

**Ministry of Health & Family Welfare**

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**RECORD OF PROCEEDING  
GOA**

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**2021-2022**

**National Health Mission**

## Preface

Record of Proceedings (RoP) document has the budgetary approvals under NHM for the financial year and serves as a reference document for implementation. The approvals given by NPCC are based on the State PIP and discussions with the State officials.

Through the last year, our country has fought fiercely against COVID. We have performed even better than many developed countries in limiting the impact of COVID. In past few months we have strived to maintain the essential services and most of the States have now achieved the pre-COVID levels of essential services. The pandemic has taught us many lessons which must be used for developing resilient Health Systems, which are not only able to fight any sudden calamity like COVID but be sustainable and consistent in reaching our health indicators and goals.

COVID pandemic has made us appreciate our frontline workers even more and has reminded us again of the driving role that motivated and adequate skilled human resources play in the health systems. The States have shown utmost diligence in timely recruitment of requisite human resources from doctors and nurses to paramedics during the last year which must continue in a sustainable manner. Ensuring high quality recruitment, skill assessment of the clinical HR using OSCE (Objective structured clinical examination) is the first step towards bringing quality HR. We need to have in place a regular specialist cadre to ensure PGMO recruitment at entry level. As a short term measure to overcome the shortage of Gynecologists and Anesthetists, EmOC and LSAS training and their proper posting and mentoring is equally important. The 8 broad speciality Diploma courses (of 2 years post MBBS) granted by NBE will help you overcome the short-supply of specialist and provide additional HR to improve service quality in our secondary care health facilities.

We are always striving to increase Public Health expenditure for strengthening our Public Health System. The 15<sup>th</sup> Finance Commission has reiterated the goal set by NHP 2017 of increasing PHE to 2.5% of the GDP. Furthermore, we have PM ASBY, which would provide Comprehensive Primary Health Care, strengthen the surveillance capacities at all levels, research and digital health services. PM- ASBY will also facilitate pandemic preparedness. The States should leverage these provisions for extending comprehensive care at all levels.

As we go to Cabinet for the extension of NHM, it is important to evaluate our work in order to build on our strengths and work on the aspects where we still lag. We have a good report in the form of NITI Aayog's Evaluation Report on NHM. It clearly shows how far we have come and how much we have achieved in terms of crucial indicators like IMR, MMR, Life expectancy at birth along with integrating various health programmes. However, in view of the achievements, our focus on Mother and Child should not get diluted. LaQshya, availability of basket of contraceptive choices, training and formation of a cadre of midwives for quality delivery services are critical under RMNCH+A. We are well poised to move mother and Child care to an Entitlement based framework under SurakshitMatritvaAbhiyan with robust grievance redressal systems and effective community participation using multisectoral approaches.

The States have done well in providing drugs and diagnostics services in times of this pandemic. Putting in place a system with robust procurement system, effective quality monitoring, IT backed supply chain management which has quality monitoring, service guarantee and awareness generation is the need of the hour, so that we can keep the OOPe in public health facilities as low as possible.



We are well on our path to eliminating TB by 2025, despite the fact that our efforts could not be what we wanted it to be in the initial months of COVID Pandemic. In NTEP, we have to focus on bridging the gap in estimated and detected cases through expansion of diagnostics services, Universal Drug Susceptibility Testing and active case finding. We also have to focus on comprehensive capturing of data of TB patients accessing care in private sector. We need to maintain treatment success rates in excess of 85%. Another area that needs urgent attention is identifying and treating drug resistant TB.

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

We must also remain focussed on tackling NCDs. Among NCDs, CVD has been the leading cause of death worldwide, and ischemic heart disease (IHD) and stroke are the major contributors to CVD. Ischemic heart disease has emerged as one of the major reasons of premature deaths which can be averted and reduced. Similarly, accidents and injuries contribute significant DALYs as younger generation are more prone to accidental injuries. Good emergency and trauma care facilities and an integrated approach would therefore help us to significantly reduce the DALYs on account of accidents and injuries.

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

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

With the recent boost of 15<sup>th</sup> Finance Commission's recommendation of health grants amounting to Rs. 70,051 crores for urban health and wellness centres (HWCs) and other block-level healthcare units, AB-HWCs along with the PMJAY will be the principal vehicles to achieve the Universal Health Coverage. We must recognize that even if we achieved essential health coverage and financial protection, health outcomes could still be poor if services are low-quality and unsafe. Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes. Quality should be in the DNA of the entire health system to be able to deliver UHC. To ensure we will need to simultaneously work on several fronts: a high-quality health workforce; quality services across all health care facilities; safe and effective use of medicines, devices and other technologies; effective use of health information systems; compliance to standard treatment guidelines; and financing mechanisms that support continuous quality improvement and right



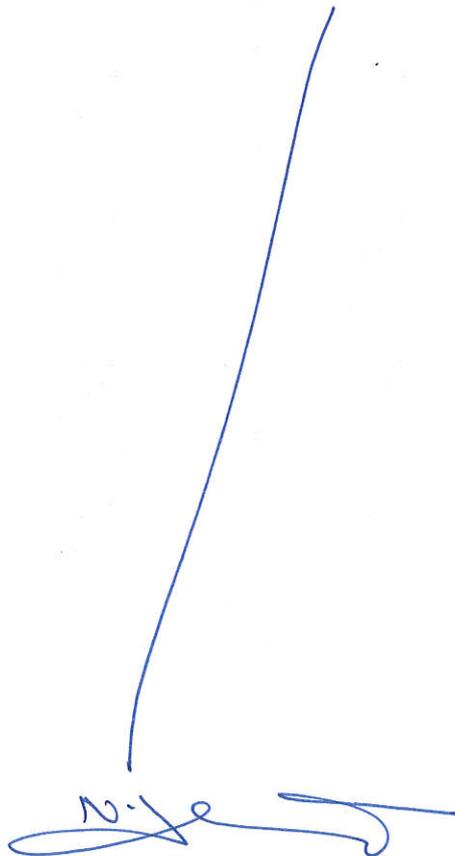
incentives to service providers to provide patient-centred care. In this direction, our endeavour should be to get maximum number of health facilities National Quality Assurance Standards (NQAS) certified. State specific Quality Plan may be developed so that maximum number of facilities acquire NQAS and LaQshya Certifications and ensure the sustenance of achieved quality standards. Since, satisfaction of patient has an important bearing on utilization of health facilities and promotes healing, the States should ensure that all the public health facilities are integrated on Mera-aspaatal portal.

As highlighted by the 15<sup>th</sup> Finance Commission, Public Private Partnerships can be leveraged for providing health infrastructure at all levels and to the last mile. We have many States using this mechanism to provide telemedicine services, which can be further explored by other States based on their need and context.

The performance indicators and benchmarks for all major HR posts were shared with the States/UTs. I hope that the states are implementing it despite the focus being shifted to the pandemic situation and would be carrying out the final assessment in March and share the action taken on such assessment with us.

In the coming years, we have to leverage the focus and finance that health has received. I can assure you that we are always there to support you in all your endeavours to make the health system and service delivery stronger.

Vandana Gurnani  
Additional Secretary & Mission Director, NHM

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**F. No.-M-11016/21/2021-NHM-II**  
**Government of India**  
**Ministry of Health and Family Welfare**  
**(National Health Mission)**

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Nirman Bhawan, New Delhi  
Dated: 4<sup>th</sup> June, 2021

To,

Shri Ravi Dhavan,  
Secretary Health & MD (NHM)  
Government of Goa  
Secretariat, Provormim,  
Goa - 403521

**Subject: Approval of NHM State Program Implementation Plan for the State of Goa for the Financial Year 2021-22**

This refers to the Program Implementation Plan (PIP) for financial year 2021-22 submitted by the State of Goa and subsequent discussions in the NPCC meeting held on 12<sup>th</sup> April, 2021 at Nirman Bhawan, New Delhi.

2. Against a Resource Envelope of **Rs. 67.62 Crore**(calculated assuming State Share of 40%), an administrative approval is conveyed for an amount of **Rs. 101.09 Crore**. Any unspent balance available under NHM with the State as on 01.04.2021, would also become a part of the resource envelope and depending on the expenditure and requirement, the State may propose supplementary PIP and take approvals from MoHFW. Details of resource envelope are provided in Table A and B below:

**Table 'A'**

Particulars	(Rs. Crore)
	2021-22
(a) GoI Support (Flexible Pool allocation including Cash and Kind)	21.96
(b) GoI Support for Incentive Pool based on last year's performance (assuming no incentive/ reduction on account of performance)	3.90
(c) GoI Support (under Infrastructure Maintenance)	14.71
<b>Total GoI support (a+b+c)</b>	<b>40.57</b>
State Share (40%)	27.05
<b>Total Resource Envelope</b>	<b>67.62</b>



**TABLE 'B' - Breakup of Resource Envelope**

(Rs. in Crore)

Sl.No.	Particulars	2021-22		
		GoI Share (including Incentive Pool)	State Share (60:40)	
<b>1</b>	<b>RCH Flexible Pool (including RI, IPPI, NIDDCP)</b>	<b>6.00</b>	<b>27.05</b>	
1 (i)	RCH Flexible Pool (including RI, IPPI, NIDDCP) <b>Cash Grant Support</b>	4.31		
1(ii)	RCH Flexible Pool ( <b>Kind Grant Support under Immunisation</b> )-Provisional assuming 50% of Cash Grant allocation 1(i) above	1.69		
<b>2</b>	<b>Health System Strengthening (HSS) under NRHM</b>	<b>12.10</b>		
2 (i)	Other Health System Strengthening covered under NRHM	10.61		
2(ii)	Ayushman Bharat- Health & Wellness Centres under NRHM	1.49		
2(iii)	ASHA Benefit Package	0.00		
	<b>Total NRHM-RCH Flexible Pool</b>	<b>18.10</b>		
<b>3</b>	<b>NUHM Flexible Pool</b>	<b>1.38</b>		
3 (i)	Other Health System Strengthening covered under NUHM	1.02		
3 (ii)	Ayushman Bharat- Health & Wellness Centres under NUHM	0.36		
<b>4</b>	<b>NDCP Flexible Pool (NTEP, NVHCP, NVBDCP, NLEP, IDSP)</b>	<b>5.73</b>		
i	NVBDCP (Cash & Kind)	0.62		
ii	NTEP (Cash & Kind)	3.22		
iii	NVHCP (Cash & Kind)	0.74		
iv	NLEP	0.05		
v	IDSP	0.54		
vi	National Rabies Control Programme (NRCP)	0.44		
vii	Programme for Prevention and Control of Leptospirosis (PPCL)	0.12		
<b>5</b>	<b>NCD Flexible Pool (NPCB, NMHP, NPHCE, NTCP, NPCDCS, NPCCHH, PMNDP)</b>	<b>0.65</b>		
<b>6</b>	Infrastructure Maintenance (including Direction and Administration)	<b>14.71</b>		
	<b>Total Resource Envelope</b>	<b>40.57</b>		<b>27.05</b>

3. The State Share of Rs. 27.05Crore could be added to any pool depending on the approvals and requirement of the State. The total funds provided to NHM should be equal to 10%, as applicable.

4. The support under NHM is intended to supplement and support and not to substitute State expenditure. All the support for HR will be to the extent of positions engaged over and above the regular positions as per IPHS norms and case load. NHM aims to strengthen health

systems by supplementing and hence it should not to be used to substitute regular HR. All States are encouraged to create sanctioned regular positions as per the IPHS requirements. HR should only be engaged when infrastructure, procurement of equipment etc. required to operationalize the facility or provide services, are in place. Moreover, HR can only be proposed and approved under designated FMRs. HR under any other FMRs or in any lump sum amount of other proposals, would not be considered as approved. Please refer to AS&MD's letter dated 17<sup>th</sup> May 2018 in this regard (copy enclosed as Annexure I). All approved HR have been listed in Annexure-II for ease of reference.

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

- Compliance with conditionalities as prescribed by Department of Expenditure (DoE), Ministry of Finance.
- Ensuring timely submission of quarterly report on physical and financial progress made by the State.
- Pendency of the State share, if any, based on release of Central Grants.
- Transfer of Central Grants from the Treasury to the State Health Society Bank Accounts.
- Timely submission of Statutory Audit Report for the year 2020-21 and laying of the same before the General Body and intimation to the Ministry.
- Before the release of funds beyond 75% of BE for the year 2021-22, State/UT needs to provide Audited Utilization Certificates against the grants released to the State/UT up to 2020-21 duly signed by Mission Director, Auditor, Director –Finance and counter signed by Principle Secretary (Health).
- State to open accounts of all agencies in PFMS and ensure expenditure capturing through REAT module of PFMS.

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

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

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

9. The Conditionalities Framework for 2021-22 is given as Annexure-IV. It is to be noted that Full Immunization Coverage (FIC)% will be treated as the screening criteria and Conditionalities for 2021-22 would be assessed for only those States which achieve 90% Full Immunization Coverage. For EAG, NE and Hilly States, the FIC criteria would be 85%.

10. State must ensure timely submission and updation of quality and accurate data (as applicable) in digital mode for indicators pertaining to the Central Health Dashboard/ National Health Profile as per fixed timelines.



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

## 12. Finance

- State should convey the district approvals within 15 days of receiving the State RoP approvals.
- The State must ensure due diligence in expenditure and observe, in letter and spirit, all rules, regulations, and procedures to maintain financial discipline and integrity particularly with regard to procurement; competitive bidding must be ensured, and only need-based procurement should take place as per ROP approvals.
- The unit cost/rate approved for all activities including procurement, printing etc are only indicative for purpose of estimation. However, actuals are subject to transparent and open bidding process as per the relevant and extant purchase rules.
- Third party monitoring of civil works and certification of their completion through reputed institutions may be introduced to ensure quality. Also, Information on all ongoing works should be displayed on the NHM website.
- The annual audited accounts of the State Health Society must be placed before the Governing Body for acceptance.
- State to ensure regular meetings of State and district health missions/ societies. The performance of SHS/DHS along with financials and audit report must be tabled in governing body meetings as well as State Health Mission and District Health Mission meetings.
- As per the Mission Steering Group (MSG) meeting decision, only up to 9% of the total Annual State Work Plan for that year could be budgeted for program management and M&E; while the ceiling could go up to 14% for small states (NE) and UTs.
- The accounts of State/ grantee institution/ organization shall be open to inspection by the sanctioning authority and audit by the Comptroller & Auditor General of India under the provisions of CAG (DPC) Act 1971 and internal audit by Principal Accounts Officer of the Ministry of Health & Family Welfare.
- State shall ensure submission of details of unspent balance indicating inter alia, funds released in advance & funds available under State Health Societies. The State shall also intimate the interest amount earned on unspent balance. This amount can be spent against approved activities.
- To avail the 2<sup>nd</sup> Tranche of release under NHM, the State should ensure that at least 10% increase in State Budget over last year and where such increase over last year is less than 10%, then the average of last 3 years would be considered and the same should be > 10 %. Further, out of the total allocation to health in the State budget, it is recommended that at least 2/3<sup>rd</sup> should be on Primary Health Care.
- Increase the share of expenditure of State on health to more than 8% of their total budgetary expenditure.



- The additional grants received from Incentive pool based on performance shall be utilized against the approved activities only.
- States/UTs should ensure that fund transfer and expenditure are made electronically and through PFMS.
- Ensure transfer of Central Grants from State/UT treasury to State Health Society Bank Account.

### 13. Human Resources for Health

- Remuneration of existing posts has been given on the basis of the salary approved in FY 2020-21, 5% annual increment and approved experience bonus or other allowances (if any) for 12 months. The budget proposed by the state for remuneration of existing staff has been recommended for 12 months *in principle*. This is to save the efforts of State in sending the supplementary proposals to MoHFW. If there are funds left in HR budget it could be used to pay the approved HR at the approved rate for rest of the months.
- This year instead of writing the salary of each post we have approved the salary in major heads. States are expected to administer salary as per the norms of NHM.
- Additional 5% of the total HR budget is approved as increment and an additional 3% of the total HR budget is approved for HR rationalization and experience bonus (as per eligibility) with the condition that the maximum increase in remuneration of any staff is to be within 15% (in total based both on performance and rationalization). In case performance appraisal of NHM staff is not carried out by the state, only 5% increase on the base salary can be given.
- The total salary, increment and rationalization must not exceed 8% of total HR budget. HR rationalization exercise (to be done only in cases where HR with similar qualification, skills, experience and workload are getting disparate salaries) and its principles including increments to be approved by SHS GB under overall framework and norms of NHM. In cases where the salary difference is more than 15%, salary rationalization was to be done in installments. Increase in salary beyond 15% in any year for any individual will have to be borne by State from its own resources.
- The rationalization amount to the States has been given to States since 2016-17. It is expected that the States would have rationalized the salaries by now and hence from next year onwards i.e. 2021-22 it will be given only on State specific proposals and on case to case basis.
- States/UTs must ensure that achievement of performance above minimum performance benchmark, as guided by MoHFW and finalized by state health society, is included as a condition in the contract letter of every HR engaged under the NHM. Before renewal of the contract each employee must be appraised at least against these benchmarks. Mission Director must certify carrying out appraisal and the State should share the report by 30<sup>th</sup> April 2021.
- As we move towards making the approvals more flexible, we expect the States to follow the broad guidelines and administer the HR functions well. To ensure that it is done properly and to document the good practices HRH team will undertake HR monitoring of a set number of States/UTs every year.



**14. Infrastructure**

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

**15. Equipment**

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

**16. IT Solutions**

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

**17. Mandatory Disclosures**

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

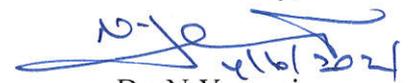
**18. JSSK, JSY, NPY and other entitlement scheme**

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

**19. Resources Envelope and approvals**

The amount approved for the State of Goa stands at **Rs. 101.09 Crore** including IM and Immunization Kind Grants. Since the State has exhausted its Resource Envelope for the Financial Year 2021-22, the approval of the PIP for the FY 2021-22 is accorded with the condition that there would be no increase in Resource Envelope and the State will have to undertake the approved activities under the existing RE for the 2021-22. However, any modification subsequent to approval of continuation of NHM at appropriate level, if any, shall be communicated separately.

Yours' sincerely,

  
Dr. N. Yuvaraj  
Director (NHM-I)



**Manoj Jhalani**

Additional Secretary & Mission Director, NHM  
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भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
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GOVERNMENT OF INDIA  
MINISTRY OF HEALTH & FAMILY WELFARE  
NIRMAN BHAVAN, NEW DELHI - 110011

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

*Dear colleagues,*

**Subject: PIP and HR Approvals**

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

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

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

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

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

With regards,

Yours sincerely,



( Manoj Jhalani )

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

Copy to:

Mission Director (NHM) of all States / UTs



**HR Annexure: Goa (FY 2021-22)****Principles for calculation of remuneration**

1. The amount available for remuneration of existing posts has been calculated considering the maximum eligible budget as per budget approved in FY 2020-21.
2. In case the budget proposed for remuneration of existing staff is within the available limit, the same has been approved as lump sum for 12 months in principle. In case, any position has been dropped by the state, the available limit excludes the budget approved for those positions in the previous FY.
3. Budget proposed for any new position has been calculated separately over and above the available limit.
4. Additional 5% of the total HR budget is approved as increment and 3% of the total HR budget is approved for HR rationalisation, correction of typographical errors and experience bonus (as per eligibility and principles of rationalization) with the condition that:
  - 4.1. Only those who have completed minimum one year of engagement under NHM and whose contract (in case of annual contract) gets renewed will be eligible for annual increment.
  - 4.2. The maximum increase in remuneration of any staff is to be within 0% to 15% (based on performance and rationalization). The total budget used in increment and for rationalization should not exceed 8% of total HR budget. HR rationalization exercise and its principles including increments to be approved by SHS GB.
  - 4.3. In cases where the salary difference is more than 15%, salary rationalization may be done in parts as it may take 2-3 years to rationalize it fully.
  - 4.4. In case performance appraisal of NHM staff is not carried out by the state, only 5% increase on the base salary is to be given.
  - 4.5. In case any amount out of the 3% rationalization amount is used for correcting typographical error in approvals (if any), details for the same is to be shared with MoHFW/ NHSRC HRH division.
  - 4.6. If any state disburses flat 8% increment to all irrespective of performance and salary disparity, or gives salary increases beyond 15% without approval of MoHFW the amount of 3% will be deducted from HR budget. Any decrease of salary resulting from this will have to be borne from the State budget.
5. Expenditure against budget approved for annual increment/ rationalization/ EPF is to be booked under the salary heads of respective staff posts.
6. The budget approved as remuneration/ hiring of specialists may be utilised as per guidance provided via AS&MD's letter dated 30 June 2017 (D.O.No.Z.18015/6/2016-NHM-II (Pt. III)).
7. State will implement Minimum Performance Benchmark for all NHM staff shared by MoHFW and will link it to renewal of contract.
8. State will share the minimum, maximum and weighted average salary of all staff category approved under NHM with MoHFW/ NHSRC HRH division.
9. In any case (without written approval of MoHFW), NHM funds cannot be used to support staff over and above the requirement as per IPHS.



### Summary of Approvals

FMR Code	Name of Posts	HR Annexure-NHM			
		No. of ongoing posts approved in FY 2021-22	No. of new posts approved in FY 2021-22	Avg. remuneration for new positions	Total budget approved
8.1.1.1	ANM	82			522.77
8.1.1.2	Staff Nurse	86			
8.1.1.3.1	Psychiatric nurse	2			
8.1.1.3.2	Palliative care nurse	2			
8.1.1.3.3	Community nurse	2			
8.1.1.4	LHV/ supervisory nurse	5			
8.1.1.5	Lab technician	57			
	Sr. Lab technician	2			
8.1.1.7	Technical Officer-Viral Hep. C	1			
8.1.1.9	Radiographers	12			
8.1.1.10	Physiotherapist	4			
8.1.1.11	Nutrition Officer	2			
	Asst. Nutrition Officer	2			
8.1.1.12	Immunization Field Monitors	6			
8.1.2.1	OBGY	4			230.83
8.1.2.2	Paediatricians	4			
8.1.2.3	Anaesthetists	2			
8.1.2.4	Ophthalmic Surgeons	6			
8.1.2.5	Radiologists	2			
	Sonologists	2			
8.1.2.6	Pathologist	1			
8.1.3.1	Physician	6			186.19
8.1.3.2	Psychiatrist	3			
8.1.3.4	ENT Surgeon	2			
8.1.3.8	Microbiologist	2			
8.1.3.10	Specialist - Cardiology	1			
	Specialist (MD General Medicine)	1			
	Specialist - Cardiology (ECHO)	1			
8.1.4.1	Dental Surgeon- Full time	1			80.02
	Dental Surgeon part time	12			
	Honorarium for Dental Specialists		3	@5000 per day for 2 visits per week	
8.1.4.3.3	Dental Assistants part time	13			
8.1.5.1	Medical Officers	6			46.80
8.1.6.1	AYUSH doctors	52			216.60
8.1.6.2	AYUSH pharmacists	28			
8.1.6.3	Panchkarma Therapist	2			



FMR Code	Name of Posts	HR Annexure-NHM			
		No. of ongoing posts approved in FY 2021-22	No. of new posts approved in FY 2021-22	Avg. remuneration for new positions	Total budget approved
8.1.7.1.1	Medical Officers, AYUSH	30			179.30
8.1.7.1.4	ANM	15			
8.1.7.1.5	Pharmacists	15			
8.1.7.2.1	Paediatricians	2			100.41
8.1.7.2.2	Medical Officers, MBBS	2			
8.1.7.2.3	Medical Officers, Dental	2			
8.1.7.2.4	Staff Nurse	2			
8.1.7.2.5	Physiotherapist	2			
8.1.7.2.6	Audiologist & speech therapist	2			
8.1.7.2.7	Psychologist	2			
8.1.7.2.8	Optometrist	2			
8.1.7.2.9	Early interventionist cum special educator	2			
8.1.7.2.10	Social worker	2			
8.1.7.2.11	Lab technician	2			
8.1.7.2.12	Dental technician	2			
8.1.8.6	IYCF Counsellors (outsourced to NGO)	Lumpsum (4) Rs.6.55 Lakh			6.55
8.1.9.3	Medical Officers	4			44.67
8.1.9.2	Lactation Counsellor (Staff Nurse)		3	15000	
8.1.9.6	Computer Assistants	Lumpsum (3) Rs.5.58 Lakh			
8.1.13.1	Counsellor	39			229.21
8.1.13.2	Psychologist	4			
8.1.13.4	Microbiologist	2			
8.1.13.5	Audiologist	2			
8.1.13.6	Multi Rehabilitation Workers	6			
8.1.13.8	Social Worker	4			
8.1.13.10	TBHV Medical College	10			
8.1.13.11	Lab Assistant (on deputation under NIDDCP)	1			
	Lab attendant	Lumpsum (1) Rs.1.30 Lakh			
8.1.13.15	Cold Chain & Vaccine Logistic Assistant	1			
8.1.13.16	Ophthalmic Assistant	9			
8.1.13.17	Storekeepers	2			
8.1.13.18	Audiometric Assistant	2			
8.1.13.19	Instructor for Hearing Impaired Children	2			
8.1.13.20	Field Worker	132			



FMR Code	Name of Posts	HR Annexure-NHM			
		No. of ongoing posts approved in FY 2021-22	No. of new posts approved in FY 2021-22	Avg. remuneration for new positions	Total budget approved
8.1.13.21	Biomedical Engineer	2			
8.1.13.22	Technical supervisor	3			
	Male Supervisor	1			
	Female supervisor	1			
8.1.14.1	Pathologist (MD)	1			11.02
8.1.15.7	Medical Records Asstt. / Case Registry Asstt./LDC/Record Keeper/DEO	2			2.66
8.1.16.2	Cold Chain Technician-Immunization		1	20000	13.47
8.1.16.3	Multitask Worker	Lumpsum (3) Rs.5.86 Lakh			
8.1.16.4	Hospital attendants	Lumpsum (2) Rs.2.14 Lakh			
8.1.16.5	Sanitary Attendants	Lumpsum (2) Rs.2.14 Lakh			
9.2.2	Principal – SIHFW	1			25.86
	Consultant	1			
	Secretarial Assistant	1			
	Accountant cum Cashier	1			
	Computer Assistant	Lumpsum (3) Rs.5.47 Lakh			
	Support Staff	Lumpsum (4) Rs.4.24 Lakh			
14.1.1.2	Pharmacist – SDS	1			7.27
	Store Assistant - SDS	1			
	District Pharmacist	1			
	Peon/Hamal		Lumpsum(1)		
16.2.1	Legal Assistant	1			31.62
	Technical officers	3			
	Demographer	3			
	Program Coordinator	1			
	DEO	Lumpsum (3) Rs.5.16 Lakh			
16.3.1	Data assistants/ M&E DEOs	Lumpsum (33) Rs.66.70Lakh			66.70
16.4.1.1	Director Finance	1			51.42
	State Finance Manager	1			
	Technical Officer (on deputation)	1			
	Statistical officer (deputation)	1			
	LDC Typist (deputation)	1			



FMR Code	Name of Posts	HR Annexure-NHM			
		No. of ongoing posts approved in FY 2021-22	No. of new posts approved in FY 2021-22	Avg. remuneration for new positions	Total budget approved
16.4.1.3.1	State Programme Manager	1			94.46
	State Accounts Manager	1			
	State Data Manager	1			
16.4.1.3.2	IEC Officer	1			
	Consultants MH	1			
	Consultants CH	1			
	Consultants School Health	1			
	Consultants ARSH	1			
	State consultant QA	1			
16.4.1.3.4	State Administrative Officer	1			
	Secretarial Assistant	2			
	Engaging Legal expert on need basis	Lump sum (Rs 0.60 lakhs)			
16.4.1.3.6	Social scientist cum PO (RKSK)	1			
	M&E assistant	1			
	Data Assistant	1			
16.4.1.3.7	IEC Supervisors	10			
16.4.1.3.8	Accountants	2			
16.4.1.3.10	Computer Assistants	Lumpsum (3) Rs.5.39 Lakh			
16.4.1.3.11	Driver	Lumpsum (1) Rs.1.43 Lakh			
16.4.1.3.12	VCCM	2			
16.4.1.4.1	Project Co-ordinator (Viral Hep)	1			124.36
16.4.1.4.2	State Epidemiologist	1			
16.4.1.4.2	State Microbiologist	1			
	State Veterinary Consultant	1			
	Consultant - Training/ Technical	1			
	Entomologists	1			
	Consultant-Finance/ Procurement	1			
	Medical Officers - STC	1			
	State IEC Officer/ ACSM Officer	1			
	Technical officer	1			
	APO	1			
	16.4.1.4.4	TB HIV Coordinator	1		
District Program Coordinator		2			



FMR Code	Name of Posts	HR Annexure-NHM			
		No. of ongoing posts approved in FY 2021-22	No. of new posts approved in FY 2021-22	Avg. remuneration for new positions	Total budget approved
16.4.1.4.5	State Data Manager	1			43.08
	Statistical Assistant	1			
16.4.1.4.6	STS	6			
	STLS	5			
16.4.1.4.7	Accounts Officer/ State Accountant	1			
16.4.1.4.8	Admin. Asst.	1			
	Secretarial asst	1			
16.4.1.4.9	DEO	Lumpsum (10) Rs.26.02 Lakh			
16.4.1.5.1	State Epidemiologist - NPCDCS	1			
16.4.1.5.2	Consultant - NPPCD	1			
	Legal/finance consultant - NTCP	1			
	Fin. Cum Logistic Consultant - NPCDCS	1			
	Consultant for Climate Change		1	45000	
16.4.1.5.4	State Program Coordinator (MBBS) - NPCDCS	1			
16.4.1.5.8	Administrative Staff		1	14583	
16.4.1.5.9	Data Entry Operation	Lumpsum (4) Rs.3.49 Lakh			
16.4.2.1.1	DEIC Manager	2			23.83
16.4.2.1.2	District Consultant (QA)	2			
16.4.2.1.3	District Programme cum administrative assistant (QA)		2	12000	
16.4.2.1.7	District Accounts Managers	2			
16.4.2.1.8	District Data Manager	2			
16.4.2.1.9	Data entry operator	Lumpsum (2) Rs.3.16 Lakh	Lumpsum (2) Rs 3.34 lakhs		
16.4.2.2.2	District Epidemiologists	2			37.94
16.4.2.2.4	District PPM Coordinator	2			
	PMDT Supervisor	2			
16.4.2.2.5	District data manager	2			
16.4.2.2.7	Accountant	1			
16.4.2.2.9	Data entry operator	Lumpsum (5) Rs.5.49 Lakh			
16.4.2.2.10	Driver	Lumpsum (1) Rs.1.36 Lakh			



FMR Code	Name of Posts	HR Annexure-NHM			
		No. of ongoing posts approved in FY 2021-22	No. of new posts approved in FY 2021-22	Avg. remuneration for new positions	Total budget approved
16.4.2.3.1	Epidemiologist	1			22.80
16.4.2.3.2	District Consultant	1			
16.4.2.3.2	District Finance cum Logistic Consultant	1			
16.4.2.3.4	District Program Coordinator	1			
16.4.2.3.9	DEO	Lumpsum (7) Rs.12.45 Lakh			
16.4.3.1.7	Accountants	12			36.10
16.4.3.1.8	Programme cum administrative assistant QA	1			
16.4.3.3.11	Monitoring & Evaluation (M&E) Officer- HWC	1			3.00

FMR Code	Name of Posts	HR Annexure-NUHM			
		No. of ongoing posts approved in FY 2021-22	No. of new posts approved in FY 2021-22	Avg. remuneration for new positions	Total budget approved
U.8.1.1.1	ANM	32			47.72
U.8.1.2.1	Staff Nurse	4			7.92
U.8.1.3.1	Lab technician	4			6.47
U.8.1.4.1	Pharmacists	4			6.42
U.8.1.5.3	Support Staff	Lumpsum (4) Rs.3.26 lakh			3.26
U.8.1.8.1.1	Medical Officers - Full Time	4			22.76
U.8.1.10.1	LDC	Lumpsum (2) Rs.2.66lakh			2.66
U.16.4.1.1	Program Coordinator	1			6.32
U.16.4.1.1	M&E Officer	1			
U.16.4.1.1	Data entry operator	Lumpsum (1) Rs.1.20 lakh			
U.16.4.2.1	DAM	2			8.75
U.16.4.2.1	DEO	Lumpsum (2) Rs.2.52lakh			



## Key Deliverables for FY 2021-22

Key RoP Deliverables for FY 2021-22						
S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
<b>RMNCAH+N</b>						
<b>Reproductive Health/Family Planning</b>						
1	Modern Contraceptive Prevalence Rate	Percentage of women of reproductive age who are using (or whose partner is using) a modern contraceptive method at a specific point in time. Numerator: Women of reproductive age who are using (or whose partner is using) a modern contraceptive method Denominator: Women in the reproductive age group (15-49 years)	29.2	60.1	61.6	(NFHS - 5)
2	Increase in Injectable MPA performance	Percentage increase in Injectable MPA performance. Numerator: Difference in MPA performance between 2020-21 and 2021-22 Denominator: Performance in 2020-21	710	603	720	HMIS, FP Division, MOHFW
3	PPIUCD Acceptance Rate	PPIUCD Acceptance Rate against institutional deliveries in public health facilities: Numerator: No. of PPIUCD inserted Denominator: Institutional Deliveries in Public health facilities	5%	0.60%	1%	HMIS, FP Division, MOHFW



**Key RoP Deliverables for FY 2021-22**

S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
4	Operationalization of FP-LMIS	Percentage of public health facilities (up to PHC level) where FP LMIS has been rolled out. Numerator: No. of public health facilities where FP-LMIS has been rolled out Denominator: Total no. of public health facilities (up to PHC level)	100%	100%	100%	FP LMIS, FP Division, MoHF W

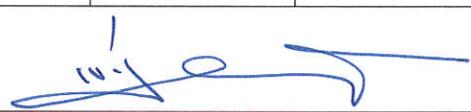
**Maternal Health**

5	Maternal Mortality Ratio (MMR)	Number of maternal deaths per 1,00,000 live births	86%	82%	Min 86%	HMIS
6	Pregnant women given 180 Iron Folic Acid (IFA) Tablets	Percentage of Pregnant Women received 180 Iron Folic Acid (IFA) tablets against total pregnant women registered for ANC from 1st April 2021 to 31st March 2022. Numerator: Number of Pregnant Women who have been given 180 Iron Folic Acid (IFA) tablets Denominator: Total no. of Pregnant Women registered for ANC	95%	99%	99%	HMIS
7	Institutional Deliveries	Percentage of institutional deliveries out of total reported deliveries from 1st April 2021 to 31st March 2022. Numerator: Total number of institutional deliveries reported Denominator: Total number of deliveries reported	86%	82%	Min 86%	HMIS



**Key RoP Deliverables for FY 2021-22**

S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
8	Skilled Birth Attendant [SBA] deliveries	Percentage of SBA (Skilled Birth Attendant) deliveries to total reported deliveries (1st April 2021 to 31st March 2022) Numerator: Total No. of Institutional Delivery + home delivery attended by SBA. Denominator: Total No. of Delivery reported (institutional + Home)	96%	99%	99%	HMIS
9	Public health facilities notified under SUMAN	Total Number of public health facilities notified under SUMAN from 1st April 2021 to 31st March 2022.	2	0	4	State report
10	Public health facilities Nationally certified under LaQshya	Total number of nationally certified labour rooms against total number of LRs in identified LaQshya facilities and Total number of nationally certified Maternity Operation Theaters against total number of Maternity OTs in identified LaQshya facilities (high caseload facilities-CHC & above) from 1st April 2021 to 31st March 2022.	5 (5 LRs 7& 5 OTs	1 LR & 1 OT	2 LRs (SDH Ponda , GMC) & 1 OT (NGDH)	State report
11	JSY Beneficiaries	Total Number of JSY Beneficiaries against the ROP estimated targets Numerator: Total Number of JSY Beneficiaries Denominator: Estimated number of target beneficiaries given in RoP	-	98/550 (17.8%)	110	State report



**Key RoP Deliverables for FY 2021-22**

S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
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**Comprehensive Abortion Care (CAC)**

12	CAC Training of Medical Officers	Number of Medical Officers trained in CAC as approved in RoP 2021-2022 Numerator: Total Number of Medical Officers trained in CAC Denominator: Total Number of Medical Officers to be trained in CAC as approved in RoP	12	-	12	State Report
13	Implementation of CAC	Number of public health facilities CHC and above providing CAC Services [ensuring availability of three components – Drugs (MMA), equipment (MVA/EVA) & trained provider] Numerator: Number of public health facilities CHC and above providing CAC Services [ensuring availability of three components – Drugs (MMA), equipment (MVA/EVA) & trained provider] Denominator: Total number of public health facilities (CHC and above)	5	5	5	State Report

**Child Health & Nutrition**

14	Neonatal Mortality Rate (NMR)	Number of Neonatal deaths per 1000 live births.	NA	NA	NA	SRS
15	Infant Mortality Rate (IMR)	Number of infant deaths per 1000 live births.	8	7.2	5.6	SRS
16	Under 5 Mortality Rate (U5MR)	Number of under 5 children deaths per 1000 live births.	NA	NA	NA	SRS

*10/10*

**Key RoP Deliverables for FY 2021-22**

S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
17	Functional SNCU at DH in all Aspirational districts	Number of Aspirational Districts having functional SNCU at DH. Numerator: Total no. Aspirational districts having functional SNCU at DH. Denominator: Total no. of SNCU approved for Aspirational districts in RoP 2021-22.	NA	NA	NA	SNCU Online
18	Functional NBSU at CHC-FRU in all Aspirational districts	Number of Aspirational Districts having functional NBSU at CHC-FRU. Numerator: Total no. Aspirational districts having functional NBSU at CHC-FRU in F.Y. 2021-22. Denominator: Total no. of NBSU approved for Aspirational districts in RoP 2021-22.	NA	NA	NA	State Report
19	Newborn visited under HBNC	Percentage of newborns visited under Home Based Newborn Care (HBNC). Numerator: No. of newborns received scheduled home visits under HBNC by ASHAs. Denominator: Target no. of newborns as approved in RoP 2021-22.	NA	NA	NA	State Report



**Key RoP Deliverables for FY 2021-22**

S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
20	Implementation of HBYC Program	Percentage of HBYC training (ASHA/ASHA facilitator/ANMs) batches conducted against approved in RoP 2021-22. Numerator: No. of HBYC training (ASHA/ASHA facilitator/ANMs) batches completed in F.Y. 2021-22. Denominator: Total no. of HBYC training batches approved in RoP 2021-22.	NA	NA	NA	State Report
21	Implementation of RBSK	Percentage of 0-3 years screened biannually at community level by Mobile Health Teams (MHTs) in last year. Numerator : Number of 0-3 years screened biannually at community level by MHTs Denominator: Number of 0-3 years to be screened biannually at community level by MHTs	64194	100%	64194	State Report
22	Operationalisation of DEICs	Percentage of DEICs made functional cumulatively out of total approved in the State. Numerator- Number of DEICs cumulatively made functional (with separate details on HR, Equipment and Training of HR for qualifying as fully functional) Denominator-Number of DEICs approved in RoPs cumulatively till date	Nil	100% (Already functional 2 DEICs/approved 2 DEICs)	Nil	State Report



**Key RoP Deliverables for FY 2021-22**

S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
23	Bed Occupancy Rate at Nutrition Rehabilitation Centres (NRCs)	Bed Occupancy Rate at Nutrition Rehabilitation Centres (NRCs) Numerator- Total inpatient days of care from 1st April 2021 to 31st March 2022 Denominator- Total available bed days during the same reporting period	NA	-	-	State Report
24	Cure Rate at Nutrition Rehabilitation Centres (NRCs)	Cure Rate at Nutrition Rehabilitation Centres (NRCs) Numerator- Total number of under-five children discharged with satisfactory weight gain for 3 consecutive days (>5gm/kg/day) from 1st April 2021 to 31st March 2022 Denominator- Total No. of under-five children exited from the NRC during the same reporting period	NA	-	-	State Report
25	Implementation of Mothers Absolute Affection (MAA) programme	Percentage of delivery points completely saturated with 4 days IYCF training under 'MAA' programme Numerator: No. of delivery points in the State/UT already saturated with 4 days IYCF training Denominator: Total no. of delivery points in the State/UT	100%	100%	100%	State Report



**Key RoP Deliverables for FY 2021-22**

S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
26	Percentage of children 6-59 months given 8-10 doses of IFA syrup every month	Percentage of children 6-59 months given 8-10 doses of IFA syrup every month Numerator: Total number of children 6-59 months given 8-10 doses of IFA syrup in the reporting month Denominator: Number of children 6-59 months covered under the programme (Target Beneficiaries)	24114	38%	24114	HMIS report
27	Percentage of children 5-9 years given 4-5 IFA tablets every month	Percentage of children 5-9 years given 4-5 IFA tablets every month Numerator: Total number of children 5-9 years given 4-5 IFA tablets in the reporting month Denominator: Number of children 5-9 years covered under the programme (Target Beneficiaries)	23381	0	23381	HMIS report
28	Percentage of children 10-19 years given 4-5 IFA tablets every month	Percentage of children 10-19 years given 4-5 IFA tablets every month Numerator: Total number of children 10-19 years given 4-5 IFA tablets in the reporting month Denominator: Number of children 10-19 years covered under the programme (Target Beneficiaries)	176581	0	176581	HMIS report

**Immunization**



**Key RoP Deliverables for FY 2021-22**

S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
29	Full immunization (children aged between 9 and 11 months)	Percentage of fully immunized children aged between 9 and 11 months. Numerator: Number of children aged between 9 and 11 months fully immunized from 1 April 2021 to 31 March 2022 Denominator: Estimated number of surviving infants during the same time period.	90%	100%	100%	HMIS, Immunization Division MOHF W
<b>Adolescent Health</b>						
30	Client load at AFHC	Client load of at least 150 Clients / AFHC/month in PE Districts at DH/SDH /CHC level. (HMIS) Numerator : Total footfalls at AFHC Denominator: Number of AFHCs divided by no. of months (per AFHC per month)	-	2152	-	HMIS
31	Selection of Peer Educators (PEs)	100% selection of the targeted Peer Educators (PEs) Numerator- Total no PEs selected Denominator- Total No. of PEs to be selected	162	0	162	State Report
32	Coverage of Menstrual Hygiene Scheme	Distribution of Sanitary napkins to the adolescents girls under MHS: 60% coverage of the targeted AGs / month under Menstrual Hygiene Scheme Numerator- Total no, of adolescent girls receiving sanitary napkins under MHS Denominator- Total No. of adolescent girls to be	0	0	4723	HMIS/ State Report



**Key RoP Deliverables for FY 2021-22**

S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
		covered				
33	Implementation of Ayushman Bharat-School Health and Wellness Ambassador initiative	Implementation of SHP in selected districts against target: 100% of Districts implementing School Health Programme as per approvals in RoP 2021-22 Numerator- Total no districts implementing SHP Denominator- Total No. of District selected for SHP	100%	100%	100%	State Report
<b>PC&amp;PNDT</b>						
34	Implementation of PC-PNDT Act	Percentage of State & District where statutory bodies (SAA, SSB, SAC, DAA, DAC) are constituted as mandated by PC-PNDT Act. Numerator- Number of districts where statutory bodies (SAA, SSB, SAC, DAA, DAC) are constituted Denominator- Total number of Districts in the State	SAA - 1 SSB -1 SAC - 0 DAA - 2 DAC - 2	100%	100%	State Quarterly Progress Report
<b>Communicable Diseases</b>						
<b>National Tuberculosis Elimination Programme (NTEP)</b>						
35	Total TB cases notified (Both public and private sectors)	% of cases notified against target Numerator: No. of TB cases notified (public+private) Denominator: Target approved by GoI in ROP 21-22	3200	52% (1663/3200)	3200	Nikshay



**Key RoP Deliverables for FY 2021-22**

S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
36	State TB Score	% improvement in Annual TB Score over 2020 Numerator: (State Annual TB Score in 2021- State Annual TB Score in 2020) Denominator: State Annual TB Score in 2020	NA	71.60%	85%	Nikshay
37	NikshayPoshan Yojana (NPY) -	% of eligible patients receiving at least first instalment of DBT Numerator: No. of eligible patients receiving at least first instalment of DBT Denominator: No. of eligible patients	100%	64% (1055/3200)	100%	Nikshay
38	No. of districts to achieve TB free Status # Bronze # Silver # Gold #TB Free district/City		NA	NA	Bronze: 2	MIS NTEP division MoHF W

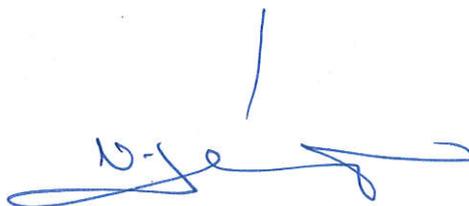
**National Vector Borne Disease Control Programme (NVBD/CP)**

39	Kala- Azar	1. Number of endemic blocks reporting < 1 Kala Azar case per 10,000 population at block level against total endemic blocks	State is non endemic.			MIS, NVBD CP division, MoHF W
		2. Reduction in PKDL cases				
		3. Number of blocks to achieve Disease free status				
40	Lymphatic Filariasis	1. Number of districts where MDA was conducted against total no. of endemic districts	0	0	0	MIS, NVBD CP division, MoHF W
		2. Number of endemic districts with <1% Mf	2	2	Post MDA	



**Key RoP Deliverables for FY 2021-22**

S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
		rate validated by TAS against total no. of endemic districts			Surveillance in 2 districts.	
41	Malaria	Number of districts to achieve Disease Free Status – malaria	0	0	0 (No district is eligible)	
		2. Percentage reduction in malaria cases/ API	100%	62.5% reduction in cases	100% reduction in indigenous Malaria cases	
42	Reduction in Dengue	1. Reduce/sustain case fatality rate for Dengue at <1%	CFR < 1	CFR < 1	CFR < 1	
		2. Number of Sentinel site hospital (SSH) set up (1 per district) against total no. of districts	4	4	To keep all 4 SSH operational.	
43	Reduction in Japanese Encephalitis	Vaccination coverage for JE under Routine Immunization in %	Vaccination coverage for JE under Routine Immunization should be more than 80%	JE coverage from April 2020 to Jan 2021 (JE 1 83% & JE 2 75%).	80% immunization	
<b>National Leprosy Elimination Programme (NLEP)</b>						
44	Reduction in prevalence of leprosy to less than 1/10,000 population at district level	No. of districts with prevalence rate of leprosy less than 1/10,000 population at district level against total no. of identified districts	2	2	2	MIS (MRP, AR, Nikusth portal), CLD-NLEP Divisio



**Key RoP Deliverables for FY 2021-22**

S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
45	Reduction in Grade II disability rate per million population to less than 1/million population at district level	No. of districts with Grade II disability rate of less than 1 per million population against total no. of identified districts	1 Districts	1 district achieve the target	2	n, MoHF W
46	Reduction in Grade II disability percentage among new cases as per districts' category below:	.				
46.1	Districts having Grade II disability percentage less than 2 %	No. of districts with Grade II disability percentage of less than 2% rate against total no. of identified districts	0 Districts	2 districts achieve the target	Bring down to ZERO	
46.2	Districts having Grade II disability percentage between (2-10) %	No. of districts with Grade II disability percentage between 2-10% against total no. of identified districts	1 Districts	1 districts achieve the target	Bring down to less than 2 %	
46.3	Districts having Grade II disability percentage more than 10 %	No. of districts with Grade II disability percentage of more than 10% against total no. of identified districts	0 Districts	2 districts achieve the target	Bring down to less than 10 %	
47	Reduction in Child Grade II disability cases to ZERO cases at district level	No. of districts with zero Child Grade II disability cases against total no. of identified districts	0 Districts	2 districts achieve the target	Bring down to ZERO	
<b>Integrated Disease Surveillance Project (IDSP)</b>						
48	% of Reporting Units Reported In S form		97 %	68 %	97 %	IDSP Portal, MoHF W
49	% of Reporting Units Reported In P form		94 %	55 %	94 %	



**Key RoP Deliverables for FY 2021-22**

S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
50	% of Reporting Units Reported In L form		96 %	70 %	96 %	
51	Lab Access of Outbreaks reported under IDSP excluding Chickenpox, Food Poisoning, Mushroom Poisoning		100 %	Not Reported	100 %	

**National Viral Hepatitis Control Programme (NVHCP)**

52	To establish at least one Treatment site in each district	No. of MTC or TC established in the districts against total no. of districts	2	2	2	
53	Screening during ANC for HBsAg (Hepatitis B surface antigen) of 100% pregnant women subjected to ANCs	% of pregnant women screened for Hepatitis B Numerator: No. of pregnant women tested for HBsAg Denominator: Total no. of registered pregnant women	100%	100%	100%	
54	To ensure 100% institutional delivery of HBsAg positive pregnant women who test during ANCs	% of institutional deliveries among Hepatitis B positive pregnant women Numerator: No. of HBsAg positive pregnant women who had institution delivery Denominator: Total no. of HBsAg positive pregnant women	100%	100%	100%	MIS, NVHCP division
55	Administration of Hepatitis B birth dose to all Newborns	% of Hepatitis B birth dose vaccination among newborns Numerator: No. of newborns administered Hepatitis B vaccine (birth dose) Denominator: Total no.	100%	93%	100% of all newborns of hep B positive mothers. For others target to be	

**Key RoP Deliverables for FY 2021-22**

S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
		of live births			followed as per UIP target	

**National Rabies Control Programme (NRCP)**

56	Strengthening of Rabies Post Exposure Prophylaxis Services	Cumulative Number of Model Anti Rabies Clinics Established against the numbers sanctioned in the RoPs since 2020-21	Nil	Nil	Nil	State Report/ National Rabies Control Program
57	Improved Capacity of States and district level manpower for prevention and control of rabies	Number of training workshops conducted at State and District level against approval in ROP 21-22	4 trainings	All 4 conducted	2 trainings for IMA doctors, 4 trainings for Medical college Interns	

**Program For Prevention and Control of Leptospirosis (PPCL)**

58	Improving capacity of health professionals with respect to diagnosis, case management, prevention & control of Leptospirosis	Number of training workshops conducted at State and District level against approval in ROP 21-22	Nil	Nil	1 training at state level and 1 training at district level	State report/ Program For Prevention & Control of Leptospirosis
59	Strengthening Diagnostic services for Leptospirosis	Number of Districts having available diagnostic capacity for Leptospirosis against total no. of endemic districts	Nil	Nil	100% (Both district does testing with Rapid test kits) Proposed for Eliza based or RTPCR based kits	

**Non Communicable Diseases**



**Key RoP Deliverables for FY 2021-22**

S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
<b>National Oral Health Programme (NOHP)</b>						
60	Strengthening Oral Health Services	Cumulative no. of functional dental care units at public health facilities till PHC level against total public health facilities till PHC level (DH/SDH/CHC/PHC)	2DH/2SDH/6CHC/21PHC	2DH/2SDH/6CHC/21PHC	2DH/2SDH/6CHC/21PHC	NOHP division
<b>National Tobacco Control Programme (NTCP)</b>						
61	Strengthening NTCP services	No. of educational institutes (public/private schools/colleges) made tobacco free against total no. of institutes	All Educational Institution are made Tobacco free	All Educational Institution are made Tobacco free	All Educational Institution are made Tobacco free	Tobacco Control Division, MOHF W
62	Setting up of Tobacco Cessation Centres	Cumulative number of District Tobacco Cessation Centres (TCCs) functional against total no. of district hospitals	Both the districts have Tobacco Cessation centers	Both the districts have Tobacco Cessation centers	Both the districts have Tobacco Cessation centers	Tobacco Control Division, MOHF W
<b>National Programme for Prevention and Control of Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)</b>						
63	Screening for NCDs	Number of persons screened for high blood pressure per 30+ population as on 31st March 2021	24000	14644	21500	AB-HWC portal (Apr to Dec 2020) Target calculated on projection for 4 quarters and 10% addition there
64		Number of persons screened for high blood sugar per 30+ population as on 31st March 2021	23000	13128	19300	
65		Number of persons screened for three common cancers per 30+ population as on 31st March 2021				
65.1		Oral	20500	11666	17100	



**Key RoP Deliverables for FY 2021-22**

S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
65.2		Cervix	5000	2832	4200	on
65.3		Breast	11000	5757	8400	
66	Setting up of NCD clinics	Number of NCD Clinics set up at district hospitals against total no. of NCD clinics at district hospitals approved in ROP 21-22	Two (both Districts have NCD Clinics )	Two (both Districts have NCD Clinics )	Two (both Districts have NCD Clinics )	MIS, NPCD CS division , MoHF W

**National Programme for Health Care for the Elderly (NPHCE)**

67	Strengthening NPHCE services	1. No. of District Hospitals where Geriatric OPD Services has been rolled out against total no. of DHs	2/2	2/2	2/2	MIS, NPHCE division , MoHF W
68		2. No. of District Hospitals where 10 bedded Geriatric ward established against total no. of DHs	2/2	2/2	2/2	
69		3. No. of District Hospitals where Physiotherapy Services has been rolled out against total no. of DHs	2/2	2/2	2/2	
70		4. No. of CHCs where Bi-weekly Geriatric OPD Services has been rolled out against total no. of CHCs	6/6	6/6	6/6	
71		5. No. of CHCs where Physiotherapy Services has been rolled out against total no. of CHCs	6/6	1/6	3/6	



**Key RoP Deliverables for FY 2021-22**

S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
72		6. No. of CHCs where Physiotherapy services has been rolled out, have worked out mechanism for regular home visits by the designated personnel in their catchment areas	2	0	4	

**National Mental Health Programme (NMHP)**

73	Strengthening NMHP service	Cumulative number of districts covered under NMHP and providing services as per framework against total no of districts approved under DMHP	2/2	2/2	2/2	Quarterly Reports from the State
74	Fulfillment of provisions under Mental Healthcare Act, 2017	1. Whether the state has established State Mental Health Authority (Yes/No)	Yes	Yes	No	Quarterly Reports from the State
75		2. Whether the state has established State Mental Review Board (Yes/No)	Yes	In process	Yes	
76		3. Whether the state has created State Mental Health Authority fund (Yes/No)	Yes	Yes	No	

**National Programme for Control of Blindness and Visual Impairment (NPCB&VI)**

77	Reduce the prevalence of blindness and the disease burden of blindness and visual impairment	Number of cataract operations against targeted beneficiaries	12000	1507	12000	Monthly Reports from the State
78		No. of donated cornea collected for corneal transplant against targeted beneficiaries	20	0	20	
79		Number of free spectacles distributed to school children suffering from refractive errors against targeted beneficiaries	1000	33	1000	

**National Programme for Palliative Care (NPPC)**



**Key RoP Deliverables for FY 2021-22**

S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
80	Strengthening palliative care service	Cumulative number of districts covered and providing services under NPPC, as per framework, against total no of districts approved under the program	2/2	2/2	2/2	Quarterly Reports from the State/UT

**National Programme for Climate Change and Human Health (NPCCHH)**

81	Strengthening of State level organizational structure	1.1. Whether the State has appointed State Nodal Officer-Climate Change (SNO-CC) (Yes/No)	Yes	Yes	-	State progress report
82		1.2. Whether the State has constituted Governing Body under Hon'ble Health Ministers of State (Yes/No)	No	Yes	-	
83		1.3. Whether the State has set up multi-sectoral Task Force under Principal Secretary (Health) (Yes/No)	Yes	Yes	-	
84		1.4. Whether the State has established Environment Health Cell (Yes/No)	Yes	Yes	-	
85	Surveillance in context of Air pollution with priorities in non-attainment cities identified under National Clean Air Programme and also in polluted cities identified by Central Pollution Control Board/State Pollution Control Board	4.1. Whether the State has shortlisted hospitals for initiation of surveillance in context of air pollution (Yes/No)	Yes	Yes	-	State progress report & Surveillance report
86		% of sentinel hospitals that have initiated the air pollution related surveillance Numerator: No. of hospitals initiated the surveillance Denominator: No. of hospitals identified in State	100%	-	100%	



**Key RoP Deliverables for FY 2021-22**

S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
87	State Action Plan Climate Change and Human Health(SAPCCHH ) inclusive of air pollution and heat action plans	a. Whether the State has submitted the First draft of SAPCCHH? (Yes/ No)  b. Whether the State has published the approved version of SAPCCHH? (Yes/No)	a. Yes b. No	-	-	State progress report

**Pradhan Mantri National Dialysis Programme (PMNDP)**

88	Roll out of Hemodialysis	Cumulative number of Districts where hemodialysis has been rolled out against total no. of districts	2/2	2/2	2/2	State MIS
89	Utilization of Hemodialysis machines	% utilization of hemodialysis machines Numerator: Number of hemodialysis sessions conducted Denominator: Maximum number of hemodialysis sessions that can be performed as per installed capacity of hemodialysis machine (ideal capacity @ 40 sessions per machine per month)	42000 Sessions	42038 Sessions	80000 Sessions	
90	Roll out of Peritoneal dialysis	Cumulative number of Districts where peritoneal dialysis has been rolled out against total no. of districts	2/2	2/2	2/2	
91	Utilization of Peritoneal Dialysis	No. of patients to whom peritoneal dialysis services are provided against approvals in ROP 21-22	160	4	20	

Key RoP Deliverables for FY 2021-22						
S. No.	Major Milestones	Definition	Target for 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
<b>Health Systems Strengthening</b>						
<b>DVDMS</b>						
92	Strengthening DVDMS up to PHC level	Number of public health facilities active on DVDMS or any logistic management IT software with API linkages to DVDMS up to PHC level against total number of PHCs in the State	all PHCs	37	55	DVDMS/ State Portal
<b>Comprehensive Primary Health Care (CPHC)</b>						
93	Operationalization of AB-HWCs	Cumulative number of AB-HWCs to be made operational by 31 <sup>st</sup> March 2022	102	102	147	AB-HWC Portal
94	Roll out of teleconsultation	Cumulative number of AB-HWCs where teleconsultations have been rolled out against the target set for March 2021	Hubs: 03 Spokes: 60	Hubs: 02 Spokes: 26	Hubs: 03 Spokes: 60	AB-HWC Portal/ e-sanjeevani portal
95		Total no. of teleconsultations conducted at AB-HWCs @ at least 25 consultations per month per HWC for the no. of AB-HWC at Sr. No. 94	NA	43 (Teleconsultation services started from Nov 2020)	1080	AB-HWC Portal/ e-sanjeevani portal
96	CBAC Enrolment	% population enrolled (CBAC) Numerator: Target population enrolled through CBAC Denominator: Target 30+ population identified	37%	27%	37%	AB-HWC Portal



**Key RoP Deliverables for FY 2021-22**

S. No.	Major Milestones	Definition	Target for 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
97	CPHC Screening	% of CPHC screenings at AB-HWCs Numerator: No. of CPHC screenings at AB-HWCs Denominator: 30+ population enrolled	50%	42%	60%	AB-HWC Portal
98	Roll out of NCD application	Cumulative number of AB-HWCs where NCD application has been rolled out against the target set for March 2021	102	102	147	AB-HWC Portal/ NCD portal
99	Number of AB-HWCs where disbursement of Team Based Performance Incentives has been started	Cumulative number of AB-HWCs where disbursement of Team Based Performance Incentives has been started against the target set for March 2021	60	0 (funds not received )	147	AB-HWC Portal
100	Wellness/ Health promotion at AB- HWCs	Cumulative number of AB-HWCs where Wellness sessions have been organized against the target set for March 2021	102	102	147	AB-HWC Portal
101	Capacity building of primary health care teams at AB- HWCs	% of primary health care team members trained on NCDs against the number in position at AB-HWCs -ASHA -MPW -CHO -SN -MO	100% (there are no ASHA and CHO in the state of Goa)	100% (there are no ASHA and CHO in the state of Goa)	100% (there are no ASHA and CHO in the state of Goa)	AB-HWC Portal

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**Key RoP Deliverables for FY 2021-22**

S. No.	Major Milestones	Definition	Target for 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
102		% of primary health care team members trained on new services against the number in position at AB-HWCs -ASHA -MPW -CHO -SN -MO	40%	40%	60%	AB-HWC Portal
103	Roll out of Fit Health Worker campaign	% of health workers (staff at SC/PHC/UPHC including ASHA/MAS) whose health check-up was done against the total no. of health workers as on 31st March 2022	50.68%	25%	80%	State report
104	Quality certification of functional AB-HWCs	% of functional AB-HWCs with:				State report
		1. Kayakalp score more than 70% Numerator: No. of SC/PHC/UPHC-HWCs with kayakalp score more than 70% Denominator: Total no. of AB-HWCs made functional (SC/PHC/UPHC)	102	8	147	
		2. NQAS certified at national level Numerator: No. of NQAS certified SC/PHC/UPHC-HWCs Denominator: Total no. of AB-HWCs made functional (SC/PHC/UPHC)	NA	Rolled out from January 2021	147	



**Key RoP Deliverables for FY 2021-22**

S. No.	Major Milestones	Definition	Target for 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
105	Number of Nursing colleges which have adopted the CHO related Integrated B.Sc. Nursing curriculum	Cumulative number of nursing colleges which have adopted the CHO related Integrated B.Sc. Nursing curriculum against total number of nursing colleges (public & private) available in the State	2 ( All nursing colleges have adopted the CHO related Integrated B.Sc. Nursing curriculum	2 ( All nursing colleges have adopted the CHO related Integrated B.Sc. Nursing curriculum	2 ( All nursing colleges have adopted the CHO related Integrated B.Sc. Nursing curriculum	State report
106	Eat Right	Cumulative no. of AB-HWCs with Eat Right Kits against total no. of AB-HWCs made functional (SC/PHC/UPHC)	NA	In process	147	State report
<b>Community Processes</b>						
107	Social Security schemes for ASHAs and AFs	% of ASHAs and AFs enrolled in PMJJBY, PMSBY and PMSYM against the number of eligible ASHAs and AFs for PMJJBY, PMSBY and PMSYM		NA		State report
108	Training of ASHAs	% of ASHAs trained in all four rounds of Module 6&7 against the total number of ASHAs in position	NA	NA	NA	State report
<b>Quality Assurance</b>						
109	Number of NQAS certified public health facilities	Cumulative number of NQAS certified public health facilities against total no. of public health facilities	6	0	8	State report

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**Key RoP Deliverables for FY 2021-22**

S. No.	Major Milestones	Definition	Target for 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
110	Number of public health facilities with Kayakalp score >70%	Cumulative number of public health facilities with Kayakalp score >70% against total no. of public health facilities	37	10	37	State report
111	Strengthening quality assurance through MeraAspataal	Cumulative number of District Hospitals implementing MeraAspataal application against total no. of District Hospitals in the State	2	2	2	State report
<b>OOPE Reduction</b>						
112	Increase utilization of public health facilities	% increase in OPD in current FY over previous FY	5% increase from previous year	-43 %	5% increase from previous year	HMIS
113		% increase in IPD in current FY over previous FY	5% increase from previous year	-63%	5% increase from previous year	HMIS
<b>Blood Services</b>						
114	Number of FRUs having Blood Banks/ Blood Storage Units	Cumulative number of FRUs (including DHs) having Blood Banks/ Blood Storage Units against total no. of FRUs (DH/SDH/CHC)	3 Govt Blood Banks and 2 Pvt	3 Govt Blood Banks and 2 Pvt	-	NHM. MIS, eraktkosh
115	Voluntary blood donation	Voluntary blood donation against the blood collection units targeted for replacement/ donation	22500	9728	22500	Blood cell division, MoHFW, e raktkosh
116	Number of patients requiring blood transfusion	No. of patients received blood transfusion against the no. of patients requiring blood transfusion at FRUs (DH/SDH/CHC)	1% of the population	31427	1% of the population	Blood cell division, MoHFW, e raktkosh

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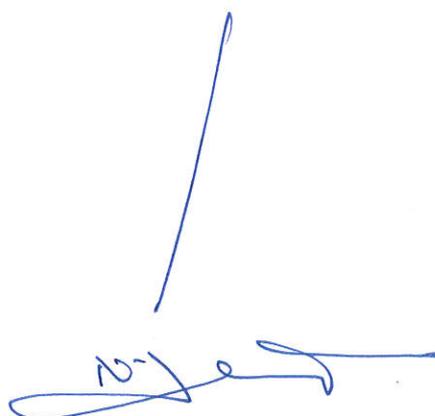
**Key RoP Deliverables for FY 2021-22**

S. No.	Major Milestones	Definition	Target for 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
117	Number of ICHH centres in the State	Number of integrated centres for hemoglobinopathies & hemophilia (ICHH) in the district against no. of identified districts with high prevalence of hemoglobinopathies & hemophilia	1	1	1	Blood cell division, MoHFW
<b>Others</b>						
118	Number of districts with District Health Action Plans.		-	-	-	State report
119	Number of district hospitals initiated training courses for Doctors/ nurses/ paramedics (DNB/ PGDHHM / Specialty nursing courses etc.)		-	-	-	State report
120	Number of district hospitals initiated LSAS/CEmONC courses.		-	-	-	State report
121	Percentage of grievances resolved out of total grievances registered.		-	-	-	State report
122	Percentage of IPHS compliant facilities by levels (DH/SDH/CHC/PHC/SC).	Number of IPHS compliant facilities against total no. of public health facilities 1. DH 2. SDH 3. CHC 4. PHC 5. SC	100%	100%	100%	State report



**Key RoP Deliverables for FY 2021-22**

S. No.	Major Milestones	Definition	Target for 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
123	Number of districts having defined red and yellow emergency beds available in the district hospital.		2	2	2	State report
124	Number of districts which have reviewed maternal and child deaths by the District Collector (MDSR/CDR).		2	2	2	State report
125	Population coverage of BLS and ALS ambulances per district	No. of ALS and BLS ambulances available as per population norms	ALS: 42 BLS: 3	ALS: 42 BLS: 3	ALS: 45 BLS: 3	State report
126	No. of meetings of State/District Health Mission / Society	No. of meetings of State Health Mission	2	1	2	
127		No. of meetings of District Health Mission	NA	NA	NA	
128		No. of meetings of State Health Society	2	1	2	
129		No. of meetings of District Health Society	NA	NA	NA	



### Human Resource

Create regular posts as per IPHS and case load for service delivery HR

130	Category	Required no. of posts as per IPHS	Current no. of positions in 2020-21		Target for creation of new posts in 2021-22	
			Regular	NHM	Regular	NHM
	ANM/ MPW (F)	166	287	129	-	-
MPW (M)	160	183	0	-	-	
Staff Nurse	350	595	94	-	-	
MBBS MO	169	220	19	-	-	
Lab Technician	86	75	59	-	-	
Pharmacist	53	70	47	-	-	
Specialists	127	156	40	-	-	

### Reduction in vacancies

131	Category	Current no. of positions in 2020-21		Total Positions Filled		No. of posts targeted to be filled in 2021-22	
		Regular	NHM	Regular	NHM	Regular	NHM
	ANM/ MPW (F)	309	309	199	129	88	0
MPW (M)	0	0	142	0	41	0	
Staff Nurse	843	843	588	69	7	25	
MBBS MO	524	524	214	8	6	11	
Lab Technician	298	298	67	58	8	1	
Pharmacist	621	621	56	44	14	3	
Specialists	67	67	81	33	75	7	

### Key RoP Deliverables for FY 2021-22

S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
<b>NHM Finance</b>						
132	Quarterly Cumulative Expenditure	Quarter I -20% of the available funds	25%	50%	50%	QPR / State report



	Target against the available funds in respect of each flexible pools of NHM (Available fund = Op Bal + Central Release + State share Release + Interest earned)	Quarter II – 40% of the available funds	50%	61%	60%	
		Quarter III -65% of the available funds	70%	67%	75%	
		Quarter VI- 90% of the available funds	90%	–	90%	
133	Timely implementation of Concurrent Audit on Quarterly basis	1. Whether auditor has been appointed? (Yes/No)	Yes	-	-	QPR / State report
134		2. Quarter up to which Concurrent Audit has been completed.	Two	-	-	
135		3. Quarter up to which consolidated Quarterly findings have been shared with MoHFW	Awaiting reports	-	The findings of all four quarters to be shared with FMG.	
136	Implementation of Statutory Audit on Annual basis and sharing of report before due date 31st July of the next financial year	1. Whether auditor has been appointed? (Yes/No)	Yes	-	The Auditor will be re-appointed as per GOI guidelines.	State report
137		2. Audit status- Started/Completed/ Report sent to GOI	Audit report for FY 2019-20 sent to GOI		Audit Report to be submitted within the stipulated time	
138	Simultaneous credit of State share along with Central share to receive Central release on time.	Pendency of State share as on date	Rs. 36.00 lakhs		100% State share to be deposited	State report



## Conditionality Framework FY 2021-22

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

S. No.	Conditionalities	Incentive/Penalty	Source of verification	% Incentive/ Penalty <sup>[2]</sup>
1.	Incentive or penalty based on NITI Aayog ranking of states on 'Performance on Health Outcomes'	Based on the ranking which will measure incremental changes over the base: a. States showing overall improvement to be incentivized: +30 b. States showing no overall increment get no penalty and no incentive: 0 c. States showing decline in overall performance to be penalized: -30  % of incentive/penalty to be in proportion to overall improvement shown by the best performing state and the worst performing state: +30 to -30 points	NITI Aayog report	+30 to -30
2.	AB-HWCs State/UT Score	Based on overall score of HWC conditionality (out of 100 marks) a. Score more than 75: +25 b. Score more than 50 or less than or equal to 75: +15 c. Score more than 25 but less than or equal to 50: -15 d. Score less than or equal to 25: -25	AB-HWC portal	+25 to -25
3.	Implementation of Ayushman Bharat-School Health and Wellness Ambassador initiative	Percentage of Health and Wellness Ambassadors (HWAs) trained to transact weekly activities in schools in the selected districts a. >75% HWAs trained: 5 points incentive (+5) b. 50%-75% HWAs trained: 4 points incentive (+4) c. 25%-50% HWAs trained: 3 points incentive (+3)	AH division, MOHFW	+5 to 0



S. No.	Conditionalities	Incentive/Penalty	Source of verification	% Incentive/ Penalty <sup>[2]</sup>
		d. 10%-25% HWAs trained: 2 points incentive (+2) e. <10% HWAs trained: no incentive (0)		
4.	Implementation of DVDMS or any other logistic management IT software with API linkages to DVDMS up to PHC level	DVDMS implementation up to PHC level* a. Implemented in over 80% of PHC/ UPHC: +5 b. Implemented in over 50% but less than or equal to 80% of PHC/ UPHC: +3 c. Implemented in over 25% but less than or equal to 50% of PHC/ UPHC: -3 d. Implemented in fewer than or equal to 25% of PHC/ UPHC: -5 *Target as per ROP 2021-22	DVDMS Portal	+5 to -5
5.	Increase in proportion of 'in-place' regular service delivery HR	Increase in proportion of service delivery cadres of MPW, Staff Nurses, laboratory technicians, and specialists 'in-place' in regular cadre as on 31 <sup>st</sup> December 2020 against 31 <sup>st</sup> March 2020. a. More than 10% increase in proportion over previous year : incentive of +10 b. 5-10% increase in proportion over previous year : Incentive of +5 c. Up to 5% increase in proportion over previous year : Incentive of +3 d. No change in proportion over last year : No incentive , no penalty e. Up to 5% decrease over previous year : penalty of -3 f. 5-10% decrease over previous year : penalty of -5	State notifications, advertisements, and PIP	+10 to -10



S. No.	Conditionalities	Incentive/Penalty	Source of verification	% Incentive/ Penalty <sup>[2]</sup>
		<p>g. More than 10% decrease over previous year: penalty of -10</p> <p>*Addition over and above IPHS in any cadre would not be taken into consideration.</p> <p>**States having more than 90% of the posts in regular cadre against the IPHS will get an incentive of 10 points.</p>		
6.	District wise RoP uploaded on NHM website within 30 days of issuing of RoP by MoHFW to State	<p>a. 100% districts whose ROPs for FY 2021-22 are uploaded on state NHM website: +5</p> <p>b. Fewer than 100% districts whose ROPs for FY 2021-22 are uploaded on state NHM website: -5</p>	State NHM website and D.O. letter	+5 to -5
7.	Implementation of National Viral Hepatitis Control Programme (NVHCP)			+10 to -10
7.A	Percentage of districts having treatment sites for provisioning of services under NVHCP	<p>a. At least 80% Districts having Hepatitis treatment sites: incentive 2 points (+2)</p> <p>b. At least 50% Districts having Hepatitis treatment sites: incentive 1 point (+1)</p> <p>c. Less than 30% Districts having Hepatitis treatment sites: penalty 1 point (-1)</p> <p>d. Less than 10% Districts having Hepatitis treatment sites: penalty 2 points (-2)</p>	Report from NVHCP Division, MoHFW	(+2 to -2)
7.B	Percentage screened for hepatitis B and hepatitis C against the proposed target	<p>a. At least 80% screened for hepatitis B and hepatitis C against the proposed target: incentive 4 points (+4)</p> <p>b. At least 50% screened for hepatitis B and hepatitis C against the proposed target:</p>	Report from NVHCP Division, MoHFW	(+4 to -4)



S. No.	Conditionalities	Incentive/Penalty	Source of verification	% Incentive/ Penalty <sup>[2]</sup>
		incentive 2 points (+2) c. Less 30% screened for hepatitis B and hepatitis C against the proposed target: penalty 2 points (-2) d. Less than 10% screened for hepatitis B and hepatitis C against the proposed target: penalty 4 points (-4)		
7.C	Percentage of pregnant women screened for hepatitis B (HBsAg) against the proposed target	a. At least 80% percentage of pregnant women screened for hepatitis B (HBsAg) against the proposed target: incentive 4 points (+4) b. At least 50% percentage of pregnant women screened for hepatitis B (HBsAg) against the proposed target: incentive 2 points (+2) c. Less than 30% percentage of pregnant women screened for hepatitis B (HBsAg) against the proposed target: penalty 2 points (-2) d. Less than 10% percentage of pregnant women screened for hepatitis B (HBsAg) against the proposed target: penalty 4 points (-4)	Report from NVHCP Division, MoHFW	(+4 to -4)
8	Implementation of National Mental Health Program (NMHP)			+10 to -10
8.A	% districts covered under Mental health program and providing services as per framework	a. 100% of the districts covered: incentive 5 points (+5) b. 70% districts in Non-EAG and 60% districts in EAG states covered: incentive 3 points (+3) c. Less than 60% districts in EAG states and less than 70% districts in Non EAG states covered: penalty 3 points (-3) d. If less than 40% districts covered: penalty 5 points (-5)	Report from Mental Health Division, MoHFW	(+5 to -5)



S. No.	Conditionalities	Incentive/Penalty	Source of verification	% Incentive/ Penalty <sup>[2]</sup>
8.B	Actions taken for fulfilment of provisions under Mental Healthcare Act, 2017 (MHCA 2017)	State has established State Mental Health Authority: a. If Yes: +2 b. If not: -2 State has established Mental Health Review Boards: a. If Yes: +2 b. If not: -2 State has created State Mental Health Authority Fund: a. If yes: +1 b. If not: -1	Report from Mental Health division, MoHFW	(+5 to -5)

<sup>[1]</sup> The Conditionalities apply to both urban as well as rural areas/facilities.

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

## HWC Scoring for NHM Conditionality FY 21-22

### Method for giving Score to the State for HWCs (it has two Parts):

1. Indicator for achieving State Level Targets of HWCs:
  - a. 10 marks for achieving the targets
  - b. 15 marks for achieving more than the targets
2. Seven indicators for HWC Scoring – max 85 marks – Average scoring of all the functional HWCs will be taken to arrive at the same.

S. No.	Criterion	Indicator	Max Score for SHC-HWC	Max Score for PHC-HWC
1	Functional HWCs satisfying Basic Functionality Criterion	<b>HWC-01:</b> HWCs satisfying all eight basic functionality criterion and providing services till 7 <sup>th</sup> packages	20	20
2	Functional HWCs providing expanded range of services beyond 7 <sup>th</sup> package	<b>HWC-02:</b> HWCs providing minimum 4 expanded range of services beyond 7 <sup>th</sup> Package	20	15
		<b>HWC-03:</b> HWCs providing more than 4 expanded range of services beyond 7 <sup>th</sup> Package	15	15
3	Functional HWCs providing wellness Services	<b>HWC-04:</b> HWCs providing Wellness services	10	5
		<b>HWC-05:</b> HWCs having Eat Safe Magic Box in all PHC level	-	5
4	Leveraging IT	<b>HWC-06:</b> Adoption of NCD App / MO Portal	5	5
5	Quality Care	<b>HWC-07:</b> Functional AB-HWCs (PHCs and SHCs) awarded Kayakalp Awards	5	5
6	Continuum of Care*	<b>HWC-08:</b> Monitoring Upward and downward Referral cases	-	5
7	Community Engagement and Payment of PLPs and TBIs	<b>HWC-09:</b> Constitution of JAS and conduct of Monthly meetings	5	5
		<b>HWC-10:</b> Payment of PLPs and Team based Incentives to Primary Healthcare team	5	5
<b>Max scoring for a HWC</b>			<b>85</b>	<b>85</b>

\*-Downward referral (referral from higher facility to lower facility) – attending minimum three cases per month



**HWC-01: Basic functionality Criteria for indicator as per CPHC OGs**

<b>Preparatory actions</b>	<b>Provision of services till 7<sup>th</sup> Packages</b>
<ol style="list-style-type: none"><li>1) HR availability</li><li>2) Infrastructure Strengthening/Branding</li><li>3) Availability of Essential Medicines</li><li>4) Availability of Diagnostics</li><li>5) Completion of CBAC enumeration for NCDs and CDs (till 7<sup>th</sup> packages)</li><li>6) Capability building of primary healthcare team on 7 basic services</li></ol>	<ol style="list-style-type: none"><li>1) Maternal (ANC) and Child Birth</li><li>2) Neonatal and Infant care services</li><li>3) Childhood and Adolescent Health services</li><li>4) Family Planning, Contraceptive services and other Reproductive Health Services</li><li>5) Management of Communicable Diseases of National Health programmes such as NVBDCP, etc</li><li>6) General outpatient care for acute simple illnesses and Minor ailments</li><li>7) NCDs and CDs<ol style="list-style-type: none"><li>a. Screening and management of NCDs such as Hypertension, Diabetes, three common cancers of Oral, Breast and Cervical Cancer</li><li>b. Screening and management of chronic communicable diseases such TB and Leprosy</li></ol></li></ol>

**HWC-02 and HWC:03: Advance functionality Criteria for indicator**

<b>Preparatory actions</b>	<b>Provision of services till 7<sup>th</sup> Packages</b>
<ol style="list-style-type: none"><li>1) Capacity Building of primary healthcare team for expanded package of services</li><li>2) Completion of CBAC enumeration for NCDs and CDs (till 7<sup>th</sup> packages)</li></ol>	<ol style="list-style-type: none"><li>1. Basic Oral Health Care</li><li>2. Care for common ENT problems</li><li>3. Care for common Ophthalmic problems</li><li>4. Geriatric Health Care</li><li>5. Palliative / Rehabilitative Healthcare</li><li>6. Screening and basic management of basic Mental Health ailments</li><li>7. Primary Emergency medical services including Burns and Trauma</li><li>8. Tele-consultation services</li></ol>

**HWC-04: Criteria for Wellness Indicator**

- Wellness /Yoga sessions – upto 10 session/month
- Health calendar activity conducted (24 out of 39 activities per year)
- Training of Primary Healthcare Team on ‘Eat Right’



### Budget Summary

FMR		Budget Head	Proposed Budget		Approved Budget	
			FY 2021-22		FY 2021-22	
			(Rs. Lakhs)		(Rs. Lakhs)	
			NHM	NUHM	NHM	NUHM
<b>1</b>	<b>U.1</b>	<b>Service Delivery - Facility Based</b>	<b>1405.49</b>	<b>2.00</b>	<b>1302.08</b>	<b>2.00</b>
1.1	U.1.1	Service Delivery	1274.46	1.00	1172.05	1.00
1.2	U.1.2	Beneficiary Compensation/ Allowances	95.48	0.00	95.48	0.00
1.3	U.1.3	Operating Expenses	35.56	1.00	34.56	1.00
<b>2</b>	<b>U.2</b>	<b>Service Delivery - Community Based</b>	<b>95.20</b>	<b>0.56</b>	<b>95.20</b>	<b>0.56</b>
2.1	U.2.1	Mobile Units	0.00	0.00	0.00	0.00
2.2	U.2.2	Recurring/ Operational cost	57.98	0.00	57.98	0.00
2.3	U.2.3	Outreach activities	37.22	0.56	37.22	0.56
<b>3</b>	<b>U.3</b>	<b>Community Interventions</b>	<b>72.42</b>	<b>0.60</b>	<b>70.47</b>	<b>0.60</b>
3.1	U.3.1	ASHA Activities	1.40	0.00	1.05	0.00
3.2	U.3.2	Other Community Interventions	67.77	0.60	66.17	0.60
3.3	U.3.3	PRIs/ ULBs	3.25	0.00	3.25	0.00
<b>4</b>	<b>U.4</b>	<b>Untied Fund</b>	<b>227.40</b>	<b>2.60</b>	<b>207.40</b>	<b>2.60</b>
<b>5</b>	<b>U.5</b>	<b>Infrastructure</b>	<b>370.35</b>	<b>3.20</b>	<b>365.85</b>	<b>3.20</b>
5.1	U.5.1	Upgradation of existing facilities as per IPHS norms including staff quarters	341.25	1.20	336.75	1.20
5.2	U.5.2	New Constructions	0.00	0.00	0.00	0.00
5.3	U.5.3	Other construction/ Civil works except IPHS	29.10	2.00	29.10	2.00



FMR		Budget Head	Proposed Budget FY 2021-22 (Rs. Lakhs)		Approved Budget FY 2021-22 (Rs. Lakhs)	
			NHM	NUHM	NHM	NUHM
		Infrastructure				
<b>6</b>	<b>U.6</b>	<b>Procurement</b>	<b>1999.81</b>	<b>27.20</b>	<b>1823.42</b>	<b>27.20</b>
6.1	U.6.1	Procurement of Equipment	496.68	5.20	460.72	5.20
6.2	U.6.2	Procurement of Drugs and Supplies	1494.61	22.00	1354.18	22.00
6.3	U.6.3	Other Procurement	8.52	0.00	8.52	0.00
<b>7</b>	<b>U.7</b>	<b>Referral Transport</b>	<b>575.15</b>	<b>0.00</b>	<b>370.30</b>	<b>0.00</b>
<b>8</b>	<b>U.8</b>	<b>Human Resources</b>	<b>2758.92</b>	<b>129.65</b>	<b>2379.40</b>	<b>123.41</b>
8.1	U.8.1	Human Resources	2029.11	107.18	1870.50	97.21
8.2	U.8.2	Annual increment for all the existing SD positions	72.07	4.04	72.07	7.78
8.3	U.8.3	EPF (Employer's contribution) @ 13.36% for salaries <= Rs.15,000 pm	93.64	9.78	93.64	9.78
8.4	0	Incentives and Allowances	564.10	8.64	343.20	0.00
<b>9</b>	<b>U.9</b>	<b>Training and Capacity Building</b>	<b>255.70</b>	<b>1.20</b>	<b>256</b>	<b>1.20</b>
9.1	U.9.1	Setting Up & Strengthening of Skill Lab/ Other Training Centres or institutes including medical (DNB/CPS)/paramedical/ nursing courses	52.3	0.00	71.2	0.00
9.2	U.9.2	Conducting Trainings including medical (DNB/CPS)/paramedical/ nursing courses	203.4	1.20	184.9	1.20
<b>10</b>	<b>U.10</b>	<b>Reviews, Research,</b>	<b>24.47</b>	<b>10.20</b>	<b>21.87</b>	<b>10.20</b>



FMR		Budget Head	Proposed Budget FY 2021-22 (Rs. Lakhs)		Approved Budget FY 2021-22 (Rs. Lakhs)	
			NHM	NUHM	NHM	NUHM
		<b>Surveys and Surveillance</b>				
10.1	U.10.1	Reviews	1.42	0.00	1.42	0.00
10.2	U.10.2	Research & Surveys	4.30	10.20	2.80	10.20
10.3	U.10.3	Surveillance	6.50	0.00	5.40	0.00
10.4	U.10.4	Other Recurring cost	8.25	0.00	8.25	0.00
10.5		Sub-national Disease Free Certification	4.00	0.00	4.00	0.00
<b>11</b>	<b>U.11</b>	<b>IEC/BCC</b>	<b>206.97</b>	<b>2.00</b>	<b>178.89</b>	<b>2.00</b>
<b>12</b>	<b>U.12</b>	<b>Printing</b>	<b>99.85</b>	<b>2.00</b>	<b>101.75</b>	<b>2.00</b>
<b>13</b>	<b>U.13</b>	<b>Quality Assurance</b>	<b>129.82</b>	<b>0.50</b>	<b>119.24</b>	<b>0.50</b>
13.1	U.13.1	Quality Assurance	54.66	0.00	49.36	0.00
13.2	U.13.2	Kayakalp	63.28	0.50	58.28	0.50
13.3	U.13.3	Any other activity (please specify)	11.88	0.00	11.60	0.00
<b>14</b>	<b>U.14</b>	<b>Drug Warehousing and Logistics</b>	<b>22.42</b>	<b>0.00</b>	<b>16.01</b>	<b>0.00</b>
14.1	U.14.1	Drug Ware Housing	8.33	0.00	8.32	0.00
14.2	U.14.2	Logistics and supply chain	14.09	0.00	7.69	0.00
<b>15</b>	<b>U.15</b>	<b>PPP</b>	<b>38.80</b>	<b>0.00</b>	<b>38.80</b>	<b>0.00</b>
<b>16</b>	<b>U.16</b>	<b>Programme Management</b>	<b>829.60</b>	<b>19.67</b>	<b>804.93</b>	<b>19.67</b>
16.1	U.16.1	Programme Management Activities (as per PM sub annex)	196.47	4.50	171.88	4.50
16.2	U.16.2	PC&PNDT Activities	39.72	0.00	37.32	0.00
16.3	U.16.3	HMIS & MCTS	94.50	0.00	94.50	0.00
16.4	U.16.4	Human Resource	498.91	15.17	501.23	15.17
<b>17</b>	<b>U.17</b>	<b>IT Initiatives for strengthening Service Delivery</b>	<b>97.29</b>	<b>0.00</b>	<b>83.40</b>	<b>0.00</b>
<b>18</b>	<b>U.18</b>	<b>Innovations (if any)</b>	<b>39.00</b>	<b>0.00</b>	<b>39.00</b>	<b>0.00</b>
<b>Total</b>			<b>9248.66</b>	<b>201.37</b>	<b>8274.10</b>	<b>195.14</b>



FMR	Budget Head	Proposed Budget FY 2021-22 (Rs. Lakhs)		Approved Budget FY 2021-22 (Rs. Lakhs)	
		NHM	NUHM	NHM	NUHM
<b>Grand Total</b>		<b>9450.03</b>		<b>8469.24</b>	
<b>Infrastructure Maintenance</b>		<b>1471.00</b>			
<b>Immunization Kind Grants</b>		<b>169.00</b>			
<b>Grand Total approved including IM and Immunization Kind Grants for FY 2021-22</b>		<b>10109.24</b>			

