SEMINAR ON THE PROVISION OF HEALTH SERVICES FOR THE PRE-SCHOOL CHILD

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SOME NEWER APPROACHES FOR THE IMPROVEMENT OF EXISTING HEALTH SERVICES

HEALTH POLICIES, HEALTH PLANNING AND PROGRAMME PRIORITIES: COST AND MANAGEMENT

by

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Pre-School child is a child under 5 years of age. In most of the developing countries, a child does not go to school before the age of 5 years.

1. Pre-school group of children from about 15.5% of the total population in Pakistan. In most of the developing countries the position may not be different.

2. 40% of the total attendance in the outpatient Departments of our Hospitals, Rural Health Centres and Dispensaries is of this group of children and infants.

3. Mortality rate is high in this group of population, but lesser as compared to the infants.

4. Morbidity rate is fairly high in this group.

5. Some of the most common ailments of this group of children are as follows. They are also peculiar to this age group:-

i) Gastro-intestinal Disorder.

ii) Respiratory infections.

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PART ONE

BACKGROUND

iii) Malnutrition / under-nutrition.

iv) Communicable Diseases, like measles, whooping cough, Diptheria, Polio, which are not only crippling and cripple the children for life, but also take a heavy toll of their life.

6. The health status of the family members, the socio-economic, educational and cultural level, the standard of living, the attitudes and beliefs of family members, all have a direct and deep affect on the health, growth and development of the pre-school child and also deep re-percussions on the formation of health habits, awareness of health, desire to seek health, utilize the health services to full advantage.

7. In other words, one can safely say that the survival of the pre-school child and his morbidity experiences are family oriented.

8. Since the affect of family environment on an individual begins before birth, since it is during infancy and early childhood that conditions develop which result in handicapping of the individual in later life,and since the early detection of these conditions often render their correction possible, therefore, when planning Health programme and fixing priorities, all these factors should be considered.

HEALTH PLANNING AND PROGRAMMING

9. The type of service rendered should be proportional to the basic and local needs.

10. The amount of service, of course, depends upon the resources of the Government/Communities and the trained manpower available/required for various programmes.

~~11. The services should be well~~ organized,adequate,regular and continuous.

12. Adequate and regular supervision at various levels is essential and preferably MCH/Public Health Specialist.

OBJECTIVES OF THE HEALTH CARE AND SUPERVISION

13. Health services for the pre-school children should be provided:-

i) not only to control the high rates of morbidity and mortality among them, but to preserve and promote their health and that of their mothers.

ii) to ensure safe delivery and alive healthy baby;

iii) to maximize each child's survival at birth;

iv) to increase the vitality of the children born alive;

v) to safeguard them through the most dangerous period of their lives protecting them against all crippling and killing diseases,

vi) to prevent and correct their disabling defects; and ensure that each one of them enjoys good health and does not suffer from the effects of mal and under-nutrition;

vii) to pass a large proportion of them into school in good health to grow up as healthy and intelligent youth and adults to participate in the economic development and [illegible] of his country.

14. Therefore, when planning and organizing/health services/health programmes, for the pre-school children, it should be seen that all the factors which, directly or indirectly influence his health and interfere with his growth and development are duely considered.

The following services should be provided and given priority:

1. Ante-natal care for the expectant mother:

To educate the mothers on their care during pregnancy, child birth and lactation. To educate them on child care and how to keep her child healthy;

2. Intra-natal care:

Intra-natal care i.e., care provided at the time of delivery:-

(a) at home through Domiciliary Midwifery Services;

(b) hospitals;

to ensure safe delivery, healthy and alive baby.

3. Registration and Reporting of Births:

Effort should be made for complete registration of births as far as possible and their reporting to concerned Health Giving Agencies/Personnel as the success of the whole programme depends a great deal upon complete and timely reporting.

4. (a) Post-natal care for the mothers and her infant to protect the mother and her child against infections and promotion of breast feedings.

(b) For early detection of any complication that may have occurred in the mother at the time of delivery or any abnormality that is present in the baby, their timely correction and treatment.

(c) Family Planning Service: To guide the mothers for proper spacing of children, limiting the facilities and use of suitable contraceptives;

5. Care of the infant/regular and continuous.

6. Care of the Pre-School Children:

(a) holding regular conferences at the clinics; i.e. hospital clinics, MCH centres, Rural Health Centres, Basic Health Units and Continuous health care and supervision.

(b) provide treatment for minor ailments.

(c) Home Visiting Service:

This is very important part of service. 50% of the working time should be devoted to this activity. This activity should be given due importance and high priority.

Home visiting by the Health Workers is made:-

i) to educate herself about the people among whom she has to work, to know them, to gain their confidence, to understand the problems which affect family and child health directly or indirectly.

ii) educate the mother, rather the whole family, about healthful living, importance of Home and Food Hygiene, proper food for the children, prevention of diseases, importance of obtaining regular health care and supervision, importance of preventive programme.

iii) follow up the advice and treatment given to them in the clinics and for giving actual practical demonstration in the normal family environment.

iv) follow-up the clinic failures to render help to them.

Preventing Diseases:

The protection of babies and children against illness and disease. Protecting children by immunization against:-

i) Smallpox;
ii) Tuburculosis;
iii) Whooping cough;
iv) Diptheria;
v) Polio;
vi) Tetanus.

Priority depends upon the requirements of the country, viz, in Pakistan protection against Smallpox Tuburculosis is very essential.

Measles causes more havoc than any of the above diseases but for a long time to come, we have to depend on general preventive measures and health education of the families (measles vaccine being very expensive).

The immunization programme is an important weapon to control communicable diseases which causes lot of killing and crippling and therefore, should be given high priority in the Child Health Programme.

8. Health Education

Health Education is one of the most important activities of preventive public health work. All health workers specially Health Visitors, Midwives, Sanitarian and Health Technicians are health educators and play an important role in the services as Health Educators. They should be properly prepared and provided necessary material for this purpose.

This activity also requires high priority in the programme. If there could be a Central Well Equipped and Staff, Health Education Cell, to feed the field workers, with suitable material, it would be much better.

9. Food and Nutrition Guidance combined with practical demonstrations in the clinics and in the homes.

Majority of infants and pre-school children suffer from mal and under-nutrition which adversely effects their whole childhood, youth and adult life, their physique and intelligence. This programme, therefore, should be given a very high priority.

The field workers also require proper training which should be arranged and it should be in special relation to infant and child Nutrition, Nutrition of the Expectant mothers.

10. Family Planning Service - for proper spacing, limiting etc. of children in order to safeguard the health of the mother and that of children/should be provided to mothers through the Child Health Institutions.

11. Sanitation and Safe Water Supply:

Sanitation at Home and Outside Home and safe water supply can remove half the illness, suffering and expenses on health programmes.

15. In most of the developing countries like Pakistan, a large percentage of people are living in rural areas - (80% in case of Pakistan) which lack not only health facilities but also other amenities of life. The areas are very sparsely populated, vast and means of communication meagre.

16. Therefore, the set up of services for providing health care for pre-school children in the Rural Areas would be different from that in the Urban Areas which are densely populated, have some medical and health facilities and also other amenities of life. But the basic objectives in both the cases will remain the same.

17. SERVICES TO BE PROVIDED

1. HEALTH SERVICES FOR MOTHERS

i) Pre-natal care;

ii) Delivery Services;

a) in home through Domiciliary Services;

b) in hospitals.

iii) Post-natal care;

2. Infant care;

3. Child-care;

4. Immunization programme for infants and children;

5. Food and Nutrition guidance combined with practical demonstration in the clinics/homes.
6. Health education;
7. Family planning guidance;
8. Sanitation and safe water supply.

CHILD HEALTH SERVICES IN RURAL AREAS

18. To give a good start in life to the pre-school child, it is logical that health care be provided not only to him, but to his mother, rather than family, as neither he nor his mother can live in a compartmentalized environment which is dynamic, the mother and the child receive constant stimuli and react to the family environment.

19. The management of the health programme for the children in the rural areas may be organized as follows:-

I. BASIC HEALTH UNITS, which may be established if they do not exist:

One basic Health Unit is required for every 5,000 to 10,000 people, depending upon the density of the population, the distances and means of communication.

STAFF IN A BASIC HEALTH UNIT.

1.	Doctor	one.
2.	Lady Health Visitor	one.
3.	Midwife	one.
4.	Health Technicians.	two.
5.	Dental Hygienist	one.
6.	Sanitarian	one.
7.	Auxiliary staff	two.

20. This staff can provide comprehensive and adequate health care - preventive and curative - services not only to pre-school children but also to their mothers and other family members. The Doctor providing curative services, the Lady Health Visitor providing Health Care, immunization and health education of mothers, children and families. Midwife providing midwifery care to mothers, in the clinics and domiciliary care at home when required. Health Technician and Sanitarian will look after the preventive services, sanitation, safe water supply, specially immunization and health education.

21. The cost statement is appended as Annexure 'I'.

II. UPGRADING THE EXISTING DISPENSARIES

22. If there are existing dispensaries and have some staff like Doctor Midwife and Dispenser and cannot provide desired preventive. health care to pre-school children, then the following staff may be added to achieve the objectives given above:-

PROPOSED ADDITIONAL STAFF

1. Lady Health Visitor.	One
2. Health Technician.	One
3. Dental Hygienist.	One
4. Sanitarian.	One

Cost statement is appended as Annexure 'II'.

III. INSTITUTIONS MANAGED BY PARA-MEDICAL STAFF ONLY.

23. In case there is shortage of medical doctors, health care and treatment of minor ailments, other than preventive services, health education, food and nutrition guidance and family planning, immunization, can be provided to the pre-school children and also the mother by para-medical staff.

PROPOSED ADDITIONAL STAFF

1. Health Visitors.	Two
2. Midwife.	One
3. Health Technician	One
4. Dental Hygienist.	One
5. Sanitarian	One
6. Dispenser.	One

24. Cost statement is appended as Annexure III.

25. In case the children need specialist's advice or treatment then the para-medical staff can refer them to larger institutions existing either in the rural areas like Rural Health Centres or the Hospitals at the District level or at the level of other administrative units.

SUPERVISION OF HEALTH SERVICES FOR PRE-SCHOOL CHILD

26. Supervision is one of the most important and essential part of the service in order to provide proper guidance to workers, working at various levels in various institutions meant for providing health care to the pre-school children. Supervision is best provided by a M.C.H./Public Health Doctor, but in case, these doctors are available, then the next best worker is a Public Health Nurse, and she should also be mobile. If Medical Doctors are available specially Maternal and Child Health/Public Health Specialist, one doctor can very conveniently provide supervision to 10-15 centres categorized above. The doctor must be provided transport for this purpose.

CHILD HEALTH SERVICES IN URBAN AREAS

27. The urban areas which are densely populated and have other medical facilities, child health care may be provided through maternal and child health centres with the following staff:-

I. M.C.H. CENTRES: One for every 5000 to 10,000 persons:

STAFF:-

1.	Laday Health Visitors:	Two
2.	Midwives:	Two
3.	Sanitarian	One

4.	Auxiliary Staff:	Two
5.	Dental Hygienist	One
6	A medical doctor, preferably a MCH Specialist - one - for three such Centres.	

Cost statement is appended as Annexure 'IV'.

28. Each MCH Centre with the above staff can provide comprehensive all the above mentioned services to pre-school children and their mothers fairly adequately in a population of ten thousand.

29. Medical care and supervision to pre-school children and mothers may be provided by arranging one Medical Doctor preferably a MCH specialist for every three such centres. The Medical doctor can visit and work in each MCH Centre every alternate day and look after the medical care requirements of the expected mothers, infants and children.

30. The two Lady Health Visitors can provide good health care including immunization service to all the children in this population.

31. The two midwives can easily look after the expectant mothers at the time of delivery and post-natal period under the supervision of the Health visitor and the Medical Doctor.

32. The staff requirements in such Institutions have to be calculated according to the birth rate of the Maternity and Child Health Centre. The doctor for every three centres must be mobile - provided transport.

II. CHILDREN'S HOSPITALS/PAEDIATRICS SECTIONS OF GENERAL HOSPITALS

33. These hospitals and sections should have at least two Health Visitors on their staff to look after the children and their mothers when admitted in the Hospitals for health education purposes, as the mothers, when admitted with sick children in the hospital are in a most captive mood and happily and willingly receive practical and other guidance when given to them.

34. To work in a demonstration area of 3 to 5 thousand people, adjacent to the hospital, to demonstrate the community in that area the usefulness and importance of child health care by providing all preventive and public health services to the people. In a teaching hospital it will be good practical demonstrative project.

III. GENERAL HOSPITALS:

35. All the General Hospitals must reserve a few beds for providing care to the sick children and run a clinic in the out-patient department for providing proper guidance and health education to the mothers coming with their sick children.

36. A well organized immunization and health education programme should also be arranged.

Note: The staff working in the rural areas must be provided free residential accommodation and at least 40% of the pay as rural allowance. They should also be given free transport facilities for their work.

In the towns the workers should be given house rent and conveyance allowance.

The cost is given in Pakistani rupees.

HEALTH PLANNING IN RURAL AREAS

I. BASIC HEALTH UNIT

SCHEME PREPARED FOR ELEVEN MONTHS.

PAY OF OFFICERS:

Medical Officer@ Rs. 1000/-p.m., in the pay scale of Rs. 1000-75-1750.	One	1000XIXII	Rs.	11.000/-
Total ...				Rs. 11,000/-

PAY OF ESTABLISHMENT:

Lady Health Visitor@ Rs.165/- p.m., in the pay scale of Rs.165-8-205/10-255/10-315.	one	165X1X11	Rs.	1.815/-
Midwife @ Rs. 120/-p.m. in the pay scale of Rs.120-3.150/3-180	one	120X1X11	Rs.	1,320/-
Health Technicians @ Rs. 165/- p.m., each in the pay scale of Rs.165-8-205/10-255/10-315	Two	165X2X11	Rs.	3,630/-
Dental Hygienist @ Rs.165/- p.m., each in the pay scale of Rs.165-8-205/10-255/10-315	one	165X1X11	Rs.	1,815/-
Sanitarian @ Rs. 165/-p.m., in the national pay scale of Rs. 165-8-205/10-255/10-315	one	165X1X11	Rs.	1,815/-
Peon @ Rs. 100/-p.m., in the pay scale of Rs.100-2-166/3-140	one	100X1X11	Rs.	1,100/-
Auxiliary staff @ Rs.100/-p.m., in the pay scale of Rs.100-2-116/3-140.	Two	100X2X11	Rs.	2,200/-
Total			Rs.	14,795/-

TRAVELLING ALLOWANCE:

Fixed Travelling allowance @Rs.20/-p.m., each to Lady Health Visitor (Amount is for Home visiting and is too small).		Rs. 220/-
Other Travelling Allowance.		Rs. 4,000/-
	Total....	4,220/-

OTHER ALLOWANCES & HONORARIA:

Non-practising allowance to Medical Officer @ Rs. 200/-p.m.		Rs. 2,200/-
Dearness Allowance to one Medical Officer and eight members of the Staff.		Rs. 8,580/-
	Total	Rs.10,780/-

contigencies:

Drugs and Medicines.	...	Rs.20,200/-
Vaccines.	..	+++
Maintenance		Rs. 1,500/-
	Total	21.500/-

OTHER CONTINGENCIES

Other Contingencies.	..	Rs. 3,000/-
	Total	Rs. 3,000/-

NON-RECURRING EXPENDITURE:

Non-residential/residential building with cost of Land	(70 Sq.Ft.)	Rs. 4,00,000/-
Equipment and Furniture.	..	Rs. 20,000/-
UNICEF asistance (FREE OF COST) additional.		
	Total	Rs. 4,20.000/-
GRAND TOTAL OF THE SCHEME:	..	Rs. 4,85,205/-

+++ Amount of the vaccine may be calculated acoording to the requirement.

N.B.

FREE FURNISHED RESIDENTIAL ACCOMMODATION BE PROVIDED TO ALL WORKERS:

Amount of the Vaccine may be calculated accoording to the requirement.

(A) RECURRING:

PAY OF OFFICER:	Rs.	11,000/-
PAY OF ESTABLISHMENT:	Rs.	14,795/-
TRAVELLING ALLOWANCE;	Rs.	4,320/-
OTHER ALLOWANCES & HONORARIA:	Rs.	10,780/-
CONTINGENCIES:	Rs.	21,500/-
OTHER CONTINGENCIES	Rs.	3,000/-
Total.		Rs. 65,295/-

(B) NON-RECURRING:

Non-recurring Expenditure.	Rs.	4,20.000/-
Total		Rs. 4,20,000/-
GRAND TOTAL.		Rs. 4,85,295/-

II UPGRADING THE EXISTING DISPENSARIES

STAFF ALREADY PRESENT IN THE EXISTING DISPENSARIES:	(Existing Scheme is calculated for twelve months)	
Medical Officer @ Rs.500/-p.m., in the pay scale of Rs 500-50-1250	One 500X1X12	Rs. 6 000/-
Midwife @ Rs.120/-p.m., in the pay scale of Rs.120-3-150/S-180	One 120X1X12	Rs. 1 440/-
Dispenser @ Rs.150/-p.m. in the pay scale of Rs.150-6-180/8-320/10-250	One 150X1X12	Rs. 1 800/-
	TOTAL	Rs. 9 240/-

ADDITIONAL STAFF REQUIRED: (Scheme is calculated for eleven months)

Lady Health Visitor @ Rs.165/- p.m. in the pay scale of Rs.165-8-205/10-255/10-315	One 165X1X11	Rs. 1 815/-
Health Technician @ Rs.165/- p.m. in the pay scale of Rs.165-8-205/10-255/10-315	One 165X1X11	Rs. 1 815/-
Dental Hygienist @ Rs.165/- in the pay scale of Rs.165-8-205/10-255/10-315	One 165X1X11	Rs. 1 815/-
Sanitarian @ Rs.165/- in the pay scale of Rs.165-8-205/10-355/10-315	One 165X1X11	Rs. 1 615/-
	TOTAL	Rs. 7 260/-

TRAVELLING ALLOWANCE:

Fixed Travelling allowance @Rs.20/-p.m., each to Lady Health Visitor (amount is for Home visiting and is too small)		Rs. 220/-
	TOTAL	Rs. 220/-

OTHER ALLOWANCES AND HONORARIA:

Dearness allowance to four members of the staff @ Rs.35/- plus 50/- p.m.		Rs. 3 740/-
	TOTAL	Rs. 3 740/-

CONTINGENCIES:

Drugs and Medicines	.. ..	Rs. 20 000/-
Vaccines	.. ..	***
Maintenance	.. ..	Rs. 1 500/-
	TOTAL	Rs. 21 500/-

*** Amount of the vaccine may be calculated according to the requirement.

OTHER CONTINGENCIES:		
Other Contingencies		Rs. 3 000/-
	TOTAL	Rs. 3 000/-
NON-RECURRING EXPENDITURE:		
Making additions in the building		Rs.1 05 000/-
Equipment and Furniture		Rs. 20 000/-
(UNICEFassistance (free of cost) additional		
	TOTAL	Rs. 1 25 000/-
	GRAND TOTAL OF THE SCHEME	Rs. 1 60 720/-

N.B.

FREE FURNISHED RESIDENTIAL ACCOMMODATION BE PROVIDED TO ALL WORKERS:

(a)	RECURRING EXPENDITURE		
	PAY OF ADDITIONAL STAFF:	Rs. 7 260/-	
	TRAVELLING ALLOWANCE:	Rs 220/-	
	OTHER ALLOWANCES & HONORARIA:	Rs. 3 740/-	
	CONTINGENCIES	Rs. 21 500/-	
	OTHER CONTINGENCIES:	Rs. 3 000/-	Rs. 35 720/
(b)	NON-RECURRING EXPENDITURE:		
	Non-recurring expenditure	Rs. 1 25 000/-	
	GRAND TOTAL	Rs. 1 60 720/-	

III. INSTITUTIONS WITH PARA-MEDICAL STAFF ONLY.

PAY OF ESTABLISHMENT. (Scheme is calculated for eleven months)

Lady Health Visitors @ Rs.165/- p.m., each in the National Pay scale of Rs.165-8-205/10-255/10-315.	two	165X2X11	Rs.	3,630/-
One Midwife @ Rs.120/-p.m., in the pay scale of Rs.120-3-150/5-180.	one	120X1X11	Rs.	1,320/-
Sanitary Inspector @ Rs.165/- in the pay scale of Rs.165-8-205/10-255/10-315	one	165X1X11	Rs.	1,815/-
Dispenser/Med.Technician @ Rs.150/-p.m., in the pay scale of Rs.150-6-180/8-220/10-250.	one	150X1X11	Rs.	1,650/-
Dental Hygienist @ Rs.165/-p.m., in the pay scale of Rs.165-8-205/10-255/10-315	one	165X1X11	Rs.	1,815/-
Peon @ Rs.100/-p.m., in the pay scale of Rs.100-2-116/3-140	one	100X1X11	Rs.	1,100/-
Chowkidar @ Rs.100/-p.m., in the pay scale of Rs.100-2-116/3-140	one	100X1X11	Rs.	1,100/-
Auxiliary Staff @ Rs.100/-p.m., in the pay scale of Rs.100-2-116/3-140.	Two	100X2X11	Rs.	2,200/-
Total			Rs.	14,750/-

TRAVELLING ALLOWANCE:

Fixed Travelling allowance @ Rs.20/-p.m., each to Lady Health Visitor. (Amount is for Home visiting and is too small).			Rs.	440/-
Total			Rs.	440/-

OTHER ALLOWANCES & HONORARIA:

Dearness Allowance to 10 members of the Staff, @ Rs.35/-plus Rs.50/-		--	Rs.	9,350/-
Total..			Rs.	9,350/-

CONTINGENCIES:

DRUGS and Medicines.			Rs.	20,000/-
Vaccines.				
Maintenance age.			Rs.	1,500/-
Total..			Rs.	21,500/-

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Amount of the Vaccine may be calculated according to the requirement.

OTHER CONTINGENCIES:

Other Contingencies		Rs. 3,000/-
Total....		Rs. 3,000/-

NON-RECURRING EXPENDITURE:

Residential Non-residential Building.		Rs. 2,00,000/-
Equipment and Furniture.		Rs. 20,000/-
UNICEF assistance (FREE OF COST) additional.		
Total..		Rs. 2,20,000/-
GRAND TOTAL		Rs. 2,69,000/-

N.B.

FREE FURNISHED RESIDENTIAL ACCOMMODATION BE PROVIDED TO ALL WORKERS.

(A)	RECURRING EXPENDITURE.			
	PAY OF ESTABLISHMENT:	Rs.	15,750/-	
	TRAVELLING ALLOWANCE:	Rs.	440/-	
	OTHER ALLOWANCES & HONORARIA:	Rs.	9,350/-	
	CONTINGENCIES.	Rs.	21,500/-	
	OTHER CONTINGENCIES:	Rs.	3,000/-	Rs. 49,040/-
(B)	NON-RECURRING:			
	Non-recurring Expenditure.	Rs.	2,20,000/-	Rs. 2,20,000/-
	GRAND TOTAL.			Rs. 2,69,040/-

IV. HEALTH PLANNING IN URBAN AREAS.

Maternity and Child Welfare Centre for Population - 10,000/-

PAY OF ESTABLISHMENT:

Lady Health Visitors @Rs.165/- p.m.,each in the scale of Rs.165-8-205/10-255/10-315.	Two	165X2X11	=Rs.	3,630/-
Midwives @ Rs.120/-p.m.,each in the Pay scale of ... of Rs.120-3-150/5-180	Two	120X2X11	=Rs.	2,640/-
Auxiliary Staff @ Rs.100/-p.m.,each in the National Pay Scale of Rs.100-2-116/3-140.	Two	100X2X11	=Rs.	2,200/-
Total..	..	..	Rs.	8,470/-

TRAVELLIN ALLOWANCE:

Fixed T.A. for Lady Health Visitors @ Rs.20/-p.m., (amount is for Home Visiting and is too small).	..	..	Rs.	440/-
Total..	..	..	Rs.	440/-

OTHER ALLOWANCES AND HONORARIA:

Dearness Allowance to six members of the staff @ Rs.35/- plus Rs.50/-p.m.,each.	..	..	Rs.	5,610/-
Total	..	..	Rs.	5,610/-

CONTINGENCIES:

Drugs & Medicines etc.	..	..	Rs.	15,000/-
Vaccines	..	..	***	
Total	..	..	Rs.	15,000/-

OTHER CONTINGENCIES:

Contingencies for demonstration @ Rs.25/-p.m.	..	..	Rs.	275/-
Rent for building @ Rs.100/-pm...		..	Rs.	1100/-
Total.....		..	Rs.	1375/-

***
Amount of the Vaccine may be calculated according to the requirement.

NON-RECURRING EXPENDITURE:

Equipment and Furniture.		Rs. 5,000/-
UNICEF assistance (FREE OF COST) additional.		
	Total..	Rs. 5,000/-
	GRAND TOTAL OF THE SCHEME	Rs. 35,895/-

N.B.

FREE FURNISHED RESILENTIAL ACCOMMODATION BE PROVIDED TO ALL WORKERS

(A)	RECURRING:		
	PAY OF ESTABLISHMENT:	Rs. 3, 70/-	
	TRAVELLING ALLOWANCE:	Rs. '76/-	
	OTHER ALLOWANCES AND HONORARIA	Rs. 5,610/-	
	CONTINGENCIES:	Rs. 15,000/-	
	OTHER CONTINGENCIES.	Rs. 1,275/-	Rs.30,035/-
(B)	NON-RECURRING:		
	Non-recurring Expenditure.	Rs. 5,000/-	Rs. 5,000/-
	GRAND TOTAL...		Rs.35.895/-