

	NOT APPLICABLE	Cumulative till FY 2017-18		Plan for FY 2018-19	Remarks
		Planned	Completed	Planned	
1	Number of SHCs to be upgraded as HWC				
2	District names				
3	Number of blocks where all SHCs proposed for HWC (block saturated)				
4	Number of SHC proposed both for NCD screening and HWC (common SHCs)				
5	Number of Candidates for Bridge Course -				
a	Ayurvedic Practitioners				
b	Nurses				
6	Multiskilling/ Training -				
a	Number of MPW (F)				
b	Number of MPW (M)				
c	Number of ASHAs				
7	Infrastructure Strengthening				
a	Refurbishment				
b	New building				

**Budget Details**

<i>HWC</i>	<i>Unit Cost</i>	<i>Number of SHC</i>	<i>Total Proposed</i>	Remarks
<b>A Existig HWC</b>				
Details of costing -				
1 Salary of Mid Level provider				
2 Team Based Incentives				
3 Multiskilling of MPW (F) / ANM, ASHA and MPW (M)				
4 IEC				
5 Software				
6 Lab				
Total				

	<i>Unit Cost</i>	<i>Unit Cost</i>	<i>Number of SHC</i>	<i>Total Propo</i>	<i>Remarks</i>
<b>B New HWC</b>	<b>Non</b>	<b>Recurring for one year</b>			
Details of costing -					
1					Salary of Mid Level provider
2					Team Based Incentives
3					Training -
a					Bridge course
b					Multiskilling of MPW (F) / ANM, ASHA and MPW (M)
4					IEC
5					Cost of tablets; software for centre and ANM/ MPW
6					Lab
7					Infrastructure Strengthening
					<b>Sub total</b>
8					Independent monitoring costs for performance assessment
					<b>Grand total</b>
<b>C Bridge Course</b>					
1					Infrastructure Strengthening / faculty strengthening of
2					<i>Amount for Bridge Course included in the above mentioned budget</i>
<b>D Additional proposals (If any- Please specify with cost break up )</b>					

<b>Universal Screening of NCDs</b>					
		<b>Cumulative till FY 2017-18</b>		<b>Plan for FY 2018-19</b>	<b>Remarks</b>
		<b>Planned</b>	<b>Completed</b>	<b>Planned</b>	
1	Number of SHCs for NCD screening				
2	District names				
3	Number of SHC proposed both for NCD screening and HWC (common SHCs)				
4	Training				
a	ASHAs				
b	MPW (F) /ANMs				
c	MPW(M)				
d	Satff Nurses				
e	Medical Officers				
5	Number of individuals screened				
<b>Budget details</b>					
A	<b>New SHCs</b>	<b>Unit Cost</b>	<b>Number of new SHC proposed</b>	<b>Total Budget proposed</b>	<b>Remarks</b>
1	Equipment of HT				
2	Equipment VIA				
3	Equipment OVE				
4	Consumables-				
a	Diabetes				
b	VIA				
c	OVE				
5	Training Modules				
6	Cost of training for VIA				
7	IEC				
8	Health Cards				
9	Team Incentives				
10	Cost of training for SC staff of 7 people				
11	Salary for staff nurses				
12	<b>Additional proposals (If any- Please specify with cost break up )</b>				
B	<b>SHCs covered in FY 2017-18</b>				
	Recurring cost for SHC approved in FY 2017-18				