Ministry of Health & Family Welfare

RECORD OF PROCEEDING
MIZORAM

FY 2020-21

National Health Mission

Preface

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

As we all know, the country is going through the epidemiological transition i.e. a shift in burden of diseases. Though RMNCH+A and communicable diseases continue to remain in the prime focus, NCDs are increasingly contributing to higher disease burden. The way to effectively deal with these are life style changes, better prevention, regular screening, timely and continuous compliance to treatment. For effective implementation, it is imperative that these be undertaken as close as possible to the community and hence the concept of Health and Wellness Centres that provide comprehensive primary care including prevention and platform for health promotion. Thus, apart from 12 packages of services, we have to focus on wellness part and incorporate activities such as yoga, eat right campaign, group physical activity, forming laughter clubs etc. This will also help in dramatic reduction of the Out of Pocket Expenses (OOPE). This year, we have to complete 70,000 of the 1,50,000 HWCs which are to be ready by December 2022. In order to successfully implement this, we need a transformation in our health system and its capacity to cater comprehensively to health needs of the population. Robust procurement and IT backed logistics system from State down to the facility nearest to the community level i.e. HWCs need to be established. Capacity of the health workforce needs constant mentoring using platforms like ECHO. The provision of Performance Based Incentives (PBI) available under NHM needs to be leveraged not only to push for better performance, but also to foster team spirit. We will also need the district health system to work as one unit on IT backbone to provide continuum of care between HWCs and the district hospital (DH) to ensure effective referral and downward follow up.

The third pillar of Ayushman Bharat needs to involve trained School Health & Wellness Ambassadors who will be school teachers, who will in turn groom the school children as Health and Wellness Messengers. This step needs to be implemented in real earnest to ensure good health and well being of our adolescents and this will enable school teachers and students to act as catalysts of change towards healthy behaviour in the community.

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

Motivated and adequate skilled human resources remain as crucial as before. Ensuring high quality recruitment, skill assessment of the clinical HR using OSCE (Objective structured clinical

care. States would have to adopt innovative approach to scale up the mental health services not only at district hospital level but also in facilities down below. Short term courses on IT platform should be utilized to quickly scale up the capacities.

While we need to focus of NCD and DCPs, our focus on Mother and Child should not get diluted. LaQshya, availability of basket of contraceptive choices, training and formation of a cadre of midwives for quality delivery services are critical under RMNCH+A. We intend moving the deliveries to higher level facilities having good delivery loads so that we can provide assured round the clock quality services and respectful maternity care from highly skilled manpower. We expect highly skilled midwives to take care of normal deliveries, while the complications would be managed by obstetricians. We are well poised to move mother and child care to an Entitlement based framework under Surakshit Matritva Ashwasan (SUMAN) with robust grievance redressal systems and effective community participation using multi-sectoral approaches.

We will be failing in our duty towards our future generation if we don't do everything in our capacity to give opportunity to every child to grow to their fullest potential. Early Childhood Development (ECD) is an evidence based step in this direction and all the States must ensure its speedy implementation. The ECD needs to be enshrined as a philosophy in our mothers, parents and health workforce and should become essential part of child bearing and child rearing in households.

As we gradually move towards assurance model in health care services, we have to establish comprehensive integrated call centre which not only provides 'Doctor on Call' services, but also redresses any grievance the patient or beneficiary may have. It is important for States/UTs to strengthen their data reporting mechanisms to ensure accurate reporting of data across all levels of facilities. Regular analysis and action based on the data will hugely improve data quality. The analysis of this data would not only serve as an important parameter for improving the effectiveness of program implementation, but can also be leveraged for policy correction.

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

examination) is the first step towards bringing quality HR. We need to have in place a regular specialist cadre to ensure PGMO recruitment at entry level. As a short term measure to overcome the shortage of Gynecologists and Anesthetists, EmOC and LSAS training and their proper posting and mentoring is equally important. CPS and DNB courses too will help you overcome the short-supply of specialist and provide additional HR to improve service quality in our secondary care health facilities. The District Hospitals have to be developed as training hubs and specialized training for nurses e.g. neonatal nursing etc. should be started so that we have highly skilled personnel to manage SNCUs.

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

Among other priorities, eliminating TB and Leprosy has to be given prime importance, we must eliminate Leprosy. Towards this end, all interventions for early detection and complete treatment of Leprosy cases and interventions such as ABSULS are to be taken up in the right earnest. In NTEP, we have to focus on bridging the gap in estimated and detected cases through expansion of diagnostics services, Universal Drug Susceptibility Testing and active case finding. We also have to focus on comprehensive capturing of data of TB patients accessing care in private sector. We need to maintain treatment success rates in excess of 85%. Another area that needs urgent attention is identifying and treating drug resistant TB.

We have made substantial progress in control of vector borne diseases especially Malaria. We have now introduced certification of disease free status at state and district levels for incrementally moving towards elimination of Kala Azar, Lymphatic Filariasis, Malaria, TB and Leprosy, with monetary and non-monetary awards for achieving the certifications. Under the National Viral Hepatitis Control Program, we need to understand the huge disease burden of Hepatitis and the associated mortality and morbidity and must ensure at least one model treatment centre in every State and at least one treatment centre in each district.

Ischemic heart disease has emerged as one of the major reasons of premature deaths which can be averted and reduced if in dispersed and remote facilities, patient of the IHD can be timely thrombolized and stabilized, before referring him/her to higher facilities for appropriate treatment. Similarly accidents and injuries contribute significant DALYs as younger generation are more prone to accidental injuries. Good emergency and trauma care facilities and an integrated approach would therefore help us to significantly reduce the DALYs on account of accidents and injuries.

With increasing complexities of modern life and stress, mental Health too has emerged as a big challenge. Mental Health Act provides for assured mental health care services to all who seek such

To give States a nudge towards long term policy changes, 20% of NHM resources are tied to the conditionalities which include NITI Aayog ranking of States, operationalizing HWCs, implementation of DVDMS or similar logistics management IT systems up to PHC level and implementation of mental health program among many others.

The 'Transformation of Aspirational Districts Program' is an important initiative which aims to quickly and effectively transform 112 aspirational districts from across 27 States/UTs. This program focuses on five thematic areas which includes Health and Nutrition and has been given 30% weightage. States/UTs should confer extra focus on the Aspirational districts by allocating additional resources to them under NHM. A robust District Health Action Plan (DHAP) which prioritizes the needs and requirement of these districts has also been accorded priority by giving 5% weightage under NHM Conditionality framework. These aspirational districts are given various flexibilities for financial support and resource availability such as 30% extra resources and relaxation of norms for hiring of manpower under NHM to uplift the performance in these ADs. States should ensure that DHAPs are formed accordingly and a robust monitoring and supportive supervision mechanism is in place for these districts.

The performance indicators and benchmarks for all major HR posts were shared with the States/UTs last year. I hope that the states are implementing it and would be carrying out the final assessment in March and share the action taken on such assessment with us. The States/UTs must ensure that in the contract letters of every HR especially those in program management, there is a clause, which essentially says that every nodal officer/consultant/program manager under NHM will have to achieve minimum performance benchmark as set by MoHFW and the State government.

Urbanization and the changing disease burden also impacts upon the urban population. The network of UPHCs in your State/UTs particularly in the Tier I ,II and III cities needs to be utilized as a platform to address several health issues right from the primary health care level. Efforts are required to make UPHCs functional and to be developed as AB- Health Wellness Centres to provide the 12 outlined comprehensive health care services. Necessary attention is required by the States/UTs towards strengthening community based services, and improving outreach so as to focus on the health needs of the poor and vulnerable in the urban and peri-urban areas. States/UTs need to prioritize achieving NQAS and Kayakalp certifications for improving quality of care and also utilize inter-sectoral convergence with other departments under NUHM. While the basic purpose is to decongest the tertiary care and secondary facilities, reduce OOPE and bring health services closer to the people, urban areas offer wide possibilities to bring about innovations to improve service delivery.

Further, the States/UTs should strive extremely hard to enhance their Surveillance and response systems for communicable diseases in view of the recent pandemic outbreak of Novel Coronovirus (COVID-19). I urge the States/UTs to work in this regard by following a structured health systems approach and be ready with a strategic plan of action to address such epidemics in future.

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

Vandana Gurnani
Additional Secretary & Mission Director, NHM

F. No. M-11016/14/2020– NHM –II
Government of India
Ministry of Health and Family Welfare
(National Health Mission)
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Nirman Bhawan, New Delhi
Dated: 3rd April, 2020

To

Mission Director,
National Health Mission,
State Health Society, Dinthar,
Aizawl, Mizoram- 796001

Subject: Approval of NHM State Program Implementation Plan for the state of Mizoram for the Financial Year 2020-21

This refers to the Program Implementation Plan (PIP) for financial year 2020-21 submitted by the State and subsequent discussions in the NPCC meeting held on 9th January 2020 at Nirman Bhawan, New Delhi.

2. Against a Resource Envelope of **Rs. 140.16 Crore** (calculated assuming the State Share of 10%), an administrative approval is conveyed for an amount of **Rs. 180.32 Crore.** Any unspent balance available under NHM with the State as on 01.04.2020, would also become a part of the Resource Envelope and depending on the expenditure and requirement, the State may propose Supplementary PIP and take approvals from the Ministry of Health & Family Welfare (MoHFW). Details of Resource Envelope are provided in Table A and B below.

Table 'A': Resource Envelope

(Rs. in Crore)

Particulars	FY 2020-21
(a) GoI Support (Flexible Pool allocation including Cash and Kind)	73.39
(b) GoI Support for Incentive Pool based on last year's performance (assuming no incentive/ reduction on account of performance)	14.64
(c) GoI Support (under Infrastructure Maintenance)	38.12
Total GoI support (a+b+c)	**126.14**
State Share (10%)	14.02
Total Resource Envelope	**140.16**

TABLE 'B' - Breakup of Resource Envelope

(Rs. in Crore)

S.No.	Particulars	GoI Share (including Incentive Pool)	State Share
1	**RCH Flexible Pool (including RI, IPPI, NIDDCP)**	**23.15**	
1 (i)	RCH Flexible Pool (including RI, IPPI, NIDDCP) **Cash Grant Support**	16.00	
1(ii)	RCH Flexible Pool **(Kind Grant Support under Immunisation) As per FY 2019-20**	7.15	
2	**Health System Strengthening (HSS) under NRHM**	**41.47**	
2 (i)	Other Health System Strengthening covered under NRHM	36.08	
2(ii)	Comprehensive Primary Health Care under HSS	4.41	
2(iii)	Additional ASHA Benefit Package including support to ASHA facilitators	0.97	
	Total NRHM-RCH Flexible Pool	**64.62**	
3	**NUHM Flexible Pool**	4.25	
3 (i)	Other Health System Strengthening covered under NUHM	3.13	14.02
3 (ii)	Comprehensive Primary Health Care under NUHM	1.12	
4	**NDCP Flexible Pool (RNTCP,NVHCP, NVBDCP, NLEP, IDSP)**	**16.56**	
I.	NVBDCP (Cash & Kind)	0.95	
II.	RNTCP (Cash & Kind)	12.86	
III.	NVHCP (Cash & Kind)	1.74	
IV.	NLEP	0.25	
V.	IDSP	0.76	
5	**NCD Flexible Pool (NPCB, NMHP, HCE, NTCP, NPCDCS)**	**2.60**	
6	**Infrastructure Maintenance (including Direction and Administration)**	**38.12**	
	Total	**126.14**	**14.02**
	Grand Total Resource Envelope (Central Allocation + State Share)	**140.16**	

3. The State Share of Rs. 14.02 Crore could be added to any pool depending on the approvals and requirement of the State. The total of funds provided to NHM should be equal to 10%.

4. The support under NHM is intended to supplement and support and not to substitute State expenditure. All the support for HR will be to the extent of positions engaged over and above the regular positions as per IPHS and case load. NHM aims to strengthen health systems by supplementing and hence it should not to be used to substitute regular HR. All States are encouraged to create sanctioned regular positions as per IPHS requirements. HR should only be engaged when infrastructure, procurement of equipment etc. required to operationalize the

facility or provide services, are in place. Moreover, HR can only be proposed and approved under designated FMRs. HR under any other FMRs or in any lump sum amount of other proposals, would not be considered as approved. Please refer to AS&MD's letter dated 17th May 2018 in this regard (copy enclosed as Annexure I). All approved HR have been listed in Annexure - II for ease of reference.

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

- Compliance with conditionalities as prescribed by Department of Expenditure (DoE) under the Ministry of Finance.
- Ensuring timely submission of quarterly report on physical and financial progress made by the State.
- Pendency of the State share, if any, based on release of funds by Government of India.
- Timely submission of Statutory Audit Report for the financial year 2019-20 and laying of the same before the General Body and intimation to the Ministry.
- Before the release of funds beyond 75% of BE for the financial year 2020-21, the State needs to provide Utilization Certificates against the grant released to the State up to FY 2019-20 duly signed by Mission Director, Auditor, Director –Finance and counter-signed by Principle Secretary (Health).
- The State to open accounts of all agencies in PFMS and ensure expenditure capturing.

6. All approvals are subject to the Framework for Implementation of NHM and guidelines issued from time to time and the observations made in this document.

7. The State should adhere to the clauses mentioned in the MOU signed and achieve the agreed performance benchmarks. The agreed targets and deliverables for priority programmes/schemes have been given as Annexure – III.

8. There are certain other essential mechanisms which need to be set up in all the States/UTs such as Robust Health Helpline (doctor on call, grievance redressal, scheme dissemination) and formulation of State HRH Policy.

9. The Conditionalities Framework for FY 2020-21 is given as Annexure - IV. It is to be noted that Full Immunization Coverage (FIC) % will be treated as the screening criteria and Conditionalities for FY 2020-21 would be assessed for only those States which achieve 90% Full Immunization Coverage. For EAG, NE and Hilly States, the FIC criteria would be 85%.

10. The RoP document conveys the summary of approvals accorded by NPCC based on the State PIP. The details of approved proposals have been given in the Framework for Implementation of RoP for facilitating implementation by which is enclosed. We would also be sharing the excel sheets later for facilitating implementation and reviews.

11. **Finance**

- The State should convey the district approvals within 15 days of receiving the State RoP approvals.

03/04/2020

- The State must ensure due diligence in expenditure and observe, in letter and spirit, all rules, regulations, and procedures to maintain financial discipline and integrity particularly with regard to procurement; competitive bidding must be ensured, and only need-based procurement should take place as per ROP approvals.
- The unit cost/rate approved for all activities including procurement, printing etc are only indicative for purpose of estimation. However, actuals are subject to transparent and open bidding process as per the relevant and extant purchase rules.
- Third party monitoring of civil works and certification of their completion through reputed institutions may be introduced to ensure quality. Also, information on all ongoing works should be displayed on the NHM website.
- The annual audited accounts of the State Health Society must be placed before the Governing Body for acceptance.
- State to ensure regular meetings of State and district health missions/ societies. The performance of SHS/DHS along with financials and audit report must be tabled in governing body meetings as well as State Health Mission and District Health Mission meetings.
- As per the Mission Steering Group (MSG) meeting decision, only up to 9% of the total Annual State Work Plan for that year could be budgeted for program management and M&E; while the ceiling could go up to 14% for small states (NE) and UTs.
- The accounts of State/ grantee institution/ organization shall be open to inspection by the sanctioning authority and audit by the Comptroller & Auditor General of India under the provisions of CAG (DPC) Act 1971 and internal audit by Principal Accounts Officer of the Ministry of Health & Family Welfare.
- The State shall ensure submission of details of unspent balance indicating inter alia, funds released in advance & funds available under State Health Societies. The State shall also intimate the interest amount earned on unspent balance. This amount can be spent against approved activities.
- To avail the 2nd Tranche of release under NHM, the State should ensure that at least 10% increase in State Budget over last year and where such increase over last year is less than 10%, then the average of last 3 years would be considered and the same should be > 10 %. Further, out of the total allocation to health in the State budget, it is recommended that at least 2/3rd should be on Primary Health Care.
- Increase the share of expenditure of the State on health to more than 8% of their total budgetary expenditure.
- The additional grants received from Incentive pool based on performance shall be utilized against the approved activities only.
- States/UTs should ensure that fund transfer and expenditure are made electronically and through PFMS.

12. Human Resources for Health

- Remuneration of existing posts has been given on the basis of the salary approved in FY 2019-20, 5% annual increment and approved experience bonus or other allowances

(if any) for 12 months. The budget proposed by the state for remuneration of existing staff has been recommended for 12 months *in principle*. This is to save the efforts of State in sending the supplementary proposals to MoHFW. If there are funds left in HR budget it could be used to pay the approved HR at the approved rate for rest of the months.

- This financial year instead of writing the salary of each post we have approved the salary in Major Heads. The States are expected to administer salary as per the norms of NHM.
- Additional 5% of the total HR budget is approved as increment and an additional 3% of the total HR budget is approved for HR rationalization and experience bonus (as per eligibility) with the condition that the maximum increase in remuneration of any staff is to be within 15% (in total based both on performance and rationalization). In case performance appraisal of NHM staff is not carried out by the State, only 5% increase on the base salary can be given.
- The total salary, increment and rationalization must not exceed 8% of total HR budget. HR rationalization exercise (to be done only in cases where HR with similar qualification, skills, experience and workload are getting disparate salaries) and its principles including increments to be approved by SHS GB under overall framework and norms of NHM. In cases where the salary difference is more than 15%, salary rationalization was to be done in installments. Increase in salary beyond 15% in any year for any individual will have to be borne by the State from its own resources.
- The rationalization amount to the States has been given to the States since FY 2016-17. It is expected that the States would have rationalized the salaries by now and, hence, from next year onwards i.e. FY 2021-22 it will be given only on State specific proposals and on case to case basis.
- States/UTs must ensure that achievement of performance above minimum performance benchmark, as guided by MoHFW and finalized by the State Health Society, is included as a condition in the contract letter of every HR engaged under the NHM. Before renewal of the contract, each employee must be appraised at least against these benchmarks. Mission Director must certify carrying out appraisal and the State should share the report by 30thApril 2020.
- As we move towards making the approvals more flexible, we expect the States to follow the broad guidelines and administer the HR functions well. To ensure that it is done properly and to document the good practices HRH team will undertake HR monitoring of a set number of States/UTs every year.

13. Infrastructure

- The approval for new infrastructure is subject to the condition that the States will use energy efficient lighting and appliances.
- State/UTs to submit Non-Duplication Certificate in prescribed format.
- State to review quarterly performance of physical & financial progress of each project and share the progress report with MoHFW.

14. Equipment

State/UTs to submit Non-Duplication Certificate in prescribed format.

15. IT Solutions

All IT solutions being implemented by the State must be EHR compliant. In cases where there is Central software and the State is not using it, the State/UT must provide APIs of its State software for accessing/viewing data necessary for monitoring.

16. Mandatory Disclosures

The State must ensure mandatory disclosures on the State NHM website of all publicly relevant information as per previous directions of CIC and letters from MoHFW.

17. JSSK, JSY, NPY and other entitlement scheme

- The State must provide for all the entitlement Schemes mandatorily. No beneficiary should be denied any entitlement because of these cost estimates. If there are variations in cost, it may be examined and ratified by the RKS.

- State/UT to ensure that JSY and NPY payments are made through Direct Benefit Transfer (DBT) mechanism through 'Aadhaar' enabled payment system or through NEFT under Core Banking Solution.

18. Resources Envelope and approvals

The amount approved for the State of Mizoram stands at **Rs 180.32 Crore including IM and Immunization Kind Grants**. Since the State has exhausted its Resource Envelope for the Financial Year 2020-21, the approval of the PIP for FY 2020-21 is accorded with the condition that there would be no increase in Resource Envelope and the State will have to undertake the approved activities under the existing Resource Envelope for the FY 2020-21.

Yours sincerely,

03/04/2020

(Elangbam Robert Singh)
Director (NHM)

Annexure I

Manoj Jhalani
Additional Secretary & Mission Director, NHM
Telefax : 23063687, 23063693
E-mail : manoj.jhalani@nic.in

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110011
GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
NIRMAN BHAVAN, NEW DELHI - 110011

D.O.No.10(36)/2017-NHM-I
17th May 2018

Dear Colleague,

Subject: **PIP and HR Approvals**

MoHFW with the aim of strengthening and simplifying the planning process, has brought in major changes in the PIP budget sheet in FY 2018-19. Adopting health system approach, the PIP has been categorised into 18 heads required for implementation of any programme.

As mentioned in PIP guidelines any programme/ initiative planned were to be broken and budgeted in 18 given heads, as applicable. However, appraisal of PIPs show that few states have clubbed many activities together thereby defeating the very purpose of budget revamp. As informed in the NPCC meetings, any human resource (Programme Management or Service Delivery) proposed in the clubbed activities, which has not been proposed under dedicated heads for HR will not be considered for appraisal. Even if the lump sum amount is approved unknowingly by the programme divisions, **no HR would be considered as approved**.

Further, to initiate HR integration and ensure rationalization of salaries of staff with similar qualification, workload and skills, additional budget (3% of the total HR budget) was approved by NPCC in FY 2017-18 as per state's proposal. **This budget was approved with the condition that the exact amount of individual increase should be decided by state in its EC and HR rationalization exercise and its principles including increases to be approved by SHS GB. States were directed to ensure that increases are approved in such a way that it smoothens the process of HR integration. In cases where the salary difference among similar category position with similar qualifications and experience is very high (say more than 15%), it was to be done in parts as it may take 2-3 years to rationalize it fully.** The same principle applies to the approvals of FY 2018-19. Therefore, we continue to approve additional 3% of the total HR budget in FY 2018-19 for HR integration, subject to the states asking for it.

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

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

With regards,

Yours sincerely,

(Manoj Jhalani)

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

Copy to:

Mission Director (NHM) of all States / UTs

Annexure II

HR Annexure: Mizoram (FY 2020-21)

Principles for calculation of remuneration

1. The amount available for remuneration of existing posts has been calculated considering base salary approved in FY 2019-20, 5% annual increment, experience bonus (if any) and additional allowance/ incentive (if any) for 12 months.
2. In case the budget proposed for remuneration of existing staff is within the available limit, the same has been approved as lump sum for 12 months in principle. In case, any position has been dropped by the state, the available limit excludes the budget approved for those positions in the previous FY.
3. Budget proposed for any new position has been calculated separately over and above the available limit.

   For example, under FMR 8.1.4.1

FY	Posts	Total Amount	Amount available
2019-20	3 @ Rs 46305 pm	3*46305*12=Rs 16.67 lakhs	215.69+5% = Rs 17.50 lakhs
2020-21	Rs 18.38 lakhs for 3 existing posts	Rs 18.38 lakhs > Rs 17.50 lakhs (Maximum eligible amount). Hence, Rs. 17.50 lakhs is approved .	Balance amount approved as annual increment has been shifted under FMR 8.2

4. Additional 5% of the total HR budget is approved as increment and 3% of the total HR budget is approved for HR rationalisation, correction of typographical errors and experience bonus (as per eligibility and principles of rationalization) with the condition that:
   4.1. Only those who have completed minimum one year of engagement under NHM and whose contract (in case of annual contract) gets renewed will be eligible for annual increment
   4.2. The maximum increase in remuneration of any staff is to be within 0% to 15% (based on performance and rationalization). The total budget used in increment and for rationalization should not exceed 8% of total HR budget. HR rationalization exercise and its principles including increments to be approved by SHS GB
   4.3. In cases where the salary difference is more than 15%, salary rationalization may be done in parts as it may take 2-3 years to rationalize it fully
   4.4. In case performance appraisal of NHM staff is not carried out by the state, only 5% increase on the base salary is to be given
   4.5. In case any amount out of the 3% rationalization amount is used for correcting typographical error in approvals (if any), details for the same is to be shared with MoHFW/ NHSRC HRH division
   4.6. If any state disburses flat 8% increment to all irrespective of performance and salary disparity, or gives salary increases beyond 15% without approval of MoHFW the amount of 3% will be deducted from HR budget. Any decrease of salary resulting from this will have to be borne from the State budget

5. Expenditure against budget approved for annual increment/ rationalization/ EPF is to be booked under the salary heads of respective staff posts
6. The budget approved as remuneration/ hiring of specialists may be utilised as per guidance provided via AS&MD's letter dated 30 June 2017 (D.O.No.Z.18015/6/2016-NHM-II (Pt. III).
7. State will implement Minimum Performance Benchmark for all NHM staff shared by MoHFW and will link it to renewal of contract.
8. State will share the minimum, maximum and weighted average salary of all staff category approved under NHM with MoHFW/ NHSRC HRH division
9. In any case (without written approval of MoHFW), NHM funds cannot be used to support staff over and above the requirement as per IPHS.

Summary of Approvals

NHM HR Annexure				
FMR Code 2020-21	Position Name	Positions approved	Base salary for new positions	Budget Approved (Rs. In lakhs)
8.1.1.1	ANM - Normal areas	57		1981.48
8.1.1.1	ANM - Difficult areas & HPD normal	122		
8.1.1.1	ANM -Very difficult areas & HPD difficult	153		
8.1.1.2	Staff Nurse - Normal areas	102		
8.1.1.2	Staff Nurse - Difficult areas	37		
8.1.1.2	Staff Nurse - Very difficult areas	112		
8.1.1.3.1	Psychiatric nurse	9		
8.1.1.3.2	Geriatric Nurses	2		
8.1.1.3.3	Community nurse	7		
8.1.1.5	Lab technician (Certificate) - Normal areas	14		
8.1.1.5	Lab technician (Certificate) - Difficult areas	6		
8.1.1.5	Lab technician (Certificate) - Very difficult areas	12		
8.1.1.5	Lab technician (Diploma) - Normal areas	14		
8.1.1.5	Lab technician (Diploma) - Difficult areas	4		

NHM HR Annexure				
FMR Code 2020-21	Position Name	Positions approved	Base salary for new positions	Budget Approved (Rs. In lakhs)
8.1.1.5	Lab technician (Diploma) - Very difficult areas	8		
8.1.1.5	Lab technician	32		
8.1.1.5	Lab technician (RNTCP)	2	18000	
8.1.1.5	Senior Lab technician (RNTCP)	1	19000	
8.1.1.8	Pharmacist - Normal areas	2		
8.1.1.8	Pharmacist - Difficult areas & HPD normal	7		
8.1.1.8	Pharmacist - Very difficult & HPD difficult areas	15		
8.1.1.9	Radiographers (MMU)-Normal Areas	10		
8.1.1.9	Radiographers (MMU)-Difficult Areas	8		
8.1.1.9	Radiographers - Difficult & HPD normal	2		
8.1.1.9	Radiographers-Very difficult & HPD difficult areas	7		
8.1.1.10	Physiotherapist	10		
8.1.2.1	Obstetrician & Gynaecologist (HPD)	1	160000	102.44
8.1.2.2	Pediatrician - HPD	1		
8.1.2.3	Anesthetist	2		
8.1.2.4	Surgeon	1		
8.1.3.1	Physicians	1		113.98
8.1.3.1	Consultant Medicine	6		
8.1.3.4	ENT Surgeon	3		
8.1.3.5	Ophthalmic Surgeon	3		
8.1.3.6	Dermatologist	1		
8.1.3.8	Microbiologist	1		
8.1.3.10	Lump sum for Hiring specialist	Lump sum	120000	
8.1.4.1	Dental Surgeon	3		31.50
8.1.4.3.1	Dental Hygienist	3		
8.1.4.3.3	Dental assistant	3		
8.1.5.1	Medical Officer - Normal areas	18		271.39

NHM HR Annexure				
FMR Code 2020-21	Position Name	Positions approved	Base salary for new positions	Budget Approved (Rs. In lakhs)
8.1.5.1	Medical Officer - difficult & HPD difficult areas	2		
8.1.5.1	Medical Officer	15		
8.1.6.1	AYUSH Medical Officer	20		127.43
8.1.7.1.1	AYUSH Medical Officer- Very difficult areas	16		303.06
8.1.7.1.1	AYUSH Medical Officer - Normal areas	30		
8.1.7.1.1	AYUSH Medical Officer - Difficult area	12		
8.1.7.1.4	ANM - Normal areas	5		
8.1.7.1.4	ANM - HPD normal	2		
8.1.7.1.4	ANM - HPD difficult areas	2		
8.1.7.1.5	Pharmacist - Normal areas	12		
8.1.7.1.5	Pharmacist - HPD Normal areas	4		
8.1.7.1.5	Pharmacist - Very difficult areas	5		
8.1.7.2.2	Medical Officer, MBBS - Normal areas	1		66.44
8.1.7.2.2	Medical Officer, MBBS - HPD	1		
8.1.7.2.3	Medical Officer, Dental Normal areas	1		
8.1.7.2.3	Medical Officer, Dental - HPD	1		
8.1.7.2.4	Staff Nurse	1		
8.1.7.2.5	Physiotherapist - Normal areas	1		
8.1.7.2.5	Physiotherapist - HPD	1		
8.1.7.2.6	Audiologist & speech therapist	2		
8.1.7.2.7	Psychologist - normal	1		
8.1.7.2.7	Psychologist - HPD	1		
8.1.7.2.8	Optometrist - Normal areas	1		
8.1.7.2.8	Optometrist - HPD	1		

NHM HR Annexure				
FMR Code 2020-21	Position Name	Positions approved	Base salary for new positions	Budget Approved (Rs. In lakhs)
8.1.7.2.9	Early interventionist cum special educator	1		
8.1.7.2.9	Early interventionist cum special educator- HPD normal	1		
8.1.7.2.10	Social Worker - Normal areas	1		
8.1.7.2.10	Social Worker - HPD normal	1		
8.1.7.2.11	Lab technician - Normal areas	1		
8.1.7.2.11	Lab technician - HPD	1		
8.1.9.3	Staff Nurse - Normal areas	13		100.79
8.1.9.3	Staff Nurse - Difficult areas	7		
8.1.9.3	Staff Nurse - Very difficult areas	14		
8.1.11.1	Medical officer	2		173.15
8.1.11.1	Medical officer (MMU) Difficult	7		
8.1.11.2	Staff Nurse (MMU)	2		
8.1.11.2	Staff Nurse (MMU)-Difficult Area	7		
8.1.11.3	Pharmacist (MMU)	4		
8.1.11.3	Pharmacist (MMU)-Difficult Area	5		
8.1.11.4	Lab technician (MMU)	2		
8.1.11.4	Lab technician (MMU)-Difficult Area	7		
8.1.11.5	Driver (MMU)	Lumpsum (25)		
8.1.13.1	Counsellor	32		348.17
8.1.13.2	Clinical Psychologist	9		
8.1.13.2	District Psychologist	9		
8.1.13.4	Microbiologist	4		
8.1.13.5	Audiologist	3		
8.1.13.5	Audiologist	1	30000	
8.1.13.8	Psychiatric Social Worker	7		
8.1.13.8	Social worker	11		
8.1.13.9	Block Extension Educator (BEE) -	2		

NHM HR Annexure				
FMR Code 2020-21	Position Name	Positions approved	Base salary for new positions	Budget Approved (Rs. In lakhs)
	Normal areas			
8.1.13.9	Block Extension Educator (BEE) - Difficult areas & HPD normal	4		
8.1.13.9	Block Extension Educator (BEE) - Very difficult & HPD difficult areas	3		
8.1.13.10	TBHV	4		
8.1.13.11	Lab attendant	lumpsum (5)		
8.1.13.16	Ophthalmic Assistant	20		
8.1.13.18	Audiometric Assistant	7		
8.1.13.18	Audiometric Assistant	2	15000	
8.1.13.19	Instructor for Hearing Impaired Children	7		
8.1.13.21	Bio Medical Engineer	1	20000	
8.1.14.5	Medical Officer - MBV	1		11.41
8.1.14.5	PRO/ Social worker - MBV	1		
8.1.14.5	Driver - MBV	lumpsum (1)		
8.1.15.7	Case Registry Assistant	4		81.83
8.1.15.12.1	Driver	lumpsum (61)		
8.1.16.1	Hospital attendants	Lumpsum		50.20
8.1.16.3	Multitask workers	Lumpsum		
8.1.16.4	Attendant	Lumpsum (3)	7000	
8.1.16.6	DEO	Lumpsum		
8.1.16.6	Incentive for DEO under NVHCP	Lumpsum (8)	2500	
8.1.16.6	DEO for Outsourcing HMIS at District Hospital	Lumpsum (9)	12000	
8.1.16.7	Support staff	Lumpsum		
9.2.3	State level Midwifery Educators	3		14.40
14.1.1.2	Store Assistant	1		5.15
14.1.1.2	Pharmacist - SDS	1		
16.4.1.3.1	State Programme Manager	1		330.73
16.4.1.3.1	State Accounts Manager	1		
16.4.1.3.1	State Finance Manager	1		

NHM HR Annexure				
FMR Code 2020-21	Position Name	Positions approved	Base salary for new positions	Budget Approved (Rs. In lakhs)
16.4.1.3.1	State Data Manager	1		
16.4.1.3.1	Program Manager Immunization	1		
16.4.1.3.1	Cold Chain & Logistics Manager	1		
16.4.1.3.1	HR Manager	1		
16.4.1.3.1	MIS Manager	1		
16.4.1.3.1	State ASHA Programme manager	1		
16.4.1.3.1	State assistant asha prog manager	1		
16.4.1.3.2	State Legal Consultant	1		
16.4.1.3.2	Consultant (MH/CH/FP/AH/ Training)	1		
16.4.1.3.2	Consultant	2		
16.4.1.3.2	Consultant PNDT	1		
16.4.1.3.2	Consultant Training	1		
16.4.1.3.2	Consultant (RKSK)	1		
16.4.1.3.2	Consultant DEIC	1		
16.4.1.3.2	Consultant HMIS	1		
16.4.1.3.2	Programme Officer (WIFS)	1		
16.4.1.3.2	Consultant Finance	1		
16.4.1.3.2	consultant (CP/IT)	1		
16.4.1.3.2	State Consultant (QA)	1		
16.4.1.3.2	State consultant public health	1		
16.4.1.3.2	State Consultant quality monitoring	1		
16.4.1.3.2	State IEC consultant	1		
16.4.1.3.2	Consultant HRMIS	1		
16.4.1.3.2	Consultant HWC/ CPHC	1		
16.4.1.3.3	Assistant Engineers	2		
16.4.1.3.3	Junior Engineer	1		
16.4.1.3.4	Program Asst.	1		
16.4.1.3.4	Programme assistants	1		
16.4.1.3.4	Programme cum administrative assistant	1		
16.4.1.3.4	Admin Assistant/ supervisor	1		
16.4.1.3.4	Admin Assistant/	2		

NHM HR Annexure				
FMR Code 2020-21	Position Name	Positions approved	Base salary for new positions	Budget Approved (Rs. In lakhs)
	supervisor			
16.4.1.3.5	RBSK State Coordinator	1		
16.4.1.3.5	State Coordination Officer - Blood Cell	1		
16.4.1.3.5	NGO Coordinator	1		
16.4.1.3.5	State level Coordinator CEA	1		
16.4.1.3.6	Statistical Assistant	1		
16.4.1.3.6	Data Verifiers	2		
16.4.1.3.6	Computer technician	1		
16.4.1.3.8	Admn. Officer	1		
16.4.1.3.8	Accountants	1		
16.4.1.3.8	Accounts Clerk	1		
16.4.1.3.8	Finance Analyst	1		
16.4.1.3.8	NAS Finance Assistant	1		
16.4.1.3.8	Accounts Clerk	2		
16.4.1.3.9	Call executives	6		
16.4.1.3.9	Admn asst. cum DEO	lumpsum (2)		
16.4.1.3.9	Admn asst. cum DEO	0		
16.4.1.3.10	DEO	Lumpsum (25)		
16.4.1.3.11	Support staff	lumpsum (1)		
16.4.1.4.1	State Data Manager	1		129.28
16.4.1.4.2	Consultant - Finance/ Procurement	1		
16.4.1.4.2	State Public Health Consultant	1		
16.4.1.4.2	M&E Consultant	1		
16.4.1.4.2	Consultant Procurement and supply chain	1		
16.4.1.4.2	Consultant Finance and accounts	1		
16.4.1.4.2	Consultant IEC BCC	1		
16.4.1.4.2	State Leprosy Consultant	1		
16.4.1.4.2	State ACSM Officer/IEC Officer	1		
16.4.1.4.2	Medical Officer	1		
16.4.1.4.4	TB/HIV Coordinator	1		
16.4.1.4.4	State PPM Coordinator	1		
16.4.1.4.5	SA- DRTB Centre	1		
16.4.1.4.7	Statistical assistant cum accountant	1		
16.4.1.4.7	BFO cum Admin Officer	1		

NHM HR Annexure				
FMR Code 2020-21	Position Name	Positions approved	Base salary for new positions	Budget Approved (Rs. In lakhs)
16.4.1.4.7	Accounts Officer/State Accountant	1		
16.4.1.4.8	Secretarial assistant	3		
16.4.1.4.8	Admn Asst	1		
16.4.1.4.9	DEO	lumpsum (4)		
16.4.1.4.10	Driver	Lumpsum (4)		
16.4.1.4.11	State Epidemiologist	1		
16.4.1.4.11	State Microbiologist	1		
16.4.1.5.2	Consultant	1		66.85
16.4.1.5.2	Epidemiologist	1		
16.4.1.5.2	State Consultant	1		
16.4.1.5.2	Fin. Cum Logistic Consultant	1		
16.4.1.5.3	Programme Assistant	2		
16.4.1.5.4	State Program Coordinator	1		
16.4.1.5.5	Statistical Assistant	1		
16.4.1.5.7	BFO	1		
16.4.1.5.9	DEO	Lumpsum (5)		
16.4.1.5.10	Multipurpose Worker NPCB&VI	Lumpsum (1)		
16.4.1.5.10	IV Grade NPCB*VI	Lumpsum (1)		
16.4.2.1.1	District programme manager	9		309.32
16.4.2.1.1	District accounts manager	18		
16.4.2.1.1	DEIC Manager - Normal areas	9		
16.4.2.1.2	RKSK Consultant	5		
16.4.2.1.2	District RCH Medical Officer	6		
16.4.2.1.2	M&E Officer	2		
16.4.2.1.3	Project assistant	1		
16.4.2.1.3	Programme cum Admin Asst	9		
16.4.2.1.4	District ASHA Coordinators	9		
16.4.2.1.4	Dist level Coordinators CEA	2		
16.4.2.1.5	Statistical Assistant	1		
16.4.2.1.6	Technical supervisors - Blood Bank	1		

NHM HR Annexure				
FMR Code 2020-21	Position Name	Positions approved	Base salary for new positions	Budget Approved (Rs. In lakhs)
16.4.2.1.8	Executive Assistant	9		
16.4.2.1.8	Dist level Coordinators CEA	2		
16.4.2.1.9	DEOs	Lumpsum (18)		
16.4.2.1.10	Fridge mechanics	Lumpsum (6)		
16.4.2.1.11	Staff-JE	4		
16.4.2.2.1	District Data Manager	9		225.54
16.4.2.2.2	District VBD Consultants	9		
16.4.2.2.4	Senior DOTS plus TB – HIV Supervisor	8		
16.4.2.2.4	District PPM/ACSM Coordinator	8		
16.4.2.2.7	Accountant – full time	8		
16.4.2.2.7	Secretarial assistant cum deo	Lumpsum 9		
16.4.2.2.9	DEO	Lumpsum (16)		
16.4.2.2.10	Support Staff at CB Naat Site	Lumpsum (9)		
16.4.2.2.11	District epidemiologists	2		
16.4.2.3.2	Epidemiologist/NPCDCS Programme Officer	4		208.11
16.4.2.3.2	Fin. Cum Logistic Consultant	8		
16.4.2.3.2	District Consultant	9		
16.4.2.3.4	District Program Coordinator	8		
16.4.2.3.9	DEO for district level	Lumpsum (34)		
16.4.3.1.7	Block accounts Managers - Normal blocks	7		130.85
16.4.3.1.7	Block accounts Managers - difficult and HPD Normal	18		
16.4.3.1.7	Block accounts Managers - very difficult and HPD difficult	41		
16.4.3.2.6	Malaria technical supervisor	22		117.86
16.4.3.2.6	Senior Treatment Supervisor (STS)	12		

NHM HR Annexure				
FMR Code 2020-21	Position Name	Positions approved	Base salary for new positions	Budget Approved (Rs. In lakhs)
16.4.3.2.6	Senior TB Lab Supervisor (STLS)	9		
16.4.3.2.6	Senior Treatment Supervisor (STS)	2	15000	

NUHM HR Annexure				
FMR Code 2020-21	Position Name	Positions approved	Base salary for new positions	Budget Approved (Rs. In lakhs)
U.8.1.1.1	ANM - Urban RCH	19		37.31
U.8.1.1.1	ANM	2	14460	
U.8.1.2.1	Staff Nurse - Urban RCH	25		71.13
U.8.1.2.1	Staff Nurse	3	19845	
U.8.1.3.1	Lab technician	10		25.48
U.8.1.3.1	Lab technician	1	18000	
U.8.1.4.1	Pharmacists	8		19.91
U.8.1.4.1	Pharmacists	1	18051	
U.8.1.8.1.1	Medical Officer	8		55.86
U.8.1.8.1.1	Medical Officer	1	50000	
U.8.1.9.1.1	Public Health managers	3		14.62
U.8.1.10.2	DEO cum accountant	Lumpsum (8)		13.60
U.8.1.10.2	DEO cum accountant	Lumpsum (1)	12600	
U.8.1.10.1	Helper	Lumpsum (23)		26.56
U.8.1.10.1	Helper	Lumpsum 3	7000	
U.16.4.1.1	Urban Health Consultants	2		9.74

Annexure III

Key Deliverables for FY 2020-21

S. No.	Major Milestones	Definition	Achievement during FY 2019-20	Target for FY 2020-21
A.	**Ayushman Bharat- Health and Wellness Centres (AB-HWCs)**			
1	Number of AB-HWCs to be operationalized	Cumulative number of AB-HWCs to be made operational by 31st March 2021	104 (As on 27.03.2020)	178
2	Roll out of teleconsultation at AB-HWCs	Cumulative number of AB-HWCs where teleconsultations have been rolled out	5 (As on 27.03.2020)	95
3	Roll out of NCD application at AB-HWCs	Cumulative number of AB-HWCs where NCD application has been rolled out	75 (As on 27.03.2020)	178
4	Number of AB-HWCs where disbursement of Team Based Performance Incentives has been started	Cumulative number of AB-HWCs where disbursement of Team Based Performance Incentives has been started	50	178
5	Roll out of Fit Health Worker campaign	Percentage of health workers (staff at SC/PHC/UPHC including ASHA/MAS) whose health check-up was done as on 31st March 2021 **Numerator:** Number of health workers whose health check up was done **Denominator:** Total number of health workers (staff at SC/PHC/UPHC) including ASHAs and MAS as on 31st March 2021	Nil	100%
6	Number of nursing colleges which have adopted the Integrated B.Sc. Nursing curriculum	Cumulative number of nursing colleges which have adopted the CHO related Integrated B.Sc. Nursing curriculum against total number of nursing colleges (public & private) available in the State	3	3

S. No.	Major Milestones	Definition	Achievement during FY 2019-20	Target for FY 2020-21
B	RMNCH+A			
7	Maternal Mortality Ratio (MMR)	Number of maternal deaths per 100,000 live births.	NA	NA
8	Neonatal Mortality Rate (NMR)	Number of Neonatal deaths per 1000 live births.	NA	NA
9	Infant Mortality Rate (IMR)	Number of infant deaths per 1000 live births.	15 (SRS2017)	12
10	Under 5 Mortality Rate (U5MR)	Number of under 5 children deaths per 1000 live births.	NA	NA
11	Full immunization (children aged between 9 and 11 months)	Percentage of fully immunized children aged between 9 and 11 months. **Numerator:** Number of children aged between 9 and 11 months fully immunized from 1 April 2020 to 31 March 2021 **Denominator:** Estimated number of surviving infants during the same time period	90.5%	At least 85%
12	Modern Contraceptive Prevalence Rate	Percentage of women of reproductive age who are using (or whose partner is using) a modern contraceptive method at a specific point in time. **Numerator:** women of reproductive age who are using (or whose partner is using) a modern contraceptive method. **Denominator:** Women in the reproductive age group (15-49 years).	42%	Annual increase in mCPR: 1.5%
13	Pregnant women given 180 Iron Folic Acid (IFA) tablets	Percentage of Pregnant Women received Iron Folic Acid (IFA) tablets against total pregnant women registered for ANC from 1st April 2020 to 31st March 2021. **Numerator:** Number of Pregnant Women has given Iron Folic Acid (IFA) tablets. **Denominator:** Total no. of Pregnant Women registered for ANC	48.99%	Minimum 86%
14	Institutional deliveries	Percentage of institutional deliveries out of total reported deliveries from 1st	99.85%	Atleast 95%

S. No.	Major Milestones	Definition	Achievement during FY 2019-20	Target for FY 2020-21
		April 2020 to 31st March 2021. **Numerator:** Total number of institutional deliveries reported **Denominator:** Total number of deliveries reported		
15	Skilled Birth Attendant (SBA) deliveries	% of SBA (Skilled Birth Attendant) deliveries to total reported deliveries from 1st April 2020 to 31st March 2021. **Numerator:** Total No. of Institutional Delivery + home delivery attended by SBA. **Denominator:** Total No. of Delivery reported (institutional + Home)	91.3%	Atleast 96%
16	Public health facilities notified under SUMAN	Total number of public health facilities (designated FRU- CHC and above) notified under SUMAN from 1st April 2020 to 31st March 2021	0	8
17	Public health facilities Nationally certified under LaQshya	Total Number of Nationally certified public health facilities (high caseload facilities-CHC & above) from 1st April 2020 to 31st March 2021 against total no. of identified facilities.	0	10
18	Functional SNCU at all Aspirational Districts	Number of Aspirational Districts having functional SNCU.	0/1	1/1
19	Implementation of HBYC Program	Percentage of HBYC training (ASHA/ASHA facilitator/ANMs) batches conducted against approved in RoP 2020-21. **Numerator:** No of HBYC training (ASHA/ASHA facilitator/ANMs) batches completed in FY 2020-21. **Denominator:** Total No. of HBYC training batches approved in RoP 2020-21.	96%	100%
20	Newborns visited under HBNC	Percentage of newborns visited under Home Based Newborn Care (HBNC).	62%	90%

S. No.	Major Milestones	Definition	Achievement during FY 2019-20	Target for FY 2020-21
		Numerator: No. of newborns received scheduled home visits under HBNC by ASHAs. **Denominator:** Target no. of newborns as approved in RoP 2020-21		
21	Operationalization of DEICs	Total Number of DEICs functional out of total approved DEICs to the State/UTs till date.	2	2
22	Increase in MPA performance	Percentage increase in MPA performance. **Numerator:** Difference in MPA performance between 2019-20 and 2020-21. **Denominator:** Performance in 2019-20	183%	20% increase
23	PPIUCD Acceptance Rate	PPIUCD Acceptance Rate: **Numerator:** No. of PPIUCD inserted **Denominator:** Institutional Deliveries in Public health facilities'	0.9%	5%
24	Operationalization of FP-LMIS	Percentage of public health facilities where FP LMIS has been rolled out. **Numerator**: No. of public health facilities where FP-LMIS has been rolled out **Denominator:** Total no. of public health facilities	0.0	atleast 50% facilities
25	CAC training of Medical Officers	Number of Medical Officers trained in CAC as approved in RoP 2020-21	8	4
26	Implementation of CAC	Number of public health facilities CHC and above providing CAC services (*three components-drug, equipment and trained provider*)	4	14
27	Implementation of Ayushman Bharat-School Health and Wellness Ambassador initiative	No. of Districts which have rolled out trainings under School Health Programme as per RoP 2020-21	0	3
28	Implementation of PC-PNDT Act	Percentage of State & District where statutory bodies (SAA, SSB, SAC, DAA, DAC) are constituted and	0	100%

S. No.	Major Milestones	Definition	Achievement during FY 2019-20	Target for FY 2020-21
		regular meetings are being conducted as mandated by PC-PNDT Act.		
C	Communicable Diseases			
29	Achieve and maintain elimination status, in respect of:			
	1.1. Leprosy	• Number of districts with G2 disability <1 per million population	9/9	0
		• No. of districts to achieve Disease Free Status- Leprosy	0	9/9
	1.2. Kala- Azar	• Number of endemic blocks reporting < 1 Kala Azar case per 10,000 population at block level	Not Applicable	Not Applicable
		• Number of blocks to achieve Disease Free Status- Kala Azar	Not Applicable	Not Applicable
	1.3. Lymphatic Filariasis	• Number of endemic districts with <1% Mf rate	Not Applicable	Not Applicable
		• Number of districts to achieve Disease Free Status- Lymphatic Filariasis	Not Applicable	Not Applicable
	1.4. Malaria	• Percentage reduction in API	92.4% increase in API in 2019 as compared with 2018.	State to ensure a 50% decline in API
		• Number of districts to achieve Disease Free Status - Malaria	Not Applicable	5 of 9 districts with API<1 to achieve zero indigenous cases
30	Elimination of Tuberculosis by 2025	2.1. Total TB cases notified (Both public and private sectors)	2944	4000
		2.2. Achieve and maintain a treatment success rate of 90% amongst notified drug sensitive TB cases by 2020	88%	90%

S. No.	Major Milestones	Definition	Achievement during FY 2019-20	Target for FY 2020-21
		2.3. Number of districts to achieve Disease Free Status- TB • Bronze • Silver • Gold • TB free district/city	Not applicable	None
31	Number of districts having treatment centre for Hepatitis as per program guidelines	Cumulative number of districts having treatment centre for Hepatitis as per program guidelines against total number of districts in the State	2 (1 MTC and 1 TC)	8 Treatment centres (one treatment centre in each district)
32	Reduction in Dengue	4.1. Reduce/sustain case fatality rate for Dengue at <1%	<1%	<1%
		4.2. Number of Sentinel site hospital (SSH) set up (1 per district)	2	7
33	Strengthening of District Public Health Labs (DPHLs)	Cumulative number of District Public Health Labs (DPHLs) strengthened for diagnosis/testing of epidemic prone diseases against total no. of targeted districts	2/6	6/6
D	**Non-Communicable Diseases (NCDs)**			
34	Reduce the prevalence of blindness and the disease burden of Blindness & Visual Impairment	1.1. Number of cataract surgeries	1,838	5,060
		1.2. Collection of donated cornea for corneal transplant	64	110
		1.3. Number of free spectacles distributed to school children suffering from refractive errors	2,545	1,100
35	Screening for NCDs	2.1. Number of persons screened for high blood pressure	7,093	9,000
		2.2. Number of persons screened for diabetes	3,269	4,000

S. No.	Major Milestones	Definition	Achievement during FY 2019-20	Target for FY 2020-21
		2.3. Number of persons screened for three cancers-		
		• Oral	1725	2100
		• Cervix	173	250
		• Breast	991	1200
36	Setting up of NCD clinics	3.1. Number of NCD Clinics set up at district hospitals against total no. of district hospitals	8/9	8/9
		3.2. Number of NCD Clinics set up at CHCs against total no. of CHCs	10/11 (9 CHC & 2 SDH)	10/11 (9 CHC & 2 SDH)
37	Strengthening NTCP services	No. of educational institutions (public/ private schools/ colleges) made tobacco free	10	45
38	Setting up of Tobacco Cessation Centres (TCCs)	Cumulative number of District Tobacco Cessation Centres (TCCs) functional against total number of district hospitals	9/9	9/9
39	Strengthening NMHP services	Cumulative number of districts covered under Mental Health program and providing services as per framework against total no. of districts	9/9	9/9
40	Fulfillment of provisions under Mental Healthcare Act, 2017	5.1. Whether the State has established State Mental Health Authority (Yes/No)	Yes	Achieved
		5.2. Whether the State has established Mental Health Review Board (Yes/No)	No	Yes
		5.3. Whether the State has created State Mental Health Authority Fund (Yes/No)	Yes	Achieved
41	Strengthening NPHCE services	Cumulative number of District Hospitals providing geriatric health care services against total no. of DHs in the State	9/9	9/9

S. No.	Major Milestones	Definition	Achievement during FY 2019-20	Target for FY 2020-21
E	Health System Strengthening			
42	Strengthening DVDMS up to PHC level	Proportion of public health facilities active* on DVDMS or any other logistic management IT software with API linkages to DVDMS up to PHC level	Nil	57 (100% PHC)
43	Number of NQAS certified public health facilities	Cumulative number of NQAS certified public health facilities against total no. of public health facilities	1/9 DH (11%) 1/8 UPHC (12.5%)	2 DH, 20 PHC
44	Number of public health facilities with Kayakalp score >70%	Cumulative number of public health facilities with Kayakalp score >70% against total no. of public health facilities	Result not declared for 2019-20. 62/82 (76%) for 2018-19	Above 76%
45	Roll out of Pradhan Mantri National Dialysis Programme (PMNDP)			
45.a	Number of districts where hemodialysis has been rolled out	Cumulative number of Districts where hemodialysis has been rolled out	2	Nil
45.b	No. of hemodialysis sessions conducted against installed capacity	Number of hemodialysis sessions (@ 40 sessions per machine per month)	1.Avg no. of Patient/Month:55 2.Average no of Session per month:368	10% increase in number of Patients
45.c	Number of districts where peritoneal dialysis has been rolled out	Cumulative number of Districts where peritoneal dialysis has been rolled out	0	Not Applicable
45.d	No. of patients to whom peritoneal dialysis services are provided	Number of patients provided services against approvals in the PIP	0	Not applicable
46	Number of FRUs having Blood Banks/ Blood Storage Units	Cumulative number of FRUs (including DHs) having Blood Banks/ Blood Storage Units against total no. of FRUs in the State	15	20

S. No.	Major Milestones	Definition	Achievement during FY 2019-20	Target for FY 2020-21
47	Voluntary blood donation	Voluntary blood donation against the blood collection units targeted for replacement/ donation	72%	85%
48	Strengthening quality assurance through Mera Aspataal	Cumulative number of District Hospitals implementing Mera Aspataal application against total no. of District Hospitals in the State/UT**	9/9	9/9
49	Increase utilization of public health facilities	3.1. % increase in OPD in current FY over pervious FY	2.95% increase	Atleast 5% increase over last year
		3.2. % increase in IPD in current FY over pervious FY	3.83% increase	Atleast 5% increase over last year

*Active is defined as users who have logged in the DVDMS portal/ state specific IT system in last 7 days

**Mera Aspataal (MA) should be linked to e-hospital/ e-sushrut/ any other state specific software for OPD/IPD registration / manual entry directly on to MA software regarding patient-wise OPD/IPD

Annexure IV

Conditionality Framework FY 2020-21

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

S. No.	Conditionality[1]	Incentive/Penalty	Source of verification	% Incentive/ Penalty [2]
1.	Incentive or penalty based on NITI Aayog ranking of states on 'Performance on Health Outcomes'	Based on the ranking which will measure incremental changes over the base: 1. States showing overall improvement to be incentivized 2. States showing no overall increment get no penalty and no incentive 3. States showing decline in overall performance to be penalized % of incentive/penalty to be in proportion to overall improvement shown by the best performing state and the worst performing state: +40 to -40 points	NITI Aayog report	+40 to -40
2.	Grading of District Hospitals in terms of input and service delivery	At least 75% (in Non EAG) and 60% (in EAG and NE states) of all District Hospitals to have at least 8 fully functional specialties as per IPHS: 10 points incentive Less than 40% in Non EAG and 30% in EAG to be penalized up to 10 points	NITI Aayog DH ranking report	+10 to -10
3.	AB-HWCs State/UT Score	Based on overall score of HWC conditionality (out of 100 points) Score more than 75%: +25 Score more than 50% or less than or equal to 75%: +15	AB-HWC portal	+25 to -25

S. No.	Conditionality[1]	Incentive/Penalty	Source of verification	% Incentive/ Penalty [2]
		Score more than 25% but less than or equal to 50%:-10 Score less than or equal to 25%: -25		
4.	Implementation of DVDMS or any other logistic management IT software with API linkages to DVDMS up to PHC level	DVDMS implementation up to PHC level* Implemented in over 80% facilities up to PHC: +5 Implemented in over 50% but less than or equal to 80%: +3 Implemented in over 25% but less than or equal to 50%: -3 Implemented in fewer than or equal to 25% : -5 *Includes DH, SDH, CHC, PHC	DVDMS Portal	+5 to -5
5.	District wise RoP uploaded on NHM website within 30 days of issuing of RoP by MoHFW to State	100% districts whose ROPs for FY 2020-21 are uploaded on state NHM website : +5 Fewer than 100% districts whose ROPs for FY 2020-21 are uploaded on state NHM website : -5	State NHM website	+5 to -5
6.	% Districts having treatment centre for Hepatitis as per program guidelines	At least 80% Districts having Hepatitis treatment centre : +5 At least 50% Districts having Hepatitis treatment centre: +3 Less than 30% Districts having Hepatitis treatment centre: -3 Less than 10% Districts having Hepatitis treatment centre : -5	Report from NVHCP division, State Reports	+5 to -5

S. No.	Conditionality[1]	Incentive/Penalty	Source of verification	% Incentive/ Penalty [2]
7. A	% districts covered under Mental health program and providing services as per framework	If 90% of the districts covered: 5 points If 70% districts in Non-EAG and 60% districts in EAG states: incentive 3 points Less than 50% EAG and less than 60% in Non EAG to be penalized 3 points If less than 40% districts covered: -5 points	Report from Mental Health Division, MoHFW	+10 to -10
7. B	Actions taken for fulfillment of provisions under Mental Healthcare Act, 2017 (MHCA 2017)	a. If the state has established State Mental Health Authority: incentive of 2 points If not: penalization of 2 points b. If the state has established Mental Health Review Boards: incentive of 2 points If not: penalization of 2 points c. If the state has created State Mental Health Authority Fund: incentive of 1 point If not: penalization of 1 point	Report from Mental Health division, MoHFW	

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

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

Criteria for Scoring Health and Wellness Centre Performance

(Sub Health Centers, Primary Health Centres and Urban Primary Health Centers)

Part I: Functionality Indicators for each HWC: Total score: 70 for every HWC, at state level, average score of all functional HWC in the state

Part II: Service Delivery Indicator: Total Score – 30; calculated at state level for proportion of facilities where teams are being paid Performance linked payments

S. No.	Indicators	Points	Comments
Part I	**FUNCTIONALITY CRITERIA FOR INDIVIDUAL HWC (70)**		
1	**BASIC FUNCTIONALITY** - *Denominator: Cumulative target till 31st March, 2021 as communicated to States/UTs* *Data Source: AB- HWC portal*		
1.1	**HWCs meeting all functionality criteria for operational HWC**[3] i. HR availability ii. Training of HR iii. Medicines availability iv. Diagnostics availability v. Infrastructure strengthening/ Branding vi. NCD screening initiated	**20**	20: All criteria met 0: Any of the criteria not met
1.2	**Daily reporting** (encompasses: Daily OPD, (disaggregated by sex) Medicines, Diagnostics, Wellness)	**15**	15: Over 20 days in a month, (over 240 days annually) 10: Between 10- 20 days in a month, (120-240 days annually) 0: Less than 10 days per month, (fewer than 120 days annually)
1.3	**Monthly Service Delivery report** (related to NCD screening, diagnosis and treatment as entered in portal by the 15th of the following month)	**15**	1.25 points for each monthly report submitted by the 15th of the following month

[3]HR: refers to CHO posted at HWC-SHC and MO at HWC-PHC; training refers to ASHA and ANM trained in NCD at HWC -SHC and MO/SN trained for NCD screening at HWC-PHC

S. No.	Indicators	Points	Comments
2	**ADDITIONAL FUNCTIONALITY CRITERIA** *Denominator: Cumulative target till 31st March, 2020 as communicated to states; Data Source: AB-HWC portal***		
2.1	**Teleconsultation**	**5-Yes 0-No**	*HWC-SHC level:* States to establish a mechanism such as a register in which the CHO maintains a record of teleconsultation with the MO with date, name of patient, name and designation of person consulted, (incase this was not supervising MO) and advice. This should be certified by the MO in question and be available for verification by external audit. *HWC-PHC level:* Tele-consultation with Specialist at DH or Medical college, based on a fixed calendar, and with provision for emergencies. *(Source: e Sanjeevani app/or through API to HWC portal*
2.2	**CPHC IT application**	***5: Yes 0-No***	Data entry for NCD screening, treatment reported through app/portal
2.3	**Wellness -- Yoga**	**5-Yes 0-No**	5: Ten sessions a month 3: Between five and nine sessions a month 0: Fewer than five sessions per month
2.4	**Wellness- Activity Calendar**	**5-Yes 0-No**	5: over 27 sessions /year 3: 18- 27 sessions/year 0: Fewer than 18 sessions/year
Part II	**PERFORMANCE LINKED PAYMENTS (30)** *Denominator: Cumulative target till 31st March, 2020 as communicated to states Data Source: AB-HWC portal***		
1	% of HWCs in which the team is receiving Performance Linked Payments	**30**	Proportionate score to be assigned based on proportion of HWCs receiving PLP

*** Numerator: Number of additional facilities as on 31/03/2021*

03/04/2020

Budget Approvals for FY 2020-2021

FMR		Budget Head	Proposed 2020-21 (Rs. In Lakhs)		Approved 2020-21 (Rs. In Lakhs)	
			NHM	NUHM	NHM	NUHM
1	**U.1**	**Service Delivery - Facility Based**	**578.84**	**10.40**	**572.01**	**10.40**
1.1	U.1.1	Service Delivery	254.27	5.00	253.85	5.00
1.2	U.1.2	Beneficiary Compensation/ Allowances	267.81	0.00	261.40	0.00
1.3	U.1.3	Operating Expenses	56.76	5.40	56.76	5.40
2	**U.2**	**Service Delivery - Community Based**	**440.89**	**119.34**	**405.09**	**88.72**
2.1	U.2.1	Mobile Units	106.99	0.00	106.99	0.00
2.2	U.2.2	Recurring/ Operational cost	179.02	2.02	177.42	2.02
2.3	U.2.3	Outreach activities	154.89	117.32	120.68	86.70
3	**U.3**	**Community Interventions**	**846.56**	**28.55**	**811.97**	**27.88**
3.1	U.3.1	ASHA Activities	714.26	27.16	691.85	26.63
3.2	U.3.2	Other Community Interventions	129.79	1.39	117.61	1.25
3.3	U.3.3	Panchayati Raj Institutions (PRIs)	2.50	0.00	2.50	0.00
4	**U.4**	**Untied Fund**	**462.05**	**16.75**	**326.55**	**16.75**
5	**U.5**	**Infrastructure**	**594.52**	**7.63**	**583.52**	**7.63**
5.1	U.5.1	Upgradation of existing facilities as per IPHS norms including staff quarters	557.79	7.63	557.79	7.63
5.2	U.5.2	New Constructions	10.00	0.00	0.00	0.00
5.3	U.5.3	Other construction/ Civil works except IPHS Infrastructure	26.73	0.00	25.73	0.00
6	**U.6**	**Procurement**	**2212.00**	**115.35**	**2124.84**	**106.35**
6.1	U.6.1	Procurement of Equipment	1346.00	11.00	1331.14	2.00
6.2	U.6.2	Procurement of Drugs and supplies	703.18	103.50	634.89	103.50
6.3	U.6.3	Other Drugs (please specify)	10.65	0.00	10.65	0.00
6.4	U.6.4	National Free Diagnostic services including free diagnostic services for gender based violence victim	145.29	0.00	141.29	0.00
6.5	U.6.5	Procurement (Others)	6.88	0.85	6.88	0.85
7	**U.7**	**Referral Transport**	**202.13**	**0.00**	**155.91**	**0.00**
8	**U.8**	**Human Resources**	**4657.24**	**313.39**	**4625.99**	**313.13**
8.1	U.8.1	Human Resources	4469.52	281.39	4267.77	264.21
8.2	U.8.2	Annual increment for all the existing SD positions	10.16	0.00	189.31	16.92

03/04/2020

FMR		Budget Head	Proposed 2020-21 (Rs. In Lakhs)		Approved 2020-21 (Rs. In Lakhs)	
			NHM	NUHM	NHM	NUHM
8.3	U.8.3	EPF (Employer's contribution) @ 13.36% for salaries <= Rs.15,000 pm	5.80	0.00	5.80	0.00
8.4	U.8.4	Incentives and Allowances	171.76	32.00	163.12	32.00
9	**U.9**	**Training**	**631.65**	**34.22**	**621.04**	**11.48**
9.1	U.9.1	Setting Up & Strengthening of Skill Lab/ Other Training Centres or institutes including medical (DNB/CPS)/paramedical/nursing courses	2.20	22.50	2.20	0.00
9.2	U.9.2	HR for Skill Lab/ Training Institutes/ SIHFW	14.40	0.00	14.40	0.00
9.3	U.9.3	Annual increment for all the existing positions	0.00	0.00	0.00	0.00
9.4	U.9.4	EPF (Employer's contribution) @ 13.36% for salaries <= Rs.15,000 pm	0.00	0.00	0.00	0.00
9.5	U.9.5	Trainings including medical (DNB/CPS)/paramedical/nursing courses	615.05	11.72	604.44	11.48
10	**U.10**	**Reviews, Research, Surveys and Surveillance**	**15.05**	**0.00**	**11.75**	**0.00**
10.1	U.10.1	Reviews	5.05	0.00	5.05	0.00
10.2	U.10.2	Research & Surveys	6.60	0.00	3.30	0.00
10.3	U.10.3	Surveillance	2.00	0.00	2.00	0.00
10.4	U.10.4	Other Recurring cost	1.40	0.00	1.40	0.00
11	**U.11**	**IEC/BCC**	**210.75**	**9.00**	**207.25**	**9.00**
12	**U.12**	**Printing**	**181.68**	**9.00**	**146.95**	**0.00**
13	**U.13**	**Quality Assurance**	**233.12**	**11.52**	**196.79**	**7.97**
13.1	U.13.1	Quality Assurance	74.91	2.56	46.86	2.56
13.2	U.13.2	Kayakalp	129.76	8.96	121.48	5.41
13.3	U.13.3	Any other activity (please specify)	28.45	0.00	28.45	0.00
14	**U.14**	**Drug Warehousing and Logistics**	**86.96**	**0.00**	**86.96**	**0.00**
14.1	U.14.1	Drug Ware Housing	5.14	0.00	5.14	0.00
14.2	U.14.2	Logistics and supply chain	81.82	0.00	81.82	0.00
15	**U.15**	**PPP**	**91.20**	**0.00**	**86.69**	**0.00**
16	**U.16**	**Programme Management**	**2519.24**	**27.49**	**1861.43**	**24.97**
16.1	U.16.1	Programme Management Activities (as per PM sub annex)	826.75	17.27	193.01	14.75
16.2	U.16.2	PC&PNDT Activities	1.80	0.00	1.80	0.00

03/04/2020

FMR		Budget Head	Proposed 2020-21 (Rs. In Lakhs)		Approved 2020-21 (Rs. In Lakhs)	
			NHM	NUHM	NHM	NUHM
16.3	U.16.3	HMIS & MCTS	23.40	0.00	19.38	0.00
16.4	U.16.4	Human Resource	1667.29	10.22	1647.24	10.22
17	**U.17**	**IT Initiatives for strengthening Service Delivery**	**50.49**	**20.40**	**50.49**	**5.40**
18	**U.18**	**Innovations (if any)**	**11.83**	**59.23**	**0.00**	**0.00**
Grand Total			**14026.20**	**782.27**	**12875.23**	**629.68**
Total Amount Approved for FY 2020-21			**14808.48**		**13504.91**	
Infrastructure Maintenance			**3811.56**		**3811.56**	
Immunization Kind Grants			**715.12**		**715.12**	
Grant Total Approved for Approval including IM and Immunization Kind Grants			**19335.16**		**18031.60**	

03/04/2020