

## Annexure -1

### Financial Guideline for FY: 2018-19

**A. Name of Programme: Tele-medicine**

**B. Budget/FMR/ Ledger No.: B- Flaxi Pool- Tele medicine- 8 (b)**

**C. Short detail of programme:**

**i. Objective**

- a. State AYUSH Society, Bihar is committed to provide affordable and quality AYUSH health services to each citizen of Rural of state.
- b. Telemedicine is the use of telecommunication and information technology to provide clinical health care from a distance. It has been used to overcome distance barriers and to improve access to medical services that would often not be consistently available in distant rural communities. It is also used to save lives in critical care and emergency situations.
- c. By capturing medical details of each person of village (10000 Population) including social economic, demographic information, traditional health with vital sign like pulse, oxygen context in blood, blood pressure, ECG and blood sugar hemoglobin nutritional status etc.
- d. There will be static "AYUSH Healthcare Services unit" at 20 HSCs which will be connected to unit as well as PHC/DH through Telemedicine in real time HWCS Hospitals, on which regular daily OPD facility will be provided with help of for health care coordinator/ Health workers and ANM with Consultation of AYUSH doctors.

**ii. Agency Requirement**

- a. Agency will be selected from the State Headquarters.
- b. Software, Hardware and Training supply installation and implementation project will be done by selected agency.

**iii. Requirement for the solution**

- a. The main objective is to enhance efficiency and productivity of health workers and facilities that need to coordinate efforts and resources across distances. This can be done by leveraging technology often referred to as "Telemedicine"- involving screening, treatment and monitoring.
- b. As part of home care for aged patients, or patients requiring sub-actual care or home palliative end-of-end life care, tele-health can be used. The scenario of the services can be detailed as follows:
  1. A care coordination / health worker with laptop, internet facility and telemedicine kits will be provided by agency
  2. All work and monitoring will be done by DIMO& digital health HER of patient and apply digital Health center each of 10,000 people covered.

3. After collection of digital EHR at HSC/HWC a regular consultant will be provided by health worker for one year and trained the HSC/HWC Government staff for further uses of telemedicine kit.

c. This Proposal covers the following

Sr. No.	AYUSH Health Facilities	Units
1	HSC /HWC /Dispensaries	20
2	Village	10
3	Total Population	10000

**D. Unit amount (In Lacks): Rs.10.00 lakhs/ 10 Units**

**E. Financial Guidelines:**

- i. Rs. 10.00 lakhs per unit for 10 units for hardware and software purchases Total Rs. 10.00 lakhs X 10 = Rs. 100.00 lakhs. Supply installation and implementation of project per unit.
- ii. Rs. 10.00 lakhs supply of infrastructures: Computer/ Laptop with Telemedicine kit, Video conferencing kit, Monitor, web camera, External microphone, Broadband/leas line Connection with installation & implementation of project.
- iii. The project will be done at Headquarter Level by selection of agency for supply, installation & implementation of project for one year.
- iv. Financial Breakup:

Sr. No.		Total Cost
1	K-Prathamik Units (10 )for mobile service provider@ 1.25 lacks/unit	Rs. 12,50,000
2	K-Prathamik Units (20 )for 20 HSCs @ 2.5 lacks/unit	Rs. 50,00,000
3	Registration/ serving Fees for 10,000 persons @ 95/- PAPULATION	Rs. 9,50,000
4	Service visitation reputation /3 <sup>rd</sup> moth@ 20/-per visit/population	Rs. 08,00,000
5	Operator's expenses on 20 HSCs @8,000/M	RS. 19,20,000
6	Consumable @ 400/m per HSC	Rs. 96,000
	TOTAL	Rs. 100.16 lacks Says= 100.00 lacks

**F. If any letter has been forwarded in this context(Mention the letter number with date):** No any letter forwarded.

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