
Submitted by:
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Uttarakhand
PIP – 2011-12

Table 4.84: Total Budget for ASHA Trainings

Sl.	Name of Distt.	Total ASHA	Total No. of ASHA facilitators	Total	Batches (20/batch)	Menstruation hygiene (1 Day) @Rs 480
1	Dehradun	1410	57	1467	73	704160
2	Chamoli	620	42	662	33	317760
3	Nainital	940	54	994	50	477120
4	Udham Singh Nagar	1235	54	1289	64	618720
5	Pithoragarh	956	59	1015	51	487200
6	Almora	925	48	973	49	467040
7	Bageshwar	419	16	435	22	208800
8	Champawat	261	17	278	14	133440
	Grand Total	6766	347	7113	356	3,414,240.00

Table 4.85: Proposed Budget for District Level Trainings

Sl.	Heads for Expenditure	Unit	Days	Rate	Amount
1	Honorarium for Master trainer	2	1	600	1200
2	Boarding& Lodging for Participants (including lunch)	20	2	600	24000
3	TA for Participants	20	1	1000	20000
4	Incidental expenditure, training Kit, photocopying, job aids, flip charts & LCD etc.	20		250	5000
	Sub Total				50200
	Total number of batches to be conducted - 6 X 50200				301200

Table 4.86: Proposed Budget for Menstrual Hygiene Program in Uttarakhand

For District Trainers	:	301200
For Block level trainings	:	3414240
Total Budget for Printing of Modules	:	3800000
Total Budget	:	7515440

Total budget Rs. 7515440 is to be proposed for rest of the district of the state.

4.1.6 URBAN RCH

BACKGROUND

Urbanization trends over the past decade show that while the overall urban population is growing at about 3% annually, slum population is growing almost twice as rapidly at 5 to 6%. It has also been noted that health indicators for the urban poor are far lower than urban average data denotes. With increasing urbanization and growth of slums, providing quality primary health services to the urban poor has become a priority for the state government. The state government has already emphasized urban health issues in the annual action plan of NRHM under RCH since 2009-10. Urban Health has been identified as a major thrust area under NRHM since last 2 years.

The state government has identified the cities of Haridwar & Haldwani in 2009-10 and Dehradun & Roorkee in 2010-11 for improving the public health service delivery systems along with community mobilization activities within the RCH Programme under NRHM.

Objective and Strategies:

- To provide integrated and sustainable system for primary health care delivery with focus on urban poor living in slums and other health vulnerable groups in cities.
- To enhance capacities among city stakeholders to plan and implement urban health programs.
- To strengthen linkages between communities and primary level health facilities and referral system from primary to secondary facilities.
- To improve health status of the urban poor through increased coverage of key reproductive child health services and adoption of healthy behaviours.

Table 4.87: Status of Functional UHCs in Uttarakhand

Sl.	Name of City	No. of UHC's	Starting Month & Year	No. of Slum Covered	Population Covered
1	Haridwar	6	February 2010	81	98784
2	Haldwani	3	February 2010	17	63487
3	Dehradun	9	August 2010	106	157336
4	Roorkee	3	August 2010	36	53891
Total UHC's		21		240	373498

The above UHC,s are rendering RCH services along with OPD in the slum area itself. Following Human Resource are deployed by the partner NGO in each UHC.

Table 4.88: Staff Details of UHC

S.No.	Particular	No.
1.	Lady Medical Officer	1 (M.B.B.S.)
2.	Pharmacist	1
3.	ANM,s	3
4.	Community Mobiliser	1

Service Delivery Model:

Urban Health programme is being implemented in Public-Private Partnership (PPP) mode. This partnership is providing a model for urban health programme under the NRHM and will focus on:

- Improving health service coverage through establishment of Urban Health Centres in the proximity of slums and through regularized outreach camps;
- Strengthening community-provider linkages through community mobilization and demand generation for primary reproductive and child health services;
- Identify and build capacities of ASHA (women residing in slums) who would mobilize people in their communities, contact them on a one-to-one level and through group meetings, build the information base there and help in being a link between the facilities and the people In the current financial year the urban health centres are being running in the Haridwar, Haldwani, Dehradun and Roorkee.

For running UHC,s the potential NGO partner have been hired. The eligibility criteria and terms of reference (ToR) for these NGO,s have been finalized by state programme management unit under the chairmanship of Mission Director. The request for proposal has been published in state level news papers from the organization that have experienced in RCH related programme. The proposals were short listed and technical & financial evaluation done by the committee formed for selection of the NGO,s. The agreement has been signed with the selected NGO,s. the Urban Health Resource Centre (UHRC) New Delhi have been involved for imparting training to NGO functionaries for the smooth functioning of the UHCs. Prior to this selection process the UHRC have done GIS mapping of these intervention cities which include the no. of slum, coverage and identification of location of UHC,s. The UHRC New Delhi also developed BCC strategy for urban slums & guidelines for Mahila Arogya Samities (MAS) & convergence with other stakeholder. UHC staff has been trained on BCC strategy and on other modules by UHRC at state level. Besides this UHRC is providing technical support for implementation and monitoring of Urban RCH programme in the state.

Key Activities identified for the UHC,s:

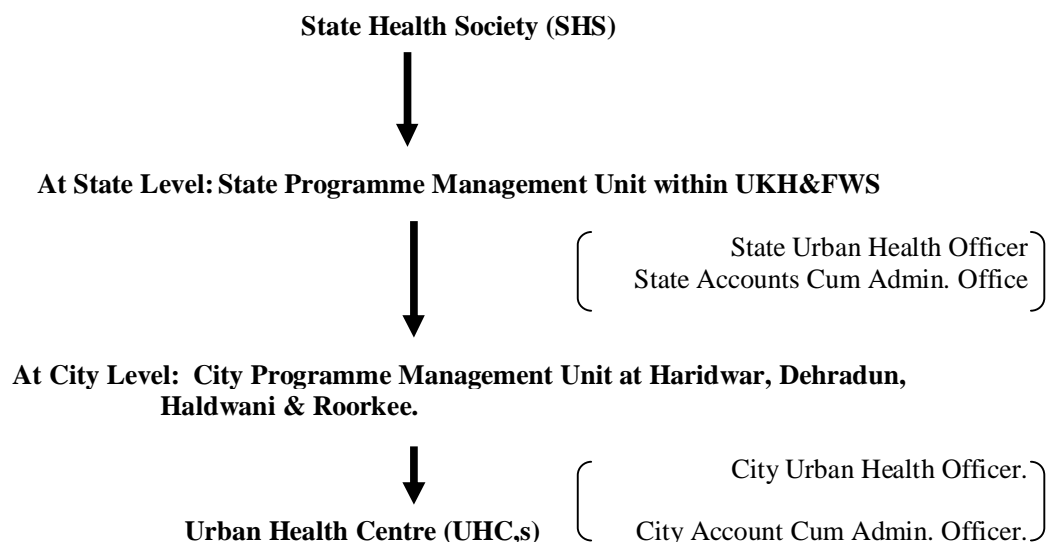
The partner NGO has established the allotted no. of UHC's in their respective city. The partner NGO has conducted the house hold survey of the UHC catchment area and are providing following services-

- Immunization, Vitamin A supplement
- ANC/PNC
- Medical treatment of common illnesses
- Provide services of a LMO i.e OPD & RCH Services
- Promotion of institutional and safe deliveries with a follow up in the field for neonatal care
- Meeting contraception needs
- Established linkages with the TI NGO partner of SACS (State AIDS Control Society) for providing treatment of STIs/STDs.
- Referral services for hospital care, specialized care and investigations
- Mother and child tracking activity
- Any other activity mentioned in the agreement
- Identify target beneficiaries i.e. pregnant women, 0-1 year and 1-3 years old children and eligible couple by conducting House Hold survey and generate slum maps in the slums of targeted area.
- Update list of target beneficiaries (Pregnant women and children in the age group of 0-1 years and 1-3 years and eligible couples) regularly with support from MAS and ASHA in targeted slums.
- Conduct outreach clinics and follow up for immunization to improve service coverage and behaviour adoption in underserved and the catchments area slums.
- Coordinate with district Health Society and develop outreach plan and conduct outreach clinics in underserved slums.

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- Establish and promote linkages of ASHA and women's health group members (*Mahila Arogya Samiti*) with service providers of private/public and District hospital for improved service coverage.
 - Disseminate information on OPD timings in all the slums through various awareness activities and household visits for further increasing the client flow in UHC
 - Conduct IEC/Behaviour change communication activities to sensitize communities for adoption of appropriate health behaviors. Such focused behavior promotion activities will enable sensitization of slum community and enable them to dispel myths, facilitate uptake of services, and adopt appropriate behaviours.
 - Participate committee meeting at UHC level and seek suggestions for program improvement.
 - Identify community resources - such as community halls, schools and other common spaces, for organizing outreach sessions and conducting program activities in identified slums. Continue to seek support from community for place, furniture and other support required for IEC program & outreach sessions in the remaining needy Slums.
 - Sensitize the male members of slum community on reproductive and child health issues and increase their involvement in fostering maternal and child health in the community
 - Initiate and strengthen community based monitoring on selected themes (such as IFA consumption, DPT, Measles coverage, TT Coverage, ANC checkups, consumption of oral pills) in slums.
 - Develop coordination and linkage with other government hospital, TI Partner charitable hospital and other accredited private hospitals in surrounding Area for referral services and institutional deliveries.
 - Conduct capacity building sessions for women's health group (*Mahila Arogya Samiti*) representatives from all slums:
 - Coordinate with State Health Society/District Health Society for indent submission for vaccine, contraceptive and medicines.
 - Coordinate with CMO/Dy. CMO for monthly review meeting at district level with subject on regular supply of vaccines, contraceptives, medicines. Participate in District Health Society meeting at city level and seek suggestions for program improvements.
 - Submit timely programmatic & utilization reports to CMO office.
 - Facilitate the development of a system of regular program review with key public and private stakeholders at UHC level such as constitution of a Ward level Coordination Committee / UHC level coordination committee to better address health and other development needs of urban poor community in target area.

Administrative Structure of Urban Health Programme:

For the smooth functioning of Urban Health Programme a separate PMU has been established at state & city level. The existing structure is as follows:



The state and city PMU is already forward in all intervention cities. The state & city PMU are responsible for implementation & monitoring of the programme. The monthly progress of each UHC is compiled by city Urban Health officer in a prescribed format & shared with concern District Health Official after that monthly progress report is sent to SPMU. The SPMU visit the UHCs on quarter's basis & verify the physical progress. Besides this the partner NGOs sent their quarter physical & financial report to the SPMU. The quarterly progress report is cross checked with monthly progress report.

Table 4.89: Progress of 21 UHC of Uttarakhand till November, 2010

Sl.	Particular	Progress
1.	No. of Pregnant women received 3 ANC check ups	964
2.	Number of pregnant women given TT	1419
3.	Total number of pregnant women given 100 IFA tablets	1344
4.	Women receiving post partum checkups	1794
5.	Number of new RTI/STI for which treatment initiated	371
6.	Number of Oral Pills distributed	2235
7.	Number of Condom pieces distributed	41560
8.	Total number of children aged between 9 and 11 months who have been fully immunised (BCG+DPT123+OPV123+measles)	1315
9.	Patient Services (OPD New)	15309
10.	Patient Services (OPD Old)	15908
11.	No. of Out Reach	512

PROPOSED ACTIVITIES IN FY 2011-12

1. Continuation of existing 21 Urban Health Centre in Haridwar-6, Haldwani-3 Dehradun-9 & Roorkee-3 respectively to cover the entire urban population for primary health care and RCH services. These UHC,s will be continued in Public Private Partnerships (PPP) mode with the already engaged partner NGO's as per follows.

Table 4.90: Partner Details under Urban RCH

Sl.	Name of City & District	No. Of UHC's	No. of slums covered	Slum Population	Name of NGO Partner
1.	Haridwar	6	81	98784	SPD-3, DGUS-3
2.	Haldwani (Nanital)	3	17	63487	Astha
3.	Dehradun	9	106	157336	SPD-3, CMI & SAMARPAN-6
4.	Roorkee (Hardiwar)	3	36	53891	DGUS-2, FRIENDS-1
	Total	21	240	373498	

Establishment of New UHC in Kotdwar, Rishikesh, Ramnagar, Rudrapur & Kashi Pur. The State Urban Health Unit has visited those cities and finalize the proposed number of UHCs with the consultation of city municipal authorities and concerned health authorities as per follows.

Table 4.91: Proposed Additional UHCs for FY 2011-12

Sl.	Name of City & District	Proposed No. Of UHC's	No. of slums covered	Slum Population as per 2001
1.	Rishikesh (Dehradun)	2	19	25185
2.	Kotdwar (Pauri)	2	9	20000
3.	Ramnagar (Nanital)	3	8	38383
4.	Rudrapur (U.S Nagar)	4	18	61987
5.	Kashipur (U.S Nagar)	4	13	34592
	Total	15	67	180147

The above proposed UHC's will also run in the similar way as per existing UHC's are running. The partner NGO for running these UHC's will be selected by District Health Society under the chairmanship of District Magistrate. The state urban health officer will also be the member of selection committee. The detailed guideline/ToR and RFP will be developed by SPMU and an advertisement will be published in 2 reputed state level news papers. The eligibility criteria for NGO's selection are

- NGO must be registered under society act 1980.
- The organization should have the experience of running similar type of Health Centres.
- The NGO must have minimum 5 year proven experience in implementation of RCH related programme at community level.
- The organization should have required capacity in terms of infrastructure, human resource to run and manage these centres.
- The organization can apply for maximum 3 UHC's or less than 3.

The selection of NGO will be done on the basis of quality of technical proposal submitted by the organization. After selection process the selected NGO will have to sign the agreement with concerned CMO. The fund will be disbursed quarterly to the NGO's by the concerned CMO. These proposed UHCs will cover population of 10000 to 20000. The slum mapping and house hold survey of concern UHCs will be carried out by the partner NGO who will run the UHC.

2. Proposed administrative structure for the implementation of Urban RCH will be as follows:

Table 4.92: Administrative Structure under Urban RCH

Sl.	Level	Position	Remark
1.	State PMU	State Urban Health Officer State Accounts Cum Admin. Officer	
2.	City PMU Dehradun	City Urban Health Officer City Accounts Cum Admin. Officer	City PMU Dehradun will also look after the proposed UHC of Rishikesh.
3.	City PMU Haridwar	City Urban Health Officer City Accounts Cum Admin. Officer	-
4.	City PMU Roorkee	City Urban Health Officer	City PMU Roorkee will also look after the proposed UHC of Kotdwar.
5.	City PMU Haldwani	City Urban Health Officer City Accounts Cum Admin. Officer	City PMU Haldwani will also look after the proposed UHC of Ramnagar.

3. The state proposes to establish one new city PMU for Rdrapur and Kashipur in the CMO office of US Nagar. The administrative structure of this city PMU will be as follows:

Table 4.93: New City PMU for Rudrapur and Kashipur

S.No.	Level	Position	Remark
1.	City PMU U.S Nagar	City Urban Health Officer Accounts Cum Admin. Officer	City PMU U.S Nagar will look after the proposed UHC of Rudrapur (U.S Nagar) & Kashipur.

4. The state proposes the following activities for the new and old UHCs of Uttarakhand

A.) Maternal Health

- Promotion of Institutional & Safe deliveries
- ANC/PNC, TT immunisation, IFA tablet consumption etc
- RTI/STI Management

B.) Child Health

- Routine Immunization
- Provide support in Pulse-Polio Immunisation
- Promoting early & exclusive breast feeding
- Management of malnourished children by regular weighing in coordination with Aganwadis
- Birth Registration

C.) Family Planning

- Identification of Eligible couples
- Promotion of Spacing & Terminal methods (e.g. distribution of OCP's, condoms and IUD insertion)

- Any other Related Activity.

D.) Convergence with Other Programs

- TI-NGO Program of SACS – in the current year the existing urban health centres already developed linkages with TI partner NGO’s. The medical and paramedical staffs of all UHC’s have been trained on the guideline developed by NACO for the management of RTI/STI. The training has been imparted by SACS/TSU. The UHCs in the urban areas is also working as provider for the treatment and other services of RTI/STI cases identified and referred by TI NGO’s. The medicine (kit) for the treatment of these cases is being supplied by SACS through the TI NGOs. It is proposed that this linkage will be continued and also develop with new proposed UHC’s in similar way.
- Convergence with USAID IFPS project – The USAID funded IFPS project is also being implemented by UKH&FWS. In the 6th Set of Benchmark no. 56 a,b & c the project proposed to strengthen the family planning service delivery through UHC’s in Haridwar & Dehradun City. Under these Bench Mark the intended results are as follows

18 Urban Health Centres in districts Haridwar and Dehradun in Uttarakhand assessed for quality and gaps in service delivery, plan of action for each urban health centre developed to strengthen their FP service delivery, FP CTU material reviewed by IFPS TAG and District training sites strengthened.

Providers of the sites updated in contraceptive technology knowledge counselling skills and their clinical skills standardized in IUCD insertion/removal.

At least 85% providers at selected facilities trained to provide quality comprehensive FP services and undertake activities for the performance standards.

The above mentioned proposed activities will be conducted by USAID IFPS project. The proposed budget laid down for conducting these activities is as follows-

IFPS - UTTARAKHAND BENCHMARKS 56 (Strengthening F.P Service Delivery through UHC’s in Haridwar and Dehradun.

Table 4.94: IFPS Benchmark Budget

Benchmark	Budget
	INRs
Benchmark 56 (a): Strengthening FP SD at health posts (Readiness)	9,15,630
Benchmark 56 (b): Strengthening FP SD at health posts (Training)	14,62,225
Benchmark 56 (c): Strengthening FP SD at health posts (Clinical Skills Training and Quality Improvement)	12,00,370
Grand Total	3578225

Convergence with ICDS/Aanganwadis in Slums for management of malnourished children and lactating mothers

E.) Miscellaneous Activities

- Implementation of Mother & Child Tracking mechanism in Urban Slum areas.
- Participation in Quarterly “Population Weeks”.
- Implementation of “ASHA ANC Package”
- Establishing MAS(Mahila Arogya Samities)- Initiate **MAS formation** –

Identifying Group Members

Strengthen institutional capacity of women's health group (*Mahila Arogya Samiti*) in targeted slum

Initiate strengthening of program capacity of women's health group (*Mahila Arogya Samiti*) for various activities in all intervention slums.

Structure of MAS is as follows –

Chairperson

Member Secretary

Members

The above mentioned member's will be selected from the slum community. The partner NGO will facilitate the formation of these MAS. The UHRC, New Delhi has already developed the guide line for MAS. The existing NGO's partner and proposed new partner will be sensitised on various issues related to MAS such as their formations, roles, responsibilities etc. The meeting of MAS will be conducted once in a month.

Outreach activities- The UHC will have to conduct minimum 15 outreach camps, 3 Health camps and 3 Slum level meeting per month in the coverage area.

It is proposed that the UHCs will also provide lab facilities (Haemoglobin) for the ANCs. For this purpose 1 Lab Technician will be appointed for per 3 UHCs.

It is proposed the in each UHC,s following Human Resource will be deployed by the partner NGO,s in existing and proposed new –

Figure 4.7: Proposed Staffing Pattern for UHCs in FY 2011-12

Sl.	Particular	No.	Remark
1.	Lady Medical Officer	1	M.B.B.S.
2.	Pharmacist	1	Must be registered in State Faculty
3.	ANM,s	3	Must be registered in State Faculty
4.	Community Mobilizer	1	Graduate with Minimum 5 year Exp.
5.	Lab Technician	1	One per 3 UHC,s
6.	Watchman cum Sweeper	1	Part Time
7.	Ward Aya	1	Part Time
8.	Project Co-ordinator	1	Per partner NGO

Sl.	Particular	No.	Remark
9.	Accountant	1	Per partner NGO

Table 4.95: Outcome Indicators for UHC

Sl.	Indicator	Out-Comes
Ist	Maternal health	
1.	Promotion of Institutional Deliveries	300 for the year (As per Birth Rate)
2.	TT Vaccination (Pregnant Women)	300 for the year
3.	Complete ANC	300 for the Year
4.	Hb. Testing of Pregnant Women	300 for the Year
5.	Complete PNC	300 for the Year
6.	IFA Distribution	300 for the Year
Iind	Child Health	
1.	Child Immunization 9-11 Months	90% of Base Line Value
2.	Promotion of Exclusive Brest Feading	300 for the Year
3.	Birth Registration	300 for the year
IIIrd	Family Planning Services	
1.	Promotion of F.P. Services	90% of Base Line Value
2.	Promotion permanent F.P. methods in each population week.	30
Ivth	Other Activities	
1.	Health Camps	36 for the year
2.	Out Reach Camps	180 for the year
3.	RTI/STI Care	600 for the year (50 per month)
4.	MAS Formation	10 for the year
5.	Slum Level Meetings	36 for the year

Activities of State UHP PMU

- 1. Development of urban health plan and GIS Mapping of slums and health facilities in New Cities i.e. in Kotdwar, Rishikesh, Ramnagar, Rudrapur & Kashi Pur .**
 - Conduct situation analysis and stakeholders consultations to understand the availability of first tier health facilities, reach of services to the urban poor, private health facilities accessed by the urban poor, human resources adequacy at the public first tier facilities, presence of community based institutions and their existing linkages with service providers etc.
 - Conduct listing of all slums including identification of additional slums/poverty clusters
 - Conduct stakeholders meetings to verify the findings related to slums and health facilities
 - Conduct GIS mapping of Govt .health facilities and slums
 - Identification of potential NGOs for implementing urban health activities in the city

- Preparation of urban health plan detailing the number of additional first tier facilities required, man power requirement, catchment area per urban health centre including the unlisted slums/additional slums/poverty clusters, potential NGO partners and their possible role, referral mechanism, community based institutions and their proposed role, improving linkages between slum communities and service providers, plan for outreach sessions, inter sectoral coordination mechanism at different levels, review and monitoring plan etc. The budget for GIS mapping in proposed new cities is as follows

Table 4.96: Budget for GIS Mapping

Development of consultation based plan for 5 New Cities Kotdwar, Rishikesh, Ramnagar, Rudrapur & Kashi Pur and GIS Mapping of slums and health facilities	Development of Plan-Rs.100,000 and GIS Mapping-Rs.100,000	10,00,000.00
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UHRC New Delhi is providing technical support for GIS Mapping, imparting training and roll out BCC Strategy since year 2009-10. The support from UHRC New Delhi will be taken in similar way in the year 2011-12.

2. Development of BCC Strategy for Slum Population and Roll Out in Nine Districts

Group discussions with mothers, other community members in slums will be conducted in these cities to understand the prevailing practices, barriers to appropriate practices, and community perceptions. The findings would contribute to development of BCC approaches. The various channels like Interpersonal Communication (IPC), mothers' meetings, Street plays, Mass media such as use of local cable TV, peer group communication would be used as appropriate based on needs assessment.

The BCC strategy would focus on:

- Use of various media as relevant to the area/city.
- Reach to each and every beneficiary
- Capacity building of service provider as well as NGO functionaries, community representatives/ communities
- It is proposed that some innovative IEC and BCC strategies will be adopted to improve the health and hygiene of slum dwellers. This may be piloted in haridwar.
- Other activities: Some event and activities would be conducted to celebrate national and international days/weeks to aware the communities such as:

Healthy baby competition during World Breastfeeding Week

Awareness/competition during National Nutrition Week etc.

3. Training and Capacity Building

Organize training sessions/workshops/study tours/ for State Officials, State and City Program Management Units staff and field functionaries

Table 4.97: Budget for Training of UHC and BCC

1	Training of UHC Staff on urban slum health program related guidelines for a) ASHA identification/selection, b) formation and mentoring of Mahila Arogya Samitis in slums, c) inter-sectoral coordination committee/forum at UHC level , d) guidelines and SoW for City level Urban Health Task Force/Committees	Rs.1,50,000 per module for four module	4 Modules	6,00,000.00
2	*BCC strategy for slum population and roll out in nine cities	1,00,000 per city	9 cities	900,000.00

4. Program Review, Monitoring and Evaluation

- Conduct baseline survey in Rudrapur,Ramnagar,Kashipur, Rishikesh and Kotdawar
- Develop program monitoring indicators and use them for review
- Program implementation activities will be monitored and reviewed through:

Regular city urban health task force meetings;

Field visits by city and state PMU staff;

Program review by CMO under NRHM;

Monthly progress reports and documentation;

The periodic monitoring of UHC,s will be carried out by city PMU, CMO & SPMU. Further it is proposed that SPM Deptt. of State Gov. Medical College will monitor and evaluate the progress of UHCs;

5. Strengthen the city, state PMU and technical support

The State PMU and city PMUs in all the old & new Cities would be strengthened to plan, execute and monitor the activities and to assist the partners in carrying out the urban health activities:

- Ensuring easy fund flow for the program
- Assistance in planning and monitoring
- Technical assistance from individual/organization for capacity building, need assessments, mapping, implementation of program in slums, documentation etc.
- Data analysis and sharing with stakeholders
- All city PMU will be strengthened. It is proposed that computer/laptop, furniture etc. will be procured by concern city PMUs.

Table 4.98: Proposed Budget for 21 Existing UHC for 2011-12

S.No.	Particular	Unit	Unit Cost	Total Months	Total Cost
1	UHC Running Cost Per UHC:				
1.1	Medical Officer	1	35,000.00	12	4,20,000.00
1.2	Lab Technician	1	4,000.00	12	48,000.00

S.No.	Particular	Unit	Unit Cost	Total Months	Total Cost
1.3	Pharmacist	1	10,000.00	12	1,20,000.00
1.4	ANM,s	3	9,000.00	12	3,24,000.00
1.5	Watchman Cum Sweeper	1	3,000.00	12	36,000.00
1.6	Ward Aya	1	3,000.00	12	36,000.00
1.7	Community Mobilizer	1	10,000.00	12	1,20,000.00
1.8	Rent of Premises for UHC including Electricity	1	12,000.00	12	1,44,000.00
1.9	Up-Gradation of Infrastructure including LAB	L.S	50,000.00		50,000.00
1.10	Slum Level Meeting	3	2,000.00	12	72,000.00
1.11	Training/Capacity Building of ASHA	L.S	25,000.00	12	25,000.00
1.12	Medical Supplies	1	20,000.00	12	2,40,000.00
1.13	Travelling for ANMs	3	1,000.00	12	36,000.00
1.14	Intuitional Charges @ 5% of per UHC (Documentation, Stationery, Communication etc.)				83,550.00
	Total				17,54,550.00
2	Office Management Cost :				
2.1	Project Co-ordinator	1	15,000.00	12	1,80,000.00
2.2	Accountant	1	10,000.00	12	1,20,000.00
2.3	Travelling For Project Co-Ordinator	1	1,500.00	12	18,000.00
	Total				3,18,000.00

* The office management cost will not be provided to per UHC. However, it is provide to partner NGO's. So this cost will be calculated as per engaged number of NGO.

Table 4.99: Proposed Budget for Additional 15 New UHCs

S.No.	Particular	Unit	Unit Cost	Total Months	Total Cost
1	UHC Running Cost Per UHC:				
1.1	Medical Officer	1	35,000.00	12	4,20,000.00
1.2	Lab Technician	1	4,000.00	12	48,000.00
1.3	Pharmacist	1	10,000.00	12	1,20,000.00
1.4	ANM,s	3	9,000.00	12	3,24,000.00
1.5	Watchman Cum Sweeper	1	3,000.00	12	36,000.00
1.6	Ward Aya	1	3,000.00	12	36,000.00
1.7	Community Mobilizer	1	10,000.00	12	1,20,000.00
1.8	Rent of Premises for UHC including Electricity	1	12,000.00	12	1,44,000.00
1.9	Establishment Cost including LAB	L.S	1,00,000.00		1,00,000.00
1.10	Mapping & House Hold Survey	L.S	25,000.00		25,000.00
1.11	Slum Level Meeting	3	2,000.00	12	72,000.00
1.12	Training/Capacity Building of ASHA	L.S	25,000.00	12	25,000.00
1.13	Medical Supplies	1	20,000.00	12	2,40,000.00

S.No.	Particular	Unit	Unit Cost	Total Months	Total Cost
1.14	Travelling for ANMs	3	1,000.00	12	36,000.00
1.15	Institutional Charges @ 5% of per UHC (Documentation, Stationery, Communication etc.)				83,550.00
	Total				18,29,550.00
2	Office Management Cost :				
2.1	Project Co-ordinator	1	15,000.00	12	1,80,000.00
2.2	Accountant	1	10,000.00	12	1,20,000.00
2.3	Travelling For Project Co-Ordinator	1	1,500.00	12	18,000.00
	Total				3,18,000.00

- The office management cost will not be provided to per UHC. However, it is provide to partner NGO's. So this cost will be calculated as per engaged number of NGO.

To cover a large and fast growing slum population of 9 selected cities a budget is being proposed for financial year 2011-12. Attached is a summary of budget for the said period.

Table 4.100: Proposed Budget for Urban Health Program in Uttarakhand

S. No.	Activities		Month/ Unit	Sub Total In Rs.	Proposed Total Cost in Rs.
1	City Program-UHCs and associated costs				
	Existing 21 UHCs in Haridwar, Haldwani, Dehradun & Roorkee	17,54,550.00	21	3,68,45,550.00	
	Existing 7 NGOs in Haridwar, Haldwani, Dehradun & Roorkee	3,18,000.00	7	22,26,000.00	
	New 15 UHCs in Kotdwar, Rishikesh, Ramnagar, Kashipur & Rudrapur	18,29,550.00	15	2,74,43,250.00	
	New 6 NGOs in Kotdwar, Rishikesh, Ramnagar, Kashipur & Rudrapur	3,18,000.00	6	19,08,000.00	
	Sub Total of City Program Cost (A)				6,84,22,800.00
2	State PMU				
	State Urban Health Officer	35,000.00	12	4,20,000.00	
	State Accounts cum Admin. Officer	25,000.00	12	3,00,000.00	
	Office Running and Maintenance Cost	6,000.00	12	72,000.00	
	Laptop/Infrastructural Up-gradation	1,20,000.00	1	1,20,000.00	
	Travel Cost	10,000.00	12	1,20,000.00	
	Sub Total of State PMU (B)				10,32,000.00
3	City PMUs - Dehradun, Haldwani, Haridwar, Roorkee, Kotdwar, Rishikesh, Ramnagar,				

Rudrapur & Kashi Pur				
Dehradun (including Rishikesh)				
City Urban Health Office	25,410.00	12	3,04,920.00	
Accounts cum Admin. Officer	18,500.00	12	2,22,000.00	
Office Running and Maintenance Cost	2,000.00	12	24,000.00	
Computer/Furniture/Contingency	1,20,000.00	1	1,20,000.00	
Travel Cost	3,000.00	12	36,000.00	
Haldwani (including Ramnagar)				
City Urban Health Office	25,410.00	12	3,04,920.00	
Accounts cum Admin. Officer	18,500.00	12	2,22,000.00	
Office Running and Maintenance Cost	2,000.00	12	24,000.00	
Computer/Furniture/Contingency	1,20,000.00	1	1,20,000.00	
Travel Cost	3,000.00	12	36,000.00	
Haridwar (including Roorkee & Kotdwar)				
City Urban Health Office	25,410.00	12	3,04,920.00	
Urban Health Consultant	23,100.00	12	2,77,200.00	
Accounts cum Admin. Officer	18,500.00	12	2,22,000.00	
Office Running and Maintenance Cost	2,000.00	12	24,000.00	
Computer/Furniture/Contingency	1,20,000.00	2	2,40,000.00	
Travel Cost	3,000.00	12	36,000.00	
Rudrapur (including Kashipur)				
City Urban Health Office	25,410.00	12	3,04,920.00	
Office Running and Maintenance Cost	2,000.00	12	24,000.00	
Computer/Furniture/Contingency	1,20,000.00	1	1,20,000.00	
Travel Cost	3,000.00	12	36,000.00	
Sub Total of City PMU (C)				30,02,880.00
4	Training and capacity building/ BCC			
Training of UHC Staff on urban slum health program related guidelines for a) ASHA identification/selection, b) formation and mentoring of Mahila Arogya Samitis in slums, c) inter-sectoral coordination committee/forum at UHC level , d) guidelines and SoW for City level Urban Health Task Force/Committees	Rs.1,50,000 per module for four module	4 Modules	6,00,000	
Sub Total of Training and				6,00,000.00

	capacity building (D)				
5	GIS Mapping and Consultation Based Plan in 5 New Cities				
	Development of consultation based plan for 5 New Cities Kotdwar, Rishikesh, Ramnagar, Rudrapur & Kashi Pur and GIS Mapping of slums and health facilities	Development of Plan- Rs.100,000 and GIS Mapping- Rs.100,000	5 cities	10,00,000.00	
	Sub Total of GIS Mapping (E)				10,00,000.00
6	Base Line in 5 New Cities				
	Survey Agency for Base Line Survey	5,00,000.00	5 cities	25,00,000.00	
	Sub Total of Base Line (F)				25,00,000.00
7	Strengthening FP Services in 18 UHC,s				
	Benchmark 56 (b): Strengthening FP SD at health posts (Training)	14,62,225.00		14,62,225.00	
	Benchmark 56 (c): Strengthening FP SD at health posts (Clinical Skills Training and Quality Improvement)	12,00,370.00		12,00,370.00	
	Sub Total of Strengthening FP Services (G)				26,62,595.00
8	Monitoring and Review				
	Periodic review meetings, monitoring visits etc.	1,00,00.00 Per City	9	9,00,000.00	
	Sub Total of Monitoring Review (H)				9,00,000.00
	Grand Total (A+B+C+D+E+F+G+H)				8,01,20,275.00

(Rupees Eight Crore One Lakhs Twenty Thousand Two Hundred Seventy Five Only)

4.1.7 STRENGTHENING OF TRAINING INSTITUTIONS

As we all are aware that the role of capacity building is very important and much needed activity under NRHM. Besides SIHFW Haldwani, State has Divisional Health & Family Welfare Training Centre (DHFWTC) at Dehradun which is playing a very important role as a hub for not only a training institution but also as a state nodal centre for planning, research, execution and monitoring of all the capacity building activities going in the state and also planned for next five to ten years and ultimately till the end of the NRHM.