

**Record of Proceedings for the meeting of the National Programme Coordination Committee of NRHM held on 10 July 2007 to consider the Meghalaya NRHM State PIP**

The NRHM State Programme Implementation Plan (SPIP) for 2007-08, as submitted by Government of Meghalaya was appraised by Sub Group of NPCC under the Chairmanship of Shri Amarjeet Sinha, Joint Secretary and the appraisal note conveyed, containing comments from the concerned Programme Divisions of the Ministry was communicated to the State.

2. The State Govt. had thereafter submitted the revised State PIP taking into account the observations made by the Sub Group. The National Programme Coordination Committee (NPCC) of the NRHM under the chairmanship of Secretary (Health & FW), Govt. of India considered the revised PIP in its meeting held on July 10, 2007. MD NRHM Meghalaya presented the revised PIP before the NPCC meeting.

3. List of members who attended the NPCC meeting <sup>is</sup> are appended at Annexure VI.

4. The NPCC, after due consideration, approved the SPIP for a total amount of Rs. lakh as per the details given in the table below. The NPCC took into account the unspent balance as on 01.04.2007 against each Programme Component while approving the components indicated:

(Rs. in crore)

Part	Component	Indicated Allocation	Amount proposed in SPIP	Amount Approved by NPCC	Remarks
A	RCH	13.87	20.13	9.88	The proposal is approved in principle for the financial envelope of Rs. 9.88 crore for the year 2007-08 (excluding the financial envelopes of JSY, Compensation for Sterilisation and NSV Camps). The activity wise approvals for the budget is at Annexure I. The NPCC notes that the RCH-II flexipool needs to have appropriate budget for JSY, Compensation for sterilisation and NSV Camps and these are demand driven schemes over and above committed RCH-II financial envelopes for the states.
B	Mission Flexible Pool	27.88	76.88	48.49	The proposal is approved for an amount of Rs. 2937.62 lakh for the activities proposed for 2007-08 and including the unspent balance of 2006-07 for Rs. 1911.63 lakh subject to observations at Annexure II of the Record of Proceedings
C	Immunization		3.45	1.67	The proposal is approved subject to observations at Annexure III of the Record of Proceedings
D	RNTCP	1.10	1.27	1.27	The proposal is approved subject to observations at Annexure IV of the Record of Proceedings
	NLEP	0.42	0.39	0.31	The proposal is approved subject to observations at Annexure IV of the Record of Proceedings
	IDSP	0.60	3.17	0.94	The proposal is approved subject to observations at Annexure IV of the Record of Proceedings

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	NIDDCP	0.11	0.22	0.11	The proposal is approved in principle subject to authorization to the Programme Division to communicate activity wise approvals with defined budget line.
	NPCB	1.49	2.04	1.19	The proposal is approved subject to observations at Annexure IV of the Record of Proceedings
	NVBDCP	7.10	4.89	4.89	The proposal is approved subject to observations at Annexure IV of the Record of Proceedings
E	Convergence		0.10	0.10	
	Total (07-08)	52.57	112.54	68.85	
	State Contribution			7.46	The outstanding balance from last year has been deducted while calculating the 15%

5. The observations/activity wise approvals for Part A (RCH-II), Part B (NRHM Additionalities), Part C (Immunisation), Part D (Disease Control Programmes) and Part E (Inter-sectoral Convergence) of the SPIP has been included at Annexure I, II, III, IV and V respectively.

6. The NPCC made the following observations while approving the SPIP, which may be kept under consideration by the State while implementing the various activities under the SPIP for 2007-08.

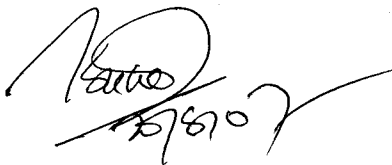
- a. The NPCC noted with concern the 3.73% and 8.3% increase in the State budgets in the previous two years and the 6.39% increase in the current year. As per the MoU with the State, at least 10% increase per year is mandated and required for continued releases. The State Govt. may take corrective measures.
- b. The State should take immediate steps to fill up vacant posts of MPWs/Malaria Workers, Laboratory Technicians, Pharmacists and other medical staff and clearly indicate the progress made on this during the reviews.
- c. The remuneration to ASHA from various incentives may be monitored to see that they are getting adequately paid on time. This is important to ensure that they remain motivated. Money flow to ASHA should be ensured in a timely fashion.
- d. Location of new health facilities should be on the basis of actual needs, for which GIS mapping may also be used to ensure optimisation. The maps prepared by JSK may also be used.
- e. The ambulances being deployed in the District Headquarters and in the health facilities on the highways should be equipped for Trauma Care. Specs. have already been made available by the Ministry.
- f. The State has to clearly bring out a comprehensive manpower policy, especially with regard to increased salaries for the doctors, redeployment of specialists and ANMs, creation of a specialist cadre, a minimum tenure for the officers and staff, policy and efforts with regard to recruitment against vacant posts, creation of posts as per norms viz. for specialists, MPWs, laboratory technicians in the subsequent PIPs.
- g. Increased salary for the contractual employees while not taking care of the salary structure of the regular employees can lead to further distortions and detrimental results. The state may provide a basic salary equivalent to the Government salary subject to the maximum prescribed in the approved NRHM Framework. Incentives may, however, be provided to the specialists, regular and contractual doctors through the Rogi Kalyan Samitis for serving in remote and difficult areas, which may be linked to performance viz. number of deliveries conducted above a threshold, etc.
- h. Ownership of the NRHM activities and the concept of intra-sector convergence of all the vertical programmes is essential. The State needs to progress fast on integrating its vertical programmes into NRHM and also strengthening the NRHM structure at the State and District level. Adequate responsibility should be entrusted with the various levels of implementers, as envisaged by the Mission. The transfers to the districts have to be regular, timely with minimum centralisation. Simultaneous building of capacities, especially for record maintenance, utilisation and submission of reports has to build up.

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- i. Additional ANMs proposed are sanctioned on the condition that all existing regular posts are filled up or in the process of being filled up (at least having already been advertised and selection dates finalized). All male workers in sub-centers and supervisor posts should also have been completed and promotions of ANMs esp to supervisory posts should be completed within the year. Contractual ANMs to be engaged on local criteria are not to be transferred from their place of posting. Multiskilled manpower is not to be transferred for at least a year after training.
- j. Drug procurement under RCH-II is subject to the procedures applicable as per agreement between Gol and World Bank. However procurement for drugs under the Mission Flexible pool is to be through the decentralized mechanism of State procurement through TNMSC like organizations. The state is therefore to ensure that there is no duplication in the procurement of drugs.
- k. There should be no duplication of activities/funding with other budgetary sources or within the approved budget.
- l. The cost of civil works has to be within a ceiling of 33% for the NRHM flexi-pool and within 10% for the RCH pool.
- m. The State should submit detailed proposal for upgradation of SDs to PHCs indicating clearly the facilities available, patient load, area to be covered and the justification for the upgradation.
- n. Institutional delivery, Immunisation coverage need to be improved. Special emphasis needs to be given to the uncovered or remote areas.
- o. The management cost permissible within the approved limit of 6% of the approved PIP may not be exceeded.
- p. The State would also draw up a monitoring plan for the NRHM component in consultation with RRC specifying output and outcome indicators, and developing facility performance indicators for this purpose. This would be the basis for programme review. The State would also draw up a detailed plan for triangulation approach to monitoring integrating inputs from community monitoring and external surveys with the internal HMIS data and they would plan this in coordination with the HMIS division at the central ministry. The RRC would consult NHSRC in this regard.
- q. Malaria is an endemic problem in the state. Special focus should be given for implementation of the activities under the NVBDCP.
- r. The State's contribution of 15% of the approved SPIP for the current year (minus the carry over activities of the last year) i.e. Rs. 7.46 crore may be sanctioned and deposited in the State Mission Society as a matching contribution before release of 2<sup>nd</sup> instalment for the current year.

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**Annexure I**

**To be provided by RCH – II Division**

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**ANNEXURE II**

S.No.	Activity Description	Proposed			NPCC Approval	
		Number Proposed (if applicable)	Per Unit Cost/Basis (in Rs.)	Fund Proposed for 2007-08 in lakh	Amount approved by NPCCC in lakh	Remarks
1	ASHAs					
1.1	Selection, Recruitment and Training	6180		563.43	116.00	Approved for 1160 new AHSAs @ Rs. 10000/- each. Funds for 5020 ASHAs @ Rs. 10000/- per ASHA have been released during last financial year. Components include training cost for ASHA, Training of Trainers cost, Drug kit cost, Mentoring Cost for which guidelines issued by Ministry may be referred to.
1.2	Untied Fund to VHSCs	6180	10000	618.00	618.00	Approved.
2	Sub Centres					
2.1	Untied Funds for SCs	401	10000	40.10	40.10	Approved.
2.2	Upgradation of SC to IPHS - Capital - Construction of residential quarters for 1 ANM @ Rs 3 lakh per Qtrs & Equip @ Rs 25680 per SC	54		175.87	175.87	Approved. SoR of Meghalaya PWD/CPWD & IPHS norms should be followed.
2.3	Upgradation of SC to IPHS - Recurring - 1 ANM @ Rs 5000 per month & 1 Voluntary worker @ Rs 1200 pa	54		33.05	32.40	Approved for additional contractual ANM only. Voluntary worker not approved.
2.4	Construction of New SCs	43	1033680	444.48	336.98	Approved @ Rs 7,83,680 per SC (Rs7.5 lakh for SC & ANM Qtrs ; Rs 33680 for furniture & Equipment). IPHS norms should be followed. The State should provide detailed estimate for the construction.
3	PHCs					
3.1	Untied Funds for PHCs	101	25000	25.25	25.25	Approved.
3.2	Maintenance Grant for PHCs	101	50000	50.50	50.50	Approved.
3.3	Upgradation of PHCs to IPHS	11PHC	Rs 2991000 per PHC	329.01	329.01	Approved.
3.4	Upgradation of PHCs to IPHS - One AYUSH Doctor & One PHN	1	Rs 16000 for AYUSH Doctor & Rs 10000 for	34.32	34.32	Approved.

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3.5	Upgradation of SD to PHCs to IPHS	3	101 lak per SD	303.00	0.00	Approved in-principle. Detailed proposal on the basis of existing facilities and the justification of upgrading of SD to PHC may be provided.
3.6	Construction of new PHCs	7	151 lakh per PHC, 2 lakh for eqpt, 1 lakh for furniture, 50% for current year	539.00	0.00	Approved in principle for 3 PHCs. Detailed proposal may be given
3.7	Contractual Doctors in Difficult Areas	10	Rs. 20000/- p.m.	19.20	19.20	Approved.
4	CHCs					
4.1	Untied Funds for CHCs	27	50000	13.50	13.50	Approved.
4.2	Maintenance Grant for CHCs	27	500000	135.00	23.00	Approved @ Rs. 1 lakh per CHC for 23 CHCs (4 being taken up for comprehensive upgradation)
4.3	Upgradation of CHCs to IPHS - Capital					
	CHC bldg @ Rs 20 lakh for 4 CHC	4	2000000	80.00	0.00	Approved. Fund available from earlier year release. Taken account of in lumpsum outstanding balance.
	Const of staff quarters for 3 nurses at 5 CHC @ Rs 6 lakh	15	600000 per nurse quarter	90.00	90.00	Approved.
4.4	Upgradation of CHCs to IPHS - 3 Staff Nurses for 5 CHCs	15	8000 p.m. per staff nurse	14.40	14.40	Approved.
4.5	Upgradation of CHCs to IPHS - PHN For 5 CHCs	5	10000	6.00	6.00	Approved.
4.6	Upgradation of CHCs to IPHS -1 Surgeon each for 5 CHC	1	30000 + Performance related incentive of Rs. 10000 p.m.	24.00	24.00	Approved. Performance related incentive should be given through RKS, for which detailed guidelines, linking to performance indicators may be given by State.
5	District/State Hospitals					
5.1	Upgradation to IPHS - Strengthening of 3DH @ Rs 3 Crore per DH	3	Rs. 3 crore each, Rs. 1 crore released	900.00	0.00	Approved in principle based on the concept given for 2 DHs. Rs. 1 crore of last year already available. Detailed estimates may be given.

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5.2	Strengthening of State Hospital (MCH, Ganesh Das)	1	Rs. 3 crore	300.00	0.00	Approved in principle based on the concept given. An amount of Rs. 1 crore also sanctioned for current year. Detailed estimates for the proposed strengthening may be given reflecting the current facilities available.
6	Mobility					
6.1	Mobile Medical Units - Recurring	7		0	0.00	Fund already available with the State.
6.2	Procurement of Ambulances Purchase of 18 ambulances @ Rs 5 lak per ambulacePOL & maintance cost @ Rs 6000 per month per ambulance has also been proposed (36 ambulances).	18	5 lakh	115.92	90.00	Approved. The maintance & POL cost may be recovered by the concerned RKS through user charges.
7	Other Activities					
7.1	GNM Training Schools	2	20000000	400.00	0.00	In-principle approval given last year. DPR may be submitted for the release of funds.
8	Mainstreaming of AYUSH Salary of 20 AYUSH Doctors @ Rs 15000/pm Equipmnet & Furniture for 10 PHCs @ RS 50000/ per PHC, Local purchase of Medicines per annum per distrctit @ Rs 50,000 and three day training					
	(a) Salary	20	15000	36.00	36.00	Approved.
	(b) Salary of 30 MPWs	30	5000	18.00	0.00	Not approved.
	(b) Equipment & Furniture	10	50000	5.00	0.00	Not Approved.
	(c) Medicine	50000	3.5		0.00	Not Approved.
	(d) Training	3		1.20	0.00	Not Approved.
9	Procurement of Drug Kits			1700.00	527.00	Approved for SC,PHC,CHC,DH
10	Block Programme Management Unit					
	(a) BPM	39	10000	46.80	46.80	Approved
	(b) Accountant	39	8000	37.44	37.44	Approved
	(c)Other requirments ( Computer, Mobility support & induction training)			44.85	44.85	Approved
		39	115000			

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11	Public Private Partnership(PPP) for preparation of policy framework of PPP Rs 7 lakh & cost of emergency transportation Rs1.5 lakh			8.50	0.00	Approved 'in principle'. The proposal needs to be posed after bringing in greater clarity for which assistance of NE-RRC may be taken.
12	Rogi Kalyan Samitis - Provision of seed money @ Rs 1 lakh per 132 PHC/CHC/State Dispensaries. Provision of Seed money for 5 DH @ Rs 5 lakh per DH			157.00	157.00	Approved. Release to be made to RKS completing the registration and other requirements as laid down in Gol guidelines.
13	Strengthening Procurement and Logistics		Constn. Of State Warehouse, OP. Expenses, etc.	293.99	50.00	Approved in principle. An amount of Rs. 50 lakh approved for starting up the activities. The costs should be re-cast, especially for training, POL expenditure. Assistance of NE-RRC may be taken for training and arrangements for managing storehouse. Accordingly, the expenditure for the same may also be recast. It may be ensured that there is no duplication with earlier initiatives in this direction.
14	Other Procurements		Item wise eqpt.	84.73	0.00	These should be taken as part of comprehensive upgradation of the respective facilities and not projected seperately.
12	Outstanding balance as on 01.04.2007 for activities approved alst year and to be carried out during current year.			0.00	1911.63	
	Total			7687.54	4849.25	

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**Part C - Immunisation PIP****Gaps in PIP**

- 1) Concerns regarding **low FI status 32.8 %** (NFHS 3). The state has the potential for increasing it to well over 80% in the next year, a specific plan of action with strategies needs to be developed and submitted to GoI. State may explore reaching the hard to reach areas, migrant/mobile population & urban slums
- 2) There are no component wise SOE details reflecting expenditure in the previous years PIP. Details of the activities conducted using the funds made available by GoI under various components (e.g. Sessions where alternate vaccinators were hired, sessions where vaccines were delivered at session sites, review meetings conducted at state level) and the achievements in the previous year should be submitted.

**Budgeted activities:**

<b>Activities that may be approved (As per norms)</b>	<p>1) Mobility support for Supervision District Immunization Officer (DIO) / District level officials – 7 districts ( Rs. 350,000) and state level officials (Rs. 50,000)</p> <p>2) Alternate Vaccine Delivery to Session sites Rs: 44,25,600 <b>Remarks:</b> The state has projected cost of AVD @ Rs. 100 in view of sparse population and hilly difficult terrain. This may be exceptionally approved</p> <p>4) Focus on slums &amp; underserved areas in 43 slums (for hiring of Alternate vaccinators): Rs: 7,22,400 State needs to articulate the details of availability &amp; hiring of these alternate vaccinators in the last year and the plan of operationalization including monitoring of this activity for the current year.</p> <p>4) Mobilization of children by ASHAs/ mobilizer: Approved as per GOI norms</p> <p>5) Computer Assistant support to State (1) &amp; Districts (7): approved Rs: 6,72,000</p> <p>6) Review meetings (Two) held at state level as per norms Rs 74,000 <b>Remarks:</b> Approved for 2 state meetings. District level review should be held along with other health reviews in monthly meetings.</p> <p>7) Printing of formats/ tally sheets/ immunization cards: Approved Rs. 7,00,000</p> <p>8) Injection safety- Red/ black bags / chemicals for waste disposal approved</p> <p>9) Cold chain maintenance / purchase of spare parts: Rs. 2,02,000 Approved</p> <p>10) <u>Re- orientation/ Training Component:</u> Two day training for MPHWS (F), MPHWS (M), MPHWS (F) vaccinator. Approved. 19,44,000 <b>Remarks:</b> may be agreed to as per last year Rs. 4,000,000</p> <p>11) Cold chain handlers training: approved Rs. 99,025</p> <p>12. construction of 90 pits for safe waste disposal <b>Remarks:</b> Cost per pit is Rs. 36,700 which is much higher than GoI norms</p> <p>13. Plastic bags for injection safety, tracking bags and zipper bag Rs. 4,20,000</p>
<b>Additional Activities not approved (Facilities being created under NRHM may be utilised)</b>	<ol style="list-style-type: none"> <li>1) Transportation of vaccine from airport to storage point at periphery</li> <li>2) Computer consumables and other stationeries</li> </ol>
<b>Activities not approved</b>	<ol style="list-style-type: none"> <li>1. hub cutters- will be supplied by GOI</li> <li>2. Flexi funds at PHC for Imm. Weeks ( activity under other components of RI)</li> </ol>

**Other activities that may be considered by the State**

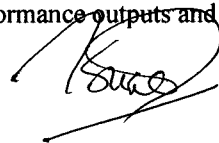
- 1) Uploading of data in RIMS and periodic reviews in review meetings. Need based training for RIMS

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- 2) Develop Standardize Monitoring & supervision formats in State. A mechanism could be made to collate these formats from the field for analysis and then sharing the outcomes with the Districts and sub district level to take timely action.
- 3) Review meetings at the PHC level (for ANM & other health functionaries) may be clubbed with the regular monthly meetings held at the PHC.
- 4) Provision for AEFI and VPD outbreaks under the surveillance program like IDSP.
- 5) Develop State specific detailed guidelines (in local language/ English) and disseminate to the Districts regarding PIP fund and other component wise details so that all the officials are well versed and fully oriented on the specifics of the expenditure to be incurred in various activities under part C component. The expenditure should be linked to the performance outputs and outcomes.

  
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**Disease Control Programmes**

**Annexure IV**

**I. RNTCP**

The State Govt. has incorporated the comments given during the Appraisal in the PIP. The activities proposed in the SPIP are as per norms laid down and are approved for a total of Rs. 1.27 crore.

**II. NLEP**

S. No.	Activities and approved norms of expenditure	Allocation (In Lakhs)
1.	<b><u>Contractual Staff</u></b>	
	▪ BFO - 1 @ Rs. 14300/- p.m.	1.72
	▪ Drivers 10 @ Rs. 3850/- p.m.	4.62
	▪ Honorarium for accounts work @ Rs. 400/- p.m. per distt.	0.34
	▪ Audit fees	0.35
	<b>Total</b>	<b>7.03</b>
2.	<b><u>Office Operation</u></b>	
	▪ For Dist. @ Rs. 15000/- per year × 7	1.05
	▪ For SLS @Rs. 30000/- per year	0.30
	<b>Total</b>	<b>1.35</b>
3.	<b><u>Consumables</u></b>	
	▪ Dist. @ Rs. 10000/- year / per distt.	0.70
	▪ S.L.S @ Rs. 20000/- per year	0.20
	<b>Total</b>	<b>0.90</b>
4.	<b><u>Vehicle Operation/POL/Hiring</u></b>	
	▪ SLS @ 50,000 / per year / 2 veh.	1.00
	▪ DLS @ 40,000 / per year / Veh. (2 Veh. / district)	5.60
	<b>Total</b>	<b>6.60</b>
5.	<b><u>Supportive Medicines</u></b>	
	▪ DLS @ Rs. 15000/- pre dist./ year	1.05
6.	<b><u>Material &amp; Supplies</u></b>	
	▪ MCR footwear @ Rs. 200 × 60 pairs distt.	0.84
	▪ Splints & Crutches @ 4000/ yr. / distt.	0.28
	▪ Patient Welfare @ 6000/ yr. / distt.	0.42
	▪ Printing cost @ Rs. 8000/ per distt.	0.56
	<b>Total</b>	<b>2.10</b>
7.	<b><u>IEC</u></b>	
	▪ IEC activities as per IEC Norms & guidelines	9.63
8.	<b><u>Training &amp; Workshop</u></b>	
	<b>3 days training to newly appointed</b>	
	▪ MOs - 57 Nos. 2 Batches	
	▪ HSs - 60 - 2	
	▪ HWs (M/F) - 73 - 3	
Total 7 batches of 30 each batch @ Rs. 20,000/- per course	1.40	
<b>One day refreshers training</b>		
▪ MOs - 70 - 3		
▪ Pharmacists - 45 - 2		
Total 5 batches @ Rs. 8000/- each course	0.40	
	<b>Total</b>	<b>1.80</b>
9.	<b><u>Review Meetings &amp; Workshop</u></b>	<b>0.25</b>
10.	<b><u>Urban Leprosy Control Programme</u></b>	
	Township Medium Medium Mega	
	47420 0.00 0.00 0.00	
		<b>0.47</b>
<b>Total (1+2+3+4+5+6+7+8+9+10)</b>		<b>31.18</b>

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### III. IDSP

Budget allocation - Fund releases upto 2006-07 under IDSP - Requirement under NRHM						
Components	(Rs. in lakh)					
	Budget Allocation under IDSP (2005-09)	Fund released in 2005-06	Expenditure upto March 07 (based on FMR)	Unspent bal. With State	Budget Allocation under IDSP (2007-08)	Budget requirement as per NRHM PIP (2007-08)
<b>Non-recurring</b>						
Civil Works	25.00	25.00	0.00	25.00	0.00	
Lab Equipments	41.70	9.80	0.00	9.80	31.90	
Office Equipments	10.80	3.70	0.02	3.68	7.10	
Furniture & Fixture	12.20	12.20	0.00	12.20	0.00	
<b>Recurring</b>						
Lab Supplies	31.20	2.50	0.00	2.50	7.80	
Personnel Cost	80.00	10.00	1.01	8.99	20.00	
IEC Cost	40.00	6.00	0.13	5.87	10.00	
Training Cost	9.40	2.50	5.53	-3.03	2.35	
Operational Cost	58.20	10.00	0.56	9.44	14.55	
<b>Total</b>	<b>308.50</b>	<b>81.70</b>	<b>7.25</b>	<b>74.45</b>	<b>93.70</b>	<b>60.00</b>
<b>Basis of Fund release under IDSP:</b>						
1. 1st installment release is based on annual action plan after signing of MoU with the state subject to the budget allocation under National PIP of IDSP.						
2. Further releases are based on utilization of balance fund available & the budget/action plan for subsequent years based on FMR, Audited accounts & Ucs.						
3. State Societies are flexible to utilize the balance amount in any component towards expenditure in any other component but with in the overall total amount allocated.						
<b>Criteria of allocation under IDSP</b>				<b>Fund requirement as per NRHM PIP for the year 2007-08</b>		
<b>Civil Works (renovation only):</b>						
1. Renovation of 7 District lab & DSU taken				1. All expenses to be made as per national PIP norms. 2. State has reported Rs. 7.25 lakh expenditure against Rs. 81.70 lakh released during 2005-06. 3. NRHM PIP has projected Rs. 60 lakh as budget for the year 2007-08 where as State has a unspent balance of Rs.74.45 lakh. 4. Limited money is available under the operational cost which can be used for mobility and communication. More money if needed, can be obtained from NRHM.		
2. Renovation of 2 works at State & State lab						
Lab Equipments, Office Equipments, Furniture & Fixture, Lab Supplies & Operational Cost :						
1. For 7 District lab & DSU taken						
2. For 1 State						
<b>IEC:</b>						
1. Calculated for 7 Districts.						
2. Per district cost as per IDSP is Rs. 1.00 lakh per year						
3. Per state cost as per IDSP is Rs. 3.00 lakh per year						
<b>Training:</b>						
IDSP planned to train the following:						
MPW - 498						
Lab Assistant - 13						
Medical Officers - 98						
Lab Technicians - 28						
Data Managers - 7						

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DST - 28	
SST - 5	

#### IV. NIDDCP

To be provided by NIDDCP Division

#### V. NPCB

- 1) NPCB Allocation for Meghalaya (2007-08): Rs. 1.33 crore  
 2) Cash grant for salaries : Rs. 0.10 crore

Activity	Budget	Comments
Intensive Eye camps for clearing the backlog of 5000 cataract cases at 2000 surgeries per year @ Rs. 10000 per camp X 4 camps per district per year	2.80	Approved activity under 10 <sup>th</sup> Plan
Intraocular lenses & medicines for 2000 cases @ Rs. 1000 per case	20.00	Approved activity under 10 <sup>th</sup> Plan
Survey on childhood blindness @ Rs. 100,000 per district	7.00	Not approved
District Mobile Units for mobilisation of cases/vehicle	38.00	Not approved
Maintenance of OT services at district Hq. With 10 bedded ward @ Rs. 1 lakh per district	7.00	Not approved
Manpower support at each of 28 CHCs @ 10000 pm X 1 Ophthalmic Assistant	33.60	Not approved
Cash grant for manpower support at State Hq.	10.00	Approved activity under 10 <sup>th</sup> Plan
Grant in Aids to NGOs @ 5,00,000 per district	35.00	Approved activity under 10 <sup>th</sup> Plan
School Eye Services	21.00	Approved activity under 10 <sup>th</sup> Plan
Training of personnel (skill based training)	14.00	Approved activity under 10 <sup>th</sup> Plan
IEC	16.00	Approved activity under 10 <sup>th</sup> Plan
<b>Total</b>	<b>204.40</b>	

#### VI. NVBDCP

The state of Meghalaya is highly malarious and requires intensified prevention and control activities as per guidelines of NVBDCP. The malaria outbreaks are also reported frequently from the state. During 2006, reported deaths due to malaria were 167. It has been recommended to strengthen the surveillance and ensure complete treatment of malaria cases. *P.falciparum* is predominant and drug resistance has already been declared in all districts (39 PHCs), except Jayantia Hills. DDT is still effective in Meghalaya against the malaria vectors and it is supplied by Government of India as kind assistance. The operational cost for implementation of the programme as per the approved pattern is provided to the states as cash assistance. Under GFATM, this state is supported through cash assistance for intensified malaria control project. The state is not endemic for filaria, JE, Dengue & Chikungunya, hence no cash assistance has been provisioned.

Allocation of cash & kind allocation in BE 2007-08

(Rs. In lakhs)

Name of activity	Allocation in B.E. 2007-08	Cash assistance	Commodity assistance
Malaria	311.18	147.27	163.91
GFATM - Cash	74.56	74.56	0.00
EAC- GFATM Commodity	300.00		300.00
IEC	16.00	16.00	0.00
Training	8.00	8.00	0.00
<b>Total</b>	<b>709.74</b>	<b>245.83</b>	<b>463.91</b>


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20/08

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**Annexure V**

**Intersectoral Convergence**

Outcomes may be reported.

  
20/08

  
20/16