

Record of Proceedings of the National Programme Coordination Committee (NPCC) held under the Chairmanship of Shri G.C. Chaturvedi, Additional Secretary and Mission Director, NRHM for approval of NRHM Programme Implementation Plans of Meghalaya State for the year 2008-09.

A meeting of the NPCC of NRHM was held on 25th March 2008 under the Chairmanship of AS & MD, NRHM to approve the PIP of **Meghalaya**. The list of members who attended the meeting is placed at Annexure I. The NPCC meeting was convened after the Pre- Appraisal meeting for the State with written and oral comments provided to the State to modify the proposal before the NPCC.

It was clarified to the States that the proposal of the State under NRHM 2008-09 would comprise of the following resources:

- (A) Likely Unspent (Committed and uncommitted) balance under NRHM in the State on 1 April 2008.
- (B) Resource Envelope for the State under NRHM from the Ministry of Health and Family Welfare, GOI, as communicated by the Ministry to the States.
- (C) 15% State contribution to NRHM made as a grant to the State Health Society. The 15% contribution will be against the overall Resource envelope of NRHM listed at "B" above.
- (D) 10-15% over and above B+C, above, assuming some carry over of works at the end of the financial year 2008-09.

Based on the above principle, the resources available for the State for 2008-09 are as follows:

Table 1

(Rupees in lakh)

S. No.	Head	Amount
1	Likely Unspent Balance under NRHM on 1.4.2008, of which ¹	5077.62
1a	Uncommitted Unspent Balance	1269.41
2	GOI Resource Envelope for 2008-09 under NRHM	6091.36
3	15% State Share	913.70
4	Planning Margin of 15% over and above the resources (15% of the sum of 2 and 3)	1050.76
5	Total Resources (sum of 1a, 2, 3 and 4)	9325.23

¹ The unspent balance is estimated on the basis of figures provided by the State/FMG/Program Divisions for the various program components, as given in Table 2 below. Wherever these figures have not been provided, nil figures have been taken. Uncommitted unspent balance has been estimated at 25% of the unspent balance.

The breakup of the tentative Resource Pool indicated to the State for preparation of SPIP was as follows:

Table 2

(Rupees in Lakh)

S.No.	Component/Scheme	Likely Unspent Balance on 1.4.2008	Gol Allocations (cash and kind grants mentioned)
1	RCH Flexible Pool (incl. JSY, Family Planning, Immunisation)	1236.61	1766.00
2	NRHM Flexible Pool	3779.00	1972.00
3	PPI Op. Cost		109.00
4	NVBDCP (incl. Commodity assistance of Rs. 714.41 lakh)	62.01	960.01
5	RNTCP (incl. Commodity assistance of Rs. 6.3 lakh)		73.58
6	NPCB		250.00
7	NLEP (Incl. kind grants)		47.51
8	NIDDCP		38.00
9	IDSP		28.82
10	Infrastructure Maintenance (Treasury Transfer)		846.44
	Total	5077.62	6091.36

The unspent/uncommitted figures have been taken as indicated by the State or estimated as per details given in the footnote above. Any modification in that figure will have implications for the size of the SPIP and in case of lower figures, there will be a commensurate reduction in the approval given.

An extract of the proposed amounts in the SPIP and the approvals accorded is given in the Table below.

Table 3

(Rs. In lakh)

S.No.	Component /Scheme	Amount proposed	Amount Approved

1	Part A: RCH Flexible Pool (incl. JSY, Family Planning)	1379.45	1377.04
2	Part B: NRHM Flexible Pool	5996.92	4332.73
3	Part C: Immunisation	191.42	191.21
	Part D: Disease Control Progs.		
4	NVBDCP	960.01	960.01
5	RNTCP	130.00	130.00
6	NPCB	110.25	205.90
7	NLEP (Incl. kind grants)	44.90	40.27
8	NIDDCP	67.26	38.00
9	IDSP	150.62	28.82
10	Infrastructure Maintenance (Treasury Transfer)	846.44	846.44
	Total	9877.27	8150.42

The unspent/uncommitted figures have been taken as indicated by the State. Any modification in that figure will have implications for the size of the SPIP and in case of lower figures, there will be a commensurate reduction in the approval given.

The core activities for decentralized management of the health system like untied grants to Village Health and Sanitation Committees, Sub Centres, PHCs, CHCs, District Hospitals, RKS grants have to be fully provided for and the remaining activities may be taken up thereafter only.

A. The following general conditions will apply :-

1. All posts under NRHM are on contract and based on local criteria. These should be done by the Rogi Kalyan Samiti / District Health Society. Residence at place of posting is mandatory. All such appointments are for a particular institution and non transferable.
2. Blended payments comprising of a base salary and a performance based component, should be encouraged.
3. State Government must fill up its existing vacancies against sanctioned posts, preferably by contract.
4. Transparent transfer and career progression systems should be implemented in the State, for established cadres.
5. Delegation of administrative and financial powers should be completed during the current financial year.

6. State shall set up a transparent and credible procurement and logistics system on the lines of the Tamil Nadu Medical Services Corporation. State agrees to periodic procurement audit by third party to ascertain progress in this regard.
7. The State shall undertake institution specific monitoring of performance of Sub Centre, PHCs, CHCs, DHs, etc.
8. The State shall operationalize an on-line HMIS in partnership with MOHFW.
9. The State shall take up a massive capacity building exercise of Village Health and Sanitation Committees, Rogi Kalyan Samits and other community /PRI institutions at all levels.
10. The State shall ensure regular meetings of all community Organizations /District /State Mission with public display of financial resources received by all health facilities.
11. The State Govts. Shall also make contributions to Rogi Kalyan Samits besides seeking public donations/charges wherever feasible.
12. The State shall endeavour to bring the Budget of Health facility under the supervision of Rogi Kalyan Samiti/Hospital Management Committee, etc.
13. The State shall prepare Essential Drug lists of generic drugs and Standard treatment Protocols, and give it wide publicity.
14. The State shall focus on the health entitlements of vulnerable social groups like SCs, STs, OBCs, Minorities, Women, migrants etc.
15. The State shall ensure timely performance based payments to ASHAS/Community Health Workers.
16. Incentives for ASHAs will be booked under the respective programmes.
17. The State shall appoint the contractual 2nd ANM in PHSCs only after ensuring that a regular ANM and a MPW (Male) has been posted. The State may provide for a regular ANM in place of MPW (Male) from its own budget in which case the contractual appointment from NRHM will be for the 3rd ANM only.
18. The State shall encourage in patient care and fixed day services for family planning.

19. The State shall ensure effective and regular organization of Monthly Health and Nutrition Days, including record-keeping (to monitor utilization of services), and linking them to regular services for antenatal care, postnatal care, immunization etc.
20. All performance based payments/incentives should be under the supervision of Community Organizations (PRI)/RKS.
21. The State agrees to follow all the financial management systems under operation under NRHM and shall submit Audit Reports, FMRs, Statement of Fund Position, as and when they are due. State also agrees to undertake Monthly District Audit and periodic assessment of the financial system.
22. The State agrees to fast track physical infrastructure upgradation by crafting State specific implementation arrangements. State also agrees to external evaluation of its civil works programmes.
23. The State Govt. agrees to co-locate AYUSH in PHCs/CHCs, wherever feasible.
24. 15% of the State share would have to be credited to the account of the State Health Society.
25. The state should improve implementation of JSY by ensuring that:
 - a) Payment is made to the beneficiary at the time of delivery through bearer cheque;
 - b) Referral package is as per guidelines;
 - c) Monitoring of JSY is as per directives of GOI;
 - d) Grievance redressal mechanism for JSY is set up at the local level;
 - e) Quality of services for deliveries at public health facilities is monitored; private sector facilities are accredited and monitored;
 - f) Two days stay after delivery is adhered to and newborn care essentials (counseling and basic equipment) are focused upon in the facilities.
26. The State Government shall ensure optimal utilization of funds under National Health programmes and for Disease Surveillance with appropriate support from the NRHM for these programmes.

B. State Specific Conditions/Observations

1. The State Programme Management Unit needs to be strengthened.

2. There is a need for improvement of FP services in the State, especially in view of the fact that the State has some of the worse FP indicators in the country.
3. The State has been slow in rolling out the ASHA training and even the 1st Module has not been completed for all ASHAs till date. Special focus may be given for completing the training as per guidelines given.

Annexure I

List of participants for the meeting of the National Programme Coordination Committee held on 25.3.08 under the Chairmanship of Shri G.C. Chaturvedi, AS& MD, NRHM to consider the PIPs 2008-09 of Tamil Nadu, Uttar Pradesh, Arunachal Pradesh and Meghalaya

1. Shri G C Chaturvedi, Mission Director (NRHM), M/o HFW
2. Shri Amarjeet Sinha, JS(AS)
3. Ms Aradhana Johri, JS(AJ)
4. Shri B K Prasad, JS(BKP)
5. Dr Sunil Khaparde, DC(ID)
6. Dr I P Kaur, DC(Trg)
7. Shri P K Srivastava, Dir (Stat)
8. Shri P K Aggarwal, Dir (NRHM-Fin)
9. Shri Amardeep Bhatia, Dir(NE)
10. Dr Aakash Shrivastava, IDSP
11. Dr L S Chauhan, DADG(TB)
12. Shri A K Puri, DADG(L)
13. Ms Archana Varma, DS
14. Dr Sharat Chauhan, DS
15. Shri Robert L Chongthu, DS(NE)
16. Dr B K Tiwari, Adv (Nutrition)
17. Dr A Raghu, Astd. Advisor (Ay)
18. Dr N Namshum
19. Dr Manisha Malhotra, AC (MH-I)
20. Dr Keerti Malviya, AC(FP-II)
21. Dr Geetawali Sharma, CTD
22. Dr S K Sikdar,
23. Dr Himanshu Bhushan
24. Dr Sandeep Sachdeva, Consultant, NPCB
25. Shri P K Mukhopadhyay, Consultant (WHO)
26. Ms P Priyadarshi, MSG
27. Ms Jhimly Baruah, Consultant, MSG
28. Dr M M Misro, Reader, NIHFW
29. Shri N S Rawat, NIHFW, Munirka
30. Dr D K Mangal, UNFPA
31. Dr Ritu Priya, NHSRC
32. Dr Afshan Muzaffar, NHSRC

List of participants from States:

33. Shri V K Subburaj, Secretary (H&FW), Govt. of Tamil Nadu
34. Ms Apoorva, Mission Director, Govt. of Tamil Nadu
35. Dr P Padmanaban, Director of Public Health & Preventive Medicine, Govt. of Tamil Nadu
36. Dr V Velayuthan, Director, NRHM, Chennai
37. Dr S Elango, Addl Director of PH, Govt. of Tamil Nadu

38. Dr Arun Murugan, Medical Officer, State Health Society, Govt. of Tamil Nadu
39. Dr A K Rajendran, Jt Director, State Health Society, Tamil Nadu
40. Dr M Senthamizhan, Jt director (Immn),O/o DPH, Chennai-6
41. Dr K S Parvatham, State Programme Officer, Tamil Nadu State Blindness Control society
42. Dr E Suburam, State TB Officer, DMS Office, Jeynampet, Chennai -6 Tamil Nadu
43. Dr. K Kamatchi, Medical Officer, State Health Society, DMS Office, Jeynampet, Chennai -6 Tamil Nadu
44. Dr J Prebhu Clement Devadass, Tech Consultant, Govt. of Tamil Nadu
45. Shri V Sathiya, State Health Society, Finance Manager, Tamil Nadu
46. Shri Rajeev Kapoor, Secretary, Health, Govt of Uttar Pradesh
47. Ms Nita Chowdhury, Pr Secretary Health & F P, Govt. of Uttar Pradesh
48. Dr Aruna Narain, Dir of FW, Govt. of Uttar Pradesh
49. Dr K K Singh, State Programme Officer, NPCB Uttar Pradesh
50. Dr Jagdish Rai, State T B Officer, Uttar Pradesh
51. Shri Talem Tapok, Mission Director, Govt. of Arunachal Pradesh
52. Dr B V S Murthy, DDHS(Ayush),O/o Mission Director (NRHM), Arunachal Pradesh
53. Dr L Jampa, SSO_IDSP, O/O DHS, Arunachal Pradesh
54. Dr D Padung, Nodal Officer (NRHM), Govt. of Arunachal Pradesh
55. Dr R H Pariat, Mission Director (NRHM), Dte of Health Services, Govt of Meghalaya
56. Dr Bikash Das, State Facilitator, Dte of H S, Govt. of Meghalaya
57. Dr N Jain, DHW, SIHFW

Annexure II

PART A: RCH II 2008-09

S. No.	Activity proposed by state	Amount Proposed		Amount Permissible		Remarks
		Rs. lakhs	%	Rs. lakhs	%	
1.	Maternal Health	123.75	10.7	123.75	10.7	Subject to state providing details on lumpsum amounts. (for lumpsum amounts/ conditional approvals, please see Attachment "A")
2.	Child Health	97.10	8.4	97.10	8.4	
3.	Family Planning	0.00	0.0	0.00	0.0	
4.	Adolescent Health	36.51	3.1	36.51	3.2	
5.	Urban Health	129.58	11.2	129.58	11.2	
6.	Tribal Health	0.00	0.0	0.00	0.0	
7.	Vulnerable groups	0.00	0.0	0.00	0.0	
8.	Innovations/PPP/NGO	47.24	4.1	47.24	4.1	
9.	Infrastructure and HR	223.28	19.2	223.28	19.3	
10.	Institutional strengthening	203.98	17.6	203.98	17.6	
11.	Training	95.91	8.3	93.50	8.1	
12.	BCC/ IEC	139.78	12.0	139.78	12.1	
13.	Procurement	0.00	0.0	0.00	0.0	
14.	Program management	64.14	5.5	64.14	5.5	
	Total Base Flexipool	1161.27	100.0	1158.86	100.0	
	JSY	180.68		180.68		
	Sterilisation Compensation	37.50		37.50		
	NSV Camps					
	Total RCH Flexipool	1379.45		1377.04		

NOTES:

- The above approved amount of Rs. 1377.04 lakh includes estimated uncommitted, unspent balance with the state. The unspent balance is an estimate only and in case the actual unspent, uncommitted balance varies from the figure assumed, the allocation will be reviewed at an appropriate stage. In case of higher unspent, uncommitted balance available with the State, it may propose from the following activities for approval, strategies for which have been mentioned in its PIP but no budget has been proposed:

Maternal health

- Multi -skilling training in Obstetrics and Gynaecology; multi-skilling training in Paediatrics

- Orientation of dais/ TBAs on safe delivery
- Operationalising of blood storage facilities in CHCs

Family Planning

- A one-day state level workshop on contraceptive updates and Emergency Contraceptives
- Provide IUD services at health facilities in districts.

Child health

- Multi skilling training in paediatrics for MOs could be considered.

Additionally, the state may wish to consider:

- Establishment of QA cells for all MCH activities at state and district levels, including ensuring monitoring the quality of trainings.
2. The state should book costs under NRHM Additionalities vs. RCH II in line with the letter to states from Mission Director (NRHM) in January 2008.
 3. The state needs to keep Programme Management cost within 6% of the GoI allocation.
 4. The funds for procurement of RCH Drugs and Kits have already been sanctioned for the year 2007-08. It has been observed that process of procurement and actual receiving of supply at the facilities takes almost 6 to 9 months, so even if we process the supply for 08-09, this will actually be utilized in 09-10. The same cycle is likely to continue till the procurement system in the states are strengthened enough to handle timely supply of drugs to health facilities. Very soon, a decision in this regard will be taken, till then the reflection of cost in the PIP for 2008-09 is required.
 5. Purchase of vehicles, construction of new facilities, and payment of salaries to government employees are not permissible.
 6. Activities carried over from 2007-08, and funds (and activities) from non-NRHM sources (State funds, Development Partners, etc.) should be reflected in the work plan and budget for 2008-09 in order to have a holistic PIP.
 7. A revised work plan, detailed activity wise budget and physical targets for intermediate indicators (refer Annex 3d, 3e and 3b respectively of the Operating Manual), in line with the above and detailed comments in Attachment “A” should be communicated to GoI by May 31, 2008. In addition, state should provide a list of FRUs and 24-hour PHCs operationalised as at April 1, 2008.
 8. The state should ensure that the underlying systems for reporting and analysing variances (physical and financial) against the district plans and state PIP are

developed. This is particularly important, since the state is expected to prepare quarterly progress reports in line with Annex 4a and 4b of the Operating Manual.

9. *Budget/ work plan must reflect funds (and activities) from non-NRHM sources (state funds / DPs) in order to have a holistic PIP.*
10. Booking of costs under RCH II should be in line with the budget heads specified in the Operating Manual and the FMR format (e.g. contractual service delivery staff cost should be booked under “Infrastructure and Human Resources”; all training to be booked under “Training”).
11. RCH II budget has to be provided in line with the prescribed formats for the activity-wise detailed quarterly budget with quarterly physical targets. This is to enable both the state and GoI to monitor implementation progress.

DETAILED COMMENTS TO REVISED BUDGET

Non permissible

Intervention	Total (Rs. Lakhs)	REMARKS
Training		
11.5.5. Immunization training		
- MOs	0.97	Activities pertaining to immunization are not permissible under RCH. These should be classified under Part C: Immunization budget.
- ANMs	0.85	
- Supervisors	0.36	
- MPW (Male)	0.23	

Conditional approvals:

Lump sum Amounts

A broad break up of expenditure is required for the following lump sum amounts:

Intervention	Total (Rs. Lakhs)	REMARKS
Maternal health		
1.4.3. Monitor quality and utilization of services	8.6	Detailed break up (rate) needs to be provided
Institutional strengthening		
10.3.3. Other M & E activities		
Mobility support for monitoring	148.44	Detailed break up needs to be provided
Training		

Intervention	Total (Rs. Lakhs)	REMARKS
11.5.1.2. IMNCI training for MOs	25.00	Detailed break up (training load, duration, venue) needs to be provided
IEC/ BCC		
12.4. School Health	14.00	Detailed break up needs to be provided
Ongoing monitoring of BCC activities	8.40	

Annexure III

Part B: NRHM Mission Flexible Pool.

S.No.	Proposed Activity	Amount Proposed (2008-09) (Rs. in Lakh)	Amount approved (2008-09) (Rs. in Lakh)	Remarks
1	ASHA			
1.1	Training of Community Health Workers - ASHA			
1.1.1	TA for 6180 ASHA @ Rs 100 per trip for 6 trips in a year	37.080	37.080	Approved,
1.1.2	DA for 25 days @ Rs 100 per ASHA	154.500	154.500	Approved.
1.1.3	Training material @ RS 300 per ASHA	18.540	18.540	Approved.
1.1.4	Honorarium to 5 trainers Rs 100 per trainer per for 247 batches	30.875	30.875	Approved.
1.1.5	Food & lodging Rs 100 per ASHA per day	154.500	154.500	Approved.
1.2	Training for Block Training Team(BTT)			
1.2.1	DA for 388 BTT Trainees @ Es 100 per day	10.864	10.864	Approved.
1.2.2	Honorarium to 5 trainers @ Rs 100 per trainer per day for 23 days for 15 batches	1.725	1.725	Approved.
1.2.3	Food & lodging Rs 100 per per day for 388 BTT Trainees & 5 Trainers	11.004	11.004	Approved.
1.2.4	Training material @ RS 300 per BTT Trainee (388)	1.164	1.164	Approved.
1.2.5	TA as per Govt. Rule Rs 500 for six times	11.640	3.880	It may not be required to call all the BTT Trainees six times in a year for training. Requirement may be at the most for two times in a year
1.3	ASHA facilitators			
1.3.1	For 143 facilitators for 7 days. TA @ Rs. 700, DA @ Rs1050, Materials and Stationaries @ Rs 700 per facilitator	13.657	13.657	Approved.
1.3.2	Salary of Facilitators @ Rs. 3000/- pm	51.480	34.320	Approved for 8 months. As the facilitators may take time to be selected,

				salary budgeted for 8 months only.
1.3.3	Mobility for State Facilitators @ Rs. 6000 per facilitator p.a.	8.580	8.580	Approved.
1.3.4	Office expenses @ Rs 1200 per facilitator	1.716	1.716	Approved.
1.4	Others			
1.4.1	Dress for ASHA @ Rs 1000 per ASHA	61.800	41.412	Approved for the amount mentioned in view of the limitations of fund available (@ Rs. 10000/- per ASHA). The Staet may take up in a phased manner, if required in view of the lesser availability of funds.
1.4.2	Incentives to ASHAs @ Rs 20 per VHN Days observed	7.663	7.663	Approved.
1.4.3	Drug Kit @ Rs. 700 per ASHA	43.260	86.520	Approved for providing drug kit twice, as per norms @ Rs. 600/per kit.
		620.048	618.000	
2	Untied Fund for 6180 Village Health & Sanitation Committees @ Rs 10,000 per VHSC	618.000	618.000	Approved.
3	Sub Centres			
3.1	Untied Fund for 401 SC @ Rs. 10,000 per SC	40.100	39.800	Approved for 398 SCs (as per RHS Statistics)
3.2	Annual Maintenance grant for 401 SC @ RS 10,000 per SC	39.300	39.000	Approved for 390 SCs (those having buildings, as per RHS Statistics)
3.3	Construction of 43 residential quarters for ANM @ Rs 3.5 lakh per quarter	150.500	150.500	Approved.
3.4	Equipment for 43 SCs @ Rs 25680 per SC	11.042	11.042	Amount proposed is approved. Procurement should be to meet gaps indicated in Facility Survey and not on a pro rata basis.
3.5	Salary for exiting 135 ANM & new 50 proposed ANMs @ Rs 6000 per month (In PIP salary has been proppoed for one month only)	133.200	133.200	Approved.

3.6	Maintenance grant for 401 SC @ RS 10,000 per SC	40.100	0.000	Not approved. Proposed at two places. Duplication.
3.7	Procurement of TBA kits @ Rs 45 per kit for conducting 45,000 deliveries.	20.250	20.250	Approved. Should be ideally provided under RCH-II.
	Total	434.492	393.792	
4	Primary Health Centres			
4.1	Untied Fund for 104 PHCs @ RS 25,000 per SC	26.000	25.750	Approved for 103 PHCs (RHS Statistics).
4.2	Annual Maintenance grant for 104 PHCs @ RS 50,000 per SC	52.000	51.500	Approved for 103 PHCs (RHS Statistics).
4.3	RKS grant to 104 PHCs @ RS 100,000 per RKS	104.000	103.000	Approved for 103 PHCs (RHS Statistics).
4.4	Construction of residential quarters for doctors @ Rs 10 lakh per quarter in 11 PHCs	110.000	110.000	Approved.
4.5	Construction of 3 residential quarters for GNMs per PHC @ Rs 6 lakh per quarter for 11 PHCs	198.000	198.000	Approved.
4.6	Salary of PHN @ RS 10,000 per PHN for 11 PHNs	13.200	13.200	Approved.
4.7	Procurement of color coded bin, bags, gloves, needle cutter in 104 PHCs @ Rs 6000 per PHC	6.240	6.180	Approved.
4.8	Procurement of RTI/STI kit in 26 PHCs @ Rs 7000 per PHC	1.820	0.000	Not approved. It should be funded under RCH-II.
4.9	Construction of 3 new PHCs with Staff quarters @ Rs 151 lakh per PHC	453.000	453.000	Approved for 3 PHCs. Location should be finalised to cover the maximum uncovered areas, for which GIS mapping may be used. Detailed break-up of the cost proposed for each of the PHC (including an abstract of the cost estimates) may be given before initiation of the works. The Meghalaya PWD/CPWD Schedule of Rates and IPHS norms may be strictly followed for construction.

4.10	4 number of SDs staff quarters @ Rs 98 lakh per Staff quarter	392.000	196.000	Approved for upgradation to PHCs for SDs at 2 location out of the proposed Jirang, Rongrengigiri and Rynjah. The State may prioritise. Regular posts may be created and filled by the State Government. Detailed break-up of the cost proposed for each of the PHC (including an abstract of the cost estimates) may be given before initiation of the works. The Meghalaya PWD/CPWD Schedule of Rates and IPHS norms may be strictly followed for construction.
4.11	Equipment for 7 PHCs @ Rs 2 lakh per PHC	14.000	14.000	Approved.
4.12	Furniture for 7 PHCs @ Rs 1 lakh per PHC	7.000	7.000	Approved.
4.13	Procurement of 10 ambulances @ Rs 5 lakh per ambulance	50.000	50.000	Approved.
4.14	POL & maintance of 20 ambulance @ Rs Rs72,000 per ambulance p.a	14.400	0.000	Not approved. Recurring expenditure may be borne by concerned RKS on a cost recovery basis.
4.15	Equipment of 11 PHCs @ Rs. 1.91 lakh per PHC	21.010	21.010	Approved.
	Total	1462.670	1248.640	
5	Community Health Centres			
5.1	Untied Fund for 28 CHCs @ RS 50,000 per SC	14.000	13.000	Approved for 26 CHCs (RHS figures).
5.2	Annual Maintenance grant for 28 CHCs @ RS 100,000 per SC	28.000	26.000	Approved for 26 CHCs (RHS figures).
5.3	RKS grant to 28 CHCs @ RS 100,000 per RKS	28.000	26.000	Approved for 26 CHCs (RHS figures).
5.4	Construction of residential quarter for 3 Staff nurses each for 5 CHCs @ RS 6 lakh per quarter	90.000	90.000	Approved.

5.5	Hiring of 1 surgeon @ RS 30,000 per month & incentive for 5 CHCs (+Rs. 10000/- p.m. performance related incentive)	24.000	24.000	Approved. Salary should be as per NRHM norms. Compensation over and above the prescribed norms may be in the form of performance related incentives which should be given through RKS, for which detailed guidelines, linking to performance indicators may be given by State.
5.6	Salary of PHN @ RS 10,000 per PHN for 5 PHNs	6.000	6.000	Approved.
5.7	Salary of 3 staff nurses @ Rs 9000 per nurse for 15 CHCs	16.200	16.200	Approved.
5.8	Procurement of 5 ambulances @ Rs 5 lakh per ambulance	25.000	25.000	Approved.
5.9	POL & maintance of 10 ambulance @ Rs Rs72,000 per ambulance p.a.	7.200	0.000	Not approved. Recurring expenditure may be borne by concerned RKS on a cost recovery basis.
5.10	Procurement of RTI/STI kit in 28 PHCs @ Rs 7000 per CHC	1.960	0.000	Not approved. It should be funded under RCH-II.
5.11	Procurement of color coded bin, bags, gloves, needle cutter in 28 CHCs @ Rs 6000 per CHC	1.680	1.560	Approved.
5.12	Renovation of Sohra CHC @ Rs. 63.376 lakh for renovation and improvement, Rs. 11.759 lakh for internal electrification and 5% for work charge establishment and contingency	78.892	0.000	Not approved in the current year.
	Total	320.932	227.760	
6	District Hospital/State Hospital			
6.1	Strengthening of 3 District Hospitals @ Rs 2 Crore per DH. Rs. 1 crore already released in 2006-07	600.000	150.000	Approved for Rs. 50 lakh per District Hospital during the current year. Rs. 1 crore released not yet fully utilised.
6.2	Strengthening of 1 State Hospital	300.000	0.000	Not approved in current year. Separate upgradation proposal under 'Forward Linkages to NRHM

				for NE States' may be sent.
6.3	RKS Grant to 6 DH/State Level Hospital @ RS 5 lakh per hospital	30.000	30.000	Approved.
6.4	Procurement of RTI/STI kit in 3 DH @ Rs 7000 per CHC	0.210	0.000	Not approved. It should be funded under RCH-II.
6.5	Procurement of color coded bin, bags, gloves, needle cutter in 6 DHs @ Rs 6000 per DH/State CH	0.360	0.300	Approved for DHs.
	Total	930.570	180.300	
7	Procurement of Essential Drugs for SCs/PHC/CHCs and DH as per IPHS norms	527.000	527.000	Approved.
8	Strengthening logistics			
8.1	Construction of State Warehouse, 426 sq. m. @ Rs. 10500 per sq. m. + site development, internal electrification, water supply & sanitation, etc.(Meghalaya State PWD Rate)	73.715	73.715	Approved.
8.2	Furniture for State Warehouse	3.275	3.275	Approved.
8.3	Personnel for State Warehouse - Storkeeper(1), Assistant Store Keeper(1), Clerical Assistant(1), Helper (4)	4.920	4.920	Approved.
8.4	Office Expenses for State Warehouse - Stationary @ Rs. 5000 p.m, Electric Charges @ Rs. 10000 p.m., Miscellaneous @ Rs. 2000 p.m.	2.040	2.040	Approved.
8.5	Rent for State Warehouse @ Rs. 25000/- p.m.	3.000	3.000	Approved.
8.6	10 KWA Generator for warehouse (POL from State pool)	1.000	1.000	Approved.
8.7	Construction of 7 District Warehouses @ Rs. 12 lakh per District Warehouse	84.000	36.000	Approved for 3 remoter districts in the current year.
	Total	171.950	123.950	
9	7 Health Melas @ Rs 5 lakh per mela	35.000	35.000	Approved.
10	MMUs (7, recurring) @ Rs. 7.75 lakh per MMU - Driver @ Rs. 5000/- p.m., Drugs @ Rs. 5 lakh, Training of manpower @ Rs. 15000 and Fuel @ Rs. 2 lakh per MMU	54.250	29.750	Approved @ 1 Driver @ Rs. 5000/- p.m., Drugs @ Rs. 2 lakh, Training of manpower @ Rs. 15000 and Fuel @ Rs. 1.5 lakh per MMU

11	Preparation of Policy frame work for Public Private Partnership	7.000	0.000	Not approved.
12	Mainstreaming of AYUSH			
12.1	Salary of 20 exiting doctors @ Rs 16,000 pm	38.400	36.000	Approved @ Rs. 15000/- per doctor for 20 existing doctors.
12.2	Salary of 10 AYUSH doctor to PHCs & 5 additional doctors on contract for CHCs @ RS 16,000 per month	28.800	27.000	Approved @ Rs. 15000/- per doctor for 15 doctors (10 at PHC and 5 at CHC)
12.3	Salary of 35 HW (AYUSH) @ Rs 5,000 pm	21.000	21.000	Approved.
12.4	3 Days training on different national health programmes for AYUSH Doctors	1.200	1.200	Approved.
	Total	89.400	85.200	
13	Training on ICD 10 Coding	6.184	0.000	Not approved. Training being organised by CBHI.
14	Strengtheing of Regional Health and Family Welfare Trainbing Centre	89.414	19.747	Approved for teaching aids and non-recurring expenditure (hiring of vehicles).
15	Incentives to MOs	20.097	20.097	Approved. The incentive scheme may be suitably modified to provide incentives for only performance/ improvement above the existing baseline figures for institutional delivery. Payment should be through RKS only. Suitable monitoring mechanism may be put in place.
16	Providing specialized services at 2 PHCs in colloboration with NEIGRIHMS	33.490	33.490	Approved.
17	Health Insuarncce Scheme	0.000	0.000	
18	Renovation & Improvement of Reid Provimcial Chest Hospital	190.221	0.000	Not approved.
19	National Programme for Prevention Control of Deafness in one District. ENT Surgical Items	40.000	0.000	Not approved as Part B. The programme funds will be approved/provided seperately.

20	Strengthening of 39 Block Programme Management Units. BPM @ Rs 10,000 pm, BAM @ Rs 7000 p.m., Mobility Fund @ Rs 5000 pm, Stationary & Contingency @ Rs 2000 per month	112.320	172.000	Approved as 6% Programme Management Cost calculated against the State Contribution of 15% and the NRHM Flexible Pool allocation for 2008-09. State may prioritise activities accordingly.
21	PHC Accountant @ Rs. 6000/- p.m. per PHC, mobility fund @ Rs. 500/- per PHC, Computers & Accessories @ Rs. 40000/- per PHC and Furniture @ Rs. 10000/- per PHC for 104 PHCs	133.120		
22	Engineering Cell @ 25000/- p.m. for Consultant, Rs. 16000/- p.m. for 5 Assitant Engineer and Mobility @ Rs. 15000/- p.m. for all officials.	14.400		
23	State Accounts Manager @ Rs. 12000/- p.m.	14.400		
24	Manpower at Mission Directorate @ Rs. 7000/- p.m. for Administrative Assistant, Rs. 8000/- p.m. for Office Clerk and Rs. 5000/- p.m. for Office Assistant.	4.080		
25	Mobility fund and Office Expenses @ Rs. 50 lakh for mobility and Rs. 12 lakh for Office Expenses.	62.000		
26	Strengthening of Immunization Programme			
26.1	2 Cold Chain Mechanic @ Rs 7000 pm	1.680	0.000	Approved. Details may be provided and the Immunisation Programme funds may be accessed.
26.2	7 Vaccine & Logistic Handlers @ Rs 5000 per Month	4.200	0.000	
	Total	5.880	0.000	
	Grand Total	5996.918	4332.726	

Annexure IV

Part C: Immunization Strengthening Programme Meghalaya

S.No.	Activities	Amount Proposed (Rs. In Lakhs)	Amount Admissible (Rs. in Lakhs)	Remarks
1	Mobility support for monitoring and supervision at district and state level	4.00	4.00	Source-wise breakup of funds is given below in the notes
2	Alternative Vaccine Delivery	44.26	44.26	
3	Focus on slum & underserved areas in urban areas	7.22	7.22	
4	Mobilization of children through ASHA/Link Workers etc.	111.24	111.24	
6	Cold Chain Handlers training	0.99	0.99	
7	Printing and dissemination of mother and child cards and various formats.	3.00	3.00	
8	Cold chain maintenance fund	2.02	2.02	
9	Transportation cost of vaccine from the Airport to the State, State to district and district Storage point at PHCs	6.91	6.91	
10	Support for Computer Assistant at State Headquarter	6.84	6.84	
11	Support of Review Meeting	0.74	0.53	
12	Procurement of Hub cutters	4.20	4.20	
Total		191.42	191.21	

Notes :

1. The permissible budget of Rs. 191.21 lakh for Routine Immunization is higher than the GoI budget allocation of Rs. 120.00 lakh.
2. The approval includes for an expected unspent balance as on 01st April 2008 of Rs. 18.61 lakh. The higher requirement may be met from within the overall RCH-II financial envelope.

Comments:

1. The situational analysis should always have a component of qualitative analysis as it contributes to getting a comprehensive bird's eye view of the routine immunization situation in the state.

2. In view of the diverse and difficult terrain of the state along with rapid industrialization and urbanization, activities to reach the unreached and underserved areas need to form an important part of the plan.
3. Status report of existing activities and future plans for Cold chain, IEC, trainings, AEFI surveillance, RIMS upload status, and newer interventions started under NRHM, help get an overview of the efforts being put in to improve routine immunization.
4. Support from other sources:
 - a. All immunization programmes carried out by the NGO's should be mentioned.

The States needs to :

1. The State should project budget as per actual number of session planned during the year in every activity. The state should furnish the details of sessions held during the year.
2. The State should project budget in details giving full justification for the proposed budget with respect to last year expenditure on every activity.
3. The training should be carried out on alternate year basis for those who have not attended during last year conducted, if any. The State should project for training activity for the target number of persons actually proposed to be trained during the year. The training and expenditure should be incurred as per GoI norm for training under RCH. The State should furnish the details of persons trained during the year.
4. The state should furnish the details of health workers i.e. ANM, LHV etc. training during last year.
5. The State should furnish the details of pits constructed during last year and their shelf life.
6. Printing of Immunization Cards & other Reporting Formats required for Immunization activities should be done as per GoI norm and the expenditure should be incurred as per state procedure.
7. The expenditure on transportation may be done only on transportation of vaccines and cold chain items including AD syringes. The expenditure should be done as per State procedure and only for expenditure on POL. The State should maintain proper records for the expenditure and furnish the same to GoI.
8. The state should furnish the details of supervisory visits made by the officers during the year.
9. The State should furnish the details of review meetings conducted during the year and their outcomes.

10. The purchase of plastic zipper bag, red, black and other polythene bags and tracking bags should be done as per requirement and the expenditure should be incurred as per State procedure. The details of purchases made should be submitted to GoI.
11. The state should furnish physical and financial quarterly progress report on the above activities in the prescribed format

Items not permissible under Immunization PIP

1. Flexi fund for PHC/CHC for 5 rounds of Immunization weeks per year - Rs. 21.75 Lakh
2. Contingencies for 7 district and State head quarter. Rs. 8.00 lakh
3. IPPI Rs. 86.00 Lakhs (Funds will be provided separately).
4. Printing of Immunization hand book Rs. 4.00 lakh
5. Procurement of hub cutters- Rs. 0.40 lakh , these will be supplied by the GoI.

Approvals under National Disease Control Programmes

A. RNTCP

The budget is based on the RNTCP financial norms and therefore the entire proposed budget of Rs. One Crore and Thirty Lakh is approved.

B. NVBDCP

(Rs. in Lakh)

S.No.	Activity Proposed	Amount Proposed (Cash + Commodity)	Amount Approved (Cash assistance)	Amount Approved (Commodity assistance)	Remarks
1	Malaria	380.14	159.77	220.37	Approval for allocated amount + likely unspent balance as on 1.04.08 i.e. Rs.62.01 lakh for utilization may be approved
2	GFATM	563.87	69.83	494.04	
3	World Bank (including training & IEC)	16.00	16.00	0.00	
4	Kala-azar	0.00	0.00	0.00	
5	ELF	0.00	0.00	0.00	
6	J.E.	0.00	0.00	0.00	
7	Dengue & Chikungunya	0.00	0.00	0.00	
	Total:	960.01	245.60	714.41	

C. IDSP**(Rs. in lakh)**

S.No.	Head	Amount Proposed	Amount Approved
1	Civil Work	9.15	2.47
2	Lab Equipments	28.00	3.67
3	Office Equipments	7.82	1.08
4	Furniture & Fixture	3.25	1.22
5	Lab Supplies	7.10	2.62
6	Personnel Costs	18.40	8.00
7	IEC Costs	4.31	3.00
8	Training Costs	17.54	0.94
9	Operational Costs	4.55	5.82
10	Budget heads proposed by state beyond the scope of IDSP - not approved	50.50	
11	Total (Rs.in lakh)	150.62	28.82

D. NPCB

(Rupees in lakh)

Activity proposed	Amount proposed	Amount approved	Remarks/comments of Programme Division
Grant-in-aid for free catops	61.00	5.40	The allocation is to meet expenditure on cataract operation in Govt. hospitals and NGO hospitals.
Grant-in-aid for School Eye Screening	8.25	7.00	Training of teachers, detection of children for refractive errors and provision for free glass to poor school children are covered under this activity.
GIA for Ophthalmic Equipments to Distt. Hospitals	0	12.00	Provision for approved Ophthalmic equipments to Distt. Hospitals in state.
Non-recurring GIA to Vision Centres	5.00	2.50	Provision for setting up Vision Centres in state @ Rs.25,000/- per centre.
Recurring GIA to Eye Banks	1.00	2.00	Provision for recurring GIA to Eye Banks.
Non-recurring GIA to Eye Donation Centres	0	2.00	Provision for setting up two eye donation centres.
Recurring GIA to Eye Donation Centres	0	5.00	Provision for recurring GIA to Eye Donation Centres.
Training	11.00	5.00	Provision to meet expenditure on training of PHC Medical Officers, PMOAs, nurses and other para ophthalmic staff.
IEC	15.00	4.00	Provision to meet expenditure on IEC activities by state government.
Remuneration of State Blindness Control Society, other activities & contingency	9.00	6.00	Provision to meet salaries and operational expenses and contingency for State Society.
Salary support of State Ophthalmic Cell and existing posts.	0	15.00	Provision to meet salary of State Ophthalmic Cell in state.
Eye Wings and Eye OTs	0	100.00	These are new initiatives for 11 th Plan. Funds for these activities will be released subject to approval of EFC for 11 th Plan by CCEA.
Mobile Ophthalmic Units	0	40.00	
Total	110.25	205.90	

E. NIDDP

(Rupees in Lakh)

	Activity Proposed	Amount Proposed	Amount Approved 2008-09	Remarks
1	Establishment of IDD Control Cell	8.00	6.00	There is no provision for collection of salt samples @ 10/- per sample, training of Medical and Health Officers since this is the part of IDD Survey as per survey guidelines so not allowed.
2	Establishment of IDD Monitoring Lab		4.00	
3	Health Education and Publicity	3.12	24.50	
4	IDD surveys	3.50	3.50	
	Collection & testing of 1000 samples	3.90	-	
	Honorarium for ASHA	14.832	-	
	Training for Medical & Health	33.912		
	Total	67.264	38.00	

F. NLEP

(Rs. in lakh)

S. No.	Activity proposed	Amount proposed	Amount approved	Remarks
1)	Contractual Services	7.42	7.00	
	State - BFO cum AO, DEO, SMO, Administrative Assistant, Driver			
	District - Driver, TA/DA to SMO/Drivers			
2)	MDT management			
	Honararium to ASHA			
3)	Office expenses	1.80	1.80	
4)	Consumables	1.30	1.00	
5)	Capacity building	5.95	3.60	Training of ASHA to be carried out as half day sensitization programme from IEC funds.
	4 days training of newly appointed MO&HW/HS,			
	2 days refresher training of MO,			
	5 days training of newly appointed Lab. Tech.,			
	2 days training of Private Practitioners, RMP & Dermatologists			
6)	Communication for Behavioral Change	16.18	11.00	
	Wall painting, Rallies, Quiz, folk show, IPC workshop, Hoardings,			
	Meeting of opinion leaders, Half day sensitization of ASHA			

7)	POL/Vehicle operation & hiring	6.60	7.00	
	2 vehicles at state level & district level			
8)	DPMR	3.85	3.80	
	Supportive medicines, MCR footwear, Aids and appliances, Lab. Reagents/equipment, Printing forms, Incentive to BPL patients for RCS, Support to institutions for RCS			
9)	Urban Leprosy Control Programme	1.50	0.50	
10)	NGO - SET Scheme			
11)	Review meeting & workshop	0.30	0.30	
	TOTAL	44.90	36.00	
12)	Cash assistance	-	4.27	
	TOTAL	-	40.27	