifteen lakhs forty thousand only).

ANNEXURE.

Total Budgetary requirement for State and 3 districts
Tobacco Cells for 2009-2010.

Sl.No.	Particulars	Budget requirement
1.	State Tobacco cell	Rs.15,40,000
2.	Kohima District	Rs.17,40,000
3.	Dimapur District	Rs.17,40,000
4.	Mokokchung District	Rs.17,40,000
	Total:-	**Rs.67,60,000**

(Rupees sixty seven lakhs sixty thousand only).

ACTION TAKEN:

1. Conducted Advocacy Workshop on NTCP during 23rd & 24th Sept. 2008 for Law Enforces & NGO's.
2. Placement of Anti-Tobacco warning signboards at strategic points in Kohima already placed.
3. Issued press released and in all electronics print media in all local dialects for public awareness on ban of smoking in all public places.
4. Issued directives to all Health Authorities in the State for total ban of smoking in all Health Centres.
5. Obtained permission for placement of Tobacco warning signboards from all Municipal Council/Town Council in the State.
6. Issued press released on revised specified public places in all print media in the state.

CONCLUSION

Though National Tobacco Control Programme was lunched in 9(nine) States covering 18 districts during 2007-2008, Nagaland State was not included in the first pilot project. The State of Nagaland was put into functional only in the month of July 2008. The achievements mentioned above are the compilation from July 2008 till date only, and these have been achieve without any financial assistance from Ministry of Health & Family Welfare, New Delhi. The ongoing projects are already stalled due to financial constraints. And therefore unless separate budgetary provision is made available by the Ministry of Health & Family Welfare against NTCP it is difficult to proceed any further.

6.6.2 N A T I O N A L O R A L H E A L T H P R O G R A M M E E

Objectives:
1. To upgrade the standard of Oral Health delivery system in the State.
2. To impart training on health workers for better Oral Health Care delivery.
3. To impart training in continue Dental education of Dental Surgeons.
4. To create awareness on dental health.
5. To strengthen the existing manpower by additional contractual manpower.

Project Area
5 districts - i) Mon (ii) Phek (iii) Wokha (iv) Peren (v) Zunheboto

Vision 2020
- To achieve total Oral Hygiene Status in children.
- To achieve 50% reduction in oral disease prevalence rate.
- To reduce 50% reduction in oral cancer prevalence rate.
- To achieve zero tooth decay
- To achieve tobacco free state.

Project component
1. Infrastructural set up with upgrading treatment equipments.
2. Human resource.
3. School & community oral health programmes.
4. IEC activities.
5. Training & Capacity Building.

Programme beneficiaries
Entire population of 5 districts **(8,16,196) -**2001 census.

Programme cost
Rs.104 lakhs

SITUATION ANALYSIS OF ORAL AND DENTAL HEALTH IN THE STATE.

Oral and Dental health services had never been given a priority in the past. Though the need is great the budgetary allocation for various Oral Health Programmes is so meager that it is not sufficient even for conducting a training programme for a group of health workers in a district. Inspite of the fact that Dental Surgeons are placed in all 21 CHC, these health centres as well as district hospitals are all ill- equipped.

The Oral and Dental disease prevalence rate stands at 90% in the state. Oral cancer prevalence rate stands at 0.12%. The high prevalence rate of tobacco consumption (48%) in the state is largely due to the ignorance in the knowledge of health hazards initiated by tobacco. Poor academic performance by school children due to dental ailments is attributed to long standing neglected Oral Health Care.

The state tobacco consumption prevalence rate stands at 67.9% and 28.1% for men and women respectively. Smoking prevalence rate for men stands at 49.8% and women at 32.5%.

State Oral Health Status:

Sl.No.	Categories of Profile	Prevalence rate in percentage
1	Oral & Dental Disease	90%
2	Oral Cancer	0.02%
3	Child Population covered in district Hospitals	45.48%
4	Uncovered Child Population	44.58%

Source:
: DH&FW Oral Disease Surveillance 2007.
: Directorate of School Education.

Existing Oral Health Infrastructure in the State.

Though the State was fortunate to inherit few basic hospital infrastructures from the pre-Statehood, the State government could not do much head way in this important health sector due to financial constraint. However, oral and dental health services have been gradually made available with manpower in all the district headquarters and CHC, but to this day all these units are ill-equipped, and fall far short of desired requirements, hence health delivery in this sector remains acutely inadequate. These health units are placed crowded with other departments of the district hospitals, causing extreme space congestion and limiting effective services. Hence there is immediate need for separate infrastructures to accommodate oral and dental health setup, which will include OPD Complex, working rooms and laboratories for effective health delivery in all the district hospitals and CHC.

Oral and Dental Health Manpower Status

Area	Population	Density	Number of Dental Surgeons.		Dental Surgeon Population Ratio.	
	2001	***2001***	***2001***	***2008***	***2001***	***2008***
16,579 sq. km	19,88,636	120/sq. km	17	45	1:1,16,978	1:44,192

(Source: Directorate of Economic & Statistics).

DETAILED PROGRAMME IMPLEMENTATION PLAN

Strategies:

Dental caries, gum diseases, malocclusion of teeth and oral cancers are major health problems in the State, prevalent even in the socio-economically well urban areas. Although all of these may not be life-threatening, they can cause lots of morbidity, psychological stress and its treatment is expensive. Premature loss of important oral tissues in children and increase trends of cases of Oral cancer in adults are the major concerns of the health provider. Morbidity and mortality rate resulting from these diseases can to a large extent be reduced, controlled and prevented through public education and motivation, setting up of proper infrastructure with additional manpower and mass awareness campaign programme at schools levels.

Programme Components:

1. Infrastructure

Renovation of ill infrastructure setup and replacement of poor equipments with new set of Dental equipments will be under taken in 5 (five)districts.

2. Human resources

In addition to the existing Dental Surgeons in the district hospitals, 5(five) new Dental Surgeons and 5(five) Dental Nurses will be in placed in 5(five) district hospitals on contractual basis in order to upgrade oral health care deliveries at district levels.

3. School & community Oral Health Programme

Screening of school children for oral dental problems will be under taken in 500 schools spreading in 5 districts with active involvement of NGO's and Civil Societies. This will be carried out in closed co-ordination with unemployed Dental Surgeons and private practitioners in the State with special focus to CHC & PHC level.

4. IEC Activities

Posters & pamphlets handout will be displayed in all the Health centres and strategic public places in the projected districts. Village opinion leaders and church leaders and Ashas will be involved in this programme. Training manuals will be made available for Nurses Health workers and ASHAs in these districts.

5. Training & Capacity Building

- Short term training for awareness and disease identification will be conducted for Nurses, Health workers and Ashas.
- Regular continue Dental education programme will be conducted for Dental Surgeons to upgrade the knowledge and skills of Oral diseases identification, management and Oral Health Care delivery system.

Population Profile in 5 (five) proposed Districts (2001).

Sl.No.	District	Male	Female	Total
1.	**Mon**	1,38,005	1,21,599	2,59,604
2.	**Phek**	77,082	71,164	1,48,246
3.	**Wokha**	83,620	77,478	1,61,098
4.	**Zunheboto**	79,627	75,282	1,54,909
5.	**Peren**	46,704	45,635	92,339
	Total:-	**4,25,038**	**3,91,158**	**8,16,196**

Budgetary requirement for 5 districts.

(As per Govt. of India's guidelines)

For 1(one) district :

Component	Budget (INR in lakhs)
Remuneration of contractual staff	**2.40/year**
Strengthening of District Hospitals	**12.00**
Training of Health workforce	**3.00/year**
IEC, School Oral Health Promotion & Community Outreach Programme	**4.00/year**
Total:-	**21.40**

Recurring expenditure/year for (1) District – 10.90 lakhs.

Strengthening of District Hospitals

Sl.No	Remuneration of contractual staff	(Expenditure in lakhs)
1.	(1) General Dental Surgeon for providing treatment at district hospital	Rs.15.000 x12=Rs.1,80,000x5 **= Rs.9.00**
2.	(1) Dental Nurse	Rs.5,000 x12 =Rs.60,000x5 **= Rs.3.00**
	Total:-	**Rs.12.00 per year**
3.	**Total remuneration per year for 5 districts=Rs. 12,00,000**	

Up gradation, Equipment & Consumables

Sl.No.	Items	Type of expenditure	Expenditure (in lakh)
1.	**Renovation of existing space or new construction** * Room renovation/construction of size 12x12 sq.feet * Electric fitting as per the requirement * Water & Air fittings * Adequate furniture	**(One time expenditure)**	**7.00x5 =Rs.35.00**
2.	Dental Chair with adequate accessories	**One time**	**1.50x5=7.50**
3.	Autoclave	**One time**	**.40x5=2.00**
4.	Ultrasonic Scaler & Polishing Kit	**One time**	**.30x5=1.50**
5.	Dental X-ray Unit with developer	**One time**	**.70x5=3.50**
6.	Light Cure Gun (1)	**One time**	**.30x5=1.50**
7.	Extraction Forceps (3 sets)	**One time**	**.10x5=.50**
8.	Restorative (filling) instrument (3 sets)	**One time**	**.10x5=.50**
9.	Root canal Instruments Set (3 sets)	**One time**	**.10x5=.50**
10.	Consumable Dental Materials, Instruments, Repair, Contingencies	**As required**	**1.50x5=7.50**
	Total:-		**60.00**

Recurring expenditure/year at 5 district hospitals=7.50 lakhs.

Training for Oral Health manpower.

(Rs.in lakhs)

1.	Training of health workers at PHC/CHC (Rs.5000 per training x10 training sessions/year)	.50x5=**2.50**
2.	Training & Continuing Dental Education of dental surgeons of the district in nearest dental college (travel/Stay/Other logistics)	2.5x5=**12.50**

	Total:-	**15.00**

Total cost would depend upon how many CHC/PHC is functioning at the district & how many personnel are being trained.

School Oral Health Promotion & Community outreach programme.

(Rs.in lakhs)

Awareness programme in school		Anticipated expenditures
1.	Screening of school children for oro-dental problems	Rs.1000 per school
2.	No. of schools in which awareness could be promoted & screening performed	500 schools x Rs.1000 **=Rs.5.0**
Involvement of NGO's/CBO's		
1.	Organisation camps for awareness & screening of oro-dental diseases	Rs.5000 per camp x 30 **=Rs.1.5**
2.	Hiring dental surgeons for support in camps 1 Dental Surgeons x Rs.500 per day 1 Nurse x Rs.300 per day 1 Assistant x Rs.200 per day	Rs.1000x30 **=Rs..30**
3.	Consumables for providing dental treatment for basic dental problems like extraction, restoration & hand scaling	Rs.4000 x 30 **=Rs.1.2**
4.	No. of camps to be organized & awareness at schools can be decided on the actual population in that district	40 camps x Rs.10,000 **=Rs.4.0**
5.	Community awareness (local measure\s)	Rs.1.00 lakhs x 5 dist. **=Rs.5.0**
	Total:-	**17.00**

Total cost of the Programme: **(Rs.in lakhs**)

1. Strengthening of District Hospital : 12.0 lakhs per year.
2. Upgradation, equipment & consumables : 60.0 lakhs
3. Training & Capacity Building : 15.0 lakhs
4. School & Community outreach programme : 17.0 lakhs

Total :- : Rs.104.00 lakhs

(Rupees One Crore Four Lakhs only)

6.6.3 NON-COMMUNICABLE DISEASE (NCD)

GOAL :

1). To achieve primary prevention/ control of Non-Communicable Diseases.

2). Establishment of dedicated units for Cardiovascular diseases, Diabetes, Hypertension and stroke.

3). To boost-up physical activities.

4). To improve quality of life.

OBJECTIVES/ ACTIVITIES

1). To establish State/ District Non-Communicable Diseases (NCD) Cell
2). Appointment of contractual staffs
3). Management of funds through State/ District Health Society
4). Infrastructure development.
5). Identification of Institution to be linked to NPDCS
6). Establishment of dedicated units for Cardiovascular diseases, Diabetes and stroke
7). To conduct surveys for Non-Communicable Diseases.

1). In co-ordination with the state Health Secretary and Principal Director, a Non-Communicable (NCD) Cell will be established at the State Headquarter and the districts. The state also will appoint a dedicated State Nodal Officer for NCD and also District Nodal Officers at the districts.

The NCD Cell will function in close proximity with the Integrated Disease Surveillance Project (IDSP).

2). Contractual staffs would be appointed both at the state level and the districts to manage/ implement the NCD programme.

State Level :

(i) Medical Officer :	The Medical Officer appointed will be from a public health background or with at least 2-3 years of public health experience. Salary : Rs. 25,000 – 45,000/- p.m.
(ii) Data Manager :	The Data Manager should be a degree holder in Computer with sufficient experience in data collection and data analysis. Salary : Rs. 15,000 – 25,000/- p.m.
(iii) Data Entry Operator :	The Data Entry Operator will be a graduate with diploma in Computer to assist the Data Manager. Salary : Rs. 8000 – 12,000/- p.m.
(iv) Accountant :	The Accountant will be a B.Com/ M.Com. with 2-3 years experience for management of funds at the State Headquarter and also flow of funds to the districts. Salary : Rs. 10,000 – 15,000/- p.m.

District Level :

(i) Medical Officer : The Medical Officer should have experience in public health and preference will be given to those MOs with public health background.
Salary : Rs. 20,000 – 40,000/- p.m.

(ii) District Health Promotion Officer : The District Health Promotion Officer should be a degree holder in HPE or Master/ Graduate in Social Science, Mass Education or Sociology.
Salary : Rs. 15,000 – 25,000/- p.m

(iii) Data Entry Operator : The Data Entry Operator will be a graduate with diploma in Computer to collect reports, compile data, etc.
Salary : Rs. 8000 – 12,000/- p.m.

(iv) Accountant-cum-Office Assistant : The Accountant-cum-Office Assistant will be a B. Com with Computer knowledge to maintain proper record of inflow of funds/ expenses, etc.
Salary : Rs. 10,000 – 15,000/- p.m.

3). At the State Headquarter, the NCD Cell will maintain a sub-head account under the State Health Society accounts. The account will be maintained jointly by the State Nodal Officer with the Mission Director/ State Programme Officer (NRHM).

At the District Level, accounts will be maintained under the District Health Society. The accounts will be maintained jointly by the District nodal Officer (NCD) with the District Programme Manager (NRHM).

4). For infrastructure improvement for the NCD Cell both at the State Headquarter and the districts would involve the followings :-

(i) Renovation : State/districts will identify a room for the NCD Cell and renovations would be done.
(ii) Procurement of furnitures & fixtures : Tables, chairs, file racks, almirahs, air-conditioner, etc.
(iii) Procurement of office equipments : Computers, FAX machines, Photocopiers, phones, etc.
(iv) Procurement of stationeries.

5). The state of Nagaland has no medical college nor other medical institutions. But there is one hospital at the State Headquarter, which is the referral hospital for the state; i.e, Naga Hospital Authority Kohima (NHAK) for any technical support, referral activities, etc.

At the District Level, the district hospitals would be identified for such activities. And also at the district level, sites would be identified for community based intervention. Health promotion activities at the districts would be done through :-
(a) BCC Campaign in sections of society
(b) Promotion of healthy work place
(c) School health promotion.

6). To establish a dedicated unit for Cardiovascular diseases, Diabetes and stroke; the state will identify the state referral hospital for the overall management and district hospitals for the districts.

7). With the Integrated Disease Surveillance Project (IDSP), the NCD Cells will conduct survey for Hypertension, Diabetes and Cardiovascular diseases and also health promotion activities, diets, etc.

ACTION PLAN FOR NCD CELL AT THE STATE HEADQUARTER & DISTRICTS

Annual District Plan Of Action And Budget Estimates for State Headquarter

S.N	Component	Physical Target	Budget Required (in Rs.)	Supporting Documents/ Remarks
A	**Non-recurring:**			
1	**Furnishing and fixture**			
1.1	State NCD Cell	1	2,00,000	Details annexed
2	**Recurring:**			
2.1	**Personnel cost**	4	6,96,000	Details annexed
3	**Information, Education, Communication**			
3.1	Sensitization Workshops		50,000	
3.2	Review Meetings		50,000	
3.3	Press Advertisements		50,000	
3.4	Printed Material (Pamphlets, etc..)		50,000	
3.5	Telecasting of TV spots		1,50,000	
3.6	Broadcastings on radio		50,000	
4	**Office Equipment**			
4.1	Computer and accessories	1	1,00,000	
4.2	Photocopier	1	1,00,000	
4.3	Telefax	1	30,000	
4.4	LCD Projector Screen	1	1,20,000	
5	**Operational Costs**			
5.1	POL, maintenance/ hiring vehicles		2,00,000	
5.2	Telephone, Fax, electricity, etc		50,000	
5.3	Office stationery/ consumables		50,000	
5.4	TA/ DA to officers/ staff		80,000	
5.5	Miscellaneous & contingencies		50,000	
	GRAND TOTAL		**Rs.20,76,000**	

(Rupees Twenty Lakhs Seventy Six Thousand) only

Annual District Plan Of Action And Budget Estimates per District

S.N	Component	Physical Target	Budget Required (in Rs.)	Supporting Documents/ Remarks
A	**Non-recurring:**			
1	**Furnishing and fixture**			
1.1	State NCD Cell	1	1,00,000	Details annexed
2	**Recurring:**			
2.1	**Personnel cost**	4	6,36,000	Details annexed
3	**Information, Education, Communication**			
3.1	Sensitization Workshops		30,000	
3.2	Review Meetings		20,000	
3.3	Press Advertisements		20,000	
3.4	Printed Material (Pamphlets, etc.)		10,000	
4	**Office Equipment**			
4.1	Computer and accessories	1	1,00,000	
4.2	Photocopier	1	1,00,000	
4.3	Telefax	1	30,000	
4.4	LCD Projector Screen	1	1,20,000	
5	**Operational Costs**			
5.1	POL, maintenance/ hiring vehicles		30,000	
5.2	Telephone, Fax, electricity, etc		20,000	
5.3	Office stationery/ consumables		30,000	
5.4	TA/ DA to officers/ staff		20,000	
5.5	Miscellaneous & contingencies		20,000	
	TOTAL		**Rs12,86,000**	

Grand Total = 11 Districts x 12, 86,000/-

= 1, 41, 94, 000/-

(Rupees One Crore Forty One Lakhs Ninety Four Thousand) only

Non-Communicable Diseases Nagaland 2009-2010

Budget requirement for State NCD and Dist. NCD Cell								
S. N.		Refurnishing and Fixtures		Personnel Cost		IEC activity	Operational Cost	Office Equipments
		No. of Works	Total Cost (in Rs.)	Target	Total Cost (in Rs.) per annum	Total Cost (in Rs.) per annum	Total Cost (in Rs.) per annum	Total Cost (in Rs.) per annum
1	State	1	2,00,000	4	6,96,000	4,00,000	4,30,000	3,50,000
2	Kohima	1	1,00,000	4	6,36,000	80,000	1,20,000	3,50,000
3	Mokokchung	1	1,00,000	4	6,36,000	80,000	1,20,000	3,50,000
4	Tuensang	1	1,00,000	4	6,36,000	80,000	1,20,000	3,50,000
5	Phek	1	1,00,000	4	6,36,000	80,000	1,20,000	3,50,000
6	Mon	1	1,00,000	4	6,36,000	80,000	1,20,000	3,50,000
7	Wokha	1	1,00,000	4	6,36,000	80,000	1,20,000	3,50,000
8	Zunheboto	1	1,00,000	4	6,36,000	80,000	1,20,000	3,50,000
9	Dimapur	1	1,00,000	4	6,36,000	80,000	1,20,000	3,50,000
10	Kiphire	1	1,00,000	4	6,36,000	80,000	1,20,000	3,50,000
11	Peren	1	1,00,000	4	6,36,000	80,000	1,20,000	3,50,000
12	Longleng	1	1,00,000	4	6,36,000	80,000	1,20,000	3,50,000
Total:		**12**	**13,00,000**	**48**	**76,92,000**	**12,80,000**	**17,50,000**	**42,00,000**

Overall Budget Requirement

SL.NO	Component	Physical Target	Estimated Budget (in Rs.)
1	Refurnishing	-	13,00,000
2	Personnel Cost	48	76,92,000
3	IEC	-	12,80,000
4	Operational Cost	-	17,50,000
5	Office Equipments	-	42,00,000
	TOTAL		**1,62,22,000**

(Rupees One Crore Sixty Two Lakhs and Twenty Two Thousand) Only

6.6.4 A Y U S H P R O G R A M M E

Health is the primary necessity for every individual but catastrophes leading to outbreak of diseases, plaque etc and as such events only some amount of realization of the essentiality of proper health care is evidenced among administrators, Government agencies and professionals only to be forgotten till the recurrence of such episodes. In view of the above and several other well known reasons, it is imperative that positive action be initiated to promote this concept at all levels of policy making, planning and implementation so that the philosophy be accepted in principle and action program is prepared accordingly by all concerns involved in the promotion and development of health care facilities of ISM&H, AYUSH in the District Headquarters, Community Health Centres and Primary Health Centres.

DISTRIBUTION AND LOGISTICS

For distribution of medicine, equipments and instruments these is a central AYUSH store set up in Kohima. All logistics are implemented from this nodal store. Drugs and medicine inventory is done through annual planning and procured or received in kinds, at the store. Based on the indents of the doctors and usage patterns of the medicine, these are then distributed to all the AYUSH units in the state. The central store retains some inventory to meet demands if the units should indent for the same during the year. Like wise, equipments and instruments are also treated similarly.

CURRENT INITIATIVES AND PLANS

The initial few years have been focused mostly on setting up the infrastructural support system for AYUSH. A lot more need to be done through the programme implementation to bring about a change in the people perception to view AYUSH as a viable alternative to allopathic treatments. Currently, but for a small minority, the traditional medicine system is still viewed as an exotic concept and is tried out only for its novelty.

To popularize AYUSH, much work still need to be done in terms of reach to the people, availability of medicine, infrastructural strengthening - both for facilities and manpower. To bring AYUSH into the mainstream, BCC and IEC implementation is very important to make the initial breakthrough for acceptance by the people. With these in mind, the programme implementation has been prepared.
With the proposed expansion of AYUSH services by setting up AYUSH wings at the DH's and PHC's, trained AYUSH doctors will be needed. Currently, the state has around 15 AYUSH doctors who are unemployed. It is plan that these doctors will be engaged in those health centres where the new AYUSH units are established

GOALS & ACTIVITIES

- To have easy accessibility for treatment in all districts, by setting up more treatment centre.
- To upgrade the standard of the present centre with quality services by supportive measures like – Laboratory, Good quality medicines etc.
- To spread awareness amongst the people by giving free health camps, workshops and training for the health workers on a regular basis.
- Free Medical camps specially in rural areas.
- Awareness Programmes:-
    - Promotional activities
        1. Seminar (Urban/Rural)
        2. Outdoor promotion eg: Billboard
        3. Campus promotion (Schools/Colleges) eg: Quize, essay writing, painting, photography etc…
    - Capacity building:
        1. Reorientation training programme (NGO's, Government, Semi Government, Teachers, Physicians).

2. Training programme (awareness about medicinal plants as a livelihood option).

- To provide effective healthcare facilities to rural population.
- Local Indigenous practice be encourage through the programme in the form of grant available.
- Training & IEC Activities.
- Regular patient examination & treatment.
- Periodic Health camp at different villages.

ACHIEVEMENTS

1. By the help of project proposal of medicinal plants many eligible organization, society are receiving grants for Plan Schemes and the results are good and alsoprogressing very.
2. To strengthen AYUSH programme, 21 AYUSH doctorsd were ppointed on contractual basis and are posted at different CHC's under NRHM.

No. of Ayurvedic Doctors : 7 doctors
No. of Homoeopathy Doctors : 14 doctors.

3. The Drug Testing Laboratory has also been established recently but is yet to be inaugurated.
4. 10 Bedded Homoeopathy Specialty Treatment Centre has also been established in Dimapur.
5. AYUSH dispensaries are constructed in every district and is functioning efficiently.
6. Yoga and Naturopathy wing set up at Naga Hospital Authority Kohima
7. Dispensary - Setting up 200 dispensaries

INFRASTRUCTURE

Currently, AYUSH units are established in 21 CHC's. All these units are attached to the Govt. health centres and work out of the same roof. For these units, out of 21 only Fifteen buildings with two rooms have been constructed. Till date no staff quarters have been provided and the staff have been left to arrange for their own accommodation

MANPOWER

The existing manpower position under AYUSH is shown below:

1. State Unit

i.	State Programme Officer	- 1 No. State employee
ii.	Grade III Staffs	- 5 No. Contract appointment
iii.	Grade III Staffs	- 6 Nos. Adhoc appointment
iv.	Grade IV Staffs	- 2 Nos. Adhoc appointment
v.	Regular staff grade IV	- 2 Nos. State employee
	Total	**- 16 Nos.**

2. Technical Manpower

Sn	Health Centre	Number	Specialization	Type
1	Naga Hospital, Kohima	1 1	Ayurveda Naturopathy	State employee State employee
2	District Hospital, Dimapur Chief Medical Officer	1 1	Ayurveda Homoeopathy	State employee State employee
3	District Hospital, Tuensang	1	Homoeopathy	State employee

District-Wise:

Sn	Health Centre	Number	Specialization	Type
1.	**Kohima District:**			
	Viswema CHC	1	Ayurveda	Contract
	Tseminyu CHC	1	Ayurveda	Contract
	Chiephobouzou CHC	1	Homoeopathy	Contract
2.	**Dimapur District:**			
	Medziphema CHC	1	Ayurveda	Contract
	Dhansiripar CHC	1	Homoeopathy	Contract
3.	**Mokokchung District:**			
	Changtongya CHC	1	Ayurveda	Contract
	Mangkolemba CHC	1	Ayurveda	Contract
	Tuli CHC	1	Homoeopathy	Contract
4.	**Tuensang District:**			
	Longkhim CHC	1	Homoeopathy	Contract
	Noklak CHC	1	Ayurveda	Contract
5.	**Phek District:**			
	Pfutsero CHC	1	Homoeopathy	Contract
	Chozuba CHC	1	Homoeopathy	Contract
	Meluri CHC	1	Homoeopathy	Contract
6.	**Mon District:**			
	Tobu CHC	1	Homoeopathy	Contract
	Aboi CHC	1	Homoeopathy	Contract
7.	**Wokha District:**			
	Sanis CHC	1	Ayurveda	Contract
	Bhandari CHC	1	Homoeopathy	Contract
8.	**Zunheboto District:**			
	Phughoboto CHC	1	Homoeopathy	Contract
	Aghunato CHC	1	Homoeopathy	Contract
9.	**Kiphire District:**			
	Pungro CHC	1	Homoeopathy	Contract
10.	**Peren District**			
	Jalukie CHC	1	Homoeopathy	Contract
	Total	21		

The Medical Officers are appointed under NRHM Programme.

SUMMARY OF THE PATIENTS ATTENDANCE DURING 2008-09

Sl. No.	Particulars	No. of Homoeopathy Patients	No. of Ayurvedic Patients	Total
1.	Male	1650	351	2001 (Male Adult)
2.	Female	1844	491	2335 (Female Adult)
3.	Child male	816	618	1434 (Child Male)
4.	Child Female	217	619	836 (Child Female
TOTAL		**4527 (Homoeo patients)**	**2079 (Ayurveda patients)**	**6606**

OVERALL TOTAL NO. OF PATIENTS = 6606 Nos.

REGULAR/ CONTRACTUAL/ AD-HOC STAFF POSITION

State		District (Directorate)
➢ Regular Doctors	= 01	05
➢ Regular Staff	= 02	Nil
➢ Contractual Staff	= 05	30
➢ Ad-hoc	= 08	08
➢ Contractual Doctors	= 21 Nos. *	

*(Appointed & Posted to CHC under NRHM).

** **Personnel Cost:** -
a) Contractual Staff Rs.161,000/-per month x 12 Months=**Rs.19,32,000/- per Year**

b) Contractual Doctors Appointed under NRHM

SCHEMES TO BE COVERED UNDER AYUSH/ISM&H ESTABLISHMENTS IN DIFFERENT CATEGORIES OF HEALTH CENTRES IN THE STATE OF NAGALAND: 2009 - 2010

1. District Hospitals - Established Indian System of Medicine & Homoeopathy *(ISM&H),* Ayurveda, Yoga, Unani & Naturopathy, Sidha & Homoeopathy *(AYUSH)* wings in all District Allopathic Hospitals.

2. PHC's and CHC's - Established AYUSH Specialty Clinics in PHCS and CHC's.

3. Essential Drugs of AYUSH has been supply to the Health Centres in rural areas.

4. Drug Testing Laboratory Pharmacy (DTL) for AYUSH Drugs at Dimapur.

ACTION PLAN FOR THE YEAR 2009-2010

1. **CONSTRUCTION OF ADMINISTRATIVE BLOCK - 6 Cores**

2. **Construction of M.O Quarter**
Rs. 9,00,000 (Nine Lakh) x 6 Quarters = 54,00,000 (Rupees Fifty Four Lakh)

3. **Purchase of Vehicles for Senior M.O**

Sl. No.	Particulars	Quantity	Rate	Total Amount
a.	Bolero	7 Nos.	7,80,000	54,60,000
b.	Mini Tata	1 No.	8,56,000	8,56,000
3.	Staff Bus	1 No.	8,80,000	8,80,000
TOTAL				**Rs. 71,96,000**

(Rupees Seventy One Lakhs Ninety Six thousand).

4. **Construction of Ayurvedic 10 Bedded Hospital at Kohima**
Rs. 10,60,000 (Rupees Ten Lakhs Sixty Thousand).

5. **Construction of AYUSH Store**
Rs. 5,40,000 (Rupees Five Lakhs Forty Thousand)

6. **Construction of Yoga Centre at 6 District Hospitals.**
1. Kohima
2. Phek
3. Dimapur
4. Tuensang
5. Wokha
6. Mokokchung

Rs. 4,50,000 x 6 = 27,00,000 (Rupees Twenty Seven Lakhs).

7. **Construction of Training Centre at Kohima under AYUSH.**
Rs. 4,50,0000 (Rupees Four Lakhs Fifty Thousand)

8. **One State Botanical Garden**
7 (Seven) Acres
1. Agriculture equipment
2. Brick wall (including iron rod)
3. Iron net fencing (including iron angle)
4. Water tank
5. Water motor
6. Boring 4" inch
7. Pipe steel (All size)
8. Plastic pipe (As per requirement)

Rs. 1,20,34,700 (Rupees One Crore Twenty Lakhs Thirty Four Thousand Seven Hundred). As per market rate.

9. Materials

Sl. No.	Particulars	Quantity	Rate	Total Amount
1.	Computer set	10	50,000	500,000
2.	Copier (Ricoh Aficio 3224C)	1	615,000	615,000
TOTAL				**11,15,000**

(Rupees Eleven Lakhs Fifteen thousand).

10. **Equipment & Instrument**

Sl. No.	Particulars	Quantity	Rate	Total Amount
1.	B.P Instrument	200 Nos.	3000	6,00,000
2.	Weighing Machine	150 Nos.	1570	2,35,500
3.	ISI Stand Model	30 Nos.	2950	88,500
4.	Revolving Stool	70 Nos.	500	35,000
TOTAL				**Rs. 9,59,000**

(Rupees Nine Lakhs Fifty Nine Thousand).

11. **Furniture**

Sl. No.	Particulars	Quantity	Rate	Total Amount
1.	Almirah	100 Nos.	7500	7,50,000
2.	Computer Table	10 Nos.	6000	60,000
3.	Executive Chair	30 Nos.	3500	1,05,000
4.	Executive Table	30 Nos.	2500	75,000
5.	Visiting Chair	60 Nos.	600	36,000
6.	Examination Bed Head side adjustment 72 x 29 x 32	50 Nos.	4000	2,00,000
TOTAL				**Rs. 12,26,000**

(Rupees Twelve Lakhs Twenty Six Thousand).

12. **Hospital Linen**

Sl. No.	Particulars	Quantity	Rate	Total Amount
1.	Dunlop pillows 45 x 7	200 No	355	71,000
2.	Pillow cover 36 x 76	200 Nos.	70	14,000
3.	Bedsheet White (Cotton) 225cms x 138cm	100 Nos.	260	2,600
4.	Bed cover (Coloured) 225cms x 138cms	100 Nos.	260	2,600
5.	Hand Towel 15 x 30	200 Nos.	65	13,000
TOTAL				**Rs. 1,50,000**

(Rupees One Lakh FiftyThousand).

13. Nursing Sundries

Sl. No.	Particulars	Quantity	Rate	Total Amount
1.	Cotton 500gms	200 Nos.	98	19,600
2.	Cotton 100gms	150 Nos.	24	3,600
3.	Gauze	200 Nos.	175	35,000
4.	Bandage 5cms	100 Dozen	62	6,200
	Bandage 7cms	100 Dozen	72	7,200
	Bandage 10cms	100 Dozen	96	9,600
	Crepe bandage 8cms	100 Dozen	121	12,100
TOTAL				**Rs. 93,300**

(Rupees Ninety Three Thousand Three Hundred).

14. **IEC - 5 Lakhs**

15. **Training for Medical Officer - 10 Lakhs**

STAFF REQUIREMENTS FOR THE YEAR 2009 - 2010

Sl..No.	CATEGORY	POSTING	STAFF REQUIRED	TOTAL NOS.
1.	Medical Officers	PHCS & District Hospital	97 Nos.	**97 Nos.**
2.	Yoga Instructor	Dist. Hospital	6 Nos.	**6Nos.**
3.	Finance consultant	DH&FW Kma.	1 No.	**1No.**
4.	Computer Assistant	DH&FW Kma.	1 No.	
	Computer Assistant	DTL. Dimapur	1 No.	**2 Nos.**
5.	Bio-Technology	Pharmacies/DTL Dmp.	2 Nos.	**2 Nos.**
6.	Micro-Biology	Pharmacies/DTL Dmp.	2 Nos.	**2 Nos.**
7.	Laboratory Technician	Pharmacies/DTL Dmp.	2 Nos.	**2 Nos.**
8.	Analyser	Pharmacies/DTL Dmp.	1 No.	**1 No.**
9.	Lower Divisional Assistant	Pharmacies. Dmp.	1 No.	
	Lower Divisional Assistant	DTL Dimapur	2 Nos.	**3 Nos.**
10.	Herbarium Assistants	DTL. Dimapur	1 No	**1 No**
11.	Driver	DH&FW	2 Nos.	**2 Nos.**
12.	Office Peon	DH&FW Kma	1 No.	
	Office Peon	DTL Dmp.	1 No.	**2 Nos.**
13.	Lab Attendant	Pharmacies. Dmp.	1 No.	
	Lab Attendant	DTL. Dmp.	1 No.	**2 Nos.**
14.	Sweeper	DTL. Dmp.	1 No.	**1 No.**
15.	GNM (Nurse)		2 Nos.	
16.	A.N.M (Nurse)		2 Nos.	**4 Nos.**
17.	Para-Medical		2 Nos.	**2 Nos.**
18.	Store Keeper	DH&FW Kma	1 No.	**1 No.**
19.	Medical Attendant	PHC's & CHC's	118 Nos.	**118 Nos.**

PHC: Primary Health Centre.
CHC: Community Health Centre

FINANCIAL IMPLICATION & MANPOWER FOR VARIOUS CATEGORIES FOR THE YEAR 2009 - 2010

Sl. No. *(a)*	Categories of Staff *(b)*	No. of Staff *(c)*	Pay Approximate *(d)*	Month (e)	Total (Rs.) *(c)x(d)x(e) =(f)*
1	Medical Officers (PHC)	97 Nos.	20000.00	12 months	2,32,80,000.00
2	Bio-Technology (M.Sc)	2 No.	12000.00	12 months	28,8000.00
3	MSc. Micro Biology M Pharma / B Pharma	1 No.	12000.00	12 months	14,4000.00
4	Financial Consultant	1 No.	20000.00	12 months	240,000.00

5	Analyser	1 No.	10000.00	12 months	120,000.00
6	Computer Assistants	2 Nos.	6000.00	12 months	14,4000.00
7	Yoga Instructor	6 N0s.	8,000.00	12 months	576,000.00
8	L.D.A	3 Nos.	5500.00	12 months	19,8000.00
9	Lab. Technician	2 Nos.	6500.00	12 months	15,6000.00
10	GNM (Nurse)	2 Nos.	7500.00	12 months	1,80,000.00
11	ANM (Nurse)	2 Nos.	6000.00	12 months	14,4000.00
12	Para Medical	2 Nos.	5000.00	12 months	120,000.00
13	Medical Attendant	118 Nos. (1 No. each where doctors are posted) under CHC & PHC	3000.00	12 months	42,48,000.00
14	Herbarium Assistant	1 No.	4000.00	12 months	48,000.00
15	Store Keeper	1 No.	5000.00	12 months	60,000.00
16	Drivers	3 Nos.	5000.00	12 months	1,80,000.00
17	Office Peon	2 Nos.	3000.00	12 months	72,000.00
18	Lab Attendant	2 Nos.	3000.00	12 months	72,000.00
19	Sweeper	2 No.	3000.00	12 months	72,000.00
					3,03,42,000.00

(Rupees Three Crore Three Lakhs Six Thousand) only

PROPOSED SCHEME OF DISTRICT HOSPITAL, PRIMARY HEALTH CENTRES : 2009 – 2010

Sl.No.	NAME OF DISTRICT	HOSP & PHC	REMARKS
1	***DISTRICT - DIMAPUR***		
	(a) Dimapur District Hospital/Homoeopathy Specialty Centre	Hospital	Dist. Hospital - 1 No.
	(b) Niuland	PHC	PHC - 6
	(c) Kuhuboto	PHC	Nos.
	(d) Molvom	PHC	
	(e) Singrijan	PHC	
	(f) Chumukedima	PHC	
	(g) Rüzaphema	PHC	
2	***DISTRICT- KOHIMA***		
	(a) District Hospital, Kohima	Hospital	Dist. Hospital - 1 No.
	(b) Kohima Village	PHC	PHC - 12 Nos.
	(c) Khonoma	PHC	
	(d) Botsa	PHC	
	(e) Jotsoma	PHC	
	(f) Jakhama	PHC	

Sl.No.	NAME OF DISTRICT	HOSP & PHC	REMARKS
	(g) Tuophema	PHC	
	(h) Sechü	PHC	
	(i) Chunlikha	PHC	
	(j) Tesophenyu	PHC	
	(k) Ziezou	PHC	
	(l) Kezocha	PHC	
	(m) Kimipfuphe	PHC	
3	***DISTRICT- KIPHIRE***		
	(a) District Hospital, Kiphire	Hospital	Dist. Hospital - 1 No.
	(b) Seyochung	PHC	PHC - 2 Nos.
	© Likhimro	PHC	
4	***DISTRICT - LONGLENG***		
	(a) District Hospital, Longleng		
	(b) Yangyah	Hospital	Dist. Hospital - 1 No.
	(c) Tamlu	PHC	PHC - 2 Nos.
		PHC	
5	***DISTRICT - MOKOKCHUNG***		
	(a) District Hospital, Mokokchung	Hospital	Dist. Hospital - 1 No.
	(b) Ungma	PHC	PHC - 11 Nos.
	(c) Longjang	PHC	
	(d) Alongkima	PHC	
	(e) Mangmetong	PHC	
	(f) Mongsenyimti	PHC	
	(g) Chuchuyimlang	PHC	
	(h) Kangtsung	PHC	
	(i) Longchem	PHC	
	(j) Sabangya	PHC	
	(k) Tsurangkong	PHC	
	(l) Longsa	PHC	
6	***DISTRICT- MON***		
	(a) District Hospital, Mon		
	(b Wakching	Hospital	Dist. Hospital - 1 No.
	(c) Chen	PHC	PHC - 8 Nos.
	(d) Tizit	PHC	
	(e) Naginimora	PHC	
	(f) Shangnyu	PHC	
	(g) Phomching	PHC	
	(h) Angphang	PHC	
	(i) Mopong	PHC	
		PHC	
7	***DISTRICT - PHEK***		
	(a) District Hospital, Phek	Hospital	Dist. Hospital - 1 No.
	(b) Waziho	PHC	PHC - 17 Nos.
	(c) Kikrüma	PHC	
	(d) Sakraba	PHC	
	(e) Zuketsa	PHC	
	(f) Khezhakeno	PHC	
	(g) Phesachodu	PHC	
	(h) Thipuzu	PHC	
	(i) Yoruba	PHC	
	(j) Rüzazho	PHC	
	(k) Porba	PHC	

Sl.No.	NAME OF DISTRICT	HOSP & PHC	REMARKS
	(l) Chetheba	PHC	
	(m) Razieba	PHC	
	(n) Thetsumi	PHC	
	(o) Chizami	PHC	
	(p) Lozaphuhu	PHC	
	(q) Khuzami	PHC	
	(r) Lephori	PHC	
8	***DISTRICT - PEREN***		
	(a) District Hospital, Peren	Hospital	Dist. Hospital - 1 No.
	(b) Mbaulwa	PHC	PHC - 4 Nos.
	(c) Athibung	PHC	
	(d) Poilwa	PHC	
	(e) Tening	PHC	
9	***DISTRICT - TUENSANG***		
	(a) District Hospital, Tuensang	Hospital	Dist. Hospital -1 No.
	(b) Shamator	PHC	PHC - 8 Nos.
	(c) Anangba	PHC	
	(d) Chare	PHC	
	(e) Old Tsadanger	PHC	
	(f) Noksen	PHC	
	(g) Chessore	PHC	
	(h) Pangsha	PHC	
	(i) Thonoknyu	PHC	
10	***DISTRICT - WOKHA***		
	(a) District Hospital, Wokha	Hospital	Dist. Hospital - 1 No.
	(c) Lakhuti	PHC	PHC - 7 Nos.
	(d) Chukitong	PHC	
	(e) Wozhuro	PHC	
	(f) Nyiro	PHC	
	(g) Englan	PHC	
	(h) Baghty	PHC	
	(i) Sungro	PHC	
11	***DISTRICT - ZUNHEBOTO***		
	(a) District Hospital, Zunheboto	Hospital	Dist. Hospital - 1 No.
	(b) Satakha	PHC	PHC - 9 Nos.
	(c) Suruhoto	PHC	
	(d) Atoizu	PHC	
	(e) V. K	PHC	
	(f) Akuluto	PHC	
	(g) Satoi	PHC	
	(h) Ighanumi	PHC	
	(i) Ghukiye	PHC	
	(j) Kilomi	PHC	

OVERALL DISTRICT HOSPITAL & PRIMARY HEALTH CENTRES FOR THE YEAR 2009-2010.

Total number of District Hospital - 11 Nos.
Total number of Primary Health Centres - 86 Nos

FINANCIAL ASSISTANCE REQUIRED FOR PRIMARY HEALTH CENTRES AND COMMUNITY HEALTH CENTRES

PHC = Primary Health Centre
CHC = Community Health Centre

Sl. No.	Discription of Activities	No. of D H & PHC (a)	Amount per DH & PHC required (b)	Detail of Amount (a x b) = (c)	Total Amount (Rs. In Lakhs) (c)
1.	Medicines	97 – PHC 21 – CHC	3 Lakhs per PHC 3 Lakhs per CHC	3 Lakhs x 97 PHC 3 x 21 CHC	291 63
2.	Equipment	97 – PHC 21 – CHC	3 Lakhs per PHC 3 Lakhs per CHC	3 Lakhs x 97 PHC 3 Lakhs x 21 CHC	291 63
3.	Construction	97 – PHC 21 – CHC	10 Lakhs per PHC 10 Lakhs per CHC	10 Lakhs x 97 PHC 10 Lakhs x 21 CHC	970 210
					1888

(Rupees Eighteen Crores Eighty Eight Lakhs) only

OVERALL BUDGET REQUIREMENT 2009-10

Sl. No.	Component	Amount
1.	Civil Works	18,90,50,000
2.	Materials	11,15,000
3.	Equipments & Instruments	3,63,59,000
4.	Furniture	12,26,000
5.	Hospital Linen	1,50,000
6.	Nursing Sundries	93,300
7.	I.E.C	5,00,000
8.	Training	10,00,000
9.	Personnel Cost	19,32,000
10.	Purchase Vehicle	21,96,000
11.	Botanical Garden	1,20,34,700
12.	Medicines	3,54,00,000
	G. TOTAL =	**Rs. 28,10,55,700**

(Rupees Twenty Eight Crores Ten Lakhs Fifty Five Thousand Seven Hundred).

VISION FOR THE YEAR 2020

- To have a full fledged Directorate
- M.O's post to be regularized in all AYUSH Health Centres.
- Clerical staff under the programme to be regularised
- AYUSH M.O's to be posted along with general M.O's in all CHC's & PHC's.
- Yoga Centre's to be set up in each Districts HQ.
- Awareness of AYUSH Health activities to reach all villages.

CHAPTER 7

MONITORING AND EVALUATION / HMIS

The primary objective of Health Management Information System is to provide reliable, relevant, up-to-date, adequate and timely complete information for all health managers at all levels so as to assess, monitor the current trends and plan based on the evidence. Unfortunately, it is very difficult to get the information where it matters most, i.e., at the community level. Today more then ever before, the concept of health management and information system is receiving much attention and it has been stressed to reconstruct the whole health information systems.

One of the major constraints in the State was the absence of a Health Management and Information System to facilitate the smooth flow of information. But now, with the M & E Officer at the State and District Programme Managers at the districts in place, the information system has been streamlined and reporting has improved since then.

At the State level, the SPMSU is responsible for the collection, compilation, analysis and transmission of information required for organizing and operating the health services. The compiled report is send to the Ministry monthly, quaterly and annually in the prescribed formats.

At the District level, the DPMSU is responsible for the dissemination of data from the Sub-centre levels to the District headquarter. The Sub-Centre reports to the Primary Health Centre which then reports to the District HQ. The Community Health Centre and District Hospital sends the report to the District HQ directly. Data as collected from these health units are compiled at the District HQ and is sent to the State.

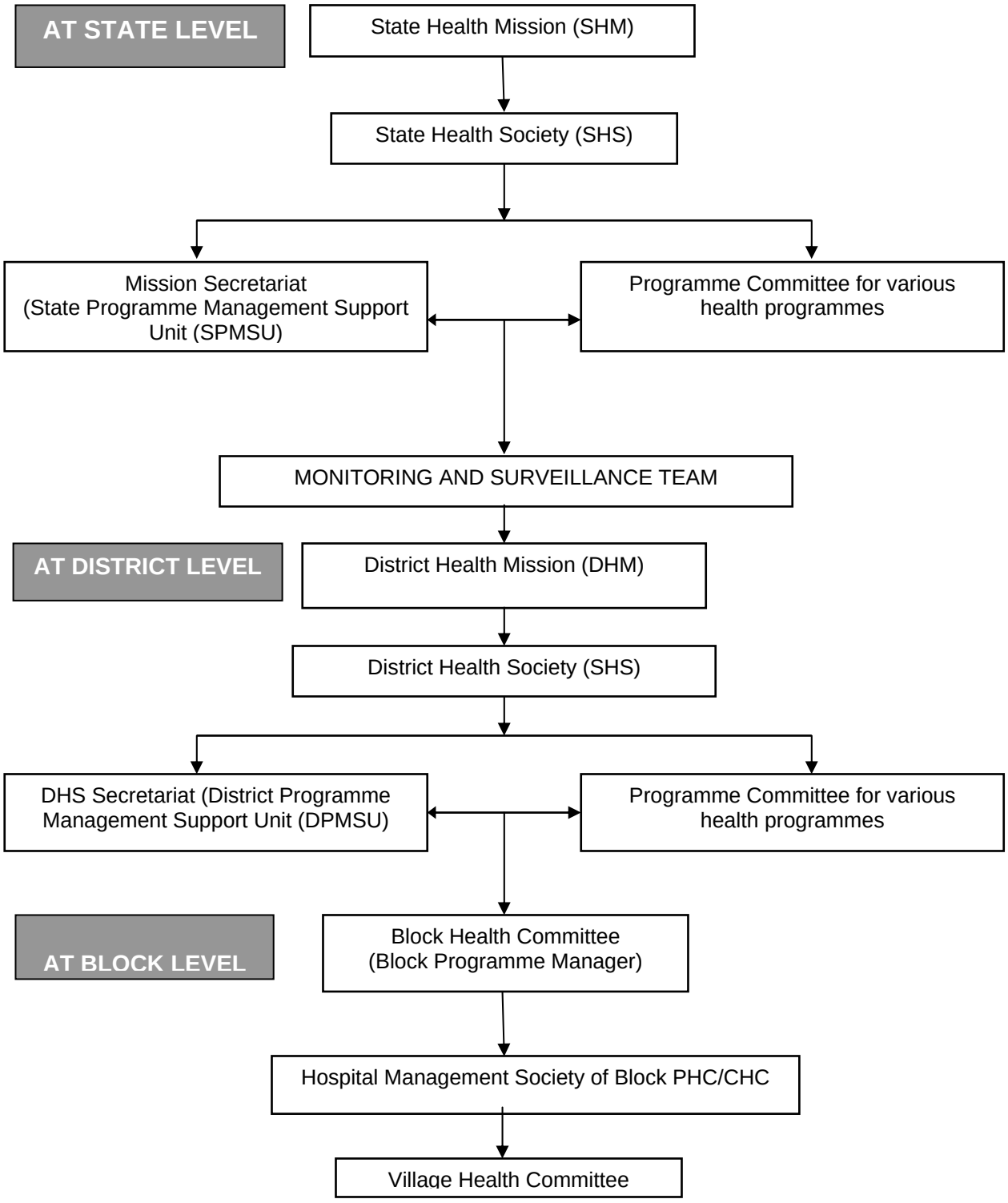
There is Hospital Management Committee/ Rogi Kalyan Samity at all PHCs and CHCs. The PHC / CHC Health committee will monitor the performance of SC under their jurisdiction and will submit the report. The PHC/ CHC health committee will monitor and evaluate the SC performance .and performance will be submitted to the District, which will compile and sent it to the state.

The Ministry has come up with new formats for reporting and recording for the States. The entire set of forms is web-enabled through a software application for capturing of data at the district level. Orientation training on DHIS has been imparted to all the districts during the last two months with the resource persons from NHSRC. The State might take some time to initiate the action of uploading the data online as most of the districts do not have net connectivity. As of now, the districts will be working offline and upload data at the district level only. With this new software, the districts will be able to analyze, validate and generate quality data and also give feedback reports to the health units. The feedback reports can also be used by the State to the district and take necessary steps for improvement.

Regular monitoring and timely review of different programmes under NRHM is being carried out. The purpose of regular supervisory visits by the State Programme Officers, DPMs and Nodal officer in charge of the Districts is to assess the performance of the health units and the personnel involved and also to monitor the activities being carried out.

In order to facilitate the data flow and better monitoring, 40 Block Programme Managers are being proposed for the current financial year.

The organogram for monitoring and evaluation is as follows:


AT STATE LEVEL
State Health Mission (SHM)
State Health Society (SHS)
Mission Secretariat (State Programme Management Support Unit (SPMSU)
Programme Committee for various health programmes
MONITORING AND SURVEILLANCE TEAM
AT DISTRICT LEVEL
District Health Mission (DHM)
District Health Society (SHS)
DHS Secretariat (District Programme Management Support Unit (DPMSU)
Programme Committee for various health programmes
AT BLOCK LEVEL
Block Health Committee (Block Programme Manager)
Hospital Management Society of Block PHC/CHC
Village Health Committee

CHAPTER 8

8.1 WORK PLAN- RCH

Activity	Q1	Q2	Q3	Q4
1. MATERNAL HEALTH				
1.1. ***Operationalise facilities (details of infrastructure & human resources, training, IEC/BCC, equipment, drugs and supplies in sections 9, 11, 12 and 13)***				
1.2. ***Referral Transport***				
1.2.1. Prepare and disseminate guidelines for referral transport for pregnant women and sick newborns / children				
1.2.2. Implementation by districts				
1.3. ***Integrated outreach RCH services***				
1.3.2. *Monthly Village Health and Nutrition Days at Anganwadi Centres*				
1.3.2.1. Implementation by districts of Monthly Village Health and Nutrition Days at Anganwadi Centres				
1.3.2.2. Monitor quality of services and utilization				
1.4. ***Janani Suraksha Yojana / JSY (details of IEC/BCC in section 12)***				
1.4.1. Dissemination of JSY guidelines to districts and sub-districts.				
1.4.2. Implementation of JSY by districts.				
1.4.2.1. Home deliveries				
1.4.2.2. Institutional deliveries				
1.4.3. Monitor quality and utilisation of services.				
2. CHILD HEALTH				
2.1. ***IMNCI (details of training, drugs and supplies, under sections 11 and 13)***				
2.1.1. Prepare detailed operational plan for IMNCI across districts (including training, BCC/IEC, drugs and supplies, etc.).				
2.1.2. Implementation of IMNCI activities in districts				
2.1.3. Monitoring & Evaluation at State Level				
2.1.3.1 Monitoring & Evaluation at District Level				
2.1.4 Setting up IMNCI centres in 5 districts				
2.2. ***Facility Based Newborn Care/FBNC (details of training, drugs and supplies, under sections 11 & 13)***				
2.3. ***Home Based Newborn Care/HBNC (details of training, drugs and supplies, under sections 11 and 13)***				
2.4. ***School Health Programme***				
2.4.1. Prepare and disseminate guidelines for School Health Programme.				
3. FAMILY PLANNING				
(Details of training, IEC/BCC, equipment, drugs and supplies in sections 11, 12 and 13)				
3.1. ***Terminal/Limiting Methods***				

Activity	Q1	Q2	Q3	Q4
3.1.3.5. Compensation for female sterilisation				
3.1.3.6. Compensation for NSV Acceptance				
3.1.3.7 Procurement of Laparoscope				
3.2. ***Spacing Methods***				
3.2.1. *Prepare operational plan for provision of spacing methods across districts (including training, BCC/IEC, drugs and supplies, etc.)*				
3.2.2. *Implementation of IUD services by districts.*				
3.2.2.1. Provide IUD services at health facilities in districts.				
3.2.2.2 Pelvic model for IUD insertion training				
3.2.2.3. Organise RCH & NSV camps in districts.				
3.2.5. *Organise Contraceptive Update seminars for health providers*				
3.2.6. *Monitor progress, quality and utilization of services.*				
4. ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH / ARSH				
(Details of training, IEC/BCC in sections 11 and 12)				
4.1. ***Adolescent friendly services***				
4.1.1. Disseminate ARSH guidelines.				
4.1.2. Prepare operational plan for ARSH services across districts (including training, BCC/IEC, equipment, drugs and supplies, etc.).				
4.1.3. Implement ARSH services in districts.				
4.1.3.1. Setting up of Adolescent Clinics at health facilities.				
4.1.4. Monitor progress, quality and utilisation of services.				
4.2. ***Other strategies/activities (please specify – PPP/ Innovations/NGO to be mentioned under section 8)***				
5. URBAN RCH				
5.1. ***Urban RCH Services***				
5.1.1. Identification of urban areas / mapping of urban slums				
5.1.2. Prepare operational plan for urban RCH (including infrastructure and human resources, training, BCC/IEC, equipment, drugs and supplies, etc.).				
5.1.3. Implementation of Urban RCH plan/ activities				
5.1.3.1. Recruitment and training of link workers for urban slums				
5.1.3.2. Strengthening of urban health posts and urban health centres				
9. INFRASTRUCTURE AND HUMAN RESOURCES				
9.1. ***Contractual Staff & Services***				
9.1.1. ANMs recruited and in position				
9.1.2. Laboratory Technicians recruited and in position				
9.1.3. Staff Nurses recruited and in position				
9.1.4. Specialists (Anaesthetists, Paediatricians, Ob/Gyn, Surgeons, Physicians) recruited and in position				
9.1.5.1 MO - 2 each for 3 CHCs FRU				
9.1.5.2 SN - 4 each for 3 CHCs FRU				
9.1.6.1 MO -1 each for 10 new 24x7 PHC				
9.1.6.2 SN- 2 each for 10 new 24x7 PHC				
9.1.6.3 PHN- 1 each for 10 new 24x7 PHC				

Activity	Q1	Q2	Q3	Q4
9.1.7. Others (Medical Oficers) recruited and in position				
9.2. ***Major civil works (New constructions/ extensions/additions)***				
9.2.1. Major civil works for operationalisation of FRUS				
9.2.2. Major civil works for operationalisation of 24 hour services at PHCs				
9.3. ***Minor civil works***				
9.3.1. Minor civil works for operationalisation of FRUs (Construction of waste disposal pit)				
9.3.1.1 Minor civil works for operationalisation of FRUs(Repair & Renovation of O.T) incinerators				
9.3.2. Minor civil works for operationalisation of 24 hour services at PHCs/CHCs(Construction of Labour Room), Wiring, Piping etc				
9.3.3 Minor Civil works for operationalisation of 24 hrs services in CHCs/PHCs(Contruction of Water resorvior Tank)				
9.3.4 Establishimg New Born Care Centre				
9.3.4 Minor Civil Works under IMEP(Deep burial pit)				
9.3.5 Minor Civil Works under IMEP (Sharp burial pit)				
9.4. ***Operationalise Infection Management & Environment Plan at health facilities (details of training, equipment, drugs and supplies, under sections 11 and 13)***				
9.5. Other activities (pl. specify) Dissemination of IMEP materials				
10. INSTITUTIONAL STRENGTHENING				
10.1. ***Human Resources Development***				
10.1.1. HR Consultant(s) recruited and in position				
10.1.2. Mapping of human resources done				
10.1.3. Transfer and cadre restructuring policy developed				
10.1.4. Performance appraisal and reward system developed				
10.1.5. Incentive policies developed for posting in under-served areas (Mon, Tuensang, Kiphire, Longleng)				
10.1.6. Management Development Programme for Medical Officers				
10.1.7. Other activities (Development of HMIS system for State & Dist)				
10.2. ***Logistics management/ improvement***				
10.2.1. Logistics consultant(s) recruited and in position				
10.2.2. Review of logistics management system at State Level				
10.2.2.1 Review of logistics management system at District Level				
10.2.3. Training of staff in logistics management				
10.2.4. Strengthening of warehousing facilities (construction/ repair/ renovation, furniture, computers, software, etc.)				
10.2.5. Other logistics activities (please specify)				
10.3. ***Monitoring & Evaluation / HMIS***				
10.3.1. *Strengthening of M&E Cell*				
10.3.1.1. M&E consultant(s) recruited and in position				
10.3.1.2. Provision of equipment at state and district levels				
10.3.2. *Operationalising the new MIES format*				

Activity	Q1	Q2	Q3	Q4
10.3.2.1. Review of existing registers & Printing of registers				
10.3.2.2.1 Printing of new forms SC to PHC				
10.3.2.2.2 Printing of new forms PHC/CHC to Dist				
10.3.2.2.3 Printing of new forms Dist to State				
10.3.2.3. Training of staff				
10.3.3. Other M&E activities (Hiring of Vehicle for State Level)				
10.3.3.1 Other M&E activities (Hiring of Vehicle for District Level)				
Sub-total Institutional Strengthening				
11. TRAINING				
11.1. ***Strengthening of Training Institutions (SIHFW, ANMTCs, etc.)***				
11.1.1. Carry out repairs/ renovations of the training institutions				
11.1.2. Provide equipment and training aids to the training institutions				
11.3. ***Maternal Health Training***				
11.3.1. *Skilled Attendance at Birth / SBA*				
11.3.1.1. Setting up of SBA Training Centres				
11.3.1.2. TOT for SBA				
11.3.1.3. Training of Medical Officers SBA				
11.3.1.4.Orientation workshop of trainers for SBA				
11.3.1.4.1 Upgradation Training of Nurses in SBA				
11.3.2 MTP Training				
11.3.2.1. Orientation Workshop on MTP % IUCD				
11.3.2.2. TOT for EmOC				
11.3.2.3. Training of Medical Officers in EmOC				
11.3.4. *Safe abortion services training (including MVA/ EVA and Medical abortion)*				
11.3.4.1. TOT on safe abortion services				
11.3.4.2. Training of Medical Officers in safe abortion				
11.3.5. *RTI / STI Training*				
11.3.5.1. Trainers orientation for RTI/STI training				
11.3.5.2. Blood Transfusion procedure & storage training				
11.3.5.3. Training of Medical Officers in RTI/STI				
11.3.5.4. Training of Staff Nurses in RTI/STI				
11.3.5.5. Training of ANMs / LHVs in RTI/STI				
11.3.6. *Orientation of Dai / TBAs on safe delivery*				
11.3.7. Other maternal health training (ANC Training)				
11.4. ***IMEP Training***				
11.4.3. IMEP training for medical officers				
11.4.3.1 IMEP training for Nurses				
11.5. ***Child Health Training***				
11.5.1. *IMNCI Training (pre-service and in-service)*				
11.5.1.2. IMNCI Training for Medical Officers				
11.5.1.3. IMNCI Training for staff nurses				
11.5.1.4. IMNCI Training for CDPO,Paedetri,LHV,MO				
11.5.1.5. IMNCI Training for Anganwadi Workers				
11.5.4.2. Training on Care of sick children and severe malnutrition for Medical Officers				

Activity	Q1	Q2	Q3	Q4
11.5.5. Other child health training (Orientation on CDD & ARI Training)				
11.5.5. Other child health training (Orientation on CDD & ARI Training)				
11.6. ***Family Planning Training***				
11.6.1. *Laparoscopic (T-Ligation) Training*				
11.6.1.1 *Laparoscopic (T-Ligation) Training*				
11.6.1.1.2 TOT on laparoscopic sterilization				
11.6.1.2. Laparoscopic sterilisation training for medical officers				
11.6.2. *Minilap Training for OT Nurses*				
11.6.2.1. TOT on Minilap				
11.6.2.2. Minilap training for medical officers				
11.6.3. *Non-Scalpel Vasectomy (NSV) Training*				
11.6.3.1. TOT on NSV				
11.6.3.2. NSV for M.Os				
11.6.4. *IUD Insertion*				
11.6.4.1. TOT for IUD insertion				
11.6.4.2. Training of Medical officers in IUD insertion				
11.6.4.3. Training of staff nurses in IUD insertion				
11.6.4.4.				
11.6.6. Other family planning training (Mini Laparotomy T-Ligation for M.Os)				
11.6.6.1 Other family planning training (Mini Laparotomy T-Ligation for Nurses)				
11.7. ***Adolescent Reproductive and Sexual Health/ARSH Training***				
11.7.1. TOT for ARSH training				
11.7.2. Orientation training of state and district programme managers				
11.7.3. ARSH training for medical officers				
11.7.4. ARSH training for ANMs/LHVs				
11.7.5. ARSH expenditure on training equipment				
11.8. ***Programme Management Training***				
11.8.1. Training of SPMSU staff				
11.8.2. Training of DPMSU staff				
11.9. Other training (Orientation training on Data Collection)				
11.10 ASHA Training training f District Trainers				
11.11 Asha Link Workers Training				
12. BCC / IEC				
12.1 Strengthening of BCC/IEC Bureaus (state and district levels)				
12.1.1 Contractual staff recruited and in position				
12.1.2 Other activities (pl. specify)				
12.2 Development of State BCC strategy				
12.3 implementation of BCC strategy				
12.5 Others (All other activities)				
13. PROCUREMENT				
13.1. ***Procurement of Equipment***				

Activity	Q1	Q2	Q3	Q4
13.1.1. *Procurement of equipment for Maternal Health*				
13.1.1.0 Procurement of Labour Tables				
13.1.1.1. Procurement of equipment of skills based services (FRUs Kits)				
13.1.1.1. Procurement of equipment of skills based services (SBA Kits)				
13.1.1.2. Procurement of equipment of blood storage facility				
13.1.1.3. Procurement of MVA/EVA equipment for health facilities				
13.1.1.4. Procurement of RTI/STI equipment for health facilities (PHC Kits Drugs)				
13.1.1.4.1 Procurement of RTI/STI equipment for health facilities (CHC Kits Drugs)				
13.1..1.5 Procurement of Essential Obstrictic Care Drug Kit				
13.1.1.6 Procurement of delivery kits				
13.1.2. *Procurement of equipment for Child Health*				
13.1.2.1. Procurement of equipment for IMNCI				
13.1.2.2. Procurement of equipment for facility based newborn care (Ambubag,Radiant Warmer, Suction Machine, incubator 1 each)				
13.1.2.3. Procurement of equipment for care of sick children and severe malnutrition				
13.1.3. *Procurement of equipment for Family Planning*				
13.1.3.1. Procurement/ repair of Laparoscopes / Laprocators				
13.1.3.2. Procurement of NSV kits				
13.1.3.3. Procurement of IUDs				
13.1.3.4. Procurement of operating microscopes/accessories for recanalisation services				
13.1.4. *Procurement of equipment for IMEP (Waste Basket, Sharp Container, Hand Gloves, Mask, Caps etc)*				
13.2. ***Procurement of Drugs and supplies***				
13.2.1. Procurement of drugs and supplies for maternal health (Delivery Kits)				
13.2.1. Procurement of drugs and supplies for maternal health (Kit A & B)				
13.2.2. Procurement of drugs and supplies for child health				
13.2.3. Procurement of drugs and supplies for family planning				
13.2.4. Procurement of supplies for IMEP				
13.2.5. Procurement of general drugs and supplies for health facilities				
13.3. *Other* procurement (Procurement of equiptments for ARSH, centres				
14. PROGRAMME MANAGEMENT				
14.1. ***Strengthening of State society/State Programme Management Support Unit (details of training under section***				

Activity	Q1	Q2	Q3	Q4
11)				
14.1.1. Contractual Staff for SPMSU recruited and in position				
14.1.2. Provision of equipment/furniture and mobility support for SPMSU staff				
14.2. ***Strengthening of District society/District Programme Management Support Unit (details of training under section 11)***				
14.2.1. Contractual Staff for DPMSU recruited and in position				
14.2.2. Provision of equipment/furniture and mobility support for SPMSU staff				
14.3. ***Strengthening of Financial Management systems***				
14.3.1. Training in accounting procedures				
14.3.2. *Audits*				
14.3.2.1. Annual audit of the programme				
14.3.2.2. Concurrent audit				
14.3.3. Operationalise E-banking system upto district levels				
14.4 Other activities (Audit for State Level)				

8.1 WORK PLAN- NRHM

Sn	sub	Activity	Q I	Q II	Q III	Q IV
		VILLAGE LEVEL ACTIVITIES				
1		Orientation of community leaders on Village, SHC, PHC, CHC Committees				
2		Untied grants to Village Health and Sanitation Committees				
3		Periodic Training of Community Health Workers - ASHA				
4	i	ASHA co-ordinator				
	ii	Recurring cost				
	iii	Induction Training for ASHA coordinators				
	iv	Continuing Training for ASHA coordinators				
		SUB CENTRE LEVEL ACTIVITIES				
5		Untied Fund				
6		Maintenance Fund				
7		Remuneration and training of ANMs.				
8		Construction of Sub centre buildings				
		PHC LEVEL ACTIVITIES				
9		Untied Fund				
10		Maintenance Fund				
11		RKS Fund				
12		PHC building construction				
13		Contractual manpower at PHCs under NRHM (Recurring)				
14		Ambulance for PHC				
		CHC LEVEL ACTIVITIES				
15		Untied Fund				
16		Maintenance Fund				
17		RKS Fund				
18		Contractual manpower at CHCs under NRHM - recurring				
19		CHC improvement at Meluri				
20		Dental equipments in CHCs				
		DISTRICT HOSPITAL LEVEL ACTIVITIES				
21		RKS Fund				
		STATE AND DISTRICT LEVEL ACTIVITIES				
22		Visioning workshops				
23		Procurement plan				
24		Mobile medical units - recurring				
25		Non-Governmental Health care providers				
26		Preparation of DAP & BHAP				
27		Alternate delivery system				
28		School Health Programme				
29		Incentives for diffcult areas				
30		Nursing school at Dimapur				
31		Telephones for Health units - recurring				
32		Specialist Recurring				
33	i	New Nursing School at DH MON				
	ii	New Nursing School at DH PHEK				

Sn	sub	Activity	Q I	Q II	Q III	Q IV
34		Improvement in Functional Bed Capacity at DH Mokokchung				
35	i	Upgradation of Bed Capacity in Phek District Hospital				
	ii	Upgradation of Bed Capacity in Mon District Hospital				
	ii	Upgradation of Bed Capacity in Longleng District Hospital				
	iv	Upgradation of Bed Capacity in Kiphire District Hospital				
36		Review Meeting on implementation status				
37		ASHA Resource Centre at the State level				
38		Management cost/ contingencies				

9. BUDGET

Summary

Part	Programme	Components	Budget (Lakhs)
A	RCH		2949.62
B	NRHM		6636.90
C	UIP		95.22
D	NDCP	RNTCP	312.83
		NVBDCP	851.62
		NLEP	99.65
		IDSP	107.02
		NIDDCP	38.26
		NPCB	405.28
E	Convergence		46.00
		Sub-Total (A)	**11542.40**
F	Other New Programmes	Tobacco Control	67.60
		Oral Health	104.00
		Non Communicable Diseases	162.22
		AYUSH	2810.55
		Sub-Total (B)	**3144.37**
		Grand Total (A+B)	**14686.77**

Rupees One Hundred Forty Six Crores Eighty Six Lakhs and Seventy Seven Thousand only.

9.1 PART A - RCH PROGRAMME

Budget Head	Baseline / Current Status	Unit of	Physical Target					Rate	Financial Allocation (Rs. Lakhs)				
	(Apr 1, '08)	Measure	Q I	Q II	Q III	Q IV	Total Annual	(Rs./ Unit)	Q I	Q II	Q III	Q IV	Total
1. MATERNAL HEALTH													
1.1. ***Operationalise facilities (details of infrastructure & human resources, training, IEC/BCC, equipment, drugs and supplies in sections 9, 11, 12 and 13)***													
1.2. ***Referral Transport***													
1.2.1. Prepare and disseminate guidelines for referral transport for pregnant women and sick newborns / children		@50,000/- per CHC (21) & DH(11)	10	10	10	2	32	10,000	5	5	5	2	3.20
		Transportation Assistance @ Rs. 25000/- per PHCs (86)	22	22	21	21	86	25000	5.38	5.38	5.37	5.37	21.50
1.2.2. Implementation by districts													
1.3. ***Integrated outreach RCH services***													
1.3.2. *Monthly Village Health and Nutrition Days at Anganwadi Centres*													
1.3.2.1. Implementation by districts of Monthly Village Health and Nutrition Days at Anganwadi Centres		VHND days	1917	1917	1917	1917	7668	500	9.59	9.59	9.59	9.59	38.34
1.3.2.2. Monitor quality of services and utilization		Visit	1917	1917	1917	1917	7668	100	9.59	9.59	9.59	9.59	7.67
1.4. ***Janani Suraksha Yojana / JSY (details of IEC/BCC in section 12)***													

Budget Head	Baseline / Current Status	Unit of	Physical Target					Rate	Financial Allocation (Rs. Lakhs)				
	(Apr 1, '08)	Measure	Q I	Q II	Q III	Q IV	Total Annual	(Rs./ Unit)	Q I	Q II	Q III	Q IV	Total
1.4.1. Dissemination of JSY guidelines to districts and sub-districts.													
1.4.2. Implementation of JSY by districts.													
1.4.2.1. Home deliveries													
1.4.2.2. Institutional deliveries	10000	20000 deliveries	5000	5000	5000	5000	20000	2000	100	100	100	100	400.00
1.4.3. Monitor quality and utilisation of services.													2.00
2. CHILD HEALTH													
2.1. ***IMNCI (details of training, drugs and supplies, under sections 11 and 13)***													
2.1.1. Prepare detailed operational plan for IMNCI across districts (including training, BCC/IEC, drugs and supplies, etc.).													
2.1.2. Implementation of IMNCI activities in districts													
2.1.3. Monitoring & Evaluation at State Level													5.00
2.1.3.1 Monitoring & Evaluation at District Level		5 District						200000	2.5	2.5	2.5	2.5	10.00
2.1.4 Setting up IMNCI centres in 5 districts		5 District					5	7.48					37.40
2.2. ***Facility Based Newborn Care/FBNC (details of training, drugs and supplies, under sections 11 & 13)***													

Budget Head	Baseline / Current Status	Unit of	Physical Target					Rate	Financial Allocation (Rs. Lakhs)				
	(Apr 1, '08)	Measure	Q I	Q II	Q III	Q IV	Total Annual	(Rs./ Unit)	Q I	Q II	Q III	Q IV	Total
2.3. ***Home Based Newborn Care/HBNC (details of training, drugs and supplies, under sections 11 and 13)***													
2.4. ***School Health Programme***													
2.4.1. Prepare and disseminate guidelines for School Health Programme.		NRHM Addl											
3. FAMILY PLANNING													
(Details of training, IEC/BCC, equipment, drugs and supplies in sections 11, 12 and 13)													
3.1. ***Terminal/Limiting Methods***													
3.1.3.5. Compensation for female sterilisation	938	2000 cases per year	500	500	500	500	2000	1000	5	5	5	5	20.00
3.1.3.6. Compensation for NSV Acceptance	18	50 cases per year	12.5	12.5	12.5	2.5	30	1500	0.187	0.187	0.187	0.187	0.75
3.1.3.7 Procurement of Laparoscope													
3.2. ***Spacing Methods***													
3.2.1. *Prepare operational plan for provision of spacing methods across districts (including training, BCC/IEC, drugs and supplies, etc.)*													
3.2.2. *Implementation of IUD services by districts.*													
3.2.2.1. Provide IUD services at health facilities in districts.													
3.2.2.2 Pelvic model for IUD insertion training													
3.2.2.3. Organise RCH camps in districts.		11 District	11	11	11		44	50,000	5.5	5.5	5.5	5.5	22.00

Budget Head	Baseline / Current Status	Unit of	Physical Target					Rate	Financial Allocation (Rs. Lakhs)				
	(Apr 1, '08)	Measure	Q I	Q II	Q III	Q IV	Total Annual	(Rs./ Unit)	Q I	Q II	Q III	Q IV	Total
3.2.5. *Organise Contraceptive Update seminars for health providers*		11 districts	2	9			11	25000					2.75
3.2.6. *Monitor progress, quality and utilization of services.*													
4. ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH / ARSH													
(Details of training, IEC/BCC in sections 11 and 12)													
4.1. ***Adolescent friendly services***													
4.1.1. Disseminate ARSH guidelines.													
4.1.2. Prepare operational plan for ARSH services across districts (including training, BCC/IEC, equipment, drugs and supplies, etc.).		**ARSH set up in 3 Districts**	1	1	1	0	3	180000	1.8	1.8	1.8		5.40
4.1.3. Implement ARSH services in districts.													
4.1.3.1. Setting up of Adolescent Clinics at health facilities.		17 units	5	5	5	2	17	150000	7.5	7.5	7.5	3	25.50
4.1.4. Monitor progress, quality and utilisation of services.													2.00
8.1 **PPP/ Innovations/MNGO**								In text					280.50
9. INFRASTRUCTURE AND HUMAN RESOURCES													
9.1. ***Contractual Staff & Services***													
9.1.1. ANMs recruited and in position	116	116					116	7700	26.796	26.796	26.796	26.796	107.18
9.1.2. Laboratory Technicians recruited and in position	18	18					18	7000	3.78	3.78	3.78	3.78	15.12

Budget Head	Baseline / Current Status	Unit of	Physical Target					Rate	Financial Allocation (Rs. Lakhs)				
	(Apr 1, '08)	Measure	Q I	Q II	Q III	Q IV	Total Annual	(Rs./ Unit)	Q I	Q II	Q III	Q IV	Total
9.1.3. Staff Nurses recruited and in position	46	46					46	9800	13.524	13.524	13.524	13.524	54.10
9.1.4. Specialists (Anaesthetists, Paediatricians, Ob/Gyn, Surgeons, Physicians) recruited and in position	15	**15**					**15**	35000	15.75	15.75	15.75	15.75	63.00
9.1.5.1 MO - 2 each for 3 CHCs FRU		**6**					6	28000	5.04	5.04	5.04	5.04	20.16
9.1.5.2 SN - 4 each for 3 CHCs FRU		**12**					12	9800	3.528	3.528	3.528	3.528	14.11
9.1.6.1 MO -1 each for 10 new 24x7 PHC		**10**					10	28000	8.4	8.4	8.4	8.4	33.60
9.1.6.2 SN- 2 each for 10 new 24x7 PHC		**20**					20	9800	5.88	5.88	5.88	5.88	23.52
9.1.6.3 PHN- 1 each for 10 new 24x7 PHC		**10**					10	9800	2.94	2.94	2.94	2.94	11.76
9.1.7. Others (Medical Oficers) recruited and in position	46	46					46	28000	38.64	38.64	38.64	38.64	154.56
9.2. ***Major civil works (New constructions/ extensions/additions)***													
9.2.1. Major civil works for operationalisation of FRUS													
9.2.2. Major civil works for operationalisation of 24 hour services at PHCs													
9.3. ***Minor civil works***													
9.3.1. Minor civil works for operationalisation of FRUs (Construction of waste disposal pit)													
9.3.1.1 Minor civil works for operationalisation of FRUs(Repair & Renovation of O.T) incinerators		13	3	3	3	4	13	250000	7.5	7.5	7.5	10	32.50

Budget Head	Baseline / Current Status	Unit of	Physical Target					Rate	Financial Allocation (Rs. Lakhs)				
	(Apr 1, '08)	Measure	Q I	Q II	Q III	Q IV	Total Annual	(Rs./ Unit)	Q I	Q II	Q III	Q IV	Total
9.3.2. Minor civil works for operationalisation of at PHCs/CHCs(Repair & Rennovation of Labour Room),		53	15	15	15	8	53	50000	7.5	7.5	7.5	4	26.50
9.3.3 Minor Civil works for operationalisation of 24 hrs services in CHCs/PHCs(Contruction of Water resorvior Tank)													
9.3.4 Establishimg New Born Care Centre		33 24x7 PHCs						250000					82.50
9.3.4 Minor Civil Works under IMEP(Waste Disposal Unit)													
9.3.5 Minor Civil Works under IMEP (Sharp burial pit)		397 sub-centres	100	99	99	99	397	50000	50	49.5	49.5	49.5	198.50
9.4. ***Operationalise Infection Management & Environment Plan at health facilities (details of training, equipment, drugs and supplies, under sections 11 and 13)***													
9.5. Other activities (pl. specify) Dissemination of IMEP materials		11 districts					11	10000					1.10
10. INSTITUTIONAL STRENGTHENING													
10.1. ***Human Resources Development***													
10.1.1. HR Consultant(s) recruited and in position													
10.1.2. Mapping of human resources done													

Budget Head	Baseline / Current Status	Unit of	Physical Target					Rate	Financial Allocation (Rs. Lakhs)				
	(Apr 1, '08)	Measure	Q I	Q II	Q III	Q IV	Total Annual	(Rs./ Unit)	Q I	Q II	Q III	Q IV	Total
10.1.3. Transfer and cadre restructuring policy developed													
10.1.4. Performance appraisal and reward system developed													
10.1.5. Incentive/bonus package of one month salary policies developed for posting in under-served areas (Mon, Tuensang, Kiphire, Longleng)		16 SN						9800					1.57
		42 ANM						7700	``				3.23
		16 M.Os						28000					4.48
10.1.6. Management Development Programme for Medical Officers													
10.1.7. Other activities (Development of HMIS system for State & Dist)								lumpsum					5.00
10.2. ***Logistics management/ improvement***													
10.2.1. Logistics consultant(s) recruited and in position													
10.2.2. Review of logistics management system at State Level								lumpsum					10.00
10.2.2.1 Review of logistics management system at District Level		11 District					11	100000					11.00
10.2.3. Training of staff in logistics management													

Budget Head	Baseline / Current Status	Unit of	Physical Target					Rate	Financial Allocation (Rs. Lakhs)				
	(Apr 1, '08)	Measure	Q I	Q II	Q III	Q IV	Total Annual	(Rs./ Unit)	Q I	Q II	Q III	Q IV	Total
10.2.4. Strengthening of warehousing facilities (construction/ repair/ renovation, furniture, computers, software, etc.)		Ongoing (NRHM)											
10.2.5. Other logistics activities (please specify)													
10.3. ***Monitoring & Evaluation / HMIS***													
10.3.1. *Strengthening of M&E Cell*													
10.3.1.1. M&E consultant(s) recruited and in position		Yes											
10.3.1.2. Provision of equipment at state and district levels		computers at dist level					15	60000					9.00
10.3.2. *Operationalising the new MIES format*													
10.3.2.1. Review of existing registers & Printing of registers								500000					5.00
10.3.2.2.1 Printing of new forms SC to PHC								500000					5.00
10.3.2.2.2 Printing of new forms PHC/CHC to Dist								200000					2.00
10.3.2.2.3 Printing of new forms Dist to State								100000					1.00
10.3.2.3. Training of staff		SPMU DPMU acct/MO/ANM of PHC					185	5000					9.25
10.3.3. Other M&E activities (Hiring of Vehicle for State Level)		3 Vehc 1wk/ mth					3	21000	1.89	1.89	1.89	1.89	7.56
10.3.3.1 Other M&E activities (Hiring of Vehicle for District Level)		11 Vehc 1wk/ mth					11	28000	9.24	9.24	9.24	9.24	36.96
Sub-total Institutional Strengthening													

Budget Head	Baseline / Current Status	Unit of	Physical Target					Rate	Financial Allocation (Rs. Lakhs)				
	(Apr 1, '08)	Measure	Q I	Q II	Q III	Q IV	Total Annual	(Rs./ Unit)	Q I	Q II	Q III	Q IV	Total
11. TRAINING													
11.1. ***Strengthening of Training Institutions (SIHFW, ANMTCs, etc.)***													
11.1.1. Carry out repairs/ renovations of the training institutions		Currently ongoing											
11.1.2. Provide equipment and training aids to the training institutions													
11.3. ***Maternal Health Training***													
11.3.1. *Skilled Attendance at Birth / SBA*													
11.3.1.1. Setting up of SBA Training Centres													
11.3.1.2. TOT for SBA													
11.3.1.3. Training of Medical Officers SBA		40 M.Os	5	5			10	129913	6.5	6.5			12.99
11.3.1.4.Orientation workshop of trainers for SBA		50 participants	1	1			2	138058	1.38	1.38			2.76
11.3.1.4.1 Upgradation Training of Nurses in SBA		100 participants	15	10			25	113758	17.06	11.38			28.44
11.3.2 MTP Training		60 M.Os	**5**	**5**	**5**		**15**	129913	6.5	6.5	6.5		19.49
11.3.2.1. Orientation on Workshop on MTP & IUCD		15 Specialist Gyn.Obs.	1				1	77266	0.77				.77
11.3.2.2. TOT for EmOC													
11.3.2.3. Training of Medical Officers in EmOC	2	**21**	3	3	1		7	119270					8.33
11.3.4. *Safe abortion services training (including MVA/ EVA and Medical abortion)*													
11.3.4.1. TOT on safe abortion services													
11.3.4.2. Training of Medical Officers in safe abortion													

Budget Head	Baseline / Current Status	Unit of	Physical Target					Rate	Financial Allocation (Rs. Lakhs)				
	(Apr 1, '08)	Measure	Q I	Q II	Q III	Q IV	Total Annual	(Rs./ Unit)	Q I	Q II	Q III	Q IV	Total
11.3.5. *RTI / STI Training*													
11.3.5.1. Trainers orientation for RTI/STI/ARSH training		17 Spec.	1				1	84819	.85				0.85
11.3.5.2. Blood Transfusion procedure & storage training		24 M.Os	6				6	55756	4.46				4.46
11.3.5.3. Training of Medical Officers in RTI/STI		96 participants	3	3	3	3	12	70498	2.11	2.11	2.11	2.11	8.46
11.3.5.4. Training of Staff Nurses in RTI/STI		220	5	6	6	5	22	53878	2.96	2.96	2.96	2.96	11.85
11.3.5.5. Training of ANMs / LHVs in RTI/STI													
11.3.6. *Orientation of Dai / TBAs on safe delivery*													
11.3.7. Other maternal health training (ANC Training)													
11.4. ***IMEP Training***													
11.4.3. IMEP training for medical officers		220	10	10	2		22	81155	8.12	8.12	1.62		17.85
11.4.3.1 IMEP training for Nurses		330	10	10	2		22	73505	7.35	7.35	1.47		16.17
11.5. ***Child Health Training***													
11.5.1. *IMNCI Training (pre-service and in-service)*													
11.5.1.2. IMNCI Training for Medical Officers		36 M.Os. 6 per batches)	3	3			6	101240	3.04	3.04			6.07
11.5.1.3. IMNCI Training for staff nurses		72 Nurses	3	3	3		9	93468	2.8	2.8	2.8		8.41
11.5.1.4. IMNCI Training for CDPO,Paedetri,LHV,MO		24 CDPO	1	1	1		3	70498	0.705	0.705	0.705		2.11
11.5.1.5. IMNCI Training for Anganwadi Workers													
11.5.4.2. Training on Care of sick children and severe malnutrition for Medical Officers													

Budget Head	Baseline / Current Status	Unit of	Physical Target					Rate	Financial Allocation (Rs. Lakhs)				
	(Apr 1, '08)	Measure	Q I	Q II	Q III	Q IV	Total Annual	(Rs./ Unit)	Q I	Q II	Q III	Q IV	Total
11.5.5. Other child health training (Orientation on CDD & ARI Training)													
11.5.5. Other child health training (Orientation on CDD & ARI Training)													
11.6. ***Family Planning Training***													
11.6.1. *Laparoscopic (T-Ligation) Training*		32 M.Os	2	2	2	2	8	129913	2.6	2.6	2.6	2.6	10.40
11.6.1.1 *Laparoscopic (T-Ligation) Training*		8 O.T Nurses	2	2			4	92548	1.85	1.85			3.70
11.6.1.1.2 TOT on laparoscopic sterilization													
11.6.1.2. Laparoscopic sterilisation training for medical officers													
11.6.2. *Minilap Training for OT Nurses*													
11.6.2.1. TOT on Minilap													
11.6.2.2. Minilap training for medical officers													
11.6.3. *Non-Scalpel Vasectomy (NSV) Training*													
11.6.3.1. TOT on NSV													
11.6.3.2. NSV for M.Os	8	12 M.Os	1	1	1	4	2	79513	0.79	0.79			3.18
11.6.4. *IUD Insertion*													
11.6.4.1. TOT for IUD insertion													
11.6.4.2. Training of Medical officers in IUD insertion		40 M.Os	3	3	3	1	10	129913	3.9	3.9	3.9	1.3	12.99
11.6.4.3. Training of staff nurses in IUCD insertion		50 Nurses	3	3	3	1	10	124363	3.73	3.73	3.73	1.24	12.44
11.6.4.4.													
11.6.6. Other family planning training (Mini Laparotomy T-Ligation for M.Os)		48 M.Os	3	3	3	3	12	129913	3.89	3.89	3.89	3.89	15.59

Budget Head	Baseline / Current Status	Unit of	Physical Target					Rate	Financial Allocation (Rs. Lakhs)				
	(Apr 1, '08)	Measure	Q I	Q II	Q III	Q IV	Total Annual	(Rs./ Unit)	Q I	Q II	Q III	Q IV	Total
11.6.6.1 Other family planning training (Mini Laparotomy T-Ligation for Nurses)		12 OT Nurses	1	1	1		**3**	92645	0.92	0.92	0.92		2.77
11.7. ***Adolescent Reproductive and Sexual Health/ARSH Training***													
11.7.1. TOT for ARSH training													
11.7.2. Orientation training of NGOs on ARSH		40	1	1	1	1	4	50000					2.00
11.7.3. ARSH training for medical officers		28 M.Os	1	1	1		3	47255	0.47	0.47	0.47		1.42
11.7.4. ARSH training for Nurses & Councellors		42 (28 Nurse & 14 Councellors)	1	1	2		4	47255	0.47	0.47	0.94		1.89
11.7.5. ARSH expenditure on training equipment													
11.8. ***Programme Management Training***													
11.8.1. Training of SPMSU staff													
11.8.2. Training of DPMSU staff													
11.9. Other training (Orientation training on Data Collection)		42 M.Os	1				1	86940	0.87				0.87
11.9.1 Other training (Orientation training on Data Collection)		108 Nurses	2	1			3	65000	1.3	0.65			1.95
11.10 ASHA Training training of District Trainers		50 M.Os	2	2	1		5	81155	1.62	1.62	0.81		4.05
11.11 Asha Link Workers Training													
Sub-total Training													
12. BCC / IEC													
12.1 Strengthening of BCC/IEC Bureaus (state and district levels)													
12.1.1 Contractual staff recruited and in position		11							3.96	3.96	3.96	3.96	15.84

Budget Head	Baseline / Current Status	Unit of	Physical Target					Rate	Financial Allocation (Rs. Lakhs)				
	(Apr 1, '08)	Measure	Q I	Q II	Q III	Q IV	Total Annual	(Rs./ Unit)	Q I	Q II	Q III	Q IV	Total
12.1.2 Other activities (pl. specify)													
12.2 Development of State BCC strategy													
12.3 implementation of BCC strategy		(in text)											275.54
12.5 Others (All other activities)													
Sub-total BCC/ IEC													
13. PROCUREMENT													
13.1. ***Procurement of Equipment***													
13.1.1. *Procurement of equipment for Maternal Health*													
13.1.1.0 Procurement of Labour Tables													
13.1.1.1. Procurement of equipment of skills based services (FRUs Kits)													
13.1.1.1. Procurement of equipment of skills based services (SBA Kits)													
13.1.1.2. Procurement of equipment of blood storage facility													
13.1.1.3. Procurement of MVA/EVA equipment for health facilities		21 CHCs					**21**	4200					0.88
13.1.1.4. Procurement of RTI/STI equipment for health facilities (PHC Kits Drugs)		33 PHCs						111500					36.75
13.1.1.4.1 Procurement of RTI/STI equipment for health facilities (CHC Kits Drugs)		21 CHCs						110713					23.24
13.1..1.5 Procurement of Essential Obstrictic Care Drug Kit		33 PHCs											

Budget Head	Baseline / Current Status	Unit of	Physical Target					Rate	Financial Allocation (Rs. Lakhs)				
	(Apr 1, '08)	Measure	Q I	Q II	Q III	Q IV	Total Annual	(Rs./ Unit)	Q I	Q II	Q III	Q IV	Total
13.1.1.6 Procurement of delivery kits		21 CHC, 38 PHC, 224 ANM					**283**	4200					11.89
13.1.2. *Procurement of equipment for Child Health*													
13.1.2.1. Procurement of equipment for IMNCI													
13.1.2.2. Procurement of equipment for facility based newborn care (Ambubag,Radiant Warmer, Suction Machine, incubator 1 each)		21 CHCs, 11 DH					**32**	487800					156.10
13.1.2.3. Procurement of equipment for care of sick children and severe malnutrition													
13.1.3. *Procurement of equipment for Family Planning*													
13.1.3.1. Procurement of Laparoscopes	2	11					11	300000					33.00
13.1.3.2. Procurement of NSV kits													
13.1.3.3. Procurement of IUDs													
13.1.3.4. Procurement of operating microscopes/accessories for recanalisation services													
13.1.4. *Procurement of equipment for IMEP (Waste Basket, Sharp Container, Hand Gloves, Mask, Caps etc)*													
13.2. ***Procurement of Drugs and supplies***													

Budget Head	Baseline / Current Status	Unit of	Physical Target					Rate	Financial Allocation (Rs. Lakhs)				
	(Apr 1, '08)	Measure	Q I	Q II	Q III	Q IV	Total Annual	(Rs./ Unit)	Q I	Q II	Q III	Q IV	Total
13.2.1. Procurement of drugs and supplies for maternal health (Delivery Kits)		38 PHCs & 21 CHCs & 224 Kits to trained ANMs											
13.2.1. Procurement of drugs and supplies for maternal health (Kit A & B)		397 x 2 = 794						18135					25.22
13.2.2. Procurement of drugs and supplies for child health		21 CHC 86 PHC											
13.2.3. Procurement of labour Table		33						150000					49.50
13.2.4. Procurement of supplies for IMEP													
13.2.5. Procurement of general drugs and supplies for health facilities													
13.3. *Other* procurement (Procurement of equiptments for ARSH, centres		4 District						500000	5	5	5	5	20.00
Sub-total Procurement													
14. PROGRAMME MANAGEMENT													
14.1. ***Strengthening of State society/State Programme Management Support Unit (details of training under section 11)***													
14.1.1. Contractual Staff for SPMSU recruited and in position								(Details in text)					38.95
14.1.2. Provision of equipment/furniture and mobility support for SPMSU staff									4	2	2	2	10.00

Budget Head	Baseline / Current Status	Unit of	Physical Target					Rate	Financial Allocation (Rs. Lakhs)				
	(Apr 1, '08)	Measure	Q I	Q II	Q III	Q IV	Total Annual	(Rs./ Unit)	Q I	Q II	Q III	Q IV	Total
14.2. ***Strengthening of District society/District Programme Management Support Unit (details of training under section 11)***													
14.2.1. Contractual Staff for DPMSU recruited and in position								(Details in text)					146.98
14.2.2. Provision of equipment/furniture and mobility support for SPMSU staff									11	11	11	11	44.00
14.3. ***Strengthening of Financial Management systems***													
14.3.1. Training in accounting procedures		4	1	1	1	1	4	100000	1	1	1	1	4.00
14.3.2. *Audits*													
14.3.2.1. Annual audit of the programme		11						10000					1.10
14.3.2.2. Concurrent audit		44	11	11	11	11	44	2000	0.22	0.22	0.22	0.22	0.88
14.3.3. Operationalise E-banking system upto district levels													
14.4 Other activities (Audit for State Level)								100000					1.00
Sub-total Programme Management													
TOTAL RCH II FLEXIPOOL													
TOTAL JSY, Sterilisation Compensation and NSV Camps													
GRAND TOTAL													**2949.62**

9.2 PART B - NRHM ADDITIONALATIES

Sn	sub	Activity	Particulars	Per unit Cost (In Rupees)	Numbers	Units / Months	Amount (In lakhs)
	VILLAGE LEVEL ACTIVITIES						
1		Orientation of community leaders on Village, SHC, PHC, CHC Committees	It is calculated that over all training cost per person (inclusive of all costs) would come around Rs.400. (Rs 200 TA/DA per participant. Rs 200 for refreshment, educational materials, venue, etc)	400	12780	1	51.12
2		Untied grants to Village Health and Sanitation Committees		10,000	1278	1	127.80
3		Periodic Training of Community Health Workers - ASHA	Total number - 1700				
	i		Training - travel expenses (6 times per yr) @ Rs.100/-	100	1700	6	10.20
	ii		Training compensation (DA) @ Rs.100/ day for 12 days	100	1700	12	20.40
	iii		Medicines (twice a year)	600	1700	2	20.40
	iv		Honorarium to trainers (5 trainers, 12 days @ Rs.100/- for 17 batches	1,200	5	17	1.02
	v		Orientation of TOTs - state and district level	20,000	16	1	3.20
4	i	ASHA co-ordinator	`	7,000	17	12	14.28
	ii	Recurring cost	Existing 23 ASHA coordinators	7,000	23	12	19.32
	iii	Induction Training for ASHA coordinators	Similar to the ASHA induction but with input from programme mgmt, accounts, vertical programmes etc.	10000	17	1	1.70
	iv	Continuing Training for ASHA coordinators	Refresher training	3300	23	1	0.76
	SUB CENTRE LEVEL ACTIVITIES						
5		Untied Fund		10,000	397	1	39.70
6		Maintenance Fund		10,000	397	1	39.70
7		Remuneration and training of ANMs.					
	i		Recurring cost of existing 250 ANMs	7,700	250	12	231.00
	ii		Re-Orientation of	500	250	1	1.25

Sn	sub	Activity	Particulars	Per unit Cost (In Rupees)	Numbers	Units / Months	Amount (In lakhs)
			existing ANMs				
8		Construction of Sub centre buildings	Currently, out of 397 SCs, only 260 are housed in government buildings, the rest 137 are either in rented or community provided places. It is proposed that SC buildings are constructed which would also offer the ANM an housing solution (as per IPHS norms)	1,233,000	50	1	616.50
	PHC LEVEL ACTIVITIES						
9		Untied Fund		25,000	128	1	32.00
10		Maintenance Fund		50,000	128	1	64.00
11		RKS Fund		100,000	128	1	128.00
12		PHC building construction	Most of the PHCs are in a state of dis-repair, it is proposed to construct new building conforming to IPHS norms at these places in a phased manner. In the current year, 5 PHCs are proposed. The rates are as per Nagaland PWD SOR 2008	6,568,000	5	1	328.40
13		Contractual manpower at PHCs under NRHM (Recurring)					
	i		MO	28,000	33	12	110.88
	ii		SN	9,800	47	12	55.27
	iii		PHN	9,800	33	12	38.81
14		Ambulance for PHC	Ambulance are being proposed in a phased manner. Currently, 33 PHCs have been made into 24x7 facilities. 7 of these PHCs were provided with ambulances in 2008-09. It is proposed to provide ambulances to another 26 in the current year.	700,000	26	1	182.00
	CHC LEVEL ACTIVITES						
15		Untied Fund		50,000	21	1	10.50
16		Maintenance Fund		100,000	21	1	21.00

Sn	sub	Activity	Particulars	Per unit Cost (In Rupees)	Numbers	Units / Months	Amount (In lakhs)
17		RKS Fund		100,000	21	1	21.00
18		Contractual manpower at CHCs under NRHM - recurring					
	i		MO	28,000	21	12	70.56
	ii		SN	9,800	21	12	24.70
	iii		PHN	9,800	21	12	24.70
	iv		Pharmacist	7,700	54	12	49.90
	v		LabTech	7,700	21	12	19.40
	vi		Ayush Doctor	21,000	21	12	52.92
	vii		Dental Doctor	21,000	21	12	52.92
19		CHC improvement at Meluri	As per Nagaland PWD SOR 2008	11,700,000	1	1	117.00
20		Dental equipments in CHCs	Dental Doctors have been appointed in all 21 CHCs in 2008-09, but equipment were provided to only 5 CHCs during the year. It is proposed to provide Dental equipments to another 10 CHCs in the current year	860,000	10	1	86.00
	DISTRICT HOSPITAL LEVEL ACTIVITIES						
21		RKS Fund		500,000	11	1	55.00
	STATE AND DISTRICT LEVEL ACTIVITIES						
22		Visioning workshops					
	i		State level officers	100,000	1	1	1.00
	ii		Districts level officers at state level	100,000	1	1	1.00
	iii		CHC/ PHC level officers at district level	100,000	1	11	11.00
	iv		NGO/ Village level functionaries at district level	100,000	1	11	11.00
23		Procurement plan	Medicine procurement could be sourced through TNMSC, but the volume is very low. Requirements of the PHC and CHC are kept at par on PHC norms. Requirements for DH is worked out on the basis of CHC norms				
	i	Medicine	CHC	300,000	21	1	63.00
	ii		DH	1,000,000	11	1	110.00
24		Mobile medical units	Recurring cost for MMU	1,987,000	11	1	218.57
25		Non-Governmental Health care providers	Continuing support to the 3 mission hospitals at Impur, Vankhosang and Azuito	500,000	3	1	15.00
26		Preparation of DAP & BHAP					
	i		Consolidation of the State Action Plan	500,000	1	1	5.00
	ii		Preparation of DHAP	300,000	11	1	33.00

Sn	sub	Activity	Particulars	Per unit Cost (In Rupees)	Numbers	Units / Months	Amount (In lakhs)
	iii		Preparation of BHAP	200,000	52	1	104.00
27		Alternate delivery system	Continuing activity				
	i		Specialist	2000	44	24	21.12
	ii		Nurses	500	44	24	5.28
	iii		Technician	500	44	24	5.28
	iv		Assistants	500	44	24	5.28
	v		Vehicle hire	2500	44	24	26.40
	vi		Overheads	3300	11	24	8.71
28		School Health Programme	Provision for medicine for de-worming for 2,50,000 children twice a year. A course consist of 3 dosages, each costing Re.1	3	250000	2	15.00
29	i	Incentive for field staff	Surgeons	35000	1	1	0.35
	ii	posted in underserved	M.Os	28000	13	1	3.64
	iii	areas in Mon, Tuensang	Dental Doctor	21000	6	1	1.26
	iv	Kiphire and Longleng	Ayush Doctor	21000	9	1	1.89
	v	under NRHM	SN/ PHN	9800	37	1	3.63
	vi	(1 month salary)	LabTech	7700	6	1	0.46
	vii		ANM	7700	49	1	3.77
30		Nursing school at Dimapur	In 2008-09, a sum of Rs.5 crores was sanctioned out of a proposed amount of Rs.8.74 crores. The remaining amount is proposed in the current year.				374.00
31		Telephones for Health units - recurring		500	150	12	9.00
32		Specialist	Recurring cost	35,000	6	12	25.20
33	i	New Nursing School at DH MON					804.00
	ii	New Nursing School at DH PHEK					1022.35
34		Improvement in Functional Bed Capacity at DH Mokokchung		14,000,000	1	1	140.00
35	i	Upgradation of Bed Capacity in Phek District Hospital		18,100,000	1	1	181.00
	ii	Upgradation of Bed Capacity in Mon District Hospital		6,945,000	1	1	69.45
	ii	Upgradation of Bed Capacity in Longleng District Hospital		7,226,000	1	1	72.26
	iv	Upgradation of Bed Capacity in Kiphire District Hospital		8,100,000	1	1	81.00
36		Review Meeting on implementation status					
	i		CHC level-Monthly - 21 CHCs for 12 months	5000	21	12	12.60
	ii		District level-Bi monthly - 11 districts 6 times	25000	11	6	16.50

Sn	sub	Activity	Particulars	Per unit Cost (In Rupees)	Numbers	Units / Months	Amount (In lakhs)
	iii		State level-Quarterly	150000	1	4	6.00
37		ASHA Resource Centre at the State level		3060000	1	1	30.60
38		Management cost/ contingencies					375.00
						Total	**6636.90**

Note: Salary of all field staff has been increased by 40% over the previous year to bring them on par with Govt. regular employees.

9.3 PART C - UNIVERSAL IMMUNIZATION PROGRAMME

The total budget proposed under Immunisation is Rs **95,21,650** (Rupees ninety-five lakhs twenty one thousand six hundred and fifty only.)

Details of the Budget are given in Chapter 6 Part C.

9.4 PART D - NATIONAL DISEASE CONTROL PROGRAMME

9.4.1 REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME (RNTCP)

S.No.	Category of Expenditure	Budget estimate for the coming FY 2009- 10 (To be based on the planned activities and expenditure in Section C)
1	Civil works	17,24,320
2	Laboratory materials	15,40,800
3	Honorarium	14,69,500
4	IEC/ Publicity	12,86,000
5	Equipment maintenance	8,79,000
6	Training	22,67,830
7	Vehicle maintenance	20,47,500
8	Vehicle hiring	17,62,800
9	NGO/PP support	5,94,000
10	Miscellaneous	35,03,000
11	Contractual services	72,24,560
12	Printing	15,84,000
13	Research and studies	0
14	Medical Colleges	0
15	Salaries of regular staff**	0
16	Procurement – drugs	0
17	Procurement –vehicles	48,00,000
18	Procurement – equipment	6,00,000
	TOTAL	**3,12,83,310**

Rupees Three Crores Twelve Lakhs and Eighty Three Thousand only

9.4.2 NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NVBDCP)

(Rs in lakh)

Sl.	**Name of Activity**	**2009-10 Proposed expenditure**
A	(i) Malaria (DBS) (ii) Malaria (GFATM) (iii) Malaria (World Bank)	601.68 210.66 23.72
B	J.E	15.56
Grand total (A+B)		**851.62**

Rupees Eight Crores Fifty One Lakhs and Sixty Two Thousand Only.

Details of the Budget are given in Chapter 6 Part D.

9.4.3 NATIONAL LEPROSY ERADICATION PROGRAMME (NLEP)

Sl. No.	Description of activities	Approximate Budget requirement 2009-10	Funding sources	Remarks if any
1.	Infrastructure & Contractual Services	Rs.10,00000.00	GOI	
2.	Office expenses	Rs.3,50,000.00	GOI	
3.	Consumables	Rs.2,10,000.00	GOI	
4.	Transport/Pol	Rs.20,00000.00	GOI+ILEP	
5.	Medicines	Rs.20,5000.00	GOI	
6.	Materials & Supply	Rs.4,00000.00	GOI	
7.	I.E.C	Rs.15,00000.00	GOI+ILEP	
8.	Urban Leprosy Programme	Rs.5,00000.00	GOI	
9.	Meetings/Workshops	Rs.2,00000.00	GOI+ILEP	
10.	Training activities	Rs.5,00000.00	GOI+ILEP	
11.	Cash assistance	Rs.8,00000.00	GOI	
12.	Equipments	Rs.8,00000.00	GOI	
13.	NGO Services	Rs.5,00000.00	GOI	
14.	DPMR	Rs.10,00000.00	GOI	
GRANT TOTAL		**Rs.99,65,000.00**		

(Rupees ninety nine lacs sixty five thousands) only

9.4.4 INTEGRATED DISEASE SURVEILLLANCE PROGRAMME (IDSP)

Overall Budget Requirement For IDSP, Nagaland 2009							
Sl.No	**Unit**	**A Personnel Cost (in Rs.)**	**B Laboratory Consumables (in Rs.)**	**C IEC (in Rs.)**	**D Operational Cost (in Rs.)**	**E Training (in Rs.)**	**F Additional Fund Requirement (in Rs.) Hiring of vehicle for RRT**
1	SSU	6,12,000	2,00,000	3,00,000	4,00,000	6,20,146	13,10, 956
2	Kohima	2,16,000	1,30,000	1,00,000	2,35,000		
3	Dimapur	2,16,000	1,20,000	1,00,000	2,20,000		
4	Mokokchung	2,16,000	1,30,000	1,00,000	2,35,000		
5	Wokha	2,16,000	1,10,000	1,00,000	2,05,000		
6	Zunheboto	2,16,000	1,20,000	1,00,000	2,20,000		
7	Longleng	2,16,000	1,00,000	1,00,000	1,97,000		
8	Kiphire	2,16,000	1,10,000	1,00,000	1,95,000		
9	Peren	2,16,000	1,10,000	1,00,000	2,05,000		
10	Mon	2,16,000	1,20,000	1,00,000	2,22,000		
11	Phek	2,16,000	1,30,000	1,00,000	2,25,000		
12	Tuensang	2,16,000	1,20,000	1,00,000	2,24,000		
	TOTAL	**29,88,000/-**	**15,00,000/-**	**14,00,000/-**	**28,83,000/-**	**6,20,146**	13,10,956
OVERALL TOTAL = (A+B+C+D + E +) = 1,07,02,102							

(Rupees One Crore Seven Lakhs Two Thousand One hundred and Two) only.

9.4.5 NATIONAL IODINE DEFICIENCY DISEASE CONTROL PROGRAMME (NIDDCP)

Sl. No.	Section	Activities	Time frame				Total
1	IDD Cell State Headquarters		1st qtr.	2nd qtr.	3rd qtr.	4th qtr.	
		Salary	0.822	0.822	0.822	0.822.	3.288
		OE/Contingency	0.50	0.50	0.50	0.50	2.00
		Mobility support	0.50	0.50	0.50	0.50	2.00
						Total =	7.288
2.	IDD Monitoring Laboratory	Salary- lab. Tech & Lab. Asstt.	0.414	0.414	0.414	0.414	1.656
		Sample packaging and transportation cost.	0.70				0.70
		Lab. Equipment and glassware's.	2.00				2.00
		Repair and furnishing of IDD lab.	0.50				0.50
						Sub Total =	4.856
3.	Health Education Activities	State level	0.35				0.35
		11 District level	0.825	0.825	0.825	0.825	3.30
		22 Block level	1.375	1.375	1.375	1.375	5.50
		School awareness campaign in 55 schools	1.375	1.375	1.375	1.375	5.50
		Global IDD prevention Day celebration at 11 Districts	2.20				2.20
						Sub Total =	16.85.
4	IDD survey in 8 districts	Sensitization of M.O.'s on new guideline	0.20	0.20	0.20	0.20	0.80
		Incentives to workers	0.30	0.30	0.30	0.30	1.20
						Sub Total =	2.00
5.	Publicity & Advertisement	Coloured posters with photograph (large size)	Quantity		Rate		
			4000		50/-		2.00
		Printing of OPD tickets with IDD message	40.000		3/-		1.20
		Three page colour calendar with IDD slogans	1000		100/-		1.00
						Sub Total =	4.20
6.	Training equipment	HP/Compaque Presario Notebook	1		1.50		1.50
		LCD Projector EPSON Model	1		1.44		1.44
		Projection screen 70"x70" glass bleaded with stand.	1		0.125		0.125
						Sub Total =	3.065.
							Grand Total = 38,26,000

(Rupees Thirty Eight Lakhs Twenty Six Thousand) only.

9.4.6 NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS (NPCB)

(Rs in Lakhs)

Sn	Particulars	Amount
1	Grant in Aid for Cataract Surgery	15.00
2	Grant in Aid for School Eye Screening	10.00
3	District Hospital Strengthening (Non recurring)	40.00
4	Grant in Aid for Vision Centre (Non-recurring)	2.50
5	Grant in Aid to Eye Bank (recurring)	2.00
6	Grant in Aid to Eye Donation Centre (recurring)	2.00
7	Training of ophthalmic and support manpower	10.00
8	IEC	10.00
9	SBCS Remuneration, other activities &Contingency	7.50
10	Eye Ward & Eye OT.	150.00
11	Mobile Ophth Units with Tele Ophthalmology	120.00
12	Maintenance of Ophthalmic Equipment (non-recurring)	10.00
13	Support towards Salaries of Ophthalmic Manpower to states	
	a. New District Hospital i. Eye Surgeon 3x12x25000.00	9.00
	ii. PMOA 3x12x8000.00	2.88
	b/ PMOA for vision centre 15x12x8000.00	14.40
	Total	**405.28**

(Rupees Four Crores Five Lakhs Twenty Eight Thousand) only.

9.5 PART E - INTERSECTORAL CONVERGENCE

Sl	Activity/ Sub-activity	Physical target	Unit cost	Total amount In Rs. Lacs)
E.1	Convergence meeting			
	Meeting with representative from PHE, Education Dept, Social Welfare dept, PRI members, vertical Health System NSACS, RNTCP, NLEP, NVBDCP, DBCS etc	2 per district	1.00	22.00
E.2	Convergence workshop			
	Workshop with representative from PHE, Education Dept, Social Welfare dept, PRI members, vertical Health System NSACS, RNTCP, NLEP, NVBDCP, DBCS etc	1 Per district	2.00	22.00
E.3	Training of members from other dept and vertical health system	1	2.00	2.00
	Component total			**46.00**

Rupees Forty Six lakhs only

9.6 PART F - OTHER NEW PROGRAMMES

9.6.1 NATIONAL TOBACCO CONTROL PROGRAMME

Sl.No.	Particulars	Budget requirement
1.	State Tobacco cell	Rs.15,40,000
2.	Kohima District	Rs.17,40,000
3.	Dimapur District	Rs.17,40,000
4.	Mokokchung District	Rs.17,40,000
	Total:-	**Rs.67,60,000**

Rupees sixty seven lakhs sixty thousand only

Details of the Budget are given in Chapter 6 Part F.

9.6.2 N A T I O N A L O R A L H E A L T H P R O G R A M M E

Budget Summary:

1.	Strengthening of District Hospital	: 12.0 lakhs per year.
2	Upgradation, equipment & consumables	: 60.0 lakhs
3.	Training & Capacity Building	: 15.0 lakhs
4.	School & Community outreach programme	: 17.0 lakhs
	Total :-	**: Rs.104.00 lakhs**

Rupees One Crore Four Lakhs only

Details of the Budget are given in Chapter 6 Part F.

9.6.3 NON-COMMUNICABLE DISEASE (NCD)

Budget requirement for State NCD and Dist. NCD Cell								
S. N.		Refurnishing and Fixtures		Personnel Cost		IEC activity	Operational Cost	Office Equipments
		No. of Works	Total Cost (in Rs.)	Target	Total Cost (in Rs.) per annum	Total Cost (in Rs.) per annum	Total Cost (in Rs.) per annum	Total Cost (in Rs.) per annum
1	State	1	2,00,000	4	6,96,000	4,00,000	4,30,000	3,50,000
2	Kohima	1	1,00,000	4	6,36,000	80,000	1,20,000	3,50,000
3	Mokokchung	1	1,00,000	4	6,36,000	80,000	1,20,000	3,50,000
4	Tuensang	1	1,00,000	4	6,36,000	80,000	1,20,000	3,50,000
5	Phek	1	1,00,000	4	6,36,000	80,000	1,20,000	3,50,000
6	Mon	1	1,00,000	4	6,36,000	80,000	1,20,000	3,50,000
7	Wokha	1	1,00,000	4	6,36,000	80,000	1,20,000	3,50,000
8	Zunheboto	1	1,00,000	4	6,36,000	80,000	1,20,000	3,50,000
9	Dimapur	1	1,00,000	4	6,36,000	80,000	1,20,000	3,50,000
10	Kiphire	1	1,00,000	4	6,36,000	80,000	1,20,000	3,50,000
11	Peren	1	1,00,000	4	6,36,000	80,000	1,20,000	3,50,000
12	Longleng	1	1,00,000	4	6,36,000	80,000	1,20,000	3,50,000
Total:		**12**	**13,00,000**	**48**	**76,92,000**	**12,80,000**	**17,50,000**	**42,00,000**

Overall Budget Requirement

SL.NO	Component	Physical Target	Estimated Budget (in Rs.)
1	Refurnishing	-	13,00,000
2	Personnel Cost	48	76,92,000
3	IEC	-	12,80,000
4	Operational Cost	-	17,50,000
5	Office Equipments	-	42,00,000
	TOTAL		**1,62,22,000**

Rupees One Crore Sixty Two Lakhs and Twenty Two Thousand Only

9.6.4 A Y U S H P R O G R A M M E

Sl. No.	Component	Amount
12.	Civil Works	18,90,50,000
13.	Materials	11,15,000
14.	Equipments & Instruments	3,63,59,000
15.	Furniture	12,26,000
16.	Hospital Linen	1,50,000
17.	Nursing Sundries	93,300
18.	I.E.C	5,00,000
19.	Training	10,00,000
20.	Personnel Cost	19,32,000
21.	Purchase Vehicle	21,96,000
22.	Botanical Garden	1,20,34,700
12.	Medicines	3,54,00,000
	G. TOTAL =	**Rs. 28,10,55,700**

Rupees Twenty Eight Crores Ten Lakhs Fifty Five Thousand Seven Hundred only

ABBREVIATIONS

A	
ABER	Annual Blood Examination Rate
AFI	Annual Falciparium Incidence
AGT	Awareness Generation Training
AIDS	Acquired Immuno Deficiency Syndrome
AIR	All India Radio
ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
API	Annual Parasite Incidence
APR	Annual Performance Report
ARI	Acute Respiratory Infection
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
AWW	Anganwadi Worker
AYUSH	Ayurveda,Yoga,Unnani,Sidha,Homeopathy
B	
BAM	Block Accounts Manager
BCC	Behaviour Change Communication
BCG	Bacillus of Calmette and Guerin
BD	Big Dispensary
BDO	Block Development Officer
BEE	Block Extension Officer
BEmOC	Basic Emergency Obstetric Care
BMWDU	Biomedical Waste Disposal Unit
BPL	Below Poverty Line
BPM	Block Program Manager
BSc	Bachelor of Science
C	
CBO	Community Based Organization
CC	Conventional Contraceptives
CCDU	Communication & Community Development Unit
CDPO	Child Development Project Officer
CEmOC	Comprehensive Emergency Obstetric Care
CFC	Chloro Floro Carbon
CHC	Community Health centre
CIHSR	Christian Institute of Health & Research
CME	Continuing Medical education
CMO	Chief Medical Officer
CNAA	Community Need Assessment
CP	Capacity Building
CPR	Contraceptive Prevalence Rate
D	
DAC	District Aids Committee
DDK	Dai Disposable Kit
DEE	District Extension Educator
DF	Deep Freezer

DG	Diesel Generator
DH	District Hospital
DHAP	District Health Action Plan
DHS	Director of Health Services
DIO	District Immunisation Officer
DLHS	District Level Household Survey
DMC	District Microscopy Centre
DME	District Media Expert
DMEIO	Deputy Mass Education and Information Officer
DMO	District Malaria Officer/District Media Officer
DMU	District Program Manager
DNBE	Diploma in National Board of Examination
DOT	Directly Observed Treatment
DPHN	District Public Health Nurse
DPM	District Program Manager
DPMU	District Program Management Unit
DPT	Diptheria Pertusis Tetanus
DRDA	District Rural Development Agency
DT	Diptheria Tetanus
DTC	District Tuberculosis Centre
DTO	District Tuberculosis Officer
DUDA	District Urban Development Agency
Dy. Dir	Deputy Director
E	
EAG	Empowered Action Group
EC	Eligible Couples
EC	Emergency contraception
EmOC	Emergency Obstetric care
EQA	External Quality Assessment
F	
FNGO	Field Non Government Organization
FP	Family Planning
FRU	First Referral Unit
FW	Family Welfare
FY	Financial Year
G	
GNM	General Nurse Midwife
GOI	Government of India
H	
H&FW	Health and Family Welfare
HDI	Human Development Index
HE	Health Educator
HIV	Human Immuno Virus
HMIS	Health Management Information System
HQ	Head Quarter
HR	Human Resource
HRD	Human Resource Development
I	

I/C	In-charge
ICDS	Integrated Child Development Scheme
ICTC	Integrated Counseling and Testing Centre
ID	Institutional Delivery
IDD	Iodine deficiency disorders
IDSP	Integrated Disease Surveillance Project
IEC	Information Education and Communication
IFA	Iron Folic Acid
ILR	Ice Lined Refrigerator
IMNCI	Integrated Management of Newborn & Childhood Illness
IMR	Infant Mortality Rate
INC	Indian Nursing Council
IPD	Indoor Patient Department
IPHS	Indian Public Health Standard
IPPI	Integrated Pulse Polio Immunization
IST	Integrated Skill Training
IUD	Intra Uterine Device
J	
JE	Japanese Encephalitis
JSY	Janani Suraksha Jojana
Jt. Dir.	Joint Director
K	
KWS	Konyak Women Society
L	
LAB. TECH	Laboratory Technician
LADP	Local Area Development Programme
LBW	Low Birth Weight
LCD	Liquid Crystalline Display
LHV	Lady Health Visitor
LOGFRAME	Logical Framework
LR	Labour Room
LW	Link Worker
M	
M&E	Monitoring and Evaluation
MA	Master in Arts
MBA	Master of Business Administration
MCH	Maternal and Child Health
MEIO	Mass Education and Information Officer
MI	Malaria Inspector
MIS	Management Information System
MMR	Maternal Mortality Rate
MMU	Mobile Medical Unit
MNGO	Mother Non Government Organization
MO	Medical Officer
MPW	Multi purpose Worker
MS	Medical Superintendent
MSc	Master of Science
MSS	Mahila Swasthya Sangh

MTP	Medical Termination of Pregnancy
MVA	Manual Vacuum Aspirator
N	
NA	Not Available
NACO	National Aids Control Organization
NFHS	National Family Health Survey
NGO	Non Government Organization
NHAK	Naga Hospital Authority Kohima
NIDDCP	National Iodine Deficiency Disorders Control Programme
NLEP	National Leprosy Eradication Programme
NMR	Neonatal Mortality Rate
NPCB	National Programme on Control of Blindness
NRHM	National Rural Health Mission
NSACS	Nagaland State AIDS Control Society
NSV	No Scalpel Vasectomy
NVBDCP	National Vector Borne Disease Control Program
NVBDCP	National Vector Borne Disease Control Programme
NVHA	Nagaland Voluntary Health Association
O	
OCP	Oral Contraceptive Pill
OE	Office Expenses
OPD	Out Patient Department
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Salt
OT	Operation Theatre
P	
PC&PNDT	Pre Conception and Pre Natal Diagnostic Technique
PCI	Pharmacy Council of India
PH	Public Health
PHC	Primary Health System
PHED	Public Health Engineering Department
PHI	Peripheral Health Institution
PHN	Public Health Nurse
PIP	Programme Implementation Plan
PMTI	Para Medical Training Institute
PNC	Post Natal Check-up
PNDT	Pre Natal Diagnostic Technique
POL	Petrol Oil and Lubricants
PPP	Public Private Partnership
PPTCT	Prevention of Parent to Child Transmission
PR	Panchayati Raj
PRI	Panchayati Raj Institution
Pvt.	Private
PWB	Patient Wise Box
PWD	Public Works Department
Q	
QTY.	Quantity
R	

RCH	Reproductive and Child Health
RCHO	Reproductive & Child Health Officer
RD	Rural Department
RHS	Rapid Household Survey
RKS	Rogi Kalyan Samiti
RNTCP	Revised National TB Control Program
RTI	Reproductive Tract Infection
S	
SC	Sub Centre
SCOVA	Standing Committee on Voluntary Action
SFR	Slide Falciparum Rate
SHC	Subsidiary Health Centre
SHG	Self Help Group
SME	State Media Expert
SMO	Senior Medical Officer
SN	Staff Nurse
SNCU	Sick Neonatal Care Unit
SOE	Statement of Expenditure
SPMU	State Program Management Unit
SPR	Slide Positivity Rate
SQ. KM	Square Kilometer
SSA	Sarva Shiksha Abhiyan
SST	Specialized Skill Training
ST	Scheduled Tribe
STI	Sexually Transmitted Infection
SW	Surveillance worker
T	
TB	Tuberculosis
TBA	Traditional Birth Attendant
TFA	Target Free Approach
TFR	Total Fertility Rate
TFR	Total Fertility Rate
TOT	Training of Trainers
TPT	Transport
TT	Tetanus Toxoid
TU	Tuberculosis unit
Tub	Tubectomy
U	
UC	Utilization Certificate
UFWC	Urban Family Welfare Centre
UHC	Urban Health Centre
UIP	Universal Immunization Programme
UNFPA	United Nations' Population Fund
V	
VH & ND	Village Health & Nutrition Day
VHC	Village Health Committee
Z	
ZP	Zila Parishad

ANNEXURES

Annexure-1

FORMAT FOR SELF ASSESSMENT OF STATE PIP
AGAINST APPRAISAL CRITERIA
(ANNEX 3 a of RCH Operating Manual)

CRITERIA	REMARKS *{Yes (Y) or No (N)* *If Yes, specify page no. of state PIP}*
A. OVERALL	
Has the state PIP been reviewed in detail by a single person to ensure internal consistency? If yes, by whom? (Mandatory)	Yes (State Programme Inchage)
Has a chartered accountant reviewed the budget in detail? (Mandatory)	Yes
B. RCH II PROGRAMME MANAGEMENT ARRANGEMENTS Has the state PIP spelt out the programme management arrangements already in place and additional steps to be taken. These include: *(Mandatory)*	
Firming up the background and tenure (at least 3 years) of person having overall responsibility for RCH II at state and district levels; delegation of powers	Yes
Steps to ensure that RCH II is high priority for the District Collector	No
Extent to which programme management support structure at state and district / sub-district levels is consistent with expertise required for programme strategies; job descriptions including person specifications, delegation of powers and basis for assessment of performance; strategy and time bound plan for sourcing of staff vacancies, if any	Yes (Both State & District)
Steps to establish financial management systems including funds flow mechanisms to districts; accounting manuals, training, audit	Yes
Steps to ensure performance review of district program managers	Yes
Capacity building of programme management staff at state and district levels	Yes
Steps to ensure/establish quality assurance committees in the districts	Initiated
Step to ensure systems for holistic, monitoring (outcomes, activities, costs) against the state PIP including variance analysis	Will be done
C. INSTITUTIONAL STRATEGIES Has the state PIP spelt out the steps undertaken for the following and additional steps required? (Mandatory)	
Have DHAPs been prepared for all districts? If not, for how many? Has the approach to incorporating DHAPs in the state PIP been spelt out?	Yes
Review of HRD practices in order to motivate staff and increase effectiveness e. g. appropriate criteria for placement of staff (especially CMOs), rationalisation of work load of ANMs, performance appraisal based on e. g. improvement in MMR/ IMR/TFR related process indicators, package of incentives for postings in less developed districts, transfer and posting policies,	Indicated in the PIP

CRITERIA	REMARKS *{Yes (Y) or No (N)* *If Yes, specify page no. of state PIP}*
improved supervision	
Strengthening of HMIS with emphasis on improved decision making/ initiation of corrective action based on timely availability of reliable and relevant information at appropriate levels e. g. community, SHC, block, district and state; system for monitoring of utilisation of health facilities in terms of volume and quality. Steps to ensure implementation of new MIES format.	Yes
Improved logistics/ management of drugs & medical supplies in order to ensure continuous availability of essential supplies at various health facilities including SHC and the community	TMLC and 3 drug stores to be intiated
Development of revised criteria (e. g. travel time, cost, potential patient load, referral arrangements, etc) for location of facilities	Referral Transport in place
(Desirable criteria)	
Provision for MoU with districts	Yes, Copies signed
Strategy for piloting public-private partnerships and social franchising and subsequent scale up	Yes
Functional review of State Health and Family Welfare Department including respective roles of state, district, block and community level (including PRI) institutional structures; delegation of powers; organisational emphasis to key functions such as quality, HRD and training	No
Optimising the utilization of existing health facilities/ scope of relocation based on load/ utilisation, distance/ travel time and cost especially for the poor/women and taking into account availability of private/ NGO run facilities, referral transport arrangements	Health Units notified by State. Relocation
Training Strategy (Mandatory) The training strategy should strengthen existing training schools to function as District Health Resource Centres. Training should be channelised through these institutions. The strategy should also indicate target groups (e. g. medical officers, ANMs, AWWs, link workers, community health team, etc), estimate training load and provide broad details of training programmes including objective, broad course content, duration of training, and mechanisms for assessment of quality/ impact. Strengthening the training management function including the institutional arrangement at state/ district levels, especially seniority of head of training function is particularly important.	Training Schedule ready
BCC strategy (Mandatory) Development of a service oriented BCC strategy should be based on an assessment of the current status of knowledge, attitudes, beliefs and practices regarding issues concerned with MMR, IMR, TFR and ARSH; and factors likely to influence necessary change in behaviour. Creation of awareness of key aspects such as breast feeding and PNDT act is particularly important. Based on evidence, the strategy should aim to determine appropriate combination of messages and media and a mechanism for assessing impact at appropriate stages. The institutional arrangement including role of state and district and strengthening capacities for BCC is again important.	Yes
Convergence/ coordination arrangements *(Mandatory)* Have steps taken to ensure convergence within state DHFW (e.g. how to leverage NRHM Additionalities for RCH) and with other key	Yes Comminitization

CRITERIA	REMARKS *{Yes (Y) or No (N)* *If Yes, specify page no. of state PIP}*
departments such as DWCD and PRI? Have all externally funded programs/projects having a bearing on RCH been reflected in the State PIP and convergence (organisation structures; staff; resources) arrangements spelt out ?.	
Pro poor strategy *(Mandatory)* Does the SPIP demonstrate how pro poor and gender strategies are mainstreamed into RCH II? The recommendations of the equity and gender studies and contained as *supporting documents in the National PIP* are of relevance. Some steps that could be taken are e. g. a arrangements for collection and reporting of disaggregated data; gender needs of female health service providers e. g. addressing the needs of ANMs, LHVs, and doctors; policy for encouraging staff to work in less developed districts; strategy developed for creating gender and equity consciousness amongst various stakeholders especially programme staff and community.	Yes S.T State
Infection Management and Environmental Plan / IMEP *(Mandatory)* Does the SPIP have a clear plan for dissemination of IMEP guidelines and operationalising IMEP in health facilities in a phased manner?	Yes
Sustainability (Mandatory) In the case of facilities and resources created from state funds, the strategy to ensuring sustainability is another criterion for appraisal of state PIPs. Sustainability could be addressed through e. g. introduction of user charges with cross-subsidy for BPL families, higher allocations in the state budget and taking steps to place family welfare in the community's agenda.	Some few PHC/CHC change nominal fees
D. TECHNICAL STRATEGIES *(Mandatory)* *(Has the state spelt out steps taken / or constraints faced so far in RCH II and identified corrective actions for the following?).* Separate goals and strategies for MMR, IMR, TFR and ARSH based on evidence and in consonance with the results of the situational analysis. The SPIP should specify, for example:	Yes
MMR: steps to ensure availability of anaesthetists and gynaecologists, at FRUs; 24 hour delivery services at 50% PHCs with skilled providers to provide BEmOC services; coverage of inaccessible villages by ANMs; emergency transportation between village, BEmOC centres and FRUs. If states plan to pursue PPP or demand side financing options these should also be shown as strategies.	Lack of specialist in State. Training in both Bemoc & Emoc planned
IMR: steps to ensure acceleration of immunization activities, essential new born care, promotion of breast feeding and timely initiation of complementary feeding, micronutrient supplementation collaborating arrangements with ICDS for immunisation and IMNCI services and ensuring IMNCI service package is delivered	IMNCI training held 3 times. TOT and district trainers in place
TFR: steps to increase the availability of quality sterilization services by training more providers or increasing the range of sterilisation methods by emphasizing NSV, minilap and traditional tubectomy in addition to laparoscopy and ensuring service availability on fixed days at specified no of CHCs and PHCs. For increasing the use of spacing methods, approaches to be pursued to increase availability of methods at the community levels through community based	yes

CRITERIA	REMARKS *{Yes (Y) or No (N)* *If Yes, specify page no. of state PIP}*
distributors, social marketing or private sector	
Adolescent Reproductive & Sexual Health/ ARSH Plan for provision of ARSH services – training, ARSH clinics, awareness programmes for various stakeholders; Linkages with State AIDS Control Society; Any school/college based interventions – peer educators, training of teachers, etc.	Yes
Quality strategy Has the PIP spelt out the strategy and activities for assuring quality of service delivery at public facilities? This would include steps for implementation of GoI guidelines, an accreditation system and necessary institutional arrangements. The institutional arrangement for implementing the accreditation system is particularly important.	Covered under NRHM Monitoring and surveillance
Strategy and activities for quality assurance of private sector facilities/ service providers similar to the above *(Desirable).*	No
E. WORK PLAN *(Mandatory)* Is the work plan consistent with stated components/ objectives, strategies and activities? and whether the proposed phasing of activities would lead to targeted increase in delivery/ utilisation of services ? The Work Plan should separately address each component of the PIP showing objectives, strategies, activities and should be in quarters for 07-08 with physical targets against activities.	Yes
F. COSTS/ BUDGET *(Mandatory)* Key criteria are:	
Does the budget follow the prescribed formats?	Yes
Are districts allocated a certain amount / % of total allocation as genuinely untied i.e. districts can propose district schemes? If yes, how much?	Yes
Absorptive capacity: If very ambitious utilisation of funds is envisaged compared to performance in 05-06/ 06-07/ 07-08, then what are the steps proposed to be taken to bring this about?	Streamlining with NRHM guidlines

ANNEXURE-2
Achievement in terms of RCH programme in NAGALAND

MATERNAL HEALTH

Strategy / Activity	Target 2007-08	Achievement till Q-3 of 2007-08	Remarks
S-1 Operationalise facilities			
Operationalise PHCs to provide 24-hour services	- 21 CHC, 5 PHC AND 10 BD/ SHC to be made 24x7 - Recruitment of 51 MOs and 33 SNs - Supply of PHC kits to all PHCs - Procurement of 36 DG set - Trg of 16 MO as TOT, 55 SN/ ANMs in SBA - Trg of 20 pvt MO on RCH services	- -41 M.Os in position - -36 DG procured -124 Nurses Trained -	
Operationalise Block PHCs/CHCs/ SDHs/DHs as FRUs	- 11 FRUs to be made operational - Recruitment of 5 Gynaecologist and 5 Anesthetist - Set up EmOC unit in 1 SH and 3 FRUs - Trg of 4 MOs each in Anesthesia and O&G - Identify pvt. Sector for EmOC services.	-11 DHs as FRUs -Nil - - -	- -Not available -Under process -do- -do-
Operationalise MTP services at health facilities	- Training of 50 MO on MTP - Ensure provision of MTP kits to 21 CHCS, 86 PHCS, 42 BD/SHC AND 11 SH/DH - PPP with pvt hospitals to provide MTP services	-Nil - -	-Nil -Fund not made available -Nil
Operationalise RTI/STI services at health facilities	- Ensure provision in DH. CHC and PHC - Training of 10 MOs as TOT, 100 MOs, 10 Lab Tech in the diagnosis of RTI/ STI - Trg of 160 SNs in the management and prevention of RTI/ STI - Provision of requisite drugs and kits in the Lab upto the PHC level.	-Nil -Nil -85 Trained -	- - - -Fund not made available

Strategy / Activity	Target 2007-08	Achievement till Q-3 of 2007-08	Remarks
Operationalise sub-centres	- Construction of 10 SC - Repair and renovation of 90 SC. - Recruitment of 80 addl. ANM - Supply of SC Kit A & B to all SCs All TBA will be provided with delivery kits	-No construction -In progress -Done under NRHM -Nil	- - - - Fund not made available
S-2 Referral Transport	- Standard referral protocols will be developed - Referral transport fund to be made available with the MO PHC and ANM in the SC	-Fund released in Feb'08 - -do-	-Fund received in Dec'07 - -do-
S-3 Integrated outreach RCH services	- Holding of camps once every 3 months in all the districts (CHC/ PHC).	- -do-	- -do-
S- 4 JSY	Target- 10000 ID	5669 ID	
S-5 Other strategies			
Ensure ANC/PNC	- Ensure one day in a week as ANC Day in all SC and PHC - Organize VHND once a month in all the villages - Trg of 30 MO, 120 Village women in skill upgradation - Trg of 1400 ASHAs	-Observe on every Friday - 2nd Friday of every month -Nil -1003 Trained	

Child Health

Strategy / Activity	Target 2007-08	Achievement till Q-3 of 2007-08	Remarks
S-1 Implementation of IMNCI	- Impart IMNCI trg to MO, SN, ASHA, AWW - Trg of 40 MO, 64 SN and 25 supervisor in IMNCI	- 15 MOs & 107 Nurses trained - Nil	- - In process

S-2 Facility Based Newborn Care (FBNC)	- Set up critical neonatal care units and infant care units in 1 SH and 3 FRUs - Operationalize 11 DH,21 CHC, 33 PHC and 10 BD/SHC with a New born care/ resuscitation corner - Set up ORS corners in all the health facilities - Set up baby care corner in DH - Trg of MO, ANM	- Nil -do- -do- -do- -do-	- In process - In process - In process - In process - In process
S-3 Home Based Newborn Care (HBNC)	- A package of HBNBC will be introduced. - Trg of MO, ANM	-Nil- -Nil-	
S-4 Care of Sick Children and Severe Malnutrition at FRUs	- Provide referral transport funds for sick new born - Intensive BCC campaign	-Fund released in Feb'08 - Nil-	-Fund received in Dec'07 - In process
S-5 Management of Diarrhoea, ARI and Micronutrient malnutrition	-Provision of ARI drugs at all health institutions.	- Nil-	-Fund not made available

Family planning

Strategy / Activity	Target 2007-08	Achievement till Q-3 of 2007-08	Remarks
S-1 Terminal/Limiting Methods	- Holding of Sterlization camps once every 3 months in all the districts (CHC/ PHC). - Trg of 32 MO, 8 OT nurses in Lap Ligation - Trg of 50 MO, 10 OT nurses in MiniLap Ligation - Trg of 4 MO in NSV - Orientation trg of 1 GNM/ ANM from every DH/FRU for assisting in sterilization operation - Involve pvt. Hospitals/ charitable/ church run hospitals to provide FP services.	- 16 camps held. -Nil- -Nil- -Nil- -Nil- -Nil-	 - In process - In process - In process - In process - In process

S-2 Spacing Methods	- Ensure provision of IUD insertion facilities in the health facilities - Trg of 200 SN in IUD insertion	-Nil- -88 SN Trained	- In process
S-3 Other strategies	- Tie up with NGOs, Church organizations for BCC in FP activities	Tied up with 4 MNGOs	Churchs & Organization under process