#### F.No.Z.15015/42/2021-NHM-I Government of India Ministry of Health & Family Welfare (National Health Mission)

Nirman Bhavan, New Delhi Dated 3 August 2021

To

Dr. I. Talitemsula Jamir,
Mission Director,
National Health Mission,
Government of Nagaland,
Secretariat Kohima,
Nagaland-797001.

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

Madam,

This is with reference to the proposals for Emergency COVID Response Package-II (ECRP-II) for FY 2021-22 under COVID-19 Emergency Response and Health System Preparedness Package: Phase-II submitted by the State of Nagaland vide email dated 27th July 2021 and subsequent updated proposal submitted vide email dated 3rd August 2021 for an amount of **Rs. 62.46 crore** and subsequent discussions in the appraisal meeting held on 30th 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 D.O. letter No.7 (32)/NHM-I/2021 dated 14<sup>th</sup> July 2021 is given below:

(Rupees in Crores)

State	Central Share	Matching State Share	Resource Envelope under ECRP-II	
Nagaland	56.22	6.25	62.46	

3. Against a Resource Envelope of **Rs.62.46 Crore** (calculated with State Share of 10%) as conveyed vide Secretary (H&FW)'s D.O. letter dated 14<sup>th</sup> July 2021, approval of competent authority is hereby conveyed to the State of Nagaland for an amount of **Rs.53.77 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 14<sup>th</sup> July 2021 are applicable to ECRP-II approvals for FY 21-22.
- 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 inadvance to the State on 22nd July 2021.
- 3.7 The State share, as 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 State Treasury and from State Treasury to 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 the 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 OM. F.No.1(13)/PFMS/FCD/2020 dated 23.03.21 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 Procurement Norms: 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 the 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 7<sup>th</sup> 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 the Ministry under the COVID Package-II should be complied with.

- 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 recommended under ECRP-II are only for a maximum period of 9 months (1st July 2021-31st 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, BSc. Nursing and GNM Students may be utilized as and when required only.
- 3.15 Similarly, approval given for augmenting additional fleets of ambulances may be utilized for the periods of requirements only.
- 4. As per Appraisal meeting held, the details of proposed and approved activities / Emergency COVID Response Plan (ECRP) Phase II: Summary Sheet are given below:

(in Rs. lakhs)

FMR	Activity / Item of expenditure	Budget Proposed (in Rs. lakhs)	Budget Approved (in Rs. lakhs)	
	Grand Total	6245.56	5376.91	
S.1	COVID essential Diagnostics and Drugs	654.69	610.88	
S.1.1	Provision for RAT and RT-PCR tests	154.69	110.88	
Lab Strengthening for RT-PCR (only for 327 District Public S.1.2 Health Labs / districts not having the RT-PCR Lab in public health system)		0.00  O.00  Details of the control o	0.00	
S.1.3	Essential drugs for COVID19 management	500.00	500.00	
S.2	Ramping up Health Infrastructure with focus on Paediatric care units	5482.79	4657.95	
S.2.1	Establishing dedicated Paediatric care units	3046.65	2221.81	

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FMR	Activity / Item of expenditure	Budget Proposed (in Rs. lakhs)	Budget Approved (in Rs. lakhs)	
S.2.2	Establishing Paediatric CoEs at Medical Colleges/ State Hospital/ Central Government Hospital	50.00	50.00	
S.2.3	Establishing additional Beds by provision of Prefab Units closer to the community	1564.75	1564.75	
S.2.4	ICU beds in public healthcare facilities including 20% paediatric ICU beds	421.25	421.25	
S.2.5	Field Hospitals (50/ 100 bedded)	0.00	0.00	
S.2.6	Referral transport	400.14	400.14	
S.2.7	Support for Liquid Medical Oxygen (LMO) plant (with MGPS) including site preparedness and installation cost	0.00	0.00	
S.3	Enhancement of Human Resources for Health	0.00	0.00	
S.3.1	Medical PG Interns	0.00	0.00	
S.3.2	Medical UG Interns	0.00	0.00	
S.3.3	Final year MBBS students	0.00	0.00	
S.3.4	Final Year GNM Nursing students	0.00	0.00	
S.3.5	Final Year B.Sc. Nursing students	0.00	0.00	
IT Interventions - Hospital Management Information System and Tele- Consultations		65.76	65.76	
Hospital Management Information System (HMIS)		29.88	29.88	
5.4.2	Strengthening the Telemedicine/ Tele-consultation Hubs	35.88	35.88	
Capacity Building and Training for ECRP II components		42.32	42.32	

#### Detailed proposals and approval details are given at Annexure-I.

#### 5. Outcome/Outputs

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

Outputs / Outcomes	Compliance by the State
One Paediatric Unit in every district.	Paediatric Care units in all 12 DHs.
One Centre of Excellence for Paediatric per state.	Paediatric CoE at NHAK, Kohima
Functional Hospital Management Information System (HMIS) across all district hospitals.	HMIS implemented in all 12 District hospitals.
RT-PCR testing facility in public healthcare system in all the districts.	The State has 3 BSL labs and has <b>not proposed</b> for additional labs.
At least one LMO plant (with MGPS) in each district	The State has <b>not proposed</b> for LMO tank. As per information from the State, state have 6 PSA plants functional in 5 Districts namely, Kohima, Dimapur (2), Mokokchung, Tuensang and Phek. In all other Districts, installation for PSA plant is under process.

- 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 agaland for an amount of Rs.53.77 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.

(Elangbar Robert Singh) Director (NHM-III)

#### Copy to

- 1) Principal Secretary, Health, Government of Nagaland
- 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 approvals under Emergency COVID Response Plan (ECRP) Phase II of Nagaland

(in Rs. lakhs)

FM R	SI N o	Activity / Item of expenditure	Unit Cost (In Rs./ unit)	No. of Units Propo sed	Budget Propose d (in Rs lakhs)	Budget Approved (in Rs. lakhs)	GoI Remarks
		Grand Total			6245.56	5376.91	
S.1		COVID Essential Diagnostics and Drugs			654.69	610.88	
S.1. 1		Provision for RAT and RT-PCR tests			154.69	110.88	
	1	No. of RTPCR test Kits	50	72000	36.00	36.00	Rs.36.00 Lakhs approved for 72,000 RTPCR test kits @ Rs.50/kit
	2	No. of Rapid Antigen Test Kits	70	16956	118.69	74.88	Rs.74.88 Lakhs approved for 1,06,974 unit of RAT Kits @ Rs.70/Kit. (The maximum number of test conducted per day in State is 1132. 70% of 1132 tests is 792.4 tests per day. Therefore, for 9 months, 2,13,948 tests will be conducted in the State. 50% of these tests i.e. 1,06,974 will be RAT

FM R	SI N o	Activity / Item of expenditure	Unit Cost (In Rs./ unit)	No. of Units Propo sed	Budget Propose d (in Rs lakhs)	Budget Approved (in Rs. lakhs)	GoI Remarks
.= 6.	gruin.	oD			arrors in	or of the con-	Tests).
S.1. 2		Lab Strengthenin g for RT- PCR (only for 327 District Public Health Labs / districts not having the RT-PCR Lab in public health system)			0.00	0.00	The State has 3 BSL labs which at present meets the requirement. Therefore, additional labs are not proposed.
		Budget proposed for establishing RT-PCR Lab					
		(with five year warranty) including				en.	define to a
	1	procurement of RT-PCR Machine, biosafety			0.00		Not Proposed
		cabinet, essentials such as -20 degree Celsius Freezer, pipettes,	300	C SMAC			



FM R	SI N o	Activity / Item of expenditure	Unit Cost (In Rs./ unit)	No. of Units Propo sed	Budget Propose d (in Rs lakhs)	Budget Approved (in Rs. lakhs)	GoI Remarks
		refrigerated centrifuge, vortex, etc	N			491	Magai Tur
S.1. 3		Essential drugs for COVID19 Management, including maintaining buffer stock (List of drugs to be attached)			500.00	500.00	Rs.500 lakhs approved for procurement of Essential drugs for COVID-19 management.
S.2		Ramping up Health Infrastructur e with focus on Paediatric care units			5482.79	4657.95	
S.2.	Lab	Establishing dedicated Paediatric care units		OLO.	3046.65	2221.81	
	1	Establishment of 32 bedded Paediatric Care Unit in DHs with ≤ 100 beds (List of hospitals to be attached)	177900 00/ 355800 00	4+6	2846.40	2021.81	Approved Rs.2021.81 lakhs as follows:  1. Rs.505.45 lakhs for 16 bedded Paediatric unit in 4 DHs (Peren, Kiphire, Longleng and Noklak)-with 10 bedded oxygen supported pediatric ward @ Rs.1.30 Lakh* per bed

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FM R	SI N o	Activity / Item of expenditure	Unit Cost (In Rs./ unit)	No. of Units Propo sed	Budget Propose d (in Rs lakhs)	Budget Approved (in Rs. lakhs)	Gol Remarks
					And the state of t	N all y	and 6 bedded hybrid ICU unit @ Rs.113.36 Lakh** (4 HDU + 2 ICU beds).  2. Rs.1516.4 lakhs for 32 bedded Paediatric unitwith 20 bedded oxygen supported pediatric ward and 12 bedded hybrid ICU unit in 6 DH (Mokokchung, Mon, Phek, Tuensang, Wokha, Zunheboto). Total cost per 32 bedded unit per DH is Rs.252.73 Lakhs (@ Rs.26 lakhs* for 20 bedded unit and @
							Rs.226.73 lakhs** for 12 bedded Hybrid unit).  The unit costs are as per the revised costing norms applicable in the existing infrastructure 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.  The State may ensure

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provision for stay of beds for Parents/ Guardian in these facilities and incur expenditure as per actuals. All pediatric beds must be supported by oxygen supply, drugs, equipment as per GoI guidelines on the "Operationalisation of COVID care services for children and adolescent".  Note  * It includes Rs.60,000/for oxygen support for each bed with manifold & copper pipeline.  ** 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.	FM R	SI N o	Activity / Item of expenditure	Unit Cost (In Rs./ unit)	No. of Units Propo sed	Budget Propose d (in Rs lakhs)	Budget Approved (in Rs. lakhs)	GoI Remarks
located.			Same and a second					for Parents/ Guardian in these facilities and incur expenditure as per actuals. All pediatric beds must be supported by oxygen supply, drugs, equipment as per GoI guidelines on the "Operationalisation of COVID care services for children and adolescent".  Note  * It includes Rs.60,000/-for oxygen support for each bed with manifold & copper pipeline.  ** 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

FM R	SI N o	Activity / Item of expenditure	Unit Cost (In Rs./ unit)	No. of Units Propo sed	Budget Propose d (in Rs lakhs)	Budget Approved (in Rs. lakhs)	GoI Remarks
	2	Establishment of 42 bedded Paediatric Care Unit in DH with more than 100 beds (List of hospitals to be attached)	100125	2	200.25	200.00	Approved Rs.200 lakhs for replacement of the equipments at existing Paediatric ICU at NHAK, Kohima. The State to ensure there is no duplication of funds from other funding sources.  For DH Dimapur, the State may resubmit the proposal with correct budget. There is mismatch in the budget proposed and State's remarks column.
		Establishing				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Approved Rs.50 Lakhs for establishing Paediatric CoE (Tele-ICUs) at NHAK, Kohima with following conditionalties:
S.2. 2		Paediatric CoEs at Medical Colleges/ State Hospital/	500000	1	50.00	50.00	a) This cost includes cost of support to DH as spoke including equipment and furniture, HR, software development, monitoring, follow up, awareness, etc.
	n ka q q ai .	Central Government Hospital			1.÷		b) Case based interactive sessions among specialists from Medical Colleges and District Hospitals to be planned twice a week ensuring



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FM R	SI N	Activity / Item of expenditure	Unit Cost (In Rs./ unit)	No. of Units Propo sed	Budget Propose d (in Rs lakhs)	Budget Approved (in Rs. lakhs)	GoI Remarks
							cross learning and selecting the appropriate treatment plan.
S.2. 3		Establishing additional Beds by provision of Prefab Units closer to the community	905	37.05	1564.75	1564.75	
	-1	No. of 6 bedded units at SHC level(List of SHCs to be attached)	983000	82	806.06	806.06	Approved Rs.806.06 Lakhs for establishment of 6-bedded units at 82 SHC-HWCs @ Rs.9.83 Lakhs per 6-bedded unit at SHC-HWCs with conditionality to complete the construction in 3 months.
A 0.00	2	No. of 6 bedded units at PHC level (List of PHCs to be attached)	983000	43	422.69	422.69	Approved Rs.422.69 Lakhs for establishment of 6-bedded units at 43 PHCs @ Rs. 9.83 Lakhs per 6 bedded unit at PHCHWC with conditionality to complete the construction in 3 months.



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FM R	SI N o	Activity / Item of expenditure	Unit Cost (In Rs./ unit)	No. of Units Propo sed	Budget Propose d (in Rs lakhs)	Budget Approved (in Rs. lakhs)	GoI Remarks
erice erice erice erice erice erice	3	No. of 20 bedded units at CHC level (List of CHCs to be attached)	280000	12	336.00	336.00	Approved Rs.336 Lakhs for approval for establishment of 16-bedded units at 12 CHCs @ Rs. 28 Lakhs per 16-bedded unit at CHC with conditionality to complete the construction in 3 months.
S.2.		ICU beds in public healthcare facilities including 20% paediatric	15-	71 - 71	421.25	421.25	The first of the second of the
371		ICU beds					nakii Marka II
2,00	1	No of ICU beds (duly indicating number of Paediatric ICU beds			0.00	0.00	Not proposed
		separately) added at Medical Colleges					



FM R	SI N o	Activity / Item of expenditure	Unit Cost (In Rs./ unit)	No. of Units Propo sed	Budget Propose d (in Rs lakhs)	Budget Approved (in Rs. lakhs)	GoI Remarks
	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)	168500	25	421.25	421.25	Approved Rs.421.25 Lakhs for establishment of 25 ICU beds at 5 DHs (5 beds per DH) @ Rs.16.85 lakhs per bed with the conditionality that 20% will be the paediatric beds.  The State may also ensure provision for stay of beds for parents/ guardian in these facilities.  The State to follow ECRP-II guidelines and incur expenditure as per actual.
	3	No of ICU beds (duly indicating number of Paediatric ICU beds separately) added at Sub		60.0	0.00	0.00	Not Proposed
	,	District Hospitals (other than the Paediatric units mentioned at Para 31.2.1)				- 16 - 16	

FM R	SI N o	Activity / Item of expenditure	Unit Cost (In Rs./ unit)	No. of Units Propo sed	Budget Propose d (in Rs lakhs)	Budget Approved (in Rs. lakhs)	GoI Remarks
rainta		No of ICU	(mi)		exestry to		Parallel State (A
		beds (duly indicating number of Paediatric ICU beds	right.	10 Per 102			ADDITION OF THE PARTY OF THE PA
		separately)					History Control
	4	added at Community		TACAL BA	0.00	0.00	Not Proposed
		Health Centres			1		1301
		(other than the Paediatric units mentioned at		-	ia l		10 B
		Para 31.2.1)	ga la			<u> </u>	
		No of ICU beds (duly indicating number of Paediatric		1	_ =		
		ICU beds separately) added at					
	5	Public healthcare facilities, other than the four	0 10	MA P	0.00	0.00	Not Proposed
		mentioned above (other than the Paediatric units	Ales -	er qua	9		percial and a second

FM R	SI N o	Activity / Item of expenditure	Unit Cost (In Rs./ unit)	No. of Units Propo sed	Budget Propose d (in Rs lakhs)	Budget Approved (in Rs. lakhs)	GoI Remarks
		mentioned at Para 31.2.1)					
S.2. 5		Field Hospitals (50/ 100 bedded)		4870	0.00	0.00	
	1	Establishment of 100 bedded Field Hospitals			0.00	0.00	Not Proposed
	2	Operational expenses for above 100 bedded Field Hospitals			0.00	0.00	Not Proposed
	3	Establishment of 50 bedded Field Hospitals			0.00	0.00	Not Proposed
	4	Operational expenses for above 50 bedded Field Hospitals	10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	60,0	0.00	0.00	Not Proposed
S.2.		Referral transport			400.14	400.14	Late III

FM R	SI N o	Activity / Item of expenditure	Unit Cost (In Rs./ unit)	No. of Units Propo sed	Budget Propose d (in Rs lakhs)	Budget Approved (in Rs. lakhs)	GoI Remarks
		Support for additional ambulances for nine months and preference to be given for ALS Ambulances	117000	38	400.14	400.14	Approved Rs.400.14 lakhs for opex cost for existing 36 BLS Ambulances @ Rs.1.50 Lakhs per month and 2 ALS Ambulances @ Rs.2.00 Lakhs per month for 9 months (Approved budget is restricted to Rs.400.14 lakhs as proposed by the State).  The State to ensure that there must be no duplication of resources under NHM and ECRP-II.
		Support for Liquid Medical Oxygen (LMO) plant				erest trace	al sals
S.2.		(with MGPS) including site preparedness and			0.00	0.00	Not Proposed
		installation cost				Site a	leignali egganolfi
S.3		Enhancement of Human Resources for Health			0.00	0.00	
S.3.		Medical PG			0.00	0.00	Not Proposed

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FM R	SI N o	Activity / Item of expenditure	Unit Cost (In Rs./ unit)	No. of Units Propo sed	Budget Propose d (in Rs lakhs)	Budget Approved (in Rs. lakhs)	GoI Remarks
1		Residents					
S.3. 2		Medical UG Inters			0.00	0.00	Not Proposed
S.3.	W =	Final year MBBS students	141	1 54	0.00	0.00	Not Proposed
S.3.		Final Year GNM Nursing students			0.00	0.00	Not Proposed
S.3. 5	17	Final Year B.Sc. Nursing students			0.00	0.00	Not Proposed
S.4		IT Interventions - Hospital Management Information System and Tele-			65.76	65.76	
		Consultations					Televicania Series
S.4. 1		Hospital Management Information System (HMIS) – to be implemented in 426		00.0	29.88	29.88	
		District Hospitals of the Country		E			

FM R	SI N o	Activity / Item of expenditure	Unit Cost (In Rs./ unit)	No. of Units Propo sed	Budget Propose d (in Rs lakhs)	Budget Approved (in Rs. lakhs)	GoI Remarks
\$ E	11121	(HR support is not covered)		1 42 to	Esperature 1	Of and America	Here is a second of the second
	1	Support to DHs to implement all modules of HMIS in District Hospitals	249000	12	29.88	29.88	Approved Rs.29.88 lakh for implementing Hospital Management Information System in 12 DHs.
S.4. 2		Strengthenin g the Telemedicine / Tele- consultation Hubs			35.88	35.88	
	1	No of District Hubs established (indicate their locations such as Medical Colleges,			0.00	0.00	
16 6 - 11 1	012967	DHs, etc) with required hardware and other essentials.				The state of the s	
	2	No of District Hubs strengthened (indicate their	T -		0.00	0.00	and of a

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FM R	SI N o	Activity / Item of expenditure	Unit Cost (In Rs./ unit)	No. of Units Propo sed	Budget Propose d (in Rs lakhs)	Budget Approved (in Rs. lakhs)	GoI Remarks	
		locations such as Medical Colleges, DHs, etc) with required hardware and other essentials						
8	3	No of Spokes established (indicate their locations such as category of Public healthcare facilities including CCCs, etc) with required hardware and other essentials.	. 156000	11	17.16	17.16	Approved total Rs.35.88 Lakh for procurement of IT system for 11 DHs @ Rs.156000/- per DH Hub and procurement of IT system for 12 selected CHCs for the purpose of	
	4	No of Spokes strengthened (indicate their locations such as category of Public healthcare facilities including CCCs, etc) with required hardware and other essentials.	156000	12	18.72	18.72	tele-consultation as spokes for any COVID related care and other consultations @ Rs.156000/- per CHC.	

FM R	SI N o	Activity / Item of expenditure	Unit Cost (In Rs./ unit)	No. of Units Propo sed	Budget Propose d (in Rs lakhs)	Budget Approved (in Rs, lakhs)	GoI Remarks
S.8		Capacity Building and Training for ECRP II components			42.32	42.32	
l den	1	Training on IT interventions including HMIS implementation			0.00	0.00	Not Proposed
	2	Training on Paediatric COVID19	5.	E N	42.32	42.32	Approved Rs.42.32 lakhs for training of health workers on Basics of COVID. The State is requested to book
	best ,	management	-				expenditure as per actuals following Training norms.
	3	CME of the professionals		1005 (Carl	0.00	0.00	Not Proposed
	4	Other trainings (Specify)		Lie Pede	0.00	0.00	Not Proposed

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### Anexure-II: Key Deliverables of ECRP-II of Nagaland

SI No	Major Milestones	Unit/Detail	Outcome by Match 2022	Annexure
1.a	RAT and RT-PCR tests	No. of tests	72,000	NA
1.b	Rapid Antigen Test Kits	No. of kits	106974	NA
2.	RT-PCR Lab	No. of Labs	NA	NA
3.	Establishing dedicated Paediatric care units (32 bedded)	DH	10 (4 DH with 16 bedded unit and 6 DH with 32 bedded unit)	Appendix I
4	Establishing dedicated Paediatric care units (42 bedded)	DH	1,NHAK, Kohima (Replacement of equipments)	Appendix II
5	Establishing Paediatric CoEs	Name of Institution	NHAK,	, Kohima
_	Augmentation of 6 beds units at	HWC-SHC	82	Appendix III
6	HWC-SC/HWC-PHCs and 20	HWC-PHC	43	Appendix IV
	bedded units at CHCs	CHC	12	Appendix V
7.	No of ICU beds (duly indicating number of Paediatric ICU beds separately)	District Hospitals	25(including 5 for Paed. ICU beds)	Appendix VI
8.	Field Hospital	100 bedded	NA	NA
		50 bedded	NA	NA
	CONTROL NAME OF THE PARTY OF TH	NHM	NA	NA
9	Referral transport	ECRP-II	38	Appendix VII
		State Budget	NA	NA
4.0	LMO with 10 KL capacity with	ECRP-II	NA	NA
10	MGPS	PM Cares	NA	NA
==		Other source	NA	NA
		MBBS Intern (UG)	NA	NA
		Residents (PG)	NA	NA
	Enhancement of Human	Final Year MBBS students	. NA	NA
11	resources	Final year B.Sc Nursing Students	NA	NA
	1. 1	Final year GNM Nursing Students	NA	NA

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SI No	Major Milestones	Unit/Detail	Outcome by Match 2022	Annexure
12	Implementation of HMIS	Number of District Hospitals	12 DH	Appendix VIII
13	Teleconsultation- Hub	DH	11	Appendix IX
14	Teleconsultation- Spoke	CHC	12	Appendix X

Appendix - I

# List of District Hospitals proposed for Establishment of Paediatric Care Unit (32 Bedded)

S. No	District Name	Facility Name	
1	Peren	DH Peren	
2	Kiphire	DH Kiphire	
3	Longleng	DH Longleng	
4	Noklak	DH Noklak	
Distr	ict Hospitals proposed for Establishr	nent of Paediatric Care Unit (32 Bedded)	
S. No	District Name	Facility Name	
5	Mokokchung	DH Mokokchung	
	Mon	DH Mon	
6	MOH	DITMOT	
6 7	Phek	DH Phek	
	UNIQUEDAVOI		
7	Phek	DH Phek	



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Appendix - II

### List of Equipment required for 12 bedded ICU NHAK

SI.No	EQUIPMENTS	QUANTITY	Unit/Price	Total Amount
- 1	Syringe Pumps	30	35,000	1,050,000
2	ICU Beds (with side railing)	12	250,000	3,000,000
3	ICU Bed Mattress	12	50,000	600,000
4	Volumetric Pumps	30	45,000	1,350,000
5	Alpha Mattress (Electric)	12	4,000	48,000
6	Defibrillators	2	250,000	500,000
7	Portable ECG machine (12 Lead)	2	250,000	500,000
8	View Box (2 films)	5	5,000	25,000
9	Bedside lockers	12	15,000	180,000
10	Bedside Screen	15	3,000	45,000
11	IV Stand	. 25	2,000	50,000
12	Wheelchair	2	5,000	10,000
13	Emergency Crash Cart	2	8,000	16,000
14	Dressing Trolley	2	4,000	8,000
15	Instrument Trolley	2	4,000	8,000
16	Soiled Linen Trolley	2	4,000	8,000
17	Revolving stools	10	3,000	30,000
18	Portable O2 cylinder Trolley	10	5,000	50,000
19	Adjustable Bed Side Table/Cardiac table	12	6,000	72,000
20	Advance Cardiac Monitors	12	250,000	3,000,000
21	Nebulizer Machine	5	3,000	15,000
22	Portable Suction Machine	4	15,000	60,000
23	Fogger machine electrically operated	5	7,000	35,000
24	Advance Ventilator (Adult/Paediatric)	6	1,600,000	9,600,000
	TOTAL			20,260,000



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Appendix - III

### List of Sub Centres (Health & Wellness Centres) proposed for Establishment of (6 Bedded) Units

S.No	District	S No.	Facility/SC Name
1	Dimapur	1	Aoyimti S/C
	1937.	2	Naga United SC
		3	Seithekima SC
(1)	L. L. L. Tiker	4	Tsiepama SubCentre
90	in This	5	Hukai SC
	A TEST	6	Khaghaboto SC
2	Kiphire	1	Phisami SC
	1 000	2	Purrer SC
		3	Salumi SC
	100	4	Singrep SC
		5	Longmatra SC
	1,50	6	Mimi SC
1 4	3,392	7	Zanger SC
3	Kohima	1	Meriema SC
	0.000	2	Rusoma SC
	Maria Maria	3	Gareiphema SC
		4	Seiyhama SC
	A CONTRACTOR	5	Sendenyu
2	1000 Sept.	6	Pfuchama SC
4	Longleng	1	Nian SC
925		2	Tangha SC
	- XE SERE	3	Yongshei SC
		4	Namching SC
	1	5	Pongo SC
	100	6	Yangching SC
5	Mokokchung	1	Changki Sub-centre
	Ol-76	2	Longkong SC
	Tr.	3	Longphayimsen SC
		4	Waromong SC
		5	Longmisa SC
		6	Sungratsu SC
		7	Japu SC
6	Mon	1	Chuchachingyu SC
	the second	2	Jakphang SC



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S.No	District	S No.	Facility/SC Name
		3	Longching SC
		4	Changlang SC
	Extractification	5	Chenloisho SC
		6	Longwa SC
	A California	7	Munyakshu SC
	1S PAROS	8	Ukha SC
7	Peren	1	Benreu SC
	N More.	2	New Nkio
	Partition IV.	3	Nsong SC
	76 HW 244 -	4	Bongkolong SC
	DE marketos	5	Mhainamtsi SC
	A multing	6	Punglwa SC
	Marine a	7	Samzuiram SC
8	Phek	1	Pholami SC
		2	Runguzu Nawe SC
		3	Zhamai Sc
		4	Ketsapo SC
	- 41	5	Losami SC
		6	Phokhungri SC
		7	Reguri SC
9	Tuensang	1	Sangsangnyu SC
		2	Tsurungto SC
- 1		3	Tronger SC
	6	4	Hakchang SC
		5	Yangpi SC
		6	Sotokur SC
		7	Phir Ahir SC
		8	Chingmei SC
10	Noklak	1	Wansoi SC
	-	2	Sanglao SC
		3	Tsuwao SC
		4	Chiphur SC
		5	Choklangan SC
		6	Peshu SC
11	Wokha	1	Changsu SC
		2	Longsachung SC
		3	Merapani SC
		4	Liphayan SC



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S.No	District	S No.	Facility/SC Name
		5	Ralan SC
		6	Tontongo SC
		7	Sokvu SC.
12	Zunheboto	1	Asukiqa SC
		2	Lazami SC
		3	Mishilimi SC
		4	Natsumi SC
	17210) 5- 6- 8-	5	Lotisami SC
4		6	Chishilimi SC
	7 1 4 4 B	7	Akuhaiti SC
Total		82 SC-	HWCs

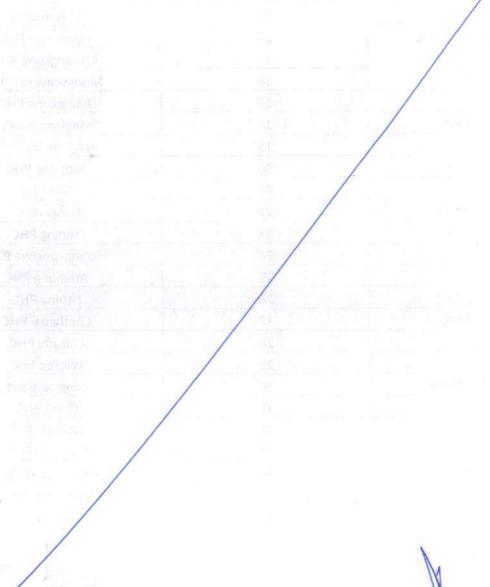


Appendix – IV List of Primary Health Centres proposed for Establishment of (6 Bedded) Units

S.No	Name of the District	Sl. No.	Facility Name
1	Dimapur		Chumukedima PHC
	An reserve	2	Kuhuboto PHC
	See See See	3	Molvum PHC
2	Kiphire	4	Amahator PHC
	3137 52	5	Seyochung PHC
	Set Corp. R	6	Likhimro PHC
	Cate Cate 18	7	Sitimi PHC
3	Kohima	8	Botsa PHC
		9	Khonoma PHC
		10	Chunlikha PHC
4	Longleng	11	Yongnyah PHC
	No. of the last of	12	Tamlu PHC
	A*	/ 13	B. Namsang
5	Mokokchung	14	Longchem PHC
		15	Tsurangkong PHC
		16	Mongsenyimti PHC
		17	Alongkima PHC
6	Mon	18	Changlangshu PHC
	3	19	Naginimora PHC
		. 20	Mopong PHC
		21	Tizit PHC
7	Peren	22	Dungki PHC
		23	Tening PHC
		24	Heningkunglwa PHC
		25	Athibung PHC
	£ 10 1	26	Ntuma PHC
8	Phek	27	Chetheba PHC
		28	Chizami PHC
		29	Waziho PHC
9	Tuensang	30	Longpang pvt
	4	31	Chare PHC
		32	Noksen PHC
		33	Chessore PHC
	Noklak	34	Old Pangsha PHC
		35	Thonoknyu PHC
		36	Panso PHC



S.No	Name of the District	Sl. No.	Facility Name
10	Wokha	37	Englan PHC
		38	Lakhuti PHC
		39	Chukitong PHC
11	Zunheboto	40	VK PHC
		41	Akuluto PHC
		42	Satakha PHC
		43	Saptiqa PHC
		Total PHC-HWCs - 43 No	os.



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Appendix - V List of Community Health Centres proposed for Establishment of (20 Bedded) Units

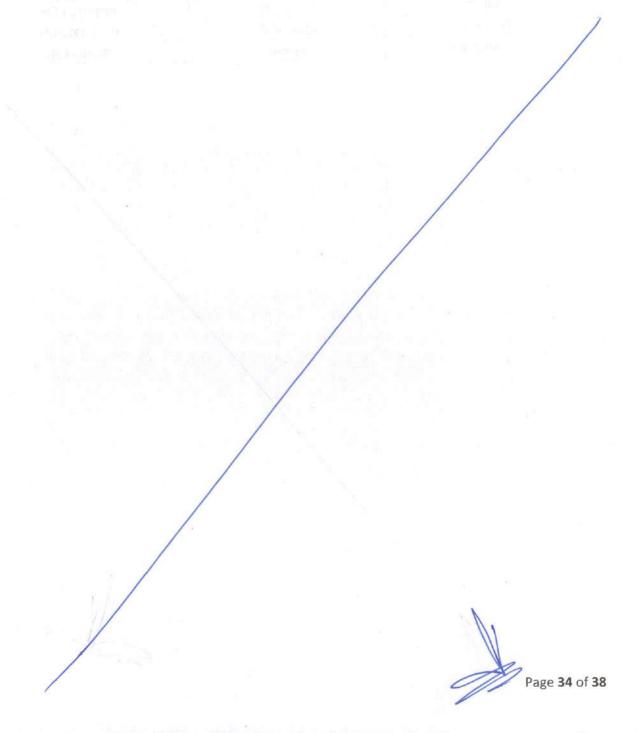
0 11	and the second s		(- o Douaca) Offic
S. No.	District Name	Block Name	Facility Name
1	Kohima	Chiephobozou	Chiephobozou CHC
2	Mokokchung	Tuli	Tuli CHC
3	nessignities	Mangkolemba	Mangkolemba CHC
4	Mon	Chen	Aboi CHC
5	Peren	Jalukie	Jalukie CHC
6	Dimapur	Medziphema	Medziphema CHC
7	Kiphire	Pungro	Pungro CHC
8	Phek	Meluri	Meluri CHC
9	Tuensang	Shamatore	Shamatore CHC
10	Wokha	Bhandari	Bhandari CHC
11	Zunheboto	Aghunato	Aghunato CHC
12	Longleng	Tamlu	Tamlu CHC



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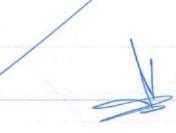
Appendix - VI
List of District Hospitals proposed for adding ICU Beds

S. No	District Name	Facility Name
1	Kohima	NHAK, Kohima
2	Mokokchung	DH Mokokchung
3	Phek	DH Phek
4	Tuensang	DH Tuensang
5	Zunheboto	DH Zunheboto



Appendix - VII
District wise List of Ambulances proposed under ECRP

Sl.No.	District	SL. No.	otted to Health Units D Allotted to	BLS (Tata Winger)	BLS (Force)	ALS
1	Dimapur	1	DH Dimapur	1	1	0
	Бітари	2	CHC Medziphema	1 10 12 2 1 1 1 1 1 1	0	0
		3	NHAK	1	0	1
2	Kohima	4	Tseminyu CHC	1	0	0
	= 1 = 1	5	Botsa PHC	1	0	0
		6	DH Phek	1	1	0
3	Phek	7	Meluri CHC	1	0	0
,	FILEK	8	Pfutsero CHC	1	0	0
	naly.	9	Laruri PHC	1	0	0
4	Mokokchung	10 '	DH Mokokchung	1	1	0
		11	Tuli PHC	1	0	0
5	Mon	12	DH Mon	1	1	1
		13	Tobu CHC	1	0	0
6	Longleng	14	CHC Yachem	1	0	0
		15	DH Longleng	1	1	0
7	Peren	16	Peren DH	0	1	0
•	reien	17	Jalukie CHC	1	0	0
8	Kiphire	18	Kiphire DH	1	1	0
	Kipinic	19	Pungro CHC	1	0	0
	74	20	DH Tuensang	1	0	0
9	Tuensang	21	Shamator CHC	1	1	0
		22	ECS Longphang PHC	1	0	0
10	Noklak	23	DH Noklak	1	0	0
	HORIGK	24	Thonoknyu PHC	1	0	0
11	Wokha	25	DH Wokha	1	1	0
	vvokna	26	Bhandari CHC	1	0	0
12	Zunheboto	27	DH Zunheboto	1	1	0
		Total		26	10	2



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Appendix VIII

List of District Hospitals proposed for Implementation of HMIS

S. No	District Name	Facility Name
1	Dimapur	DH Dimapur
2	Kiphire	DH Kiphire
3	Kohima	NHAK, Kohima
4	Longleng	DH Longleng
5	Mokokchung	DH Mokokchung
6	Mon	DH Mon
7	Peren	DH Peren
8	Phek	DH Phek
9	Tuensang	DH Tuensang
10	Wokha	DH Wokha
11	Zunheboto	DH Zunheboto
12	Noklak	DH Noklak



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Appendix IX

List of District Hospitals proposed as Hubs for Tele-Consultations

S. No	District Name	T W
1	Dimapur	Facility Name
2		DH Dimapur
3	Kiphire	DH Kiphire
	Longleng	DH Longleng
4	Mokokchung	DH Mokokchung
5	Mon	DH Mon
6	Peren	
7	Phek	DH Peren
8	Settleplated Tuensang	DH Phek
9	Wokha	DH Tuensang
10	And the state of t	DH Wokha
	Zunheboto	DH Zunheboto
11	Noklak	DH Noklak



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Appendix X List of CHCs proposed as spokes for Tele-Consultations

S. No.	District Name	Block Name	Facility Name
1	Kohima	Chiephobozou	Chiephobozou CHC
2	Mokokchung	Tuli	Tuli CHC
3		Mangkolemba	Mangkolemba CHC
4	Mon	Chen	Aboi CHC
5	Peren	Jalukie	Jalukie CHC
6	Dimapur	Medziphema	Medziphema CHC
7	Kiphire	Pungro	Pungro CHC
8	Phek	Meluri	Meluri CHC
9	Tuensang	Shamatore	Shamatore CHC
10	Wokha	Bhandari	Bhandari CHC
11	Zunheboto	Aghunato	Aghunato CHC
12	Longleng	Tamlu	Tamlu CHC

