

HEALTH, MEDICAL & FAMILY WELFARE (K2) DEPARTMENT

G.O.Ms.No. 94

Dated: 02-07-2013.

Read the following:

From the Commissioner of Health & Family Welfare, Hyderabad, Letter Rc.No.4152/G2/FDHS/2012, Dt.29.11.2012.

ORDER :

The Government of Andhra Pradesh has been making sustained efforts to provide quality health care to its citizens, with special attention to the disadvantaged strata of the society and those living in remote and interior areas. In this direction, the Government has been implementing various health schemes, programmes and activities with the aim of achieving the Millennium Development Goals (MDGs) by making the health delivery system effective and responsive to the needs of the people.

2. However, despite substantial increase in investment in infrastructure, human resources, capacity development, equipment, materials, supplies and multi-pronged efforts, there is need for further improvement in the health indicators in tribal areas especially amongst the children. There is an urgent need to provide continuous health monitoring and regular counseling for health seeking behavior for overall development of students in tribal areas. There is a need for specialized services to take care of health needs of residential educational institutions in tribal areas.

3. The Hon'ble Chief Minister during his "**Indiramma Bata**" in Khammam District made **SunnamvariGudem Declaration** to provide Fixed Day Health Services (FDHS) to the students of residential educational institutions in tribal areas.

4. The Commissioner of Tribal Welfare and Commissioner, Health & Family Welfare, Hyderabad conducted a workshop for Project Officers, ADMHOs and other staff of ITDAs at Rampachodavaram of East Godavari District on 26.9.2012 and 27.9.2012 for preparation of a project for establishment and operationalization of FDHS to the residential educational institutions of ITDAs areas and submitted detailed project proposals to the Government.

5. The Commissioner of Health & Family Welfare has estimated that the implementation of the proposed FDHS under the name Rajiv BalaSanjeevini would require one time capital cost of Rs. 5.628 Crores and an annual operational cost of Rs.6.54 Crores. The Tribal Welfare Department have agreed to provide capital cost of Rs.5.628 Crores and annual operational cost of Rs.6.54 Crores under the Tribal Sub Plan till Government of India includes the Scheme in NRHM.

6. Government, after careful examination of the proposal hereby accords permission to the Commissioner of Health and Family Welfare to implement the Rajiv BalaSanjeevini scheme under Public and Not-for-Profit Partnership by entering into a Memorandum of Understanding with M/s GVK EMRI who have been running 108 services across Andhra Pradesh, have presence in the proposed operational areas, health fleet management experience, and senior management and IT expertise to handle and guide such project with low gestation period. The details of the Scheme are annexed to this order.

7. The Commissioner of Health & Family Welfare, Hyderabad/ Commissioner of Tribal Welfare shall take further necessary action accordingly.

8. This order issues with the concurrence of the Finance (Expr.M&H) Department vide their U.O.Note No.1279/134/A1/Expr.M&H.II/13, Dt:19.6.2013.

(BY ORDER AND IN THE NAME OF THE GOVERNOR OF ANDHRA PRADESH)

**AJAY SAWHNEY
PRINCIPAL SECRETARY TO GOVERNMENT (TW)**

To
The Commissioner of Health & Family Welfare, Hyderabad .
The Commissioner of Tribal Welfare, Hyderabad
Copy to:
The P.S to Prl.Secy to Chief Minister
The O.S.D to Minister (M& H)
The P.S to C.S
The P.S to Prl.Secy, H.M & FW Department
The P.S to Prl. Finance Secy
The P.S to Prl.Secy, Finance Deptt (RE)
SF/SC.

//FORWARDED::BY ORDER//

SECTION OFFICER

Annexure
GO Ms No. 94 HM & FW (K2) Department Dated 02.07.2013
Operational Guidelines for Implementation of Rajiv BalaSanjeevini Scheme

Objectives

1. The objectives of Rajiv BalaSanjeevini (RBS) include the following :
 - Comprehensive health care service through fortnightly fixed day health service to students in residential education institutions in 9 ITDAs areas
 - Referral care services to all students in the residential educational institutions in 9 ITDAs on 24X7 basis
 - Development and maintenance of a robust online data management system for student health profile.

Methodology

2. RBS will be implemented in 9 ITDAs through 32 Mobile Health Units (MHUs). ITDA wise break of the MHUs is as follows:

Sl. No.	ITDA Name	No of MHU
1	Seethampeta	2
2	Parvathipuram	3
3	Paderu	5
4	R Chodavaram	3
5	K.R.Puram	3
6	Utnoor	6
7	Eturunagaram	2
8	Bhadrachalam	6
9	Srisailam	2
Total		32

3. MHUs will provide the fortnightly fixed day health services (FDHS) to the students in residential educational institutions in ITDA areas. The PO ITDAs will list the residential education institutions for RBS and which will be confirmed by the Commissioner Tribal Welfare (CTW). Each MHU will visits 1 to 3 residential education institutions every day depending on the strength of students and distances. MHU schedule will be prepared for 12 days in a fortnight. The MHU, therefore, will visit the allocated residential education institutions twice in a month.

Staffing Pattern

4. The proposed staffing pattern under RBS for the MHU, referral hospitals and ITDAs are as follows:

Sl. No.	Name of the category	No. of Posts	Located at
1	Medical Officer	32	MHU
2	Pharmacist	32	MHU
3	Lab Technician	32	MHU
4	M.P.H.A.(F)	32	MHU
5	Counsellor	32	MHU
6	Coordinator (ITDA)	9	ITDA
7	Coordinator (referral Hospital)	9	Hospital

8	State coordinator	1	HQ
9	Supporting staff at CHFV	1	HQ
10	Office subordinate at CHFV	1	HQ
11	Data Manager	1	HQ

5. The medical officer along with the staff would attend the institution in a vehicle equipped with all the required medical equipment. All the students will be screened; diagnostic tests conducted if needed, and with those with illness will be provided medicine then and there itself. The MHU team would also conduct IEC activities for students to promote health seeking behaviour, supervise health and sanitary conditions of residential education institutions and orient the staff in first aid , health care and maintenance of hygiene.

Referral Cases

6. For students who need specialized treatment, RBS will provide end to end referral care i.e. from identification of referral cases to return back after completion of treatment. The Medical Officer / Specialist doctor will identify the students who need referral care and treatment. , if any, and refer to the identified referral hospitals of the respective ITDA.

Referral Hospitals

7. For each of ITDA, the Commissioner , Health and Family Welfare (CHFV) and CTW will identify and notify a referral hospital and get 5 beds allocated exclusively for the referral student cases of the ITDA area. Each ITDA is provided with one exclusive referral vehicle and coordinator. The coordinator at ITDA shall ensure that the referral case is transported from school to identified referral hospital .The referral coordinator at referral hospital will attend the referral case from admission to discharge of the student.

Data and Reports

8. Each MHU Health Unit will have a laptop with data connectivity. Web based application/ portal will be developed for online management of RBS programme. Demographic and health profile shall be digitised, screening, diagnosis and treatment particulars uploaded and up dated regularly as and when the MHU visits the institution or cases are referred or emergency transportation takes place. All the residential institutions, students, diseases and treatment details will be plotted on the GIS maps and analysed for policy decisions and corrective measures.

9. The standardised and special reports of different types, levels and periodicity - daily, weekly and monthly will be generated and sent to the Medical Officer, PO,ITDA, Additional DM&HO/Deputy DM&HO, DDTW , CHFV and CTW.

Call Centre

10. A 24X7 dedicated call centre services will be provided for the students in health, counselling and for referral care of the selected residential educational institutions.

Committees at Different Levels

11. A committee headed by the PO ITDA with Additional DMHO (Tribal) / Deputy DMHO (Tribal), and Deputy Director Tribal Welfare as members shall be oversee the implementation and coordination of RBS at District level. At state level, special officer O/o CHFW under supervision of CTW and CHFW will coordinate and monitor RBS. Separate guidelines will be issued by CTW regarding formation of RBS committees at different levels and their role in smooth implementation of RBS.

Costing and Financial Guidelines

12. The scheme will be funded by Tribal Welfare Department under Tribal Sub Plan till Government of India includes this scheme in NRHM. The CHFW and State Project Director NRHM will follow up with the Government of India for inclusion of RBS under NRHM funding.

13. The 100% operational and capital expenditure will be borne by the Government and GVK EMRI will be responsible for implementation of RBS including providing human resources, fleet management and call advisory services.

14. The estimated capital costs are as follows. However, CFHW and CTW will re-examine the items proposed and finalize the items of capital expenditure in consultation with GVK EMRI, select POs of ITDAs and MD APHMIDC. All payments shall be based on actuals.

Capital Costs for RBS

S No.	Item	Amount (Rs.)
1	Vehicles with fabrication	48000000
2	Equipment, furniture and hardware	5760000
3	Central database server	1300000
4	Development of software	300000
5	Development of protocols	200000
6	Induction training	720000
	Total	5,62,80,000

16. Operational costs shall be paid @ Rs. 1.84 lakhs per vehicle per month with following break up:

S. No.	Name of the category	Per MHU per month (Rs.)
1	Salaries	1,10,568
2	Drugs & Consumables	30000
3	Training	400
4	POL	12000
5	Vehicle Maintenance	3615
6	administrative expenses	800
7	Data Management cost at HQ	9375
8	Food allowance	9120
9	Referral vehicle (on hire)	6750
10	Travel expenditure	1575
	Total	184000

17. Operational costs are indicative. The CHFW and CTW will put an expert committee to examine the proposed operational expenditure and revise the same to ensure cost effectiveness and value for money.

18. The operational costs shall be paid quarterly basis in advance. Separate bank account, cash book, ledger books and other financial instruments shall be maintained for RBS.

19. The operational expenditure, capital expenditure, human resources and assets of this scheme are ring fenced to AP operations.

20. The referral expenditure (i.e. for transportation of student along with the parents/guardians, diet for students and attendants, hospital costs and cost towards medicines and consumables for follow up treatment) for the entire referral mechanism shall be borne under this programme. This expenditure is not part of regular operational expenditure as indicated in Para 14 and shall be released separately based on actuals.

21. The savings accrued in the quarter shall be adjusted to next quarter operational expenditure. The savings shall not be diverted to the purpose other than RBS.

22. All the expenditure is subject to audit by resident auditor, statutory auditors appointed by CH&FW, auditors from CAG and NRHM. Monthly SoE, UC and bank statement shall be submitted on or before 10th of subsequent month.

23. Any procurement shall be done through procurement committee constituted for 108 services with officer from Tribal welfare department as co-opted in the committee.

24. The capital expenditure shall be released immediately within 15 days from the date of signing of MoU. The estimated capital expenditure is based on existing market rates. The expenditure is limited to the actuals. In case of actual is more than estimated, the balance shall be released to GVK EMRI. In case of actual are less than estimated the savings shall be returned to Government.

25. The financial estimates are for budgetary purposes and release of advance payment. The adjustment of expenses against advance grant will be made on the basis of actual quarterly expenditure for which audited utilization certificate have to be submitted.

Agreement Guidelines

26. The CHFV and CTW will enter into anMoU with GVK EMRI for the implementation of the RBS with clear service level agreements. The validity of the MoU will be for a year initially and to be reviewed after a quick evaluation.

27. Government is the owner for all the physical assets, data, procedures and other software applications developed for the above scheme with Government funds.

28. In case of expansion of programme above 32 vehicles, the same terms and conditions will be applied.

