**Proposal**

**for**

**National**

**Viral Hepatitis**

**Control**

**Program**

**in**

**Mizoram, 2020-21**

**Introduction**

The global hepatitis report, 2017 by WHO, provides the baseline statistics on Hepatitis B virus (HBV) andHepatitis C virus (HCV) infection, including mortality and coverage levels of key interventions. Hepatitis Band C, the two main types of the five different hepatitis infections (A,B,C,D,E), are responsible for 96% of overallviral hepatitis related mortality.

**Epidemiology of Viral Hepatitis**

**Global**

Viral hepatitis is now recognized as a major public health challenge that requires an urgent response. Viral Hepatitis caused 1.34 million deaths in 2015, a number comparable to deaths caused by tuberculosis and higher than those caused by HIV.

It is estimated that worldwide, Hepatitis A Virus (HAV) infections caused approximately 11,000 deaths in 2015(accounting for 0.8% of the mortality from viral hepatitis).

It is estimated that 325 million people worldwide are living with chronic HBV or HCV infection. Approximately,1.75 million people were estimated to be newly infected with HCV in 2015, increasing the total number of people living with Hepatitis C to 71 million.

Every year, there are an estimated 20 million Hepatitis E Virus (HEV) infections worldwide leading to an estimated 3.3 million symptomatic cases of acute hepatitis E. It is estimated that Hepatitis E caused 44,000deaths in 2015 (accounting for 3.3% of mortality due to viral hepatitis).

**India**

Viral hepatitis is increasingly being recognized as a public health problem in India. HAV and HEV are important causes of acute viral hepatitis and Acute Liver Failure (ALF). Due to paucity of data, the exact burden of disease for the country is not established. However, available literature indicates a wide range and suggests that HAV is responsible for 10-30% of acute hepatitis and 5-15% of acute liver failure cases in India. It is further reported thatHEV accounts for 10-40% of acute hepatitis and 15-45% of acute liver failure. (3)

Hepatitis B surface Antigen (HBsAg) positivity in the general population ranges from 1.1% to 12.2%, with an average prevalence of 3-4%. Anti-Hepatitis C virus (HCV) antibody prevalence in the general population is estimated to be between 0.09-15%. (3) Based on some regional level studies, it is estimated that in India, approximately 40 million people are chronically infected with Hepatitis B and 6-12 million people with Hepatitis C. Chronic HBV infection accounts for 40% of Hepato-cellular Carcinoma (HCC) and 20-30% cases of cirrhosis in India. Chronic HCV infection accounts for 12-32% of HCC and 12-20% of cirrhosis.

**Mizoram**

There have been limited studies conducted in Mizoram on the Hepatitis C burden. However, owing to the high number of Intravenous Drug Users (IDU) it is estimated that the burden of Hepatitis C in Mizoram is higher than the Indian average.

A study done in 2008 by Chelleng et al. titled, ‘Risk of Hepatitis C infection among injection drug users in Mizoram, India’ concluded the prevalence of HCV antibodies at 71.2% among active IDU’s. This was owing to unsafe injection practices which resulted in high risk of transmitting HCV.

In Mizoram, during 2017, the report from 10 blood banks showed that there were 26,100 blood donors, out of which 267 (1.03%) tested +ve for Hepatitis C and 180 (0.69%) tested + ve for Hepatitis B.

HCV is a major cause of increased morbidity and mortality in patients with chronic kidney disease (CKD) (Fabirizi F et al., 1997). The prevalence of anti-HCV in patients on hemodialysis from India is reported to be in the range of 3-45% (Agarwal, 1999). As per reimbursement records with Mizoram State Healthcare society around 350 patients had undergone dialysis in Mizoram in 2017. Separate machines are not available hence risk of hepatitis C infection remains high.

It is estimated that the prevalence of HCV in Mizoram is on the higher side compared to the national average. Keeping in mind the population of Mizoram at 1.2 Million, there could be potentially over 20,000 patients in the State (keeping prevalence as 2.5%).

Unlike Hepatitis C, Hepatitis B has been found high in migrants from Myanmar (Burma) hence surveillance for Hepatitis B is also equally important.

1. **Profile of Hepatitis B & Cin Mizoram during the last 5 years :**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **District** | **2014-2015** | | | **2015-2016** | | | **2016-2017** | | | **2017-2018** | | | **2018-2019** | | |
| Blood  Collected | HCV | HBV | Blood  Collected | HCV | HBV | Blood  Collected | HCV | HBV | Blood  Collected | HCV | HBV | Blood  Collected | HCV | HBV |
| Aizawl | 11396 | 126 | 68 | 13077 | 195 | 106 | 14215 | 207 | 96 | 13179 | 166 | 83 | 7168 | 88 | 39 |
| Lunglei | 2417 | 6 | 35 | 2540 | 12 | 37 | 2194 | 7 | 15 | 2184 | 28 | 16 | 1234 | 21 | 11 |
| Champhai | 1114 | 20 | 17 | 1114 | 22 | 9 | 1171 | 15 | 10 | 1374 | 13 | 12 | 719 | 5 | 7 |
| Kolasib | 630 | 4 | 6 | 746 | 7 | 11 | 850 | 12 | 11 | 877 | 4 | 5 | 615 | 2 | 7 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **District** | **2014-2015** | | | **2015-2016** | | | **2016-2017** | | | **2017-2018** | | | **2018-2019** | | |
| Blood  Collected | HCV | HBV | Blood  Collected | HCV | HBV | Blood  Collected | HCV | HBV | Blood  Collected | HCV | HBV | Blood  Collected | HCV | HBV |
| Serchhip | 474 | 1 | 1 | 734 | 4 | 4 | 847 | 2 | 7 | 1109 | 6 | 8 | 577 | 3 | 6 |
| Mamit | 319 | 0 | 7 | 400 | 2 | 2 | 280 | 2 | 1 | 268 | 3 | 2 | 189 | 3 | 4 |
| Siaha | 1066 | 1 | 7 | 872 | 8 | 7 | 886 | 7 | 3 | 932 | 3 | 0 | 477 | 7 | 5 |
| Lawngtlai | 512 | 4 | 2 | 472 | 2 | 7 | 710 | 3 | 12 | 1144 | 10 | 10 | 722 | 6 | 14 |

1. **Data of High risk groups in Mizoram (Mizoram State Aids Control Society (MSACS)**
2. **Number of Pregnant Women In Mizoram (Mizoram HMIS Data)**

|  |  |  |
| --- | --- | --- |
| **Sl. No** | **Name of District** | **No. of pregnant women** |
| 1 | Aizawl District | 7905 |
| 2 | Lunglei District | 2551 |
| 3 | Champhai District | 2549 |
| 4 | Kolasib District | 1749 |
| 5 | Serchhip District | 1202 |
| 6 | Mamit District | 1750 |
| 7 | Lawngtlai District | 2439 |
| 8 | Siaha District | 1392 |
|  | **Total** | **21537** |

1. **Number of Health Care Workers in Mizoram**

|  |  |  |
| --- | --- | --- |
| **Sl. No** | **Health Care Workers** | **Numbers** |
| 1 | Health Workers | 1019 |
| 2 | Staff Nurses | 708 |
| 3 | Medical Officers | 209 |
| 4 | ASHAs | 1091 |
|  | **Total** | **3027** |

**Salient points for consideration:**

1. Mizoram honors the efforts taken by Government of India (GoI) towards elimination of Viral Hepatitis. It is determined to join hands with GoI in elimination of viral hepatitis from the grass root level.
2. The Government of Mizoram, knowing the burden of Hepatitis, particularly Hepatitis B & C in the State has made the treatment of Hepatitis B & C among the list of claimable list called the critical illness under the Mizoram State Health Care Scheme (MSHCS), a health insurance scheme for the general population of Mizoram. Among those who register under this Scheme, approximately500-600 patients are given treatment annually.

However, it is increasingly becoming difficult for MSHCS to provide free Hepatitis B & C treatment due to fund constraints.

1. However, Viral hepatitis is a typical disease, which, the state feels requires additional efforts for meeting the physical and financial targets laid out.
2. This project is also planned for partnership between NHM, Mizoram State Health Care Society (a society formed to implement the MSHCS),Mizoram State Aids Control Society (MSACS),Integrated Disease Surveillance Programme (IDSP), Universal Immunization Programme, State Blood Cell, Swach Bharat Programme, PHE Department, Food & Drugs Authority and Government of Mizoram.
3. **Plan for Operationalizing National Viral Hepatitis Control Program in Mizoram**:

* ***State Viral Hepatitis Management Unit (SVHMU):***
* SVHMU was set up at Directorate of Hospital & Medical Education, New Secretariat Complex, Khatla under the guidance of State Nodal Officer.
* Recurring cost for administrative expenses isproposed for SVHMU
* ***Model Treatment Centre (MTC):***
* Civil Hospital, Aizawl the biggest hospital in the state is identified as Model Treatment Centre.
* 1 Physician has been identified as the Nodal Officer for MTC.
* ***State Laboratory:***
* Civil Hospital, Aizawl is also identified as the State Laboratory
* 1 Microbiologist has been identified as the Nodal Officer for State Lab.
* ***District Viral Hepatitis Management Unit (DVHMU):***
* 1 district i.e., Aizawl West District was operationalized during this FY 2018-2019 State Referral Hospital, Falkawn was identified as District Treatment Centre as well as District Laboratory for Aizawl West District.
* 7 new districts i.e., Lunglei, Kolasib, Champhai, Mamit, Lawngtlai, Siaha & Serchhip has been identified as District Treatment Centres during FY 2019-2020.
  + **Capacity Building / Training**
    - As viral Hepatitis was not a priority disease for the state earlier, training of the treating physician on Viral Hepatitis global treatment guidelines will help the physicians to facilitate apt treatment to the deserving patients.
    - Apart from physicians, microbiologists, medical officers, pharmacists, laboratory technicians and data entry operators will also be trained.
* **Awareness Campaign, Screening & IEC :** 
  + - Clinically, its proven that Viral Hepatitis transmission is due to infected blood (Hepatitis B & C) or infected food and water (Hepatitis A, D & E)
    - Viral Hepatitis (A & E) patients are mostly found in pockets in interiors (rural parts) and even amongst urban areas; mostly due to lack of awareness, unhygienic living standards etc.
    - Currently awareness about viral hepatitis, its symptoms, modes of transmission, preventive measures, test and treatment is bleak particularly with the rural and backward population.
    - Nature of disease being asymptomatic for 12-20 years and thus, even the infected population is largely unaware. Patient presents themselves with liver cirrhosis or liver cancer and upon identification of the disease, it is too late to save the patient
    - Also, cost implications on the state government to treat infected persons with liver cirrhosis or liver cancer are multifold.
    - Thus, State of Mizoram wants to plan massive awareness drives in the identified hot beds (Lunglei , Aizawl & Champhai) along with the districts identified by GoI so that people of the state are made more aware about the disease, its symptoms, modes of transmission and ultimately get tested about their Hepatitis status.
    - The awareness drives will also educate masses on preventive measures to be taken to further curb the spread of disease at the grass root level. This will involve education of basic hygiene, use of needle cutters etc.
    - To further facilitate the prognosis, Government of Mizoram would want to screen high risk population in the first phase and motivate identified patient channelization to the nearest treatment center as advised by GoI.

Thus Support is required in attaining the required resources to successfully implement the project in Mizoram and make the state Hepatitis free which is one of the sustainable health goal of World Health Organization (WHO) as well.

1. **Targets:**

Targets to be achieved during FY 2020-2021:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl.**  **No** | **Program Area** | **Baseline** | **Target** | **Responsible program** | **Remarks** |
| 1 | Hepatitis Birth Dose Coverage | 19 % | 25% | UIP | NVHCP to collect quarterly coverage report |
| 2 | Number of People tested for hepatitis B (Hospital patients) | - | 12000 | NVHCP | - |
| 3 | Number of People tested for hepatitis C (Hospital patients) | - | 12000 | NVHCP | - |
| 4 | Number of people treated for hepatitis C | 800` | 150 | NVHCP | - |
| 5 | Number of key populations screened for hepatitis B and C  **For hepatitis B**   1. IDUs 2. FSW 3. PLHIV 4. Health care workers 5. Pregnant Women   **For hepatitis C**   1. IDUs 2. FSW 3. Health care workers 4. PLHIV 5. Others | - | -  **14500**  5000  1500  1000  2000  5000  **34500**  10000  1500  1000  2000  20000 | NACP | To be collected in March 2019 by NVHCP |
| 6 | Number of hepatitis surveillance sites functional in state | Nil | Nil | - | - |
| 7 | Number of sites offering hepatitis B screening | Nil | 8 | - | - |
| 8 | Number of sites offering hepatitis C screening | Nil | 8 | - | - |
| 9 | Number of sites offering confirmation of hepatitis C | Nil | 1 | - | - |

**PROPOSALS:**

1. **Establishment of Model Treatment Centre (MTC):**
2. **Recurring - Human Resource for MTC :**

Model Treatment Centre has been established at Civil Hospital, Aizawl and the existing staff is as follows:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl. No** | **FMR Code** | **Human Resource** | **No of Human Resource** | **Salary**  **(with 5% increment)** | **No. of months** | **Total amount**  **(Rs)** |
| 1 | 8.1.13.23 | Peer Support | 1 | 10,500/- | 12 | 1,26,000/- |
| **Total ( 12 months)** | | | | |  | **1,26,000/-** |

1. **State Laboratory : (Aizawl East)**

**\***Human Resource for SL (Laboratory Technician) will be met form the existing staff

1. **Recurring - Other administrative expenses for State Laboratory:**

Other expenses like contingencies, meeting is also proposed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No** | **FMR Code** | **Items/ Activities** | **Unit Cost** | **Quantity** | **Total amount**  **(Rs)** |
| 1 | 1.3.1.16 | Meeting | 2500/- | 2 | 5,000/- |
| 2 | Contingencies like stationeries, printer refill, internet bill etc | 20,000/- | 1 | 20,000/- |
| **Total (12 months)** | | | | | **25,000/-** |

1. **Model Treatment Centre (MTC): Aizawl East**
2. **Recurring - Other administrative expenses for MTC:**

Other expenses like contingencies, meeting is also proposed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No** | **FMR Code** | **Items/ Activities** | **Unit Cost** | **Quantity** | **Total amount (Rs)** |
| 1 | 1.3.1.17.1 | Meeting | 2500/- | 2 | 5000/- |
| 2 | Contingencies like stationeries, printer refill, internet bill, printing M&E tools, tablet for M&E etc | 20,000/- | 1 | 20,000/- |
| **Total (12 months)** | | | | | **25,000/-** |

1. **Recurring - Grant-in-aid for Hepatitis A & Hepatitis E case management:**.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No** | **FMR Code** | **Items/ Activities** | **Unit Cost** | **Quantity** | **Total amount** |
| 1 | 1.3.1.17.2 | Grant-in-aid for Hepatitis A & E case management | 50,000 | - | 50,000 |
| **Total (12 months)** | | | | | **50,000/-** |

1. **Establishment of District Treatment Centre (DTC):**
2. **Recurring - Other administrative expenses for DTC:**

Other expenses like contingencies, meeting is also proposed for 1 old district i.e., Aizawl West district as well as 7 new district viz., Lunglei, Champhai, Mamit, Lawngtlai, Siaha, Serchhip & Kolasib district.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl. No** | **FMR Code** | **Items/ Activities** | **Unit Cost** | **No. of meetings** | **No. of district** | **Total amount** |
| 1 | 1.3.1.18.1 | Meeting | 5000/- | 2 | 8 | 80,000/- |
| 2 | Contingencies like stationeries, printer refill, internet bill, printing of M&E tools, tablets for M&E etc | 10,000/- | 1 | 8 | 80000/- |
| **Total (12 months)** | | | | |  | **1,60,000/-** |

1. **Recurring - Grant-in-aid for Hepatitis A & Hepatitis E case management:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl. No** | **FMR Code** | **Items/ Activities** | **Unit Cost** | **Requirement per district** | **No. of districts** | **Total amount** |
| 1 | 1.3.1.18.2 | Grant-in-aid for Hepatitis A &E case management | 50,000 | 1 | 8 | 4,00,000/- |
| **Total (12 months)** | | | | |  | **4,00,000/-** |

1. **Outreach activity under NVHCP**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl. No** | **FMR Code** | **Items/ Activities** | **Unit Cost** | **Requirement per district** | **No. of districts** | **Total amount** |
| 1 | 2.3.1.11 | Outreach activity under NVHCP | 10000 | 1 | 8 | 80,000/- |
| **Total** | | | | | | **80,000/-** |

1. **Incentive for peer Educator/ Support under NVHCP**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl. No** | **FMR Code** | **Items/ Activities** | **Unit Cost** | **Requirement per district** | **No. of districts** | **Total amount** |
| 1 | 3.2.3.2 | Incentive for peer Educator/ Support under NVHCP | 10000 | 1 | 8 | 80,000/- |
| **Total (12 Months)** | | | | | | **9,60,000/-** |

1. **Incentive/ Allowances**

**Facility Based Data Entry Operation**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl. No** | **FMR Code** | **Items/ Activities** | **Unit Cost** | **Requirement per district** | **No. of districts** | **Total amount** |
| 1 | 8.1.16.6 | Facility Based Data Entry Operation | 2500 | 1 | 8 | 20,000/- |
| **Total (12 Months)** | | | | | | **2,40,000** |

1. **Incentive/ Allowances**

**For Medical Officer, Lab Tech, Pharmacist**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl. No** | **FMR Code** | **Items/ Activities** | **Unit Cost** | **Requirement per district** | **No. of districts** | **Total amount** |
| 1 | 8.4.11 | Incentive/ Allowances  For Medical Officer, Lab Tech, Pharmacist | 17500  MO- 7500  Lab Tech – 5000  Pahrma - 5000 | 1 | 8 | 1,40,000/- |
| **Total** | | | | | | **1,40,000/-** |

1. **Procurement**

Total no. of test kits ,consumables and drugs required during FY 2020-2021 is worked out as below:-

1. **Drugs**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FMR Code** | **Procurement Head (6.2.23)** | **Head** | **HBV** | **HCV** | **Total Cost for combined HBV and HCV** | **Total cost head-wise (as per FMR Code)** |
| 6.2.23.1 | Drug cost | Treatment cost | 290000 | 1725000 | 2015000 | **23,35,000/-** |
| HBIG | 320000 |  | 320000 |

1. **Kits**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FMR Code** | **Procurement Head (6.2.23)** | **Head** | **HBV** | **HCV** | **Total Cost for combined HBV and HCV** | **Total cost head-wise (as per FMR Code)** |
| 6.2.23.2 | Kits | Screening test | 94250 | 534750 | 629000 | **22,97,020/-** |
| Confirmation | 3770 | 655500 | 659270 |
| Viral Load | 551000 | 327750 | 878750 |
|  |  | ANC Screening | 130000 | - | 130000 |

1. **Consumables (RUP)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FMR Code** | **Procurement Head (6.2.23)** | **Head** | **HBV** | **HCV** | **Total Cost for combined HBV and HCV** | **Total cost head-wise (as per FMR Code)** |
| 6.2.23.3 | Consumables | Consumables | 93960 | 213210 | 307170 | 3,07,170/- |
|  | **Grand Total (a + b+ c)** | | | | | **49,39,190/-** |

1. **Recurring - Training :**
2. **3 Days Training of Medical Officers of Treatment Centres and Medical Officers from Mizoram SACS:**

3 days training of Medical Officers of Treatment Centres and Medical Officers from Mizoram SACS - 2 MOs from Treatment Centres & 32 MOs from Mizoram SACS (TI) is proposed as below:-

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FMR Code** | **Sl No** | **Particulars** | **Rate (Rs)** | **Unit** | **No of days** | **Amount (Rs)** |
| 9.5.28.1 | 1 | Venue Hiring | 2000/- | - | 3 | 6,000/- |
| 2 | Working Lunch, Tea & Snacks | 150/- | 50 | 3 | 22,500/- |
| 3 | Honorarium to Resource Person | 1000/- | 5 | 3 | 15,000/- |
| 4 | Training Materials including printing of modules | 500/- | 35 | - | 1,75,000/- |
| 5 | TA including Transit DA for trainees | 3000/- approx. for MOs | 35 | - | 1,05,000/- |
| 6 | Accomodation (for trainees) | 1000 | 35 | 3 | 1,05,000 |
| 7 | Miscellaneous | - | - | - | 2,800 |
|  |  | **Total** | | | | **4,31,300/-** |

1. **5 Days Training of Lab Technicians:**

5 Days Training of 16 Lab Technicians - 2 LTs from Model Treatment Centre (Aizawl East) & 2 LTs each from 7 District Treatment Centres viz., Lunglei, Champhai, Mamit, Lawngtlai, Siaha, Serchhip & Kolasib is proposed as below**:-**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FMR Code** | **Sl No** | **Particulars** | **Rate (Rs)** | **Unit** | **No of days** | **Amount (Rs)** |
| 9.5.28.2 | 1 | Venue Hiring | 2000/- | - | 5 | 10,000/- |
| 2 | Working Lunch, Tea & Snacks | 150/- | 16 | 5 | 12,000/- |
| 3 | Honorarium to Resource Person | 1000/- | 2 | 5 | 10,000/- |
| 4 | Training Materials including printing of modules | 500/- | 16 | - | 8,000/- |
| 5 | TA including Transit DA for trainees | 1500/- approx. for other staff | 16 | - | 24,000/- |
| 6 | Accomodation | 1000 | 16 | 5 | 80,000 |
| 7 | Miscellaneous | - | - | - | 6,000 |
|  |  | **Total** | | | | **1,50,000/-** |

1. **1 Day Training of Peer Support of the Treatment sites(MTC/ DTCs/Mizoram SACS):**

1 Day Training of 8 Peer Support, 8 Pharmacist, 8 DEOs, 26 Nurses & 10 Counselors – from Aizawl East, Aizawl West, Lunglei, Champhai, Mamit, Lawngtlai, Siaha, Serchhip & Kolasib is proposed as below**:-**

**\*Please note that training has been clubbed under 1 Budget Head for Peer Support, Pharmacists, DEOs, Counselors and Nurses.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FMR CODE** | **Sl No** | **Particulars** | **Rate (Rs)** | **Unit** | **No of days** | **Amount (Rs)** |
| 9.5.28.3 | 1 | Venue Hiring | 2000/- | - | 1 | 2,000/- |
| 2 | Working Lunch, Tea & Snacks | 150/- | 65 | 1 | 9,750/- |
| 3 | Honorarium to Resource Person | 1000/- | 8 | 1 | 8,000/- |
| 4 | Training Materials including printing of modules | 400/- | 65 | - | 26,000/- |
| 5 | TA including Transit DA for trainees | 1500 /- approx. for other staff | 65 | - | 97,000/- |
| 6 | Accomodation (for trainees) | 1000 | 65 | 1 | 65,000/- |
| 7 | Miscellaneous | - | - | - | 7,000/- |
|  |  | **Total** | | | | **2,14,750/-** |
|  |  | **Grand Total (a + b + c)** | | | | **7,96,050/-** |

1. **Recurring - IEC/BCC:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FMR CODE** | **Sl. No** | **Particulars** | **Rate (Rs)** | **Unit** | **Amount (Rs)** |
| 11.24.4.2 | 1 | Awareness Campaign cum Screening camp | 5000/- | 6 | 30,000/- |
| 2 | Printing of leaflets on Hepatitis | 10/- | 5000/- | 50,000/- |
| 3 | Sensitization meeting of media persons, NGO leaders etc | 10,000/- | 1 | 10,000/- |
| 4 | Printing of posters | 100/- | 100/- | 10,000/- |
|  |  | **Total** |  |  | **1,00,000/-** |

1. **Drugs Warehouse and Logistics :-**

Transport of samples for Viral load testing/Drugs etc.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FMR CODE** | **Sl. No** | **Particulars** | **Rate (Rs)** | **Unit** | **Amount (Rs)** |
| 14.2.13 | 1 | Transport of samples for Viral load testing/Drugs etc. | 20000 | 8 | 1,60,000/- |
|  |  | **Total** |  |  | **1,60,000/-** |

1. **State Viral Hepatitis Management Unit (SVHMU) / State Coordination Unit\***Human Resource for SVHMU (Project Coordinator) has been met form the existing staff.
2. **Recurring - Travel expenses for monitoring of Site/ Field Visits:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No** | **FMR Code** | **Items/ Activities** | **Unit Cost** | **Quantity** | **Total amount**  **(Rs)** |
| 1 | 16.1.3.1.16 | Travel expenses for monitoring of sites /field visits | 20,000/- | 3 | 60,000/- |
| **Total (12 months)** | | | | | **60,000/-** |

1. **Recurring –Meeting costs/ Office Expenses/ Contingencies:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No** | **FMR Code** | **Items/ Activities** | **Unit Cost** | **Quantity** | **Total amount**  **(Rs)** |
| 1 | 16.1.4.1.14 | Meeting with Stakeholders & other health program viz., UIP, IDSP, MSACS etc | 10000/- | 2 | 20,000/- |
| 2 | Contingencies like stationeries, printer refill, internet bill , printing M&E tools ,tablets for M&E etc | 20,000/- | 1 | 20,000/- |
| 3 | Review Meeting | 35000 | 4 | 140,000 |
| **Total (12 months)** | | | | | **1,80,000** |

* **Break up of Review meeting is given below :-**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No** | **Particulars** | **Rate (Rs)** | **Unit** | **No. of Meetings** | **Amount (Rs)** |
| 1 | Venue Hiring | 2000/- | - | 4 | 8000/- |
| 2 | Working Lunch, Tea & Snacks | 150/- | 15 | 4 | 9000/- |
| 3 | Honorarium to Resource Person | 1000/- | 5 | 4 | 20,000/- |
| 4 | Stationeries | 150/- | 15 | 4 | 9000/- |
| 5 | TA including Transit DA for attendees | 1500/- approx | 15 | 4 | 90,000/- |
| 6 | Miscellaneous | - | - |  | 4000/- |
|  | **Total** | | | | **1,40,000** |

1. **Establishment of District Treatment Centre (DTC):**

**\***Human Resource for DTC will be met form the existing staff

1. **Non- recurring - One time grant for Procurement of equipment for Model Treatment Centre, State Laboratory and District Laboratory:**

Office equipment viz., Almirah, tables, chairs, computer set for 2 districts viz, Civil Hospital, Aizawl and State Referral Hospital, Falkawn is proposed as below:-

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl. No** | **FMR Code** | **Items** | **Unit Cost** | **Requirement per district** | **Total amount** | **Remarks** |
| 1 | 16.1.5.2.8 | Almirah | 16,000/- | 2 | 32,000/- | State Lab-1, District Lab - 1 |
| 2 | Office table | 12,000/- | 2 | 24,000/- | State Lab -1, District Lab - 1 |
| 3 | Revolving stool | 4,500/- | 7 | 31,500/- | State Lab -4, District Lab - 3 |
| 4 | Computer set with printers | 35,000/- | 2 | 70.000 | State Lab -1, District Lab - 1 |
| **Total** | | | | | **1,57,000** |  |

**TOTAL BUDGET REQUIREMENT SUMMARY:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl No** | **Budget Head** | **FMR Code** | **Amount (Rs)** | **Total**  **Amount (Rs)** |
| 1 | **Establishment of Model Treatment Centre (MTC):** |  |  |  |
| 1. Recurring : Human Resource | 8.1.13.23 | 1,26,000/- | **1,26,000/-** |
| 2 | **Establishment of State Laboratory(SL):** |  |  | **25,000/-** |
| 1. Recurring : Meeting costs/ Office expenses/ Contingencies | 1.3.1.16 | 25,000/- |
| 3 | **Establishment of Model Treatment Centre (MTC):** |  |  |  |
|  | 1. Recurring : Meeting costs/ Office expenses/ Contingencies | 1.3.1.17.1 | 25,000/- | **75,000/-** |
|  | 1. Recurring Grant-in-aid for Hepatitis A&E case management | 1.3.1.17.2 | 50,000/- |
| 4 | **Establishment of District Treatment Centre (DTC):** |  |  |  |
|  | 1. Recurring : Meeting costs/ Office expenses/ Contingencies | 1.3.1.18.1 | 1,60,000/- | **5,60,000** |
|  | 1. Recurring Grant-in-aid for Hepatitis A&E case management | 1.3.1.18.2 | 4,00,000/- |
| 5 | Outreach activity under NVHCP | 2.3.1.11 | 80,000 | **80,000** |
| 6 | Incentive for peer educator/ support under NVHCP | 3.2.3.2 | 9,60,000 | **9,60,000** |
| 7 | Incentive / Allowances facility based Data Entry Operation | 8.1.16.6 | 2,40,000 | **2,40,000** |
| 8 | Incentive / Allowances for MO, :Lab Tech & Pharma. | 8.4.11 | 1,40,000 | **1,40,000** |
| 9 | **Procurement (Kind Grant)** |  |  |  |
|  | 1. Recurring : Drugs | 6.2.23.1 | 23,35,000 | **49,39,190** |
|  | 1. Recurring : Kits | 6.2.23.2 | 22,97,020 |
|  | 1. Recurring ; Consumables (plasticware, RUP, evacuated vacuum tubes, waste disposal bags, Kit for HBsAg titre, grant for callibration of small equipment, money for EQAS) | 6.2.23.3 | 3,07,070 |
| 10 | **Drugs Warehouse & Logistics**  **Transport of Samples for Viral Load Testing/Drugs etc** | 14.2.13 | 1,60,000 | **1,60,000** |
| 11 | **Recurring : Training** |  |  |  |
|  | 1. 3 Days Training of Medical Officers of MTC | 9.5.28.1 | 4,31,300/- | **7,96,050** |
|  | 1. 5 Days Training of Lab Technicians | 9.5.28.2 | 1,50,000/- |
|  | 1. 1 Day Training of Peer Support of the Treatment Sites | 9.5.28.3 | 2,14,750/- |
| 12 | **Recurring : IEC/BCC** | 11.24.4.2 | 1,00,000/- | **1,00,000** |
| 13 | **Establishment of State Viral Hepatitis Management Unit (SVHMU):** |  |  |  |
|  | a. Recurring : Cost of travel for supervision and Monitoring | 16.1.3.1.16 | 60,000/- | **2,40,000** |
|  | b. Meeting costs/ Office expenses/ Contingencies | 16.1.4.1.14 | 180000/- |
| 14 | **Establishment of District Treatment Centre (DTC):** |  |  |  |
|  | Non- recurring - One time grant for Procurement of office equipment for DTC | 16.1.5.2.8 | 1,57,000/- | **1,57,000** |
|  |  | **Activities** | |  |
| **Grand Total** | | | | **85,98,240** |