Third

Common Review Mission

State Report

Daman & Diu

REPORT OF
Common Review Mission 3

Daman & Diu
November 2009

National Rural Health Mission (NRHM)

Government of India

1. Team for CRM 3

A six member diverse team was constituted for the Common Review Mission (CRM) to visit the Union Territories (UT) of Daman & Diu and Dadra & Nagar Haveli. The details of the team members are as follows:

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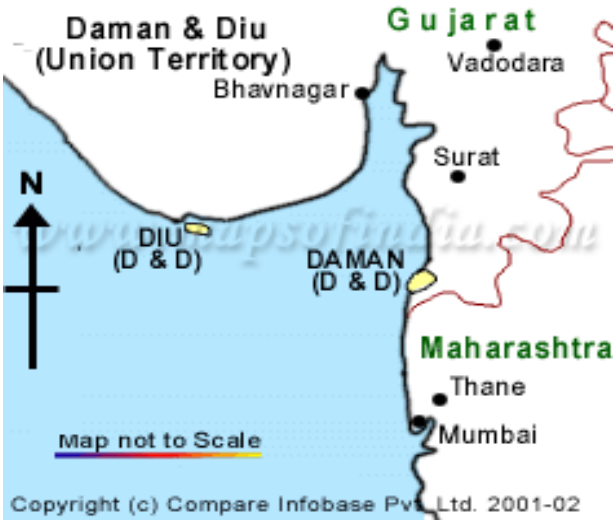
The team after the initial briefing at the two UTs divided into two groups. Team A of four members (Dr. Sunil D. Khaparde, Dr AT Kannan, Dr.G.S.Meena and Mr Prateek Goel) reviewed UT of Daman & Diu and Team B of two members (Mr. Kal Singh and Dr. Dinesh Aggarwal) reviewed the UT of Dadra & Nagar Haveli. The two teams made separate presentations to the respective UT officials and have prepared separate report for respective UT. This report focuses on the UT of Daman & Diu.

2. Introduction to the State

Daman and Diu compose of two former Portuguese colonies seized by India in 1961. Daman and Diu were administered jointly with Goa as the union territory of Goa, Daman and Diu until 1987, when Goa became a separate state. It is administered by the home minister of the central Indian government. The major language is Gujarati.

The Union Territory of Daman & Diu has an area of 112 sq. km. and a population of 0.16 million. There are 2 districts, 2 blocks and 23 villages. The UT has population density of 1,412 per sq. km. (as against the national average of 312). The decadal growth rate of the state is 55.73% (against 21.54% for the country) and the population of the UT continues to grow at a much faster rate than the national rate. The two districts of Daman and Diu are situated on the west coast and are around 780 kms away from each other.



For the implementation of National Rural Health Mission in Daman & Diu the Daman & Diu Administration has constituted and notified the State Health Society. The Governing body of

the State Health Society, UT of Damn& Diu is also functioning as State Health Mission for U.T. of Daman & Diu, Since U.T. of Daman & Diu is a small U.T.

The UT Health Mission is headed by Hon'ble Administrator U.T. of Daman & Diu as its Chairperson and the Development Commissioner is the Co-Chairperson of the UT Health Mission with Secretary (Health) of Daman & Diu Administration as its Vice Chairman and Chairman Executive Committee.

In pursuance of the guidelines issued for National Rural Health Mission, the Directorate of UT Health Mission is established in Daman & Diu and it is headed by the Mission Director of the UT Health Mission.

Health Indicators of Daman & Diu

The Total Fertility Rate of the State is 2.1 (UT data) The Infant Mortality Rate is 31 ((SRS 2004 - 06)) and Maternal Mortality Ratio is 50 (UT data). The Sex Ratio in the State is 710 (as compared to 933 for the country). The sex ratio at birth is around 910 however due to single male migrant workers in the district of Daman the overall sex ratio comes down. Comparative figures of major health and demographic indicators are as follows:

Table I: Demographic, Socio-economic and Health profile of Daman & Diu State as compared to India figures

S. No.	Item	Daman & Diu	India
1	Total population (Census 2001) (in million)	0.16	1028.61
2	Decadal Growth (Census 2001) (%)	55.73	21.54
3	Crude Birth Rate (SRS 2008)	17.5	22.8
4	Crude Death Rate (SRS 2008)	5.3	7.4
5	Total Fertility Rate (SRS 2007)	NA	2.7
6	Infant Mortality Rate (SRS 2008)	31	53
7	Maternal Mortality Ratio (SRS 2004 - 2006)	NA	254
8	Sex Ratio (Census 2001)	710	933
9	Population below Poverty line (%)	4.44	26.10
10	Schedule Caste population (in million)	0.0048	166.64
11	Schedule Tribe population (in million)	0.014	84.33
12	Female Literacy Rate (Census 2001) (%)	65.6	53.7

Table II: Health Infrastructure of Daman & Diu

Particulars	Required	In position	shortfall
Sub-centre	21	22	-
Primary Health Centre	3	3	0
Community Health Centre	0	1	-
Multipurpose worker (Female)/ANM at Sub Centres & PHCs	25	38	-
Health Worker (Male) MPW(M) at Sub Centres	22	19	3
Health Assistant (Female)/LHV at PHCs	3	4	-
Health Assistant (Male) at PHCs	3	0	3
Doctor at PHCs	3	6	-
Obstetricians & Gynaecologists at CHCs	1	1	0
Physicians at CHCs	1	1	0
Paediatricians at CHCs	1	1	0
Total specialists at CHCs	4	4	0
Radiographers	1	1	0
Pharmacist	4	4	0
Laboratory Technicians	4	4	0
Nurse/Midwife	10	19	-

(Source: RHS Bulletin, March 2008, M/O Health & F.W., GOI)

The other Health Institution in the State are detailed as under:

Health Institution	Number
Medical College	
District Hospitals	2
Referral Hospitals	
City Family Welfare Centre	
Rural Dispensaries	
Ayurvedic Hospitals	-
Ayurvedic Dispensaries	1
Unani Hospitals	-
Unani Dispensaries	-
Homeopathic Hospitals	-
Homeopathic Dispensary	-

The team visited the district of Daman and after the briefing at the UT level, visited the district hospital, CHC, PHC, Sub centres, Anganwadi centres and certain villages. The details in CRM format are as follows:

3rdCommon Review Mission November 2009 - Places visited by the teams

3rdCommon Review Mission				
3rd November 2009 to 13th November 2009				
Name of State			Daman & Diu (Union Territory)	
Names of Districts visited				
Sno	Name	District HQ	Name of DM	Name of CMO
1	Daman	Daman		Dr K.Y Sultan
Health Facilities visited				
Sno	Name	Address / Location	Level (SC / PHC / CHC/other)	Name of the Person in Charge
1	Government Hospital	Marwad	District Hospital	Dr. Sunil Amonkar
2	CHC	Moti Daman	CHC	Dr. K. Y. Sultan
3	PHC	Kachigam	PHC	Dr. Hiren Patel
4	Sub Centre	Kadaiya	SC	Mrs Annamma Matthew
5	Sub Centre	Dori Kadaiya	SC	Mrs Dharmishtha Dhimmar
6	Sub Centre	Bhimpore	SC	Smt Shyala Jhon
7	Sub Centre	Pariyari	SC	Mrs Saroj patel
8	Sub Centre	Zari	SC	Mrs Rekha Halpati
9	Sub Centre	Kevdi Falia	SC	Dr Suhas Solanki
10	Sub Centre	Dholar	SC	Mrs Annamma M
11	Sub Centre	Magarwada	SC	Mrs Sumitra Rathod
12	Anganwadi Centre	Machhiwad	AWC	Mrs. Shashikala Tandel
13	Anganwadi Centre	Bhimpore	AWC	Mrs Kokilaben
14	Anganwadi Centre	Naila Pardi	AWC	Mrs Chanchal Halpati
15	Anganwadi Centre	Priyari	AWC	Mrs Indra Mehta
16	Anganwadi Centre	Kevdi Falia	AWC	Mrs. Surekha Patel
17	Anganwadi Centre	Magarwada	AWC	Mrs Parvati Patel

3. Desk Review

Desk review comprised of information provided by state on the list of health facilities in difficult and inaccessible areas, notes on physical progress of NRHM against the initiatives approved, progress of NRHM in the state format data sheets and additional information on initiatives provided by the Union Territory.

The information studied under desk review was validated under the detailed on-field visits and discussions with the health secretary, mission director and other medical and administrative officials of the UT. UT does not have any facilities in difficult or inaccessible areas. UT is doing reasonably well on various health indicators and goals of NRHM. The details of documents under desk review in attached in Annexures and findings are presented in the next section.

4. Findings of 3rd CRM in Union Territory of Daman & Diu

The team studied in detail the 22 indicators for 3rd CRM in the UT of Daman & Diu. The findings are as follows

Infrastructure

Physical infrastructure at the UT of Daman and Diu is adequate and well maintained. Daman's district hospital and CHC are adequately resourced in terms of number of beds and there is adequate capacity considering the case loads. Considering good connectivity within the entire UT, in-patient facilities are constituted only at the district hospital and CHC. At

Daman one of the PHC is being relocated to Dabhel area and construction is in progress for the same. Rural medical dispensary in Vanakbara, Diu has been upgraded to PHC.

Medical equipments, drinking water, sanitation, waste management process, mobile medical unit (only in Diu), ambulance 102, telemedicine center etc. are available. Utilization of a few of these services like telemedicine center, MMU, 102 ambulance services is not appropriate. The infrastructure exists but utilization a few of these services can be improved. At a few facilities (e.g. PHC in Daman) there is over capacity. Equipment and infrastructure is more than required. This can be optimally restructured. There is no NICU in any of the facility in Daman. Mobile Medical Unit is operational in Diu but not commissioned in Daman.

Entire UT of Daman & Diu has good connectivity with short distances and there are no difficult or inaccessible areas. The infrastructure at District Hospital and CHC is adequate and it was observed during the field visits that bed occupancy on average was 25%-30%. Considering these factors emphasis should be on providing good transportation.

Human Resources

Human resources availability and adequacy is varied for different levels. ANM's and health workers are present in all sub-centres. Second ANM recruitment is in progress. There are no ASHA's as Daman & Diu is a high performing unit. There are no Link workers at the community level. ANM's have know-how to conduct their duties. Paramedics and laboratory technicians are adequately present and well trained at the facilities. Contractual staff has also been recruited at is present at PHC's, Sub-centres and evening clinic.

However, there is shortage of specialists (e.g. OBS & Gynae, Paediatrician etc.) in the UT. UT has been trying to recruit specialist but they are not able to find medical specialists in the area willing to work at the current levels of remuneration.

Another area where availability of human resources is weak is in areas of financial management, MIS & data management, telemedicine center etc. District Accounts Manager/Finance Manager position has just been filled in for Daman and it is vacant in Diu.

Training across levels is weak and there is no training facility in the UT. INMC, EMOC, Skill based trainings for medical officers and staff is not in place and trainings for finance and data management staff is also non-existent.

Assessment of Case Load and Preparedness of Facility for Patient Care Services

Daman and Diu have a total of 242 hospital beds (172 in Daman and 70 in Diu). Institutional delivery rate is over 85%. The table below shows the case load in terms of number of in-patient admissions, number of out-patient consultations and number of institutional deliveries. As can be seen the case load between 2005 and 2008 has increased marginally for in-patient and OPD consultation however the number of institutional deliveries have increased by 75%. Visits to the facilities also indicated low level of occupancy (~30% of hospital beds). The increase in institutional deliveries could be accredited to Matru Samrudhi Yojana (MSY) being implemented. This scheme is similar to JSY that support the beneficiaries with a cash assistant of Rs. 5000/- to each institutional deliveries upto 2 live birth from UT Fund. The scheme is applicable up to 2 live births after 18 years of age of mothers. The unique feature is that this benefit is available to all classes of population and all institutional deliveries either in Government or private facilities. In addition, There is an insurance of Rupees twenty thousand only as premium given for the birth of a girl child under Dikri Development Scheme.

Year	In-Patient	OPD	Institutional Deliveries
2005-06	6,815	223,465	2,030
2006-07	6,939	225,289	2,486
2007-08	6,558	251,026	3,188
2008-09	7,064	233,323	3,515

Trauma centre has been recently constituted and this is increasing the case load of emergency services. Certain equipment (CT Scan) is not functional due to non-involvement

of private players in running it as a public private partnership. There are no user charges at any of the facility in Daman and Diu. 102 ambulance services is operational however there are 3 ambulances but not all are being used due to lack of drivers. This can be strengthened by rotating and shifting the available drivers.

At the sub-centre level, the ANM's are well equipped and have the requisite medicine and diagnostic kits. Given the spread of population certain sub-centres cater to a lower population and certain sub-centres have a higher case load. A commendable initiative taken in this regard by the UT is of opening evening clinics twice a week in industrial areas with high male population. This can be encouraged in other similar areas as well and resources could be optimally positioned.

Daman has a blood bank situated at the Marwad district hospital, however IEC activities are lacking with less number of posters and few blood donation camps being organized. Cold chain storage is well maintained and well equipped. Another notable initiative is of mainstreaming AYUSH. Ayurveda and Homeopathy doctors and medicines are available at district hospital, CHC, and the PHC in Daman. A doctor also visits one of the sub centres (Dori kadaiya) on a weekly basis.

Rogi Kalyan Samitis are formed at all levels. At the sub-centre level the samitis have started functioning and each sub-centre is allotted Rs 10,000 annually. The record keeping on approvals of funds and expenditure is not upto mark and needs strengthening.

Outreach activities of subcentres & Utilization of untied funds

UT does not have ASHA's and there are no village health and nutrition days. However, immunization activities are happening weekly at the sub-centres. There are no link workers and outreach activities are limited.

By means of Inter-sectoral Convergence between Department of Health & Family Welfare and Department of Women and Child Development the nutrition, breast feeding, maternal and child care programme under the ICDS have gained the Momentum. The ICDS workers working under the CDPO, Sub Centre staffs from the DMHS and the PRI members have joined hand to constitute the Village Health and Sanitation Committees in order to accelerate the maternal and child health programme in the UT of Daman and Diu.

Convergence has been taken place with the PWD to improve the health and sanitation measures towards the implementation of Rajeev Gandhi Water and Sanitation programme.

Intra-sectoral convergence of PRI and Directorate of Medical and Health services in creating the hospital and sub centre welfare committees towards improving the quality and need based care and Tackling Mal Nutrition and Anemia.

Quality of Services, Diagnostics and Procurement

The first impression suggests that reasonable good quality services are being provided at the facilities. There is appropriate cleanliness at all facilities (hospital, CHC, PHC, sub centres and Anganwadi centres) and availability of drinking water and sanitation facilities. Toilets are clean and well maintained. Waste management activities have been outsourced and are working well.

ANM's maintain records of immunization in a wooden board containing patient record arranged month by month. This is a good initiative taken by the UT and well maintained by the ANM's at the sub centre level. Institutional delivery is being promoted and there was good infrastructure and hygiene at the labor rooms. There is no NICU. Patients usually stay around 24 hours post normal delivery and 4-5 days post caesarean delivery.

There are no quality certification or accreditation programs (NABH, ISO) being undertaken by the UT. Diagnostic equipments are under annual maintenance contracts and are being services regularly. There was just one instance of a tread mill not working properly and not being under an AMC. Procurement and supply chain of drugs seems to be fairly good with reasonable availability of drugs at all levels.

Community Involvement and Monitoring

Community in the UT of Daman and Diu is aware of the healthcare services being provided by the UT. PRIs are involved in the healthcare delivery process and work well with the ANMs, AWW and other healthcare providers. Community acceptance of minority and SC/ST population is reasonably good. All activities like immunization, nutrition, IEC etc. are done at the facility level and there are no nutrition days.

Community monitoring initiatives are largely lacking and there are no specific outreach activities. There is inadequate staff to link community with health centers. There are no mechanisms of jan sunwayee, open hearings etc.

National Disease Control Programmes and RCH II

All National Disease Control Programmes (NDCPs) are being implemented reasonably well with diagnostic procedures and standard protocols. NVBDCPs are well underway. There have been no deaths in the last few years due to malaria. IDSP is operationalized. ICTC centre is in place and there is a trained ICTC counsellor. Non-communicable and lifestyle diseases like diabetes, hypertension, mental health, IDD etc. are well provided and district hospital and CHC. Laboratory facilities are well structured for these diseases.

Cataract Operation Statistics

Year	Target	Achievement
2005-06	350	364
2006-07	350	386
2007-08	600	316
2008-09	350	327

UT has a high rate of institutional deliveries. The incentive scheme of MSY (Matru Samriddhi Yojana) and DDS (Dikri Development Scheme) are available. (Schemes already detailed in previous section). The drawback is that the MSY scheme is available in both Government and private hospitals and to all sections of society including the rich and privileged. The UT should review this as it may be leading to unnecessary expenditure.

Family planning activities are being promoted and mini-lap is the preferred procedure compared to laparoscopy. Community based sensitization has been done under the VHSCs regarding the Breast feeding practices and awareness on the advantages of exclusive breast feeding. This activity has been under taken by the AWW and SC staffs for all the pregnant

mothers approaching the Sub Centres and Anganwadi Kendra. Sensitization work shop on the advantages of Breast feeding has been organized by DMHS for the SC staffs and the Anganwadi Staffs.

The Condoms, oral contraceptive pills, IUDs and emergency contraceptive pills are supplied to all the Sub-Centers. Nischaya Pregnancy Kits are available to all the Sub centers. Efforts have been made towards 100 % registration of the ANC cases at the Sub centers. Adequate care and support facilities for the pregnant mothers are available at all the sub centers. Regular surveys are carried out by the sub-centre staff on the eligible couples/women in the villages in Daman and Diu by the sub centre staffs. Adequate human resource, equipments are being made available at all the government hospital to provide complete OBG care to all needy patients across all socio-economic strata. Facilities such as permanent methods of family planning to all the desirous male and female patients are available in the government owned facilities in the Daman and Diu. Awareness campaigns are being organized under the DM&HS on population stabilization. IEC materials have been disseminated to various places with messages on small family by choice, family planning and welfare measures

Nutrition

School Health and Education programme has started giving coverage on the students up to class seven from the current year 2009-10.The service has been provided by School Health and education Programme, Sub centres and Anganwadi. In addition to the treatments on Deworming the students are being diagnosed and treated for anemia and dispensed with IFA tablets. They are provided with awareness on the prevention of anemia and mal nutrition at various forums.

Village Health and Sanitation Committee (VHSC) have been formed in Daman and Diu in August 2008 according to the revised guidelines of NRHM. Out of a total of 28 Village Health and Sanitation Committee (VHSC), 24 Village Health and Sanitation Committee (VHSC) have formed in Daman and another 4 such have been formed in the district of Diu. Provision of Zero balance accounts of the Village Health and Sanitation Committee (VHSC) at the Nationalised bank has been made. An untied fund of Rupees ten thousand only has been sanctioned to all the Village Health and Sanitation Committee (VHSC) in Daman. Similar efforts in Diu in order to grant the untied fund of Rupees Ten Thousand only are in progress. Sensitization of the Village Health and Sanitation Committee (VHSC) on various issues of health and sanitation in the village has already started. The village health and sanitation committees are to work for the total health and sanitation in the village and also tackling Mal Nutrition and Anemia.

Expenditure by these committees is directed towards cleanliness and hygiene like filling pits, removing stagnant water etc. The procedure for approving this expense is not recorded properly and can be improved.

Overall Program Management

Most indicators under NRHM are reasonably well. UT has made good progress and achieved many of the goals under NRHM. The table below provides UT achievement on these indicators. However the Program Management unit needs to be strengthened in terms of planning, monitoring and control of various initiatives. Fund utilization under NRHM is also low.

Outcome of NRHM upto 2012	**Achievement of Daman and Diu**
IMR reduced to 30/1000 live births by 2012	31.0
MMR reduced to 100/100,000 live births by 2012	50
TFR reduced by 2.1 by 2012	2.1
Malaria Mortality Reduction Rate – 60% upto 2012	Nil death since last 10 years
Kala Azar eliminated by 2010	Nil death since last 10 years
Filaria Reduction Rate by 80 % by 2012	Reduced upto 60%
Dengue Mortality reduced by 50% by 2012	Nil death since last 3 years
Leprosy Prevalence Rate Reduce from 1.8 per 10,000 in 2005to less than 1 per 10,000 thereafter	0.23
TB DOTS series – maintain 85% cure rate	90%

Financial Management

Financial Management system at the UT of Daman of Diu is relatively weak and needs a lot of strengthening. Till recently, Financial management function at the UT was run by resources outside department of health. Recently a finance manager has joined at the UT.

There has been shortage of staff as Daman recently recruited finance manager and Diu has a vacant position of account manager.

Financial training has also not been initiated as there was hardly any staff for finance training. Tally is available but used for finance function. There is no internal audit/concurrent audit being done at the UT level. Statutory audit report for the year 2008-2009 is still pending though it should have been completed by September 30th.

NRHM Fund utilization at UT is low. Only 30%-40% of fund is being utilized by the UT. UT has not contributed 15% of the funds towards NRHM in 2008-09. Fund utilization under RKS is not happening as there are no user charges and RKS funds are left untouched. Untied funds are being used but there is inadequate documentation of approvals from committees.

Data Management

Data management activity is another weak area in the UT. UT does not have standardized templates and formats for recording outpatient and inpatient data. Entire process of data capture and storage is manual. There is no involvement of computers in data keeping and manual effort t multiple stages leads to inefficiency and errors. The storage process is completely manual and may result in physical loss of records. Web reporting of HMIS is not followed and excel files are being sent to HMIS centre for uploading on the web. UT has plans of computerising the entire data management process and a tender has already been published in this regard.

5. Recommendations

The following recommendations have been identified by the CRM team for improved and accelerated implementation of NRHM program and improving the health indicators at the Union Territory of Daman and Diu.

Recommendations Table

Area	Recommendation
Infrastructure	➢ Evening clinic is an innovative idea and should be encouraged in other needy sub-centres ➢ Emphasis should be on improving transportation as area covered is small and ambulance infrastructure is available

	➢ Promote Public Private partnerships to provide services like CT Scan and utilize telemedicine facility
Human Resources	➢ Recruit/contract with specialists for vacant positions of Pediatrician, Obs & Gyne etc. Put a proposal for increasing specialist pay to Rs 50,000-55,000 under NRHM ➢ Recruit sanctioned 2nd ANM at the sub centres ➢ UT should provision for link workers to increase community involvement in healthcare delivery. Perform cost/benefit of having 2nd ANM vis-à-vis link worker ➢ Training needs to be strengthened and institutionalized for all staff. Form a training plan and calendar. Link with Mumbai for training of ANM, Medical officer, paramedical workers etc. ➢ Rationalize manpower distribution in sub-centres with high case load centres to low case load centres as distance between sub-centres is not huge
IEC	➢ IEC activities to be strengthened for blood donation, MSY incentives and other programs ➢ Posters / notices etc. need to be put up in hospital, CHC facility ➢ Social audit mechanism should be constituted like jan sunwayee etc. to promote community involvement
Quality	➢ Undertake quality accreditation programs(NABH, ISO etc.) for hospital//CHC
Finance	➢ Fill vacant finance management positions at state/district level ➢ Conduct training of financial management staff (including Tally ERP 9) ➢ Constitute a concurrent/internal audit mechanism either by recruiting an auditor or by associating with an agency ➢ Ensure timeliness of statutory audit report ➢ Standardize reporting and monitoring formats across levels ➢ Undertake an exercise for identifying causes of low utilization of NRHM budget (e.g. manpower, implementation delays etc.) and

	take corrective actions
Data Management	➢ Develop electronic data capturing capability at District hospital and CHC in short term ➢ Undertake web submission of NRHM HMIS reports ➢ Improve record keeping using ICT
Monitoring & Evaluation	➢ Constitute maternal death audits ➢ Monthly/Quarterly meetings on progress of program implementation

6. State Specific Comments

Specific UT specific comments on Daman and Diu are

1. The geographical distribution of Daman and Diu is unique as the two districts are relatively small in size with a population of <2 lakhs but are over 750 kms apart. This highlights that issues of UT should be looked at considering these factors not based on just population and area.
2. Special emphasis should be given on recruiting specialists as it is difficult to attract quality manpower for these posts.
3. ASHA's are not sanctioned for UT as it is a high performing state but other initiatives on involving community should be explored.
4. UT is doing reasonable well on the technical side wrt. health indicators and programs however needs support in program management, finance management and data management

Annexures: Information received from States as part of Desk Review

Annexure 6

List of health facilities segregated in difficult, most difficult and inaccessible areas as reported by the states under the desk review

National Rural Health Mission				
3rd Common Review Mission				
Desk Review Format Num. 2				
Level of Health Facility	**Number of Health Facilities falling in**			
	Total	Difficult areas	Most Difficult Areas	Inaccessible Areas
Health Sub Centre	25	0	0	0
Primary Health Centre	4	0	0	0
Other facilities below the block level				
Community Health Centres	1	0	0	0
Other facilities below the district level				
District Hospital	2	0	0	0
Other facilities at District level				

Annexure 8

Format for reporting physical progress in states against mapping of approvals granted in the Record of Proceedings of NRHM.

Fund allocation by GOI since the Inception of the Programme in UT of Daman and Diu

(Rs .in lakhs)

Sl.	**Scheme/ Programme Under NRHM**	**Approved Amount 2007-08**	**Approved Amount 2008-09**	**Approved Amount 2009-10**
1.	RCH Flexible Pool (including Immunization)	28.00	50.02	65.00
2.	NRHM Flexible Pool	48.00	136.48	262.00
3.	Pulse Polio/ Immunization	4.00	3.53	4.00
4.	NVBDCP		27.53	27.00
5.	RNTCP	4.31	24.44	18.00
6.	NPCB	56.25	66.10	39.00
7.	NIDDCP	12.50	12.5	13.00
8.	IDSP	56.00	14.28	27.00
9.	NLEP	17.52	10.49	9.00
10.	Infrastructure Maintenance / (Treasury Route)		125.00	176.00
	TOTAL	**239.51**	**470.37**	**640.00**

Annexure 9

Format of Tables in the Rural Health Statistics Bulletin to be reported by the states under the Desk Review

PROFORMA - I

STATUS OF PRIMARY HEALTH INFRASTRUCTURE

SUB CENTERS, PHCs AND CHCs REQUIRED AND IN POSITION

UT of Daman and Diu **Report for the year 2009-10**

Health Institution	Required (As per population based on 2001 census)	No. Functioning As on 31st March 2008	No. Established during the year	Total Functioning 2009
(1)	(2)	(3)	(4)	(5)=(3)+(4)
Sub Centres	36	25	0	25
PHCs	5	3	1	4
CHCs	2	1	0	1

Note: Requirement for Sub Centers should be worked out on the basis of population norm of 5000 population in plane and 3000 population in tribal, hilly, desert and backward areas respectively. For PHCs the population norms are 30000 & 20000 in plain and tribal /hilly/ desert areas respectively. One Community Health Center is for every four PHCs.

PROFORMA –II

SUB CENTERS, PHCs & CHCs REQUIRED IN POSITION IN DIFFICULT AREAS INCLUDING TRIBAL /HILLY/ DESERT AND OTHER BACKWARD AREAS

UT of Daman and Diu **Report for the year 2009-10**

Category of area	Rural Population (2001) in lakh	SUB CENTRES		PHCs		CHCs		Remarks if any
		Total required	In position	Total required	In position	Total required	In position	

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
i.) Plain Area (A)	1,58,059	36	25	5	4	2	1	
ii.) Difficult area including tribal, hilly, desert and other backward area (B)	XXXXX	XXXXX	XXXXX	XXXX	XXXXX	XXXX	XXXX	
Total (A+B)								
iii.) Tribal Area								

Note: Norms for establishment of infrastructure in difficult areas including tribal, hilly, desert and other backward areas.

i) One sub center for every 3000 population,
ii) One PHC for every 20,000 population,
iii) One Community Health Center for every four PHCs.
iv) No column should be left blank. If there is no tribal/hilly/desert/backward area in the State, It should be clearly stated in the footnote.
v) In column (2), the rural population in the plain areas (A) of the State / UT is to be given along with the rural population in the areas classified as either tribal/ hilly,/ desert/ backward area (B). For instance, if an area is classified as, both tribal as well as hilly area, then corresponding rural population of this area is to be included once in working out the total rural population in difficult areas. The total(A+B) must tally with the figures given in Proforma I.
vi) The item (iii) requires the separate information about the tribal areas.

PROFORMA-III

FUNCTIONAL STATUS OF PRIMARY HEALTH INFRASTRUCTURE

UT OF DAMAN AND DIU Report for the year 2009 - 10

Number of Districts. 2 Number of development Blocks.2

_____

A : FOR SUB CENTERS	Number
1.Total No. of Sub Centers functioning (As mentioned in Proforma I)	25
2. No. of Sub Centers functioning without ANMs	0
3. No. of Sub Centers functioning without Health Worker (M)	3
4. No. of Sub Centers functioning without Health Worker (M) and ANM (both)	0
5. No. of Sub Centers with ANM quarters	0
6. No. of Sub Centers with ANM living in SC quarters	0
7. No. of Sub Centers with ANM living in SC village	0
8. No. of Sub Centers without all weather motor able approach road.	0

9. No. of Sub Centers without regular water supply	0
10. No. of Sub Centers without electric supply.	0
12. No. of Sub Centres having a regular supply of generic drugs (Both AYUSH and Allopathic) for common ailments	25

B. For Primary Health Centers	Number
1. Total No of PHCs functioning (As mentioned in Proforma I)	
a. No.of PHCs functioning with 4 or more Doctors only	0
b. No.of PHCs functioning with 3 Doctors only	0
c. No. of PHCs functioning with 2 Doctors only	3
d. No. of PHCs functioning with 1 Doctors only	1
e. No. of PHCs functioning without a Doctor	0
Total (a+b+c+d+e)	4
(Total of figures against S.No. 'a' to 'e' should be equal to figure at S.No.1)	
2. No. of PHCs functioning with lady Doctor (s)	2
3. No of PHCs functioning without lab.technician	0
4. No of PHCs functioning without Pharmacist	0
5. No of PHCs functioning without lab.technician and Pharmacist (both)	0
6. No.of PHCs functioning without Nurse Midwife/Staff Nurse	0
7. No.of PHCs functioning without ANMs	0
8.No.of PHCs with labor room	2
9. No. of PHCs with O. T.	2
10. No. of PHCs with 4 – 6 beds	2
11(a) No. of PHCs functioning for 24X7 days	1
(b) No. of PHCs with round the clock facility for delivery	1
12. No. of PHCs without electricity	0
13. No. of PHCs without regular water supply	0
14. No. of PHCs with telephone facility	0

15. No. of PHC without all weather motorable approach road.	0
16. No. of PHCs with computer facility	4
17. No. of PHCs having the post of Computor / Statistical Assistant for MIS	4
18. No. of PHCs having Doctor's quarter	0
19. No. of Doctors living in PHC quarter	0
20. No. of PHCs having a vehicle	4
21. No. of PHCs having a regular supply of generic drugs (both AYUSH and Allopathic) for common ailments	4

C. For CHCs				
1. Total No. of CHCs functioning (As mentioned in Proforma I)				
2.No.of CHCs having specialist Doctors	Physician	Obstetrician & Gynaecologist	Surgeon	Paediatricians
	0	1	0	0
3. No. of CHCs with functional Laboratory				1
4. Number of CHCs with functional O.T.				1
5. Number of CHCs with functional Labor Room				1
6. Number of CHCs with 30 beds				1
7. Number of CHCs with functional X-Ray machine				1

8. Number of CHCs having quarters for specialist Doctors	0
9. Number of CHCs with specialist Doctors living in quarters	0
10. Number of CHCs having regular supply of generic drug (both AYUSH and Allopathic) for common ailments	1
11.Number of CHCs presently operating in PHC building	1

D. FIRST REFERRAL UNITS

1. No. of First Referral Units **(please provide a list of FRUs) available in the State/ UT**	
a) at PHC level	1
b) at CHC level	1
c) at Sub District level	0
d) at District level	2
Total of (a,b,c.d)	4
2. No. of FRUs with more than 30 beds	2
3. No. of FRUs with round the clock delivery services including normal & assisted deliveries	4
4. No. of FRU's with Emergency obstetric services Including surgical interventions	4

5. No. of FRU's with	Gynaecologist	Pediatritician	Anesthetist
	2	*1*	*3*

6. No. of FRU's with functional O.T	**4**
7. No. of FRU's with functional labor Room	4
8. No. of FRU's with functional X- Ray Machine	4
9. No. of FRU;s with functional Lab.	4
10. No. of FRU's with Blood storage/linkage facility	2
11. No. of FRU's having referral transport service	4
12. No. of FRU's with back up generator/electric supply	4
13. No. of FRU's without residential quarters for essential staff	1

E. Additional Information on Health Facilities				
1. No. of Districts where scheme of ASHA has been implemented				
1. No. of villages in each district where ASHA is functioning (District wise no. of villages to be attached)				
3. No. of centres having Rogi Kalyan Samiti / Hospital Management Society at	Sub Centres	PHCs	CHCs	FRU's
	25	3	1	4
4. No. of CHCs with two rooms for AYUSH Practitioners and Pharmacist under the IPHS model	YES			
5. No. of PHCs having two doctors including AYUSH practitioner	2			
6. Referral transport available at	No. of Sub Centres	No. of PHCs	No. of CHCs	
	YES (ON CALL BASIS)	YES	YES	
7.No. of villages in each district having trained birth attendants (District-wise no. of villages to be attached)				
8.No. of Mobile Medical Units operating in the State/Uts	1 (Diu)			

PROFORMA IV

BUILDING POSITION OF SUB CENTERS, PHCs AND CHCs REQUIRED AND IN POSITION

UT—OF DAMAN AND DIU Report for the year 2009-10

Name of Health Institution	Total No. Functioning	No. Functioning in Govt. Buildings	No. functioning in rented Buildings	No. functioning in other Buildings of Panchayatas/ Vol./social Organisations etc.without paying any rent	No. of Buildings Under Construction	No. of buildings required to be constructed yet
(1)	(2)	(3)	(4)	(5)	[6]	(7)
Sub Centers	25	21	4	0	0	0
PHCs	4	3	0	0	1	0
CHCs	1	1	0	0	0	0

Note:

1. Total of column (3), (4) & (5) should be equal to figure in column (2)
2. Column (7) = [column (4) + column (5)] – column (6)

PROFORMA V

BUILDING STATUS IN TRIBAL AREAS

UT OF DAMAN AND DIU Report for the year 2009--10

Health Institution	Total No. Functioning	No. Functioning in Govt. Buildings	No. Functioning in rented Buildings	No. functioning in other Buildings of Panchayatas/ Vol./social Organisations etc.without paying any rent.	No. of Buildings Under Construction	No. of buildings required to be constructed yet
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Sub Centers						
PHCs						
CHCs						

Note:

1. Total of column (3), (4) & (5) should be equal to figure in column (2)
2. Column (7) = [column (4) + column (5)] – column (6)

PROFORMA VI

TOTAL HEALTH MANPOWER IN RURAL AREAS

Category (1)	Required (as per existing centres) (2)	Sanctioned (3)	In position (4)		
Manpower at CHC			Regular	Contractual	Total
1 a. Surgeons	1	-	-	0	0
b. Obstetricians/Gynecologist	1	-	-	1	1
c. Physicians	1	-	-	0	0
d. Pediatricians	1	-	-	0	0
Total (a+b+c+d)	4	-	-	1	1
2. Other Manpower				0	0
a. Anaesthetist	1	-	-	0	0
b. Eye Surgeon	1	-	-	1	1
c. Public Health Programme Manager	1	-	-	0	0
d. General Duty Medical Officer	7	3	3	(NRHM)1	4
3 Nursing Staff (7+2 per CHC) Including Public Health Nurse /ANM/Staff Nurse/Nurse Midwife	20	7	7	0	7
4.Pharmacist/Compounder	3	1	1	0	1
5. Lab Technician	3	1	1	0	1
6. Radiographer	2	1	1	0	1
Manpower at PHC (4 PHCs)					
1. Total Allopathic Doctors	12	4	4	2	6
2.Lady Doctor (if any) at PHC	4		2	0	2
3. Block Extension Educator	0	2	0	0	0
.4Pharmacists	8	4	3	2	5
5. Lab Technician	8	2	2	0	2
6. Health Educator	4	1	1	0	1
7. Health Assistant (M)	4	2	2	0	2
8. Health Assistant (F)/LHV	4	4	4	0	4
9. Health Worker (F)/ANM	4	4	4	0	4
10.Nurse Midwife/Staff Nurse	20	4	5	0	5
Man Power at Sub Centres					
1. Health Worker (F)/ANM	50	19	28	14	42
2. Health Worker (M)	25	11	14	2	16

Note: Information given in column (2) & (3) should not change from quarter to quarter, unless there are some specific reasons.

PROFORMA VII

TOTAL HEALTH MANPOWER IN TRIBAL AREAS

Category (1)	Required (as per existing centres) (2)	Sanctioned (3)	In position (4)		
Manpower at CHC			Regular	Contractual	Total
1 a. Surgeons					
b.Obstetricians /Gynecologist					
c. Physicians					
d. Pediatricians					
Total (a+b+c+d)					
2. Other Manpower					
a. Anaesthetist					
b. Eye Surgeon					
c. Public Health Programme Manager					
d. General Duty Medical Officer					
3 Nursing Staff (7+2 per CHC) Including Public Health Nurse /ANM/Staff Nurse/Nurse Midwife					
4.Pharmacist/Compounder					
5. Lab Technician					
6. Radiographer					
Manpower at PHC	**NA**				
1. Total Allopathic Doctors					
2.Lady Doctor (if any) at PHC					
3. Block Extension Educator					
.4Pharmacists					
5. Lab Technician					
6. Health Educator					
7. Health Assistant (M)					
8. Health Assistant (F)/LHV					
9. Health Worker (F)/ANM					
10.Nurse Midwife/Staff Nurse					
Man Power at Sub Centres					
1. Health Worker (F)/ANM					
2. Health Worker (M)					

Note: Information given in column (2) & (3) should not change from quarter to quarter, unless there are some specific reasons.

Proforma VIII.

District wise Availability of Health Centre

Name of State : UT OF DAMAN AND DIU

Sr. No	Name of District	No. of Sub Centres	No. of PHCs	No. of CHCs	No of Hospitals	
					Government	Private
1	DAMAN					
		19	2	1	4 (including Gov Hospital, Daman)	5
2	DIU	6	2	0	3(including Gov Hospital, Diu)	0

Note: District-wise total should tally with the figure for entire State as given in Performa I.

Annexure 10

Statement of progress of NRHM in the format of state data sheets

NATIONAL RURAL HEALTH MISSION				
State: NAME UT OF DAMAN AND DIU			Date : DATE 15-10-2009	
Sno	Action Point		Source	Qualitative aspects
Administrative structure of the state (as per RHS Bulletin- 2006 published by RHS Division)				
1	Rural Population (in lakhs)	**1.00865**	To be filled up as per RHS bulletin	Update data & clarify the veracity of the source
2	No.of Districts	**2**		
3	No. of Blocks	**2**		
4	No. of Villages	**23**		
Rural Health Infrastructure				
5	Number of District Hospitals	**2**	To be filled up as per RHS bulletin	Reconcile and update
6	Number of Sub Div. Hospitals	**0**		
7	Number of CHCs	**1**		
8	Number of PHCs	**4**		
9	Number of SCs	**25**		
10	Number of Aanganwadi Centres	**97**		
11	Number of VHSC Constituted & Operational	28	To be filled up by state	Reconcile the number of VHSC constituted and bank account details of each. Note on whether the constitution is as per guidelines and if the committees are meeting regularly. Whether the meetings are minuted, nature of discussion, if community monitoring as per NRHM framework is being done.
12	IMR	SRS 2005 **37**	As per published statistics	Reconcile with the states
		NFHS 2006 (NA)		
13	*MMR…… 5 per lakhs	NFHS 2006 (NA)		
14	*TFR…….**2.4**	SRS 2005		
		NFHS 2006		

15	*Sex Ratio	**709 (AT birth..911)**		
16	*Unmet Need	**17.5 (NFHS-III)**		
	* Ref;- State MIS			
Institutional Framework of NRHM				
17	No. of meetings of State Health Mission held till date (06-07)----- (**1**)		To be reported by the state	Frequency of meeting, quorum, important decisions made, copies of minutes
18	Total No. of meetings of District Health Missions held till date (06-07)--------(**2**)			
19	Merger of Societies ---	State level Y/N-----(**Y)**		Update status and identify bottlenecks in working including financial procedures. Comment on the financial procedures being followed by the converged society for the progg subsumed within NRHM
		No of Districts -----(**2**)		
20	No. of Rogi Kalyan Samitis registered	DH----- (**2)**		Update number and list bank account numbers, clarify composition, num of meetings held, quorum, important decisions made and participation by various stakeholders. Comment on Status of funds released and utilised.
		CHCs-----(**1**)		
		PHCs-----(**3**)		
21	MoU with Government of India signed ---- (**Y**)			Update on the progress against the benchmarks mentioned in the MoU
Appointment of ASHA/Link Workers (as certified by training division)				
22	Total No.of ASHA to be selected over the Mission period		To be reported by the state	Update number. Comment on the veracity of selection process, check status of mentoring set up in the state. Comment on attrition, drug kits, overall status of ASHAs.
23	No. of ASHA selected during (including ASHA in tribal areas in Non-High Focus States)	05-06	**ASHA in not implemented in the UT of Daman and Diu .However the NRHM cell will shortly implement the Link workers scheme through involvement of AWWs.**	
		06-07		
		Total		
24	Training Calendar of ASHA finalised (Y/N)			Update training calender, confirm progress, fund utilisation on training

No health day is organised in the UT of Daman and Diu since the AWK and SC are located within

25	Total Number of Link workers other than ASHA selected	2005-06		Update, clarify the fidelity of the process of selection
		2006-07		
26	No. of ASHA s who have received training	1st module		Update training calender, confirm progress, fund utilisation on training. Gaps between episodes of training should not be too large.
		2nd module		
		3rd module		
		4th module		
		5th module		
27	No. of ASHAs who are in position with drug kits			
28	Total No.of Monthly Health Days held till date in the state06-07	Expected		Update number and location (AWC or SC), confirm what type of activities are undertaken, attendence, funds utilised
		Achieved		
Infrastructure & Manpower				
Sub Centres (SC's)				
29	No. of SCs in Govt. Building (as per RHS Bulletin-2006) ---------- (**21**)		RHS bulletin	Check Status of building, plan of construction/renovation, land allottment, electricity, water supply, average radial area covered, average population covered or not.
30	No. of SCs which are functional with atleast one ANM---..- (**25**)		To be reported by the state	The SC should have a regular ANM, a contractual ANM and a MPW. Please confirm availabilty. Whether ANMs comes regularly or is resident utilization of untied funds, operation of joint account, procurement of drugs available. Confirm utilisation of untied funds.
31	No. of SCs which are functional without ANM (as per RHS Bulletin-2006)-----(0)			
32	No. of SCs where Joint Account with has been Operationalised ----------(2**5**)			
33	No. of SCs with additional ANMs--------(**5**)			
34	%of SCs which have submitted UC for untied funds released (05-06) ----------**NA**		Untied fund was released from 2007-08	
Primary Health Centres (PHCs)				
35	Total No. of PHCs	as on 31/3/2004—(**3**)	To be reported by	Validate the basis on which the facility is

	functioning on 24x7 basis	during 05-06-----(**3**)	the state	declared as 24x7, how is it maintained, manpower position. Who is in attendence in nights, utilisation status of services, best practices, state innovations
		during 06-07----(**3**)		
36	No. of PHCs where three staff nurses are positioned------(**2**)			Number of Staff Nurses available , needed, gap, training capacity, proposals for more nursing colleges, overall efforts to improve nursing training, Nursing schools envisaged at all District Hospitals and big private hospitals. Ellicit proposals from the state and follow up with INC.
37	No. of PHCs without a Doctor (as per RHS Bulletin-2006)------(0**)**		RHS Bulletin	validate statistics and identify plan of the state to reduce such PHCs which are without even one MO
Community Health Centres (CHCs)				
38	Total No. of CHCs selected for upgradation to IPHS---------- (**1**)		To be reported by the state	Examine issues of Physical infrastructure, Manpower augmentation, Drugs procurement,service guarantees. Setting up more CHCs, utilisation of funds given for upgradation, facility surveys, record improvement in OP and IP attendence
39	Total No. of CHCs where facility survey has been completed---------(**1**)			Was the survey done in house or through consultants. Appraisal of the survey done by whom. Costing basis and standardisation.
40	No. of CHCs where physical upgradation work has been taken up--------(**1**)	Identified		Update data, photographs, the list should be in public domain and put on
		Started		

		Complete (Renovation of CHC Ward)		website of the state. Involve some NGO in certifying the progress. Status of RKS at these centres.
41	Total Specialist post at CHCs (as per RHS Bulletin-2006)	Required---- (**4)**		Update data & mention source. Please clarify the basis of requirement, sanction, Plan of action of the state to augment the availability of specialists.
		Sanctioned----- (**2**)		
		In Position----- (**1**)		
First Referral Units (FRUs)				
42	No. of FRUs working as on 31/3/2004	SDH--- (**0**)	To be reported by the state	Update data and confirm whether FRU as defined by the MH division i.e with a pediatrician, gynec, surgeon and anesthetist are posted or otherwise available and blood storage link is available. Confirm all these are there. Also check for utilisation of services
		CHC—(**1**)		
		PHC---(**1**)		
43	No. of centres upgraded as FRUs (05-06)	SDH—(**0**)		
		CHC—(**1**)		
		PHC—(**1**)		
44	No. of centres to be upgraded as FRUs (06-07)	SDH	Expected--**0**	
			Achieved--**0**	
		CHC	Expected--**1**	
			Achieved---**1**	
		PHC	Expected--**1**	
			Achieved--**1**	
District Hospitals				
45	Number of District Hospitals --- (**2**)		RHS Bulletin	validate data
46	No. of DH which are of FRU level –(**2)**		To be reported by the state	whether FRU norms as stated above are being followed
47	No. of DH where physical infrastucture is being upgraded ---(**2**)			validate data
Availability of Consumables				

48	%of centres with at least 2 month supply of essentialdrugs	CHCs—(1)		To be reported by the state	Note the procedure for procurement of consumables. Whether it is in line with decentralisation strategy. Method of keeping inventory, method of handling expired items.Utilisation of funds allocated to the state/district/facility for drug procurement
		PHCs --- (2)			
		SCs – (25)			
49	%of centres with at least 2 month supply of vaccines	CHCs—(1)			System of vaccine delivery and storage, cold chain, incidents of stock outs. Study the overall efficiancy of logistics relating to immunisation.
		PHCs -- (2)			
		SCs -- (25)			
50	%of centres with at least 2 month supply of contraceptives	CHCs -- (1)			System of contraceptive supply and storage, incidents of stock outs. Study the overall efficiancy of logistics relating to contraceptives and efforts made to increase availability
		PHCs – (2)			
		SCs – (25)			
Manpower					
51	No. of contractual manpower positioned (2006-07)	Specialist	Expected …. (**23)**	To be reported by the state	Compare the manpower situation wrt the num of health facilities (required and available), number of sanctioned posts, number of vacancies and posting profile. Rationalise the available manpower, proposals for new posts, proposals for new schools and colleges of nursing, paramedical manpower etc. For contractual manpower see terms , posting policy, whether state is using contractual to compensate for regular posts.
			Achieved (**4**)		
		Doctors	Expected (**5**)		
			Achieved (**0**)		
		SN	Expected (**32**)		
			Achieved (**0**)		
		ANM	Expected (2**5**)		
			Achieved		

			(**0**)		
		Others	Expected (**79**)		
			Achieved (**0**)		
52	PMU setup at State level(Y/N) – (**Y**)				Update, reporting channel, attrition rate of members, nature of work done, training imparted, contact details, overall value addition by the unit. Whether accountant at PHC positioned or not.
53	No. of Districts where PMU set up -- (**2**)				
54	No. of Districts where the PMU has persons	Accounts --- **7**			
		Managerial -- **3**			
		MIS -- **1**			
55	No. of Blocks where PMU set up -- (0)				
Institutional Delivery					
56	No.of Institutional Deliveries as per NFHS-III …… (**68.50**%)			Published data	validate data
57	No. of Institutional Deliveries (in lakhs)		05-06---	To be reported by the state	Update data. Institutional delivery is high focus activity this year. Efforts made to encourage JSY, arrangements made for release of benefits, role of ASHAs. Accreditation of private institutions : how done , terms followed. If not done why no
			06-07— **0.04**		
58	No.of beneficiaries of JSY (in lakhs)		05-06….(**0**)		
			06-07..(**0**)		
59	No.of pvt institutions accredited under JSY		Exp…. (**0**)		
			Ach.		
Decentralised Planning					
60	PIP Received (Y/N)	2006-07….**Y**		NRHM Division	Whether decentralised proces of preparation of PIP followed or not. Whether PIP approved, amount allocated, approved, released. Status of UCs pending.
		2007-08…**Y**			
61	Perspective Plan of the State Mission Period received (Y/N)……**Y**				
62	Date by when Perspective State Action Plan under NRHM shall be finalised for Mission Period…..**Mar..Apr**			To be reported by the state	Method of planning and plan appraisal being followed in the state. The persons assiciated with the work, progress, method of monitoring
63	No. of Districts where Annual Integrated District Action Plan under NRHM prepared for 06-07…**Y**				

Immunization					
64	Number of Polio Cases during 06-07 …(**0**)			To be reported by the state	Reconcile and update
65	% of fully immunised children		NFHS-I (NA)	Published data	Reconcile and update
			NFHS-II(NA)		
			NFHS-III(NA)		
66	No. of Children vaccinated (in '000s)	BCG	since Apr 06 to Mar 07.... **3.851**	To be reported by the state	Special initiatives being undertaken by the state to promote immunization. Compare the statistic with past and report any wide variation from published data.
			During last month (Feb 07) …**0.337**		
		DPT	since Apr 06 to Mar 07… **3.589**		
			During last month(Feb 07) ….**0.324**		
		Measles	since Apr 06 to Mar 07… **3.391**		
			During last month (Feb 07) ….**0.272**		
		Full immunization	since Apr 06 to Mar 07….. **3.391**		
			During last month(Feb 07) …. **0.272**		
67	No of Districts where AD (.1ml, .5ml & 5ml) syringes are NOT available …. (**0**)				System of vaccine delivery and storage, cold chain, incidents of stock outs. Study the overall efficiency of logistics relating to immunisation.
Others					
68	No. of Districts where mobile medical units are working ……. (**1**)			To be reported by the state	Note the model of MMU used in the state, ownership, control, staffing, source of funding, where parked, how requisitioned, log book ,user charges if any etc.
69	No.of Health Mela held)		05-06 --- (**2**)		Update number, Note on number of melas, attendance, impact study
			06-07 --- (**1**)		

70	No. of beneficiaries of Male Sterlisation 06-07	Exp. **10**		Note the efforts made by the state for reducing TFR, special campaigns, best practices, update data.
		Ach. **5**		
71	No.of beneficiaries of Female Sterlisation 06-07	Exp…..**500**		
		Ach….**326**		
72	No. of cases in prosecute of PNDT launches..**0**			update and provide details
73	No. of cases in which action has been taken under PNDT…**0**			
74	No of districts implementing IMNCI…**2**			Reconcile and update
75	No of People trained on IMNCI till date… (**0**)			
76	Funds released for selection of MNGOs 06-07 (Rs. in Lakhs)			Update data, note the work done by the MNGOs, monitoring system, overall response of the NGO sector to NRHM initiatives, best practices.
77	Total No. of MNGOs in the state	as on 31-3-2004…(**0)**		
		Selected during 2005-06…(**0**)		
		Selected during (06-07)…(**0**)		
		Total…. (**0**)		
Ayurveda Yoga Unani Siddha Homeopathy (AYUSH)				
78	No. of PHCs where AYUSH practitioners have been co located (05-06)	Exp. **2**	To be reported by the state	Update number, whether AYUSh utilised, medicines available. Status of procurement of AYUSH drugs
		Ach. **2**		
79	No. of PHCs where AYUSH practitioners are being co located (06-07)	Exp. **2**		
		Ach**. 2**		
80	Whether AYUSH officer included in (Y/N)	Health Society… **N**		
		State Mission…**N**		
		Rogi Kalyan Samities..**Y**		
		ASHA Training..**0**		
81	No. of AYUSH Doctors Posted on contractual appointment	CHCs ..**1**		
		PHCs..**2**		
82	No. of AYUSH Paramedics posted on contractual appointment	CHCs..**0**		
		PHCs..**0**		
83	No. where AYUSH facilities is co-located	DH..**2**		
		PHCs..**2**		

				CHCs..**1**		
84	AYUSH components included in NRHM PIP					
85	Funds sanctioned for AYUSH schemes during (In Lakhs) (as reported by DO AYUSH)			2006-07 (N.A.)		
Financial Matters						
FINANCIAL MANAGEMENT UNDER NRHM						
86	Allocation in State budget for health & Family Welfare	2005-06	Amount in Rs 818.65		To be reported by the state	Update status, Status of devolution to next lower level, status of e moding, status of expenditure statements, utilisation certifications, audits.
			% of total State Budget **7%**			
		2006-07	Amount in Rs **…… 969.72**			
			% of total State Budget … **8%**			
		2007-08	Amount in Rs ….. **1217.48**			
			% of total State Budget ….. **7.75%**			
87	Allocation by GoI under items subsumed within NRHM as per the respective division	RCH	Immunisation	2005-06 ..**5.18**	To be filled in by the respective division in MoHFW	Update status, Status of devolution to next lower level, status of e moding, status of expenditure statements, utilisation certifications, audits.
				2006-07 ..**5.54**		
				2007-08 …**4.00**		
			JSY	2005-06 …**0.00**		
				2006-07 …**3.00**		
				2007-08 ….**0.00**		
			RCH Flexipool	2005-06 **….23.00**		
				2006-07 …..**78.64**		
				2007-08		

				…..**28.00**		
		NRHM		2005-06 …..**30.39**		
				2006-07 …54.86		
				2007-08 ….**196.92**		
		NVBDCP		2005-06 …**9.76**		
				2006-07 …**10.40**		
				2007-08 ….**12.93**		
		NLEP		2005-06 …. **4.75**		
				2006-07 …. **9.50**		
				2007-08 ….. **17.52**		
		RNTCP		2005-06 ….**3.50**		
				2006-07 ….**24.00**		
				2007-08 ….**11.00**		
		NIDDCP		2005-06 ....**6.38**		
				2006-07 …..**5.75**		
				2007-08 …..**12.50**		
		NBCP		2005-06 ….**6.00**		
				2006-07		

				…..**15.61**		
				2007-08 …..**56.25**		
		IDSP		2005-06 ……**0.00**		
				2006-07 ….**0.00**		
				2007-08 ….**56.00**		
88	Amount of PIP sent by the state to GoI for items subsumed within NRHM	RCH	Immunisation	2005-06 ….**0.00**	To be reported by the state	Update status, Status of devolution to next lower level, status of e moding, status of expenditure statements, utilisation certifications, audits.
				2006-07 ….**0.00**		
				2007-08 ….. **2.62**		
			JSY	2005-06 …**0.00**		
				2006-07 **0.00**		
				2007-08 …**0.00**		
			RCH Flexipool	2005-06 …**0.00**		
				2006-07 **….59.45**		
				2007-08 **….31.50**		
		NRHM Flexi Pool		2005-06 **…0.00**		
				2006-07 **….121.03**		
				2007-08 **…. 90.36**		

		NVBDCP	2005-06 …**0.00**		
			2006-07 ….**7.82**		
			2007-08 …**7.77**		
		NLEP	2005-06 …0.00		
			2006-07 ….**6.37**		
			2007-08 ….**6.54**		
		RNTCP	2005-06 …**5.06**		
			2006-07 ….**0.28**		
			2007-08 …..**6.39**		
		NIDDCP	2005-06 …**0.00**		
			2006-07 ….2.35		
			2007-08 …**12.50**		
		NBCP	2005-06 …**0.00**		
			2006-07 ….**0.00**		
			2007-08 …**1.11**		
		IDSP	2005-06 …**0.00**		
			2006-07 ….**0.00**		

				2007-08 …..**18.97**		
89	Amount released by GoI under items subsumed within NRHM	RCH	Immunization	2005-06 **…5.18**	As reported by the Financial Management Group under NRHM	Update status, Status of devolution to next lower level, status of e moding, status of expenditure statements, utilisation certifications, audits.
				2006-07 ….**5.54**		
				2007-08 **2.25**		
			JSY	2005-06 …**0.00**		
				2006-07 **….3.00**		
				2007-08 ….0**.00**		
			RCH Flexipool	2005-06 …**23.00**		
				2006-07 ….**78.64**		
				2007-08 ….**0.00**		
		NRHM		2005-06 …**59.10**		
				2006-07 ….**59.00**		
				2007-08 …..**0.00**		
		NVBDCP		2005-06 …**9.76**		
				2006-07 ….**10.40**		
				2007-08 …..**0.00**		
		NLEP		2005-06 **…4.75**		

				2006-07 ….**9.50**		
				2007-08 …..**0.00**		
		RNTCP		2005-06 …**3.50**		
				2006-07 ….**24.00**		
				2007-08 …..**0.00**		
		NIDDCP		2005-06 …**6.38**		
				2006-07 **….5.75**		
				2007-08 …..**0.00**		
		NBCP		2005-06 …**6.00**		
				2006-07 ….**15.61**		
				2007-08 …..**0.00**		
		IDSP		2005-06 …**0.00**		
				2006-07 ….**0.00**		
				2007-08 …..**26.00**		
90	Unspent amount with the state out of funds released by GoI released by GoI	RCH	Immunisation	2005-06… **2.99**	As reported by the Financial Management Group under NRHM	Update status, Status of devolution to next lower level, status of e moding, status of expenditure statements, utilisation certifications, audits.
				2006-07 ….**2.33**		
				2007-08 …..**2.62**		

	under items subsumed within NRHM as per last FMR			Total		
			JSY	2005-06 …..**0.00**		
				2006-07 …..**3.00**		
				2007-08 ….**0.40**		
				Total		
			RCH Flexipool	2005-06 …**12.81**		
				2006-07 …..**47.37**		
				2007-08 …**31.05**		
				Total		
		NRHM		2005-06 ….**59.10**		
				2006-07 …..**112.44**		
				2007-08 ….**90.36**		
				Total		
		NVBDCP		2005-06 ….**0.00**		
				2006-07 ….**0.00**		
				2007-08 ….**8.50**		
				Total		
		NLEP		2005-06 ….**4.02**		
				2006-07 ….**6.54**		
				2007-08		

			….**6.54**		
			Total		
		RNTCP	2005-06 ….**0.20**		
			2006-07 ….**7.57**		
			2007-08 ….**6.39**		
			Total		
		NIDDCP	2005-06		
			2006-07		
			2007-08 …. **1.61**		
			Total		
		NBCP	2005-06 ….**1.36**	As reported by the Financial Management Group under NRHM	Update status, Status of devolution to next lower level, status of e moding, status of expenditure statements, utilization certifications, audits.
			2006-07		
			2007-08 ….**0.92**		
			Total		
		IDSP	2005-06		
			2006-07		
			2007-08 ….**18.97**		
			Total		
91	Total Unspent amount with the state out of funds released by GoI under items subsumed within NRHM over past years				
DETAILED FINANCIAL DATA REGARDING NRHM ADDITIONALITIES					
92	Funds released for selection/training of asha		2005-06	As reported by the Financial Management Group under NRHM	Update status, Status of devolution to next lower level, status of e moding, status of expenditure statements, utilisation certifications, audits.
			2006-07		
			2007-08 (**0.00**)		
93	Untied grant	SC	2005-06		

			2006-07		
			2007-08 (**2.10**)		
			2005-06		
		CHC	2006-07		
			2007-08 (**.50**)		
			2005-06		
		PHC	2006-07		
			2007-08 (**. 75**)		
94	Upgradation fo CHCs		2005-06		
			2006-07		
			2007-08 (**0.00**)		
95	IDHAP		2005-06		
			2006-07		
			2007-08 (**0.00**)		
96	Drug procurement		2005-06		
			2006-07		
			2007-08 (**11.60**)		
97	Health Mela		2005-06 (**0.00**)		
			2006-07		
			2007-08 (**0.00**)		
98	Annual Maintainence Grant	CHC	2005-06		
			2006-07		
			2007-08 (**1.00**)		
		PHC	2005-06		
			2006-07		

			2007-08 (**1.50**)		
99	RKS corpus funds		2005-06		
			2006-07		
			2007-08 (**15.00**)		
100	Village Health &Sanitation Commitee untied grant		2005-06		
			2006-07		
			2007-08 (**2.8**)		
STATUS OF FINANCIAL REPORTING					
101	Financial Management Reports sent (Y/N)	III quarter 2006-07 due on December 06		As reported by the Financial Management Group under NRHM	Update status, Status of devolution to next lower level, status of e moding, status of expenditure statements, utilisation certifications, audits.
		IV quarter 2006-07 due on March 07			
		I quarter 2007-08 due on June 07			
102	Provisional UCs for 2005-06 submitted (Y/N) due dated 30/4/2006	NRHM		Y	
		RCH			
		NVBDCP			
		NLEP			
		RNTCP			
		NIDDCP			
		NBCP			
		IDSP			
103	Provisional UCs for 2006-07 submitted (Y/N) due dated 30/4/2007	NRHM		Y	
		RCH			
		NVBDCP			
		NLEP			
		RNTCP			
		NIDDCP			
		NBCP			
		IDSP			
104	Audited statement of	NRHM		Y	

	accounts for 2005-06 sent (Y/N) due dated 31/7/2006	RCH		
		NVBDCP		
		NLEP		
		RNTCP		
		NIDDCP		
		NBCP		
		IDSP		
National Leprosy Eradication Programme				
105	Prevalence Rate/ 10,000……..**0.044**		As reported by the state	Update data & Note the progress of the Programme. Bottlenecks if any. Manpower and equipment shortages if any
106	Annual New Case Detection Rate /100,000**…….0.881**			
107	Among newly detected cases	Multi Bacillary%.....**1**		
		Female%.....**0**		
		Child%.....**0**		
		Visible deformity%.....**0**		
National Programme for Control of Blindness				
110	Total Cataract Surgeries in 06-07 (in lakhs) ….**0.00271**		As reported by the state	Update data & Note the progress of the Programme. Bottlenecks if any. Manpower and equipment shortages if any
111	% Achievement……..**74.25**			
112	#Intra Ocular Lens (IOL) implanted…… **271**			
113	% IOL …….. **100**			
114	No. of School going children	Screened (in lakhs) 0.12230		
		Detected with Refractive Errors…..**143**		
		Provided free glasses…….**63**		
115	Eye Donations in 2005-06….. (**0**)			
116	Eye Donations in 2006-07…… (**8**)			
National Vector Borne Diseases Control Programme				
117	Annual Blood Examination Rate for malaria (per 100 population)…… **3.71**		As reported by the state	Update data & Note the progress of the Programme. Bottlenecks if any. Manpower and
118	Annual Parasitic Incidence of malaria (per 1000 population)……..**6.13**			

119	Deaths due to Malaria…..(**0**)		equipment shortages if any
120	Cases of Kala azar …. (**0**)		
121	Deaths due to Kala azar ….. (**0**) …(**0**)		
122	Suspected cases of Japenese Encephalitis….(**0**)		
123	Deaths due to Japenese Encephalitis… (**0**)		
124	Dengue Cases….. (**0**)		
125	Deaths due to dengue…… (**0**)		
126	No of confirmes cases of Chikungunya…. (**0**)		
National Iodine Deficiency Disorder Control Programme			
127	No. of Districts Surveyed …. (**.2**)	As reported by the state	Update data & Note the progress of the Programme. Bottlenecks if any. Manpower and equipment shortages if any
128	No. of Endemic Districts …. (**1**)		
129	Total No. of samples of iodised salt collected in 05-06……..(**0**)		
130	No. of Samples of iodised salt found confirmed to the standards……..(**0**)		
National Tuberculosis Control Programme (data for 3rd Quarter 1st July to 30th Sept. 2006)			
131	% of TB suspects examined out of total new adult out-patient (target 2%-3%)……. **0.49%**	As reported by the state	Update data & Note the progress of the Programme. Bottlenecks if any. Manpower and equipment shortages if any
132	Annualized total case detection rate(per 1 Lakh Population) …..**690**		
133	Annualized new smear positive case detection rate(%) …….**11.73 %**		
134	Success rate of new smear positive patients (in %)…….**53.12%**		
Integrated Disease Surveillance Programme (IDSP)			
135	Setting up of State surveillance Unit …… **Y**	As reported by the state	Update data & Note the progress of the Programme. Bottlenecks if any. Manpower and equipment shortages if any
136	Setting up of State surveillance Unit…… **Y**		
137	Establishment of EDUSAT Centre …. **Y**		
138	Training of trainers …. **Y**		