

## List of priorities of Activities for 2020-2021

### RCH (Maternal, Child Health & Family planning):

#### Maternal Health:

- 1) Maternal Death Review (FMR Code: 10.1.1)
- 2) FP-LMIS Training (FMR Code: 9.5.3.26)

#### Child Health:

- 1) Orientation activities on Vitamin A supplementation and Anemia Mukta Bharat Programme (FMR Code: 9.5.2.3)
- 2) Child Death Review (FMR Code: 10.1.2)
- 4) NRC Utilization (FMR Code: 1.3.1.4)
- 5) NBSUs (FMR Code: 1.3.1.2)

### Community Processes Priorities :

Key priority activities for the FY 2020-21 Community Processes					
Sl. no.	FMR	Activities /programme	Level of implementation	Timelime	Amount Approved in lacs
1	3.1.2.7	Training of ASHA Facilitator	District level	2nd Qtr 2020-21	17.93
2	3.1.2.8	Training under HBYC - District trainers	District Level	2nd Qtr 2020-21	47.45
		Training under HBYC - ANM, AF & ASHA training	District Level	3rd Qtr 2020-21	
3	3.1.2.1	Induction training for new ASHAs for 70 new ASHAs	District level	4th Qtr 2020-21	7.7
4	3.1.2.2	Module 6&7 training for 70 new ASHAs	District level	4th Qtr 2020-21	19.88
5	3.1.2.3	Supplementary training for 60 ASHAs	District level	4th Qtr 2020-21	7.99
6	3.1.2.4	Certification of ASHAs by NIOS	State Level	4th Qtr 2020-21	4.41

### Comprehensive Primary Health Care (CPHC) Programme

Key priority activities for the FY 2020-21 Comprehensive Primary Health Care (CPHC) Programme					
Sl.no.	FMR	Activities /programme	Level of implementation	Timeline for Completion	Amount Approved in lacs
1		<b>Infrastructure</b>			<b>1272.00</b>
	5.1.1.2.8	Infrastructure strengthening of SC to H&WC	State	4th Qtr 2020-21	880.00
	5.1.1.2.9	Infrastructure strengthening of PHC to H&WC	State	4th Qtr 2020-21	92.00
	5.1.1.4.5	Sub Centres ( quarters )	State	4th Qtr 2020-21	300.00
2	<b>6.1.2.5</b>	<b>Procurement of equipment for ICT</b>			<b>12.89</b>
	6.1.2.5.1	Tablets; software for H&WC and ANM/MPW	State	4th Qtr 2020-21	12.89
3	<b>6.2.22</b>	<b>Drugs &amp; Supplies for Health &amp; Wellness Centres (H&amp;WC)</b>			<b>141.60</b>
	6.2.22.1	Drugs for HWC SC, HWC PHC & HWC-UPHC	State	3rd Qtr 2020-21	102.00
	6.2.22.2	Laboratory Materials i.e recurring cost for HWC SC	State	3rd Qtr 2020-21	39.60
4	<b>8.4</b>	<b>Incentives and Allowances</b>			<b>90.24</b>
	8.4.10	Team based incentives for Health & Wellness Centres (H&WC - Sub Centre	District	4th Qtr 2020-21	26.88
	8.4.9	Team based incentives for Health & Wellness Centres (H&WC - Sub Centre	District	4th Qtr 2020-21	63.36
5	<b>9</b>	<b>Training</b>			<b>149.54</b>
	9.5.27.2	Multi-skilling of ANMs, ASHA, MPW	District	4th Qtr 2020-21	26.60
	9.5.27.3	BSc Community Health/ Bridge Course for CHOs for CPHC	State	3rd Qtr 2020-21	113.74
	9.5.27.4	Any other (please specify)induction training for CHOs	State	4th Qtr 2020-21	9.20
6	<b>11</b>	<b>IEC/BCC</b>			<b>156.40</b>
	11.24.1	IEC activities for Ayushman Bharat Health & Wellness centre (H&WC)	District	4th Qtr 2020-21	156.40
7	<b>12.6</b>	<b>Printing activities under Training</b>			<b>3.85</b>
	12.16.1	Printing of modules, registers, etc for HWC	State	4th Qtr 2020-21	3.85
8	<b>17.2</b>	<b>IT Initiatives under Ayushman Bharat H&amp;WC</b>			<b>13.15</b>
	17.2.1	Telemedicine/ teleconsultation facility under Ayushman Bharat H&WC	District	4th Qtr 2020-21	2.40
		Telemedicine/ teleconsultation facility under Ayushman Bharat H&WC	District	4th Qtr 2020-21	0.20
	17.2.2	Other IT Initiatives (please specify)	District	4th Qtr 2020-21	10.55

### **Community Action for Health**

The list of priorities of activities programme wise to be conducted based on the DROP 2020-21 for are

**FMR Code: 3.2.4.2**

**FMR Code: 3.2.4.3**

### **RKSK Priority of Activities**

<b>FMR</b>	<b>ACTIVITIES IN ORDER OF PRIORITY 20-21</b>
2.2.2	Mobility & Communication support for AH counsellors
3.2.2	Incentives for Peer Educators
2.3.1.5	Organizing Adolescent Health day
2.3.1.6	Organizing Adolescent Friendly Club meetings at sub- centre level
9.5.4.8	Training of Peer Educator (Sub block level)
9.5.4.10	WIFS trainings (Block)

Remarks: All above activities are based on the DROP 20-21.

### **Key Priorities on RCH Training:**

1. SBA (Skilled Birth Attendant) training for all Districts for SN/ANM/MLHP.
2. Dakshata training for all Districts for SN/ANM/MLHP.
3. F-IMNCI for SNs for EKH, WKH, RBD, WJH and WGH Districts only.
4. IUCD trainings for MOs for EKH, WKH, RBD, WJH, WGH, SWGH only.  
IUCD trainings for SNs for EKH, WKH, RBD, WJH, WGH only  
And IUCD trainings for ANMs for EKH, WKH, RBD, WJH, WGH and SGH only.
5. PPIUCD training for MOs for EKH, WKH, WGH, RBD, WJH and SGH only.  
And PPIUCD training for SNs for all Districts.
6. Competency Need Based Assessment for Khasi Jaintia Region and Garo Region.

### **IEC/BCC Activities:**

IEC/BCC activities to be conducted for 2nd quarter districts may carry out those activities which pertain to the respective programmes (RMNCH+A & Immunization) which fall under this quarter.

Activities will include Mix Media Activities (Mass & Mid Media) and IPC Activities.

All activities fall under FMR CODE 11 of ROP 2020-21

### **Quality Assurance:**

1. NQAS : Internal Assessment and Gap Closure.
2. KAYAKALP : Internal Assessment and Peer Assessment.
3. DQAC Meetings (Biannually).

4. Monitoring and Supervisory visits at District level (including Travel Support).

#### **National Leprosy Eradication Programme (NLEP) for 2020-21**

1. Surveillance and Case Detection
  - a. Active Case Detection and Regular Surveillance in 39 villages of 6 districts based on detection of cases in the last 3 years
  - b. Under ASHA Based Surveillance for Leprosy Suspects
  - c. by Regular staff
  - d. by RBSK doctors at Anganwadi Centres (0-6 yrs) and Schools (6-18 yrs)
  - e. by MLHP at all Health & Wellness Centres
2. Focused Leprosy Campaign (FLC)
3. Post Exposure Prophylaxis (PEP)
4. Grade 2 Disability Investigation
5. Contact Survey
6. Sparsh Leprosy Awareness Campaign (SLAC)
7. Continued DPMR services - Supply of MCR footwear and Self care Kits to PALs etc
8. Continued Supervision and Monitoring

#### **National TB eradication Programme (NTEP)**

1. Presumptive TB examination rate 1000/lakh
2. TB Notification (Public and Private) to achieve the target set for the respective Districts
3. Treatment Success rate to achieve 90% (both in Public and Private)
4. All eligible notified TB patients to be sent for UDST
5. HIV testing for all registered TB patients (Public and Private)
6. NPY for all TB patient (Basic and MDR) on a mission mode  
Tribal patient and Treatment Supporter honorarium to be paid on real time basis
7. Contact Tracing and INH Chemoprophylaxis to all eligible children contact with Pulmonary TB below 6 years of age
8. TPT for all eligible PLHIV
9. Latent TB project for East Khasi Hills
10. Active case finding in the vulnerable population
11. Activities in TB free blocks (19 Blocks) should be in continuing process
12. Co-morbidity screening of all TB patient for Diabetes, Tobacco and alcohol
13. All notified MDRTB patient to be initiated on treatment within 2 weeks (90%)
14. Diagnosed MDR TB to be sent for FL-LPA (First line and Second line LPA) and Culture and Drug Susceptibility testing (C&DST) (80%)
15. Contact tracing and follow up of contact of MDR patients (100%)
16. Treatment Success rate of MDR patients of 65% (for 2020)
17. Follow up of treated MDR patient every 6 months for 2 years
18. Real time Nikshay entry of data of all TB patients from notification, Lab reports to treatment, follow up, change in episode and treatment outcome
19. Real time entry of Nikshay Aushadhi report at all level
20. TB Harega Desh Jitega Campaign

**State Blood Cell:**

Sr.No	F.M.R code	Activity	Priority
1	11.10.1	Innovative IEC activities including voluntary blood donation camps	To be taken up on priority basis by all concerned districts
2	2.1.3.1	1. Recurring grants for POL, and others for Blood Collection & Transport Vans (BCTV) 2. Repairing & maintainance of BCTV	To be taken up for POL, repair of BCTV and TA/DA of HR
3	1.1.7.3	Transfusion Support to patients with blood disorder and patients requiring multiple transfusions and prevention programs	To be taken up for patients suffering from blood disorders

**NVBDCP priorities:**

FMR	COST GROUPING
3.1.1.4.1	ASHA INCENTIVES/HONORARIUM
3.2.5.1.1	SPRAY WAGES FOR IRS
3.2.5.1.2	OPERATIONAL COST OF IRS
16.1.3.2.1	ZONAL ENTOMOLOGICAL UNITS
10.3.1.2	SENTINEL SURVEILLANCE HOSPITAL RECURRENT
14.2.9	SUPPLY CHAIN MANAGEMENT COST UNDER GFATM (LOGISTICS)
12.11.3	PRINTING OF RECORDING & REPORTING FORMS/REGISTERS FOR MALARIA
16.1.3.1.10	GFATM PROJECT: TRAVEL RELATED COST (MOBILITY)

**National Programme for Control of Blindness & IV:****List of priorities activities:**

1. Cataract Screening and Operations.
2. Distribution of Free Spectacles to needy School children.
3. Detection of Glaucoma, Retinopathies and proper treatment and referral services to them.

**National Viral Hepatitis Control Programme:**

List of Priorities under NVHCP		
Sl. No	FMR	PARTICULARS
1	1.3.1.18.1	Functionalization of all Treatment Centers.
2	9.5.28	Refresher Training for Mos and Lab Techs.
3	11.24.4.3	IEC/BCC under NVHCP
4	3.2.3.3	Engagement with NGO/CBO for outreach
5	2.3.1.11	Outreach for demand generation, testing and treatment of Viral Hepatitis through Mobile Medical Units/NGOs/CBOs/etc
6	12.17.4	Printing for formats/registers under NVHCP
7	14.2.13	Sample transportation cost under NVHCP
8	16.1.3.1.17	Supervision and Monitoring
9	8.4.11	Incentivisation Pharmacist and LT at the Districts
10	16.1.2.1.25	State level review meeting under NVHCP

**National Mental Health Programme (NMHP)**

Sl. No	FMR	Priority Activities	Remarks
1	9.5.16.1	Training of Medical Officers, Nurses, ASHA's, Paramedical Workers & Other Health Staff .	All 11 Districts to meet target as per plan
2	3.2.5.3	District counselling centre (DCC)	1. West Garo Hills to continue with this activity 2. West Jaintia Hills District to use unutilised budget of previous years ROP to set up the infrastructure of the DCC
3	2.3.2.3	Targeted interventions at community level Activities & interventions targeted at schools, colleges, workplaces, out of school adolescents, urban slums and suicide prevention.	1. Activities can be extended to HWC's and Sub Centres as well as Relief Camps for migrant workers during COVI-19 2. Radio Broadcast interviews by the concerned Mental Health professional 3. Home Visits
4	16.1.4.2.6	Operational expenses of the district centre: rent, telephone expenses, website etc.	As per need basis
5	16.1.4.2.7	Contingency	Any other administrative expenses. POL for Nodal Officers etc
6	16.1.3.3.13	Miscellaneous/ Travel	TA for field activities and outreach
7	7.7	Ambulatory Services	As per need basis for referral transport of patients

## **List of priorities of activities for the IDSP programme for 2020-21**

### **Data Management:**

1. Report was submitted from all peripherals unit/district on a weekly basis
2. Data analysis: Maintaining an alert line and action line for each disease/syndrome of each reporting district, thereby helping in early detection of impending outbreak and field investigation by the state and district RRT members.
3. Regular feedback and encouraging reporting unit to send report regularly.
4. To include more private hospital in IDSP portal.
5. Regular monitoring to ensure data quality.
6. Quarterly disease bulletin disseminated to reporting districts/central surveillance unit.

### **Outbreak Surveillance:**

1. IDSP received weekly reports from all the reporting district through its IDSP portal on a weekly basis.
2. All disease outbreak targeted under IDSP are investigated by the RRT teams members.

### **Media Scanning and Verification Cell:**

1. Media scanning is important component of surveillance to detect the early warning signals. Media Viz. local newspaper, google alert, and other source are scan daily for unusual health related events.
2. Verification of the rumours reported from the reporting unit or media.

### **Strengthening of Laboratory:**

1. State referral lab namely Pasture Institute.
2. NEIGRIHMS are to be consider as a second SRL in the state.
3. There are 4 DPHLs in the state Viz. Jalong Civil Hospital DPHL, Nongstoin DPHL, Tura Civil Hospital DPHL and Ribhoi Civil Hospital DPHL.

### **Training:**

1. IHIP Training.
2. Lab Technician Training.
3. Others

### **State and District Surveillance Committee.**

1. To oversee the surveillance activities of the programme.

### **State and District Zoonosis committee:**

1. For Intersectoral coordination.

### **NPCDCS key Priority areas for 2<sup>nd</sup>, 3<sup>rd</sup> & 4<sup>th</sup> Quarters 2020-21**

1. Universal Health Check up and Screening of NCD in the Old and New Districts.
2. To carry out the PBS Training for MOs, ANMs & ASHAs for the newly implementing districts and to initiate the population enumeration in the newly implementing and proposed districts along with updated eligible population (30 + population). ASHAs should enrol the population enumeration to fill the CBAC, Family folder & Individual Health Card.
3. Strengthening of Monitoring and Supervision Activities and Best Practises.
4. Observation of important World Health days relating with NCD.
5. District NCD cells to provide consumables to District & CHC NCD clinic and HWCs as per the requirements.
6. All District to send the monthly report by 10<sup>th</sup> of every months.
7. To make sure all ANMs of 5 districts (viz., EKH, WJH, WKH, WGH & RB) are using the latest version of NCD app and to update the app on regular basis.
8. Districts requiring IEC materials and training modules, to kindly contact the State NCD cell for the needful.
9. New Districts implementing NPCDCS Programme for the first time are to notified District Nodal Officer, setting up of NCD Cell at the Office of District Medical & Health Officer and NCD Clinic at District Hospital/Subdivisional Hospital and two Best Performing CHC/PHC.

### **NPHCE key Priority areas for 2<sup>nd</sup>, 3<sup>rd</sup> & 4<sup>th</sup> Quarters 2020-21**

1. Construction of Geriatric Ward at Shillong Civil Hospital and Jowai Civil Hospital, lalong at the designated spaces identified by the Surgeon Superintendent (SS), Civil Hospital, Shillong and Medical Superintendent (MS), Jowai Civil Hospital, lalong.
2. Orientation and Training of staff on “Comprehensive Geriatric Care” by the State Trainers at their respective Districts for the Health personnel from the DHs, CHCs and PHCs/ SHCs facilities.
3. All District to have separate registration counter for elderly and elderly clinic with signages.
4. The districts (EKH, WJH, WKH, WGH & RB) provided with elderly equipments & appliances are to ensure that it is distributed to all facilities as mentioned.
5. All District to send the monthly report by 8<sup>th</sup> of every months. District having Dispensaries to add new column in the reporting format and fill data as per dispensary.
6. Home visit to made by health worker for care of elderly in this Covid-19 pandemic.
7. Observation of World Elderly day on 1<sup>st</sup> October.

### **NPPC**

- The district trainers are yet to complete the 10 days foundation course training on palliative care organised by the state NPPC due to covid-19 pandemic however pain clinic to be set up at civil hospital Shillong.



**IMMUNISATION:**

<b>FMR</b>	<b>PARTICULARS</b>	
<b>C</b>	<b>IMMUNISATION</b>	<b>Remarks</b>
16.1.3.3.7	Mobility Support for supervision for district level officers.	<b>All these activities may be taken up as priorities</b>
16.1.3.1.5	Mobility support for supervision at State level (including SAANS)	
16.1.2.1.13	Quarterly State level review meetings of district officer	
16.1.2.1.14	Quarterly review meetings at district level with Block MOs, CDPO, and other stake holders	
16.1.2.1.15	Quarterly review meetings exclusive for RI at block level	
2.3.1.9	Focus on slum & underserved areas in urban areas/alternative vaccinator for slums	
2.3.1.10	Mobility support for mobile health team/TA/DA to vaccinators for coverage in vacant sub-centers	
3.1.3.4	Mobilization of children through ASHA or other mobilizers	
14.2.4.1	Alternative vaccine delivery in hard to reach areas	
14.2.5	Alternative Vaccine Delivery in other areas	
16.1.1.6	To develop microplan at sub-centre level	
16.1.1.7	For consolidation of micro plans at block level	
14.2.6	POL for vaccine delivery from State to district and from district to PHC/CHCs	
1.3.2.4	Consumables for computer including provision for internet access for strengthening RI	
6.2.8.1	Red/Black plastic bags etc.	
6.2.8.2	Bleach/Hypochlorite solution/ Twin bucket	
5.3.9	Safety Pits	
2.2.7	JE Campaign Operational Cost	<b>Fund approved in ROP 20-21 but Campaign will be conducted after approval from MoH&amp;FW</b>
9.5.10.1	Training under Immunization for MO,	<b>All these activities may be taken up as priorities</b>
9.5.10.2	Training for JE campaign	
14.2.7	Cold chain maintenance	
3.1.1.1.11	ASHA Incentive	
2.2.8	Pulse Polio operating costs	<b>IPPI will be conducted in the month of January, 2021</b>

**National Urban Health Mission:**

Sl.No	FRM Code	Name of the Activity	Priorities to be taken up by District
1	U.1.1.1	Support for control of Communicable Disease	1) Rs. 20000 approved for hoardings at the District for NTEP IEC 2) ASHA Training for NTEP for active case findings for slums & vulnerable areas
2	U.1.3.1	Operational Expenses of UPHCs (excluding rent)	OE for UPHCs @Rs.10000/month for 12 months
3	U.2.2.1	Mobility support for ANM/LHV	Mobility support @Rs.500/ANM/12 months
4	U.2.3.1	UHNDs	UHND @Rs. 250/UHND/19 UPHCs
5	U.2.3.2	Special outreach camps in slums/ vulnerable areas	SOC @Rs. 10000/UPHC with the following conditionalities: 1) The location of the camp to be decided on the basis of population need and in the remote and left out communities 2) ASHA & MAS to be trained well for mobilization of people 3) Information on Camps to be circulated in the community well before the due date of camp so that it will be convenient for the people to be available at that time.
6	U.3.1.1.1	Incentives for routine activities	ASHAs incentives @ Rs. 2000/ASHA/mth for 12 months
7	U.3.1.1.3	Others	1) Incentives to ASHAs for Collection & Treatment of RDT/BSC under NVBDCP @ Rs15 & Rs.75 for 2 Districts (EKH & WGH)= 150 ASHAs x Rs 90 = Rs 13500/- 2) Incentives to ASHAs @ Rs 300 for referral cases of AES/JE to nearest District/ Private Hospital under NVBDCP (EKH & WGH) = 90 ASHAs x Rs 300 = Rs 27000
8	U.3.1.3.1	Other Non-Monetary Incentives Costs (badge, uniform, ID, etc.)	(1) Procurement of IDs for 182 ASHAs @Rs. 300 per ASHAs (2) Procurement of 32 ASHA uniforms @Rs.500/ASHA for WJH District
9	U.3.2.1.1	Training of MAS	For 5 new MAS for WJH District

Sl.No	FRM Code	Name of the Activity	Priorities to be taken up by District
10	U.4.1.4	Untied grants to MAS	Approval for Untied Grant for MAS @Rs. 5000/MAS for 73 MAS 1) Regular MAS meetings are held, proceedings of the meeting, particularly the action points for health and social determinants affecting held are recorded and relevant nodal officers are informed about the actions required. 2) Regular record of fund utilization to be maintained.
11	U.5.1.4.1	Rent for UPHC	(1) Rent for EKH 12 UPHCs @ Rs.16500 (2)Rent for EKH 1 UPHC @ Rs.20000 (3)Rent for WGH 3 UPHC @ Rs.18000 (4)Rent for WKH 1 UPHC @ Rs.16500 (5)Rent for WJH 1 UPHC @ Rs.16500 & 20000 for 1 UPHC
12	U.9.5.8.2	Training on Kayakalp	Training on Kayakalp for WJH
13	U.16.1.2.2.1	Review meetings	District Quality Assurance Committee (Review Meeting)
14	U.16.8.2.2	Mobility support for DUHCs	Mobility support for DUHCs
15	U.16.8.2.3	Administrative expenses (including Review meetings, workshops, etc.) for DUHCs	OE for DUHCs