F.No.Z.15015/43/2021-NHM-I Government of India Ministry of Health & Family Welfare (National Health Mission)

Nirman Bhawan, New Delhi Dated the 13th August 2021

To

Mission Director, National Health Mission, State Health Society, Government of Mizoram, Dinthar, Aizawl, Mizoram - 796001

Subject: Approval of Proposals under Emergency COVID Response Package: Phase-II (ECRP-II) for the State of Mizoram for implementation from 01.07.2021 to 31.03.2022 – reg.

Sir,

This is with reference to the proposals for ECRP-II for FY 2021-22 under COVID-19 Emergency Response and Health System Preparedness Package: Phase-II submitted by the State of Mizoram vide letter No. NO.G.25012/2/2020-NHM/MSHS/COVID-19 dated 21st July 2021 and subsequent updated proposal submitted vide letter No. NO.G.25012/2/2020-NHM/MSHS/COVID-19 dated 30th July 2021 for an amount of Rs.44.30 crore. Detailed appraisal of the proposal has been conducted on 29th July 2021.

2. The Resource Envelope of the State under COVID-19 Emergency Response and Health System Preparedness Package: Phase-II, as communicated to the State vide letter D.O. No.7 (32)/NHM-I/2021 dated 14th July 2021 is given below:

(Rs. in Crores)

State	Central Share	Matching State Share	Resource Envelope under ECRP-II
Mizoram	39.87	4.43	44.30

- 3. Against a Resource Envelope of **Rs.44.30 Crore** (calculated with State Share of 10%) as conveyed vide Secretary (H&FW)'s letter dated 14th July 2021, approval of the competent authority is hereby conveyed to the State of Mizoram for an amount of **Rs.37.93 Crore** under COVID-19 Emergency Response and Health System Preparedness Package: Phase-II for implementation from 01.07.2021 to 31.03.2022 subject to the following conditions:
 - 3.1 All the conditionalities outlined under the Guidance Note for Emergency COVID Response Package-II (ECRP-II) dated 14th July 2021 are applicable to ECRP-II approvals for FY 2021-22.

Page **1** of **26**

- 3.2 All the approved activities are to be completed well before 31st March 2022.
- 3.3 The State must ensure that the funds approved under ECRP-II are used ONLY for the activities indicated and under no circumstances, they should be utilized for any other activity.
- 3.4 Monthly financial report has to be submitted to MoHFW in the pre-defined FMR codes.
- 3.5 While the focus is on combating the current emergency, the larger goal of strengthening the Public Health system for epidemic preparedness should also be kept in mind while implementing the ECRP-II. Hence, such activities may be prioritized that not only facilitate effective COVID-19 response but also strengthen public health facilities to respond to any similar outbreaks in future.
- 3.6 Funds under ECRP-II would be released in instalments. In order to ensure implementation of critical activities at the State/District levels to prepare the public healthcare system in response to the evolving pandemic, 15% of the Central Share of Resource Envelope of the State/UT, has been released in-advance to the State on 22nd July 2021.
- 3.7 The State share, applicable as per NHM norms and as indicated in Table at Para 2 above, is to be released by the State at the earliest for effective completion of all the approved activities.
- 3.8 The funds under ECRP-II will flow from MoHFW to the State Treasury and from the State Treasury to the State Health Society (SHS). The SHS will also receive the corresponding State Share and then would spend the necessary funds as per detailed activities of ECRP-II approved and enclosed in Annexure-I. Because of urgency of the situation, it is expected that the State Government would transfer the funds under ECRP-II to SHS within 7 working days from the date of release of allocation from the Central Government.
- 3.9 The Department of Expenditure has concurred with the proposal of DoHFW by way of a special dispensation, granting exemption from O.M. F.No.1(13)/PFMS/FCD/2020 dated 23.03.2021 of Department of Expenditure till 31.03.2022 for implementation of the revised CSS procedure pertaining to release of funds under CSS in this ECRP Phase-II scheme, on the special ground of emergency COVID-19 related expenditure (copy enclosed). The State/UT may take note of the same.
- 3.10 The State must ensure that there is no duplication in the proposals sent for approval under ECRP-II with other schemes/initiatives of the Govt. of India & State Governments and a certificate to this effect must be provided by the State/UT, while



submitting the Utilization Certificate of the first instalment. For receiving the next tranche of ECRP-II funds, following mandatory conditions would need to be ensured.

- a. The State must ensure physical and financial progress reporting in the NHM-Progress Monitoring System (IT-enabled Dashboard) on a monthly basis.
- b. Timely updating of this dashboard is a mandatory criterion for release of next tranche of fund under ECRP-II.
- 3.11 <u>Procurement Norms</u>: The funds released under this package shall be utilized, duly following the mandatory conditions pertaining to procurement as mentioned below:
 - a. Efforts should be made to ensure that there is no duplication in procurement being done by various agencies at the State level.
 - b. All procurements should be undertaken through GeM using the resources under ECRP-II and this is a mandatory condition that the States/UTs would need to adhere to.
 - c. Wherever exceptions are to be made on this condition, the same can be taken up in exceptional circumstances, with the concurrence of AS&FA of MoHFW and after an appraisal of the State's proposal regarding the same and as assessment of the States capabilities to undertake this procurement through other robust mechanisms and institutions.
- 3.12 <u>Monitoring and Reporting/ Dashboard</u>: The State will send the progress reports on both physical and financial progress against the approved plan on monthly basis by 7th of each month (besides updating in the Portal being created for ECRP-II) to the Ministry of Health and Family Welfare, Govt. of India.
- 3.13 Audit: The general process of annual audit undertaken by the Chartered Accountant (CA) under NHM for its programmes will also be applicable to ECRP-II and the audit report should have a separate chapter on ECRP-II. The State must ensure that the conditions laid down in Funds Release Order(s) issued by MoHFW under the COVID Package-II should be complied with.
- 3.14 Human Resource: Under ECRP-II, support is available only for engagement of Human Resources for Health such as PG Residents, MBBS interns, MBBS final year students, final year nursing students and final year GNM students. Accordingly, approval has been given for engagement of PG Residents, MBBS interns, MBBS final year students, final year nursing students and final year GNM students in the dedicated budget lines (S-3.1 to S-3.5) for HRH as per State's proposal. Other than the HRH approved in the dedicated FMR codes (S-3.1 to S-3.5), no other HRH or salary for HR is permitted under ECRP-II. All the temporary posts approved under ECRP-II are only for a maximum period of 9 months (1st July 2021 to 31st March 2022). Engagement of this



HR for this period does not entitle them to claim for continued employment through NHM resources. Approval given for engagement of specific HR such as UG Interns, PG Residents, Final MBBS, B.Sc. Nursing and GNM Students may be utilized as and when required only.

3.15 Similarly, approvals given for augmenting additional fleet of ambulances may be utilized for the period of requirement only.

4. As per discussions held during the appraisal meeting, **Emergency COVID Response Plan (ECRP) Phase II: Summary Sheet** is given below:

(Rs. in lakhs)

FMR	Activity / Item of expenditure	Budget Proposed	Budget Approved
	Grand Total	4430.00	3792.74
S.1	COVID essential Diagnostics and Drugs	995.50	995.50
S.1.1	Provision for RAT and RT-PCR tests	380.0	380.0
S.1.2	Lab Strengthening for RT-PCR	300.0	300.0
S.1.3	Essential drugs for COVID19 management	315.5	315.5
S.2	Ramping up Health Infrastructure with focus on Paediatric care units	2896.53	2266.89
S.2.1	Establishing dedicated Paediatric care units	2068.00	1438.36
S.2.2	Establishing Paediatric CoEs at Medical Colleges/ State Hospital/ Central Government Hospital	100.00	100.00
S.2.3	Establishing additional Beds by provision of units closer to	472.53	472.53
S.2.4	ICU beds in public healthcare facilities including 20% paediatric ICU beds	0.00	0.00
S.2.5	Field Hospitals (50/ 100 bedded)	0.00	0.00
S.2.6	Referral transport	96.00	96.00
S.2.7	Support for Liquid Medical Oxygen (LMO) plant (with MGPS) including site preparedness and installation cost	160.00	160.00
S.3	Enhancement of Human Resources for Health	158.72	158.72
S.3.1	Medical PG Interns	20.00	20.00
S.3.2	Medical UG Interns	58.08	58.08
S.3.3	Final year MBBS students	0.00	0.00
S.3.4	Final Year GNM Nursing students	51.84	51.84
S.3.5	Final Year B.Sc. Nursing students	28.80	28.80



FMR	Activity / Item of expenditure	Budget Proposed	Budget Approved
S.4	IT Interventions - Hospital Management Information System and Tele- Consultations	359.25	351.63
S.4.1	Hospital Management Information System (HMIS)	337.59	330.00
S.4.2	Strengthening the Telemedicine/ Tele-consultation Hubs	21.66	21.63
S.8	Capacity Building and Training for ECRP II components	20.00	20.00

The detailed proposals and approval under Emergency COVID Response Plan (ECRP) Phase II of Mizoram are given at Annexure-I.

5. <u>Outcome/Outputs</u>

5.1 The minimum non-negotiable outputs of the ECRP-II for the State shall be as under:

Particular	Compliance by the State/UT
One Paediatric Unit in every district.	Paediatric Care Units are being established at only 6 District Hospitals against total 12 DHs. Reamning 2 DHs are under reconstruction, 3 DHs at 3 newly created Districts are yet to fully function as DH and 1 DH is in the same distrisct where CoE is proposed.
One Centre of Excellence for Paediatric per state.	The State is establishing CoE at Zoram Medical College.
Functional Hospital Management Information System (HMIS) across all district hospitals.	The State is implementing HMIS in 11 District Hospitals. HMIS is already functional at DH Aizawl East.
RT-PCR testing facility in public healthcare system in all the districts.	RT-PCR testing facilities are being established at 10 Districts. Remaining districts i.e. Aizawl East and Aizawl West will be covered by RT-PCR lab at Zoram Medical College.
At least one LMO plant (with MGPS) in each district	LMO tanks are being established in 5 DHs, remaining 7 districts will be catered by the neighbouring DHs. MGPS are being established in 3 DHs at 3 newly created districts; remaining districts already have MGPS from State budget or Ministry of DONER.

5.2 The other detailed key deliverables for the State for the various components of ECRP-II are given at Annexure-II.



6. Accordingly, approval of the competent authority is hereby conveyed to the State of Mizoram for an amount of **Rs.37.93 Crore** under COVID-19 Emergency Response and Health System Preparedness Package: Phase-II for implementation from 01.07.2021 to 31.03.2022. The conditions mentioned supra, would need to be meticulously adhered to by the State Government.

(Elangbam Robert Singh)
Director (NHM-III)

Copy to:

- 1) Principal Secretary, Health, Government of Mizoram
- 2) SrPPS to AS&MD(NHM), MoHFW
- 3) SrPPS to JS (Policy), MoHFW
- 4) NHM-II Section, MoHFW to host in the NHM Website

Annexure-I: Detailed proposals and approval under Emergency COVID Response Plan (ECRP) Phase II of Mizoram

		T		T		(1)	n Ks lakns	
FMR	SI N o.	Activity / Item of expenditure	Unit Cost (In Rs./ unit)	No. of Units Propos ed	Budget Propose d	GoI Remarks	Budget Approved	
		Total			4430.00		3792.74	
S.1		COVID essential Diagnostics and Drugs			995.50		995.50	
S.1.1		Provision for RAT and RT-PCR tests			380.00		380.00	
	1	No. of RTPCR test Kits	50	200000	100.00	Approved Rs.100.00 lakhs for 2,00,000 RTPCR test kits @ Rs.50/- per kit. (Maximum number of test conducted per day in State is 7863)	100.00	
	2	No. of Rapid Antigen Test Kits	70	400000	280.00	Approved Rs. 280.00 lakhs for 4,00,000 RAT test kits @ Rs.70/- per kit. (Maximum number of test conducted per day in State is 7863)	280.00	
S.1.2		Lab Strengthening for RT-PCR (only for 327 District Public Health Labs / districts not having the RT-PCR Lab in public health system)						



FMR	S N o	Activity / Item of expenditure	Unit Cost (In Rs./ unit)	No. of Units Propos ed	Budget Propose d		Rs lakhs) Budget Approved
	1	Budget proposed for establishing RT-PCR Lab (with five year warranty) including procurement of RT-PCR Machine, biosafety cabinet, essentials such as -20 degree Celsius Freezer, pipettes, refrigerated centrifuge, vortex, etc	3000000	10	300.00	Approved Rs.300.00 lakhs for establishing 10 RTPCR labs @ Rs.30 lakhs per lab at 7 existing DHs i.e. Champhai, Kolasib, Lawngtlai, Lunglei, Mamit, Siaha, Serchhip and 3 New DH i.e. Saitual, Khawzawl and Hnahthial. The State to ensure the trained HR are in place. Details available at Appendix I.	300.00
S.1.3		Essential drugs for COVID19 Management, including maintaining buffer stock (List of drugs to be attached	3155000	1	315.50	Approved Rs.315.00 lakhs for essential and other required drugs for COVID-19 management. Details available at Appendix II.	315.50
S.2		Ramping up Health Infrastructure with focus on Paediatric care units			2896.53	30 / SOU A	2266.89
S.2.1	I	Establishing dedicated Paediatric care units			2068.00		1438.36
	1 b	Establishment of 10 pedded Paediatric Care Init in DHs with ≤ 100 peds	334000	20	00.80	Approved Rs.26.00 lakhs for 10 bedded (oxygen supported) Paediatric Care Unit unit @ Rs.1.30 lakhs* per bed at 2 DHs i.e. DH Lawngtlai and DH Serchhip with the conditionality that the State needs to ensure availability of adequate HR and provision of mentoring and technical hand holding with the Centre of Excellence for	26.00

1	in	Rs	13	l/h	a
- (,,,	112	10	KII	5

						(i)	(in Rs lakhs)	
FMR	SI N o.	Activity / Item of expenditure	Unit Cost (In Rs./ unit)	No. of Units Propos ed	Budget Propose d	GoI Remarks	Budget Approved	
						All paediatric beds must be supported by oxygen supply, drugs, equipment as per Gol guidelines on "Operationalisation of COVID care services for children and adolescent". The State may also ensure provision of stay arrangement for parents/caregivers at the facilities as per ECRP-II Guideline. Note * It includes Rs.60,000/for oxygen support for each bed with manifold & copper pipeline. The State has to ensure that there is no duplication of resources for oxygen support to the paediatric beds and the support under MGPS for the entire hospital where the paediatric units are located.		
		12 bedded HYBRID ICU unit with 8 HDU beds and 4 ICU beds(for 2 DH)	2890000	2	578.00	Approved Rs.453.45 lakhs for 12 bedded Hybrid ICU unit (4 ICU & 8 HDU beds) at Paediatrict Care Unit @ Rs.226.73 lakhs* per unit at 2 DHs i.e. DH Lawngtlai and DH Serchhip with the conditionality that the State needs to ensure availability of adequate HR and provision of Tele-ICUs, mentoring and	453.45	

		the Fig. 16 few from the total fig. 16 few from the property of the second			1	(in Rs lakh		
FMR	SI N o.	Activity / Item of expenditure	Unit Cost (In Rs./ unit)	No. of Units Propos ed	Budget Propose d	Gol Remarks	Budget Approved	
						technical hand holding with the Centre of Excellence for Paediatric care. All paediatric beds must		
						be supported by oxygen supply, drugs, equipment as per Gol guidelines on "Operationalisation of COVID care services for children and adolescent".		
						The State may also ensure provision of stay arrangement for parents/caregivers at the facilities as per ECRP-II Guideline.		
Anna Carlos Carl						Note * It includes Rs.80,000/- per ICU/HDU bed with manifold & copper pipeline.		
						The State has to ensure that there is no duplication of resources for oxygen support to the paediatric beds and the support under MGPS for the entire hospital where the paediatric units are located.		
	2	Establishment of 20 bedded Paediatric Care Unit in DH with more than 100 beds (for 4 DH)	334000	80	267.20	Approved Rs.52.00 lakhs for 20 bedded (oxygen supported) Paediatric Care Unit @ Rs.1.30 lakhs* per bed at 4 DH i.e. DH Aizawl East, DH Lunglei, DH Champai and DH Siaha with the conditionality that the State needs to	52.00	



	,					(11	n Rs lakhs)
FMR	SI N o.	Activity / Item of expenditure	Unit Cost (In Rs./ unit)	No. of Units Propos ed	Budget Propose d	GoI Remarks	Budget Approved
						ensure availability of adequate HR and provision of mentoring and technical hand holding with the Centre of Excellence for Paediatric care. All pediatric beds must be supported by oxygen supply, drugs, equipment as per Gol guidelines on "Operationalisation of COVID care services for children and adolescent". The State may also ensure provision of stay arrangement for parents/caregivers at the facilities as per ECRP-II Guideline. Note * It includes Rs.60,000/for oxygen support for each bed with manifold & copper pipeline. The State has to ensure that there is no duplication of resources for oxygen support to the paediatric beds and the support under MGPS for the entire hospital where the paediatric units are located.	
		12 bedded HYBRID ICU unit with 8 HDU beds and 4 ICU beds(for 4 DH)	289000	0	4 1156.0	Approved Rs.906.91 lakh for 12 bedded Hybrid ICU unit (4 ICU & 8 HDU beds at Paediatrict Care Unit @ Rs.226.73 lakhs* per unit at 4 DH i.e. DH	906.91

FMR	SI N o.	Activity / Item of expenditure	Unit Cost (In Rs./ unit)	No. of Units Propos ed	Budget Propose d	Gol Remarks	Budget Approved
						East, DH Lunglei, DH Champai and DH Siaha with the conditionality that the State needs to ensure availability of adequate HR and provision of Tele-ICUs, mentoring and technical hand holding with the Centre of Excellence for Paediatric care. All paediatric beds must be supported by oxygen supply, drugs, equipment as per Gol guidelines on "Operationalisation of COVID care services for children and adolescent". The State may also ensure provision of stay arrangement for parents/ caregivers at the facilities as per ECRP-II Guideline.	
						Note * It includes Rs.80,000/- for Oxygen (1 oxygen bed with manifold & copper pipeline). The State has to ensure that there is no duplication of resources for oxygen support to the paediatric beds and the support under MGPS for the entire hospital where the paediatric units are located.	

FMR	SI N o.	Activity / Item of expenditure	Unit Cost (In Rs./ unit)	No. of Units Propos ed	Budget Propose d	GoI Remarks	Budget Approved
S.2.2		Establishing Paediatric CoEs at Medical Colleges/ State Hospital/ Central Government Hospital	1000000	1	100.00	Approved Rs. 100.00 lakhs for establishing Paediatric Centre of Excellence at Zoram Medical College with the conditionality that the support provided under ECRP-II includes upgradation/ renovation for physical infrastructure, IT equipment's (Software and hardware) for Hub and Spoke, Telemedicine Server Platform, internet connection, monitoring, training, honorarium for Tele-consultation services, follow-up consultations etc. The State to ensure all activities as per ECRP-II guidelines and incur expenditure as per actual.	100.00
S.2.3		Establishing additional Beds by provision of Prefab Units closer to the community			472.53		472.53
	1	No. of 6 bedded units at SHC level (List of SHCs to be attached)	983400	28	275.35	Approved Rs.275.35 lakhs for 6 bedded Prefab unit at 28 Sub-Health Centres @ Rs.9.834 lakhs per unit. Details available at Appendix III.	275.35
	2	No. of 6 bedded units at PHC level (List of PHCs to be attached	983400	17	167.18	Approved Rs.167.18 lakhs for 6 bedded Prefab unit at 17 PHCs @ Rs.9.834 lakhs per unit. Details available at Appendix III.	167.18



		and a considerate and a consideration of the constraint of the con			party and indicated again	[1]	n Rs lakhs)
FMR	SI N o.	Activity / Item of expenditure	Unit Cost (In Rs./ unit)	No. of Units Propos ed	Budget Propose d	Gol Remarks	Budget Approved
	3	No. of 10 bedded units at CHC level (List of CHCs to be attached)	1000000	3	30.00	Approved Rs.30.00 lakhs for 10 bedded Prefab unit at 3 CHCs @ Rs.10.00 lakhs per unit. Details available at Appendix III.	30.00
S.2.4		ICU beds in public healthcare facilities including 20% paediatric ICU beds	Not prop	osed by t	he State		
	1	No of ICU beds (duly indicating number of Paediatric ICU beds separately) added at Medical Colleges					
	2	No of ICU beds (duly indicating number of Paediatric ICU beds separately) added at District Hospitals (other than the Paediatric units mentioned at Para 31.2.1)					
		No of ICU beds (duly indicating number of Paediatric ICU beds separately) added at Sub District Hospitals (other than the Paediatric units mentioned at Para 31.2.1)				,	
	4	No of ICU beds (duly indicating number of Paediatric ICU beds separately) added at Community Health Centres (other than the Paediatric units mentioned at Para 31.2.1)					
	5	No of ICU beds (duly indicating number of				٨.	

	×				(i	n Rs lakhs)
SI N o.	Activity / Item of expenditure	Unit Cost (In Rs./ unit)	No. of Units Propos ed	Budget Propose d	GoI Remarks	Budget Approved
	Field Hospitals (50/ 100 bedded)	Not prop	osed by	the State		
1	Establishment of 100 bedded Field Hospitals					
2						
3	Establishment of 50 bedded Field Hospitals					
4	Operational expenses for above 50 bedded Field Hospitals					
	Referral transport					210
	Support for additional ambulances for nine months and preference to be given for ALS Ambulances	100000	12	96.00	determined both by the density of population as well as time to care approach. 2. The State to monitor the average calls received per day, no of trips and total	96.00
	1 2 3 4	Activity / Item of expenditure Paediatric ICU beds separately) added at Public healthcare facilities, other than the four mentioned above (other than the Paediatric units mentioned at Para 31.2.1) Field Hospitals (50/100 bedded) Establishment of 100 bedded Field Hospitals Operational expenses for above 100 bedded Field Hospitals Sestablishment of 50 bedded Field Hospitals Perational expenses for above 50 bedded Field Hospitals Referral transport Support for additional ambulances for nine months and preference to be given for ALS	Activity / Item of expenditure No. Paediatric ICU beds separately) added at Public healthcare facilities, other than the four mentioned above (other than the Paediatric units mentioned at Para 31.2.1) Field Hospitals (50/100 bedded) Establishment of 100 bedded Field Hospitals Operational expenses for above 100 bedded Field Hospitals Establishment of 50 bedded Field Hospitals Operational expenses for 4 above 50 bedded Field Hospitals Referral transport Support for additional ambulances for nine months and preference to be given for ALS	Activity / Item of expenditure N expenditure Paediatric ICU beds separately) added at Public healthcare facilities, other than the four mentioned above (other than the Paediatric units mentioned at Para 31.2.1) Field Hospitals (50/100 bedded) Establishment of 100 bedded Field Hospitals Operational expenses for above 100 bedded Field Hospitals Sestablishment of 50 bedded Field Hospitals Operational expenses for 4 above 50 bedded Field Hospitals Referral transport Support for additional ambulances for nine months and preference to be given for ALS	Activity / Item of expenditure No. Paediatric ICU beds separately) added at Public healthcare facilities, other than the four mentioned above (other than the Paediatric units mentioned at Para 31.2.1) Field Hospitals (50/100 bedded) Stablishment of 100 bedded Field Hospitals Operational expenses for above 100 bedded Field Hospitals Stablishment of 50 bedded Field Hospitals Operational expenses for 4 above 50 bedded Field Hospitals Referral transport Support for additional ambulances for nine months and preference to be given for ALS Bestolishment of 50 bedoded Field Hospitals Referral transport Support for additional ambulances for nine months and preference to be given for ALS	Si Nactivity / Item of expenditure No Paediatric ICU beds separately) added at Public healthcare facilities, other than the four mentioned above (other than the Paediatric units mentioned at Para 31.2.1) Field Hospitals (50/ 100 bedded) 1 Establishment of 100 bedded Field Hospitals Operational expenses for above 100 bedded Field Hospitals 3 Establishment of 50 bedded Field Hospitals Not proposed by the State Not proposed by the State Approved Rs. 96.00 lakhs as opex cost for 12 additional BLS ambulances @ Rs. 1.00 lakh/ambulance/month for 8 months with the conditionality that: Support for additional ambulances for nine months and preference to be given for ALS Ambulances Ambulances I Double of the definition of ambulance should be determined both by the density of population as well as time to care approach. 2. The State to monitor the average calls received per



FMR	SI N o.	Activity / Item of expenditure	Unit Cost (In Rs./ unit)	No. of Units Propos ed	Budget Propose d	Gol Remarks	Budget Approved
						response time per day for each ambulance, average breakdown time in a month for each ambulance, percentage of EMTs trained, their type and duration of training, etc. Details available at Appendix IV.	
S.2.7	7	Support for Liquid Medical Oxygen (LMO) plant (with MGPS) including site preparedness and installation cost	2000000	8	3 160.00	Approved Rs.160.00 lakhs as follows: 1. Rs. 100.00 lakhs for LMO tanks at 5 DHs (Aizawl East, Aizawl West, Lunglei, Champhai and Siaha) @ Rs. 20 lakhs per LMO tank 2. Rs. 60.00 lakhs for MGPS at 3 new DH (Khawzawl, Saitual and Hnahthial) @ Rs. 20 lakhs per MGPS. Details available at Appendix V.	160.00
S.3		Enhancement of Human Resources for Health	1		158.72		158.72
S.3.	1	Medical PG Residents	25000) 1	0 20.00	Approved Rs. 20 lakhs for engaging 10 Medical PG Residents/other equivalent cadre @ Rs.25000 per month for 8 months on temporary basis for COVID management (till 31.03.2022).	



			-	1		(1)	n Rs lakhs)
FMR	SI N o.	Activity / Item of expenditure	Unit Cost (In Rs./ unit)	No. of Units Propos ed	Budget Propose d	GoI Remarks	Budget Approved
S.3.2		Medical UG Inters	22000	33	58.08	Approved Rs. 58.08 lakhs for engaging 33 Medical UG Interns @ Rs.22000 per month for 8 months on temporary basis for COVID management (till 31.03.2022).	58.08
S .3.3		Final year MBBS students	22000	0	0.00	Not proposed.	0.00
S.3.4		Final Year GNM Nursing students	18000	36	51.84	Approved Rs.51.84 lakhs for engaging 36 Final year GNM Nursing students @ Rs.18000 per month for 8 months on temporary basis for COVID management (till 31.03.2022).	51.84
B.31. 3.5		Final Year B.Sc. Nursing students	20000	18	28.80	Approved Rs.28.8 lakhs for engaging 18 Final year B.Sc. Nursing students @ Rs.20000 per month for 8 months on temporary basis for COVID management (till 31.03.2022).	28.80
S.4		IT Interventions - Hospital Management Information System and Tele-Consultations	11/2		359.25	Age of the	351.63
S.4.1	1	Support to DHs to implement all modules of HMIS in District Hospitals	3068990	11	337.59	Approved Rs.330.00 lakhs for support to 11 DH for infrastructure for implementation of HMIS @ Rs.30 lakhs. Details available at Appendix VI.	330.00
S.4.2		Strengthening the Telemedicine/ Teleconsultation Hubs			21.66	Į.	21.63



FMR	SI N o.	Activity / Item of expenditure	Unit Cost (In Rs./ unit)	No. of Units Propos ed	Budget Propose d	Gol Remarks	Budget Approved
	1	No of District Hubs established (indicate their locations such as Medical Colleges, DHs, etc) with required hardware and other essentials.			0.00	Not proposed	0.00
	2	No of District Hubs strengthened (indicate their locations such as Medical Colleges, DHs, etc) with required hardware and other essentials	120000	9	10.83	Approved Rs.10.83 lakhs for strengthening of existing 9 Teleconsultation hubs at 9 DH @ Rs.1.20 lakhs per Hub. Details available at Appendix VII.a.	10.80
	3	No of Spokes established (indicate their locations such as category of Public healthcare facilities including CCCs, etc) with required hardware and other essentials.			0.00		0.00
	4	No of Spokes strengthened (indicate their locations such as category of Public healthcare facilities including CCCs, etc) with required hardware and other essentials.	51572	21	10.83	Approved Rs. 10.83 lakhs for strengthening 21 Teleconsultation spokes at 15 SHC & 6 CCC @ Rs.51572/- per spoke. Details available at Appendix VII.b.	10.83
S.8		Capacity Building and Training for ECRP II components			20.00		20.00
	1	Training on IT interventions including HMIS implementation	200000	2		Approved Rs. 4.00 lakhs for training on HMIS implementation in 2 batches @ Rs. 2.00 lakhs per batch.	4.00

((in	Rs	la	k	hs
1					

FMR	SI N o.	Activity / Item of expenditure	Unit Cost (In Rs./ unit)	No. of Units Propos ed	Budget Propose d	Gol Remarks The State is requested to book expenditure as per actuals following NHM	Budget Approved
	2	Training on Paediatric COVID19 management	100000	6	6.00	Training norms. Approved Rs. 6.00 lakhs for training on Paediatric COVID19 management in 6 batches @ Rs. 1.00 lakh per batch. The State is requested to book expenditure as per actuals following NHM Training norms.	6.00
	3	CME of the professionals	100000	3	3.00	Approved Rs. 3.00 lakhs for CME training of professionals in 3 batches @ Rs. 1.00 lakh per batch. The State is requested to book expenditure as per actuals following NHM Training norms.	3.00
	4	Other trainings (Specify)	50000	14	7.00	Approved Rs. 7.00 lakhs for training of all health workers, ASHAs, AWW on recognition of COVID related illnesses among children, surveillance of ILI and SARI, Advisories, IEC in 14 batches @ Rs.0.50 lakhs per batch. The State is requested to book expenditure as per actuals following NHM Training norms.	7.00

Annexure-II: Key Deliverables of ECRP-II of Mizoram

Sr. No	Major Milestones		Outcome by March 2022	Details/Annexure
La	RT PCR test kits	No. of kits	2,00,000	NΛ
t.b	Rapid Antigen Test Kits	No, of kits	4,00,000	NΛ
2	RT-PCR Lab	No. of Labs	10	Appendix I
3	Establishing dedicated Paediatric care units (42 bedded)	DH	4	32 bedded unit at DH Aizawl East, DH Lunglei, DH Champhai and DH Siaha
		Medical college	NΛ	NA
4	Establishing dedicated Paediatric care units	DH	2	22 bedded unit at DH Lawngtlai and DH Serchhip
	(32 bedded)	Medical college	NΛ	NA
5	Establishing Pediatric CoEs	Name of Institution	Zoram Medical (College, Aizawl
	Augmentation of 6 beds units at HWC- SC/HWC-PHCs and 20 bedded units at CHCs	HWC-SHC	28	
6		HWC-PHC	17	Appendix III
		СНС	3	
el est desirente		Medical Colleges	NA	NA
		District Hospitals	NΛ	NΛ
	No of ICU beds (duly	Sub District Hospitals	NA	NA
7	indicating number of Paediatric ICU beds	Community Health Centres	NA	NA
	separately)	Public healthcare facilities, other than the four mentioned above	NA	NA
8	Field Hospital	100 bedded	NΛ	NA
an Till Libertha	Krister minster (f. 1917) in men ferstenet konstruktionstation, den bestelligt statement (1916) für statement	50 bedded	NA	NA
9	Referral transport	State Budget	1 BLS available, 29 Patient Transport Vehicle (PTV)	NA
		NHM Budget	62 Patient Transport Vehicle (PTV)	and a firm of the consequence of

Sr. No	Major Milestones		Outcome by March 2022	Details/Annexure
The second contract of		and the experimental production of the common per background and the common per background and the common design of the	(102 type)	
		Other Sources	1 ALS available	
		ECRP-II	12 BLS	Appendix IV
and a solding control of the last particles		State Budget	MGPS at 7 districts	NA
10	LMO with 10 KL	ECRP-II	5 LMO tank & 3 MGPS	Appendix V
	capacity with MGPS	PM Cares	NA	NA
		Other source	MGPS at 2 districts	NA
		Residents (PG)	10	NA
		MBBS Intern (UG)	33	NA
	Enhancement of Human resources	Final Year MBBS students	0	NA
11		Final year B.Sc Nursing Students	18	NA
		Final year GNM Nursing Students	36	NA
12	Implementation of	Number of District Hospitals	11	Appendix VI
	HMIS	Any other facility	NA	NA
	m.i. It if III	DH	9	Appendix VII (a)
13	Teleconsultation- Hub	Medical college	NA	NA
		SC	15	Appendix VII (b)
		РНС	NA	NA
14	Teleconsultation-	СНС	NA	NA
	Spoke	Any other Center (mention)	6 COVID Care Centres	Appendix VII (b)



List of District where RT-PCR Labs are to be established

Sr. no.	District	RT PCR lab already available in district (Yes/No)	RT PCR lab proposed under ECRP II (Yes/No)	Remarks
1	Aizawl East	No	Nο	Aizawl E will be covered by Zoram Medical College
2	Aizawl West	Yes	No	Already existing at Zoram Medical College
3	Champhai	No	Yes	1 196 to 1 197 to 1 1
4	Khawzawl	No	Yes	
5	Hnahthial	No	Yes	
6	Kolasib	No	Yes	
7	Lawngtlai	No	Yes	
-8	Lunglei	No	Yes	
9	Mamit	No	Yes	
10	Saitual	No	Yes	
11	Serchhip	No	Yes	
12	Siaha	No	Yes	A the control defends the first to real the control of the control
13	Any other Health Faciltiy	Available at Zoram Medical college (ZMC)	No	

Appendix - II

List of Essential drugs approved for COVID-19 Management, including maintaining buffer stock recommended under ECRP-II

Sr.no.	Name of drug
1	Enoxaparin inj 40 mg
2	Methyl pred inj 40 mg
3	Dexamethasone inj 4 mg
4	Remdesivir inj 100mg/vial
5	Tocilizumab inj 400mg
6	Amphotericin B deoxycholate inj 50mg/vial
7	Posaconazole inj 300mg/vial
8	Intravenous Immunoglobulin 2G/kg

List of Sub Centres, PHC and CHC proposed for Establishment of Prefab Units

District	Sr.no.	Sub Health Centre (SHC)	Sr.no.	Primary health Centre (PHC)	Community health Centre (CHC)
Mamit	1	Khawlian	1	Phuldungsei	(5.7.5)
	2	Borai	2	Zawlnuam	
	3	Lallen	3	Kanghmun S	
	4	New Eden SC			
	5	Kanhmun			
	6	Suarhliap			
Lunglei	1	Tawipui N			
	2	Tlabung Zodin			
	3	Thingsai			
	4	Hnahthial			
Lawngtlai	1	Parva	4	Lungpher	Chawngte CHC
	2	Lawngpuighat	5	Bungtlang S	
	3	Cheural	6	Sangau	
	4	Thingkah		8	
Siaha	1	Laki	7	Tuipang	
	2	Latawh			
	3	Tawngkawlawng			
Kolasib	1	Buhchangphai	8	Kawnpui	Vairengte CHC
	2	Saiphai	9	Bairabi	van engte dite
Aizawl	1	Tinghmun			Sakawrdai CHC
	2	Khawlian			Sakawi dai CiiC
Champhai	1	Vaphai	10	Hnahlan	
	2	Khawkawn			
	3	Zokhawthar			
	4	Khuangleng			
Serchhip	1	I1			
bereinip		Lungchem	11	N Vanlaiphai	
	3	Khawbel	12	Khawlailung	
Saitual	3	Leng			
aituai			13	NE Khawdungei	
			14	Phullen	
Inobal-:-1			15	Suangpuilawn	
Inahthial			16	Cherhlun	
Chawzwal			17	Sialhawk	



List of districts proposed for BLS ambulance

Sr.no.	District	No. of BLS available	No. of additional BLS proposed under ECRP II	Remarks
1	Aizawl East	1 (State supported)	1	Patient Transport Vehicle: NHM -62; State- 29
2	Aizawl West	1	1	
3	Champhai		1	
4	Khawzawl		1	
5	Hnahthial		1	
6	Kolasib		1	
7	Lawngtlai		1	
8	Lunglei		1	
9	Mamit		1	
10	Saitual		1	
11	Serchhip		1	
12	Siaha		1	

$\label{lem:continuous} Appendix - V$ List of facilities proposed for Establishment of Liquid Medical Oxygen tank with MGPS including site preparedness and installation cost

Sr.n o.	District	No. of LMO tank available	No. of LMO tank proposed (ECRP II)	Remarks	No. of MGPS available	No. of MGPS proposed (ECRP II)
1	Aizawl East	0	1		1(State)	0
2	Aizawl West	0	1		1(State)	0
3	Champhai	0	1		1(State)	0
4	Khawzawl	0	0	Will be catered by neighbouring DH	0	1
5	Hnahthial	0	0		0	1
6	Kolasib	0	0		1(NESIDS)	0
7	Lawngtlai	0	0		1(State)	0
8	Lunglei	0	1		1(State)	0
9	Mamit	0	0	Will be	1(NESIDS)	0
10	Saitual	0	0	catered by	0	
11	Serchhip	0	0	neighbouring		1
12	Siaha	0	1	DH	1(State)	0
	Sidild	U	I		1(State)	0

Page **24** of **26**

List of facilities proposed for HMIS implementation

Sr.no.	District Hospital	HMIS proposed under ECRP II (Yes/No)
1	Aizawl East	No (Available)
2	Aizawl West	Yes
3	Champhai	Yes
4	Khawzawl	Yes
5	Hnahthial	Yes
6	Kolasib	Yes
7	Lawngtlai	Yes
8	Lunglei	Yes
9	Saitual	Yes
10	Serchhip	Yes
11	Siaha	Yes

Appendix VII a

List of hubs to be strengthened for Teleconsultation

Sr.no.	District Hospital	No. of hubs already functional and proposed to be strengthened under ECRP II
1	Aizawl East	1
2	Aizawl West	1
3	Champhai	1
4	Lunglei	1
5	Lawngtlai	1
6	Kolasib	1
7	Mamit	1
8	Serchhip	1
9	Siaha	1



List of Spokes to be strengthened for Teleconsultation

District	Sr.no.	SHC Spoke	CCC spoke
Aizawl East & West district	1	Darlawn	SAI Mission Vengthlang
	2	Khawruhlian	Tribal Art Centre, Tanhril
	3	Thingsulthliah	Lengpui AYUSH Hospital
	4	Aibawk	
	5	Lengpui	
	6	Sairang	
	7	Sairang	
Champhai	8	Bungzung	
	9	Farkawn	
	10	Hnahlan	
Lunglei	11	Bunghmun	Extension Training Centre (SIRD&PR)
Kolasib	12	Bairabi	Polytechnic Building, Thingdawl
	13	Bilkhawthlir	
	14	Bukpui	
Serchhip	15	E Lungdar	
Khawzawl			Tourist Logde, Lungvar

