TO WELCOME THE MEMBERS OF THE EXECUTIVE COMMITTEE FOR THE 1ST MEETING.

AGENDA NOTE:

The Governing Body in its 1st meeting held on 21.12.2007 as per Rule 5.6.1 of the State Health Society, Punjab has constituted the Executive Committee of the State Health Society. As per the decision of the Governing Body the executive committee had been notified vide order dated 11.1.2008 issued under Endst No. MD/NRHM/08/248-258 dated 14.1.2008. A copy of the notification is enclosed as **ANNEXURE** for the kind perusal of the Executive Committee.

- As per the constitution of the Executive Committee, it must meet at least once in every two months. As per the delegations made by Governing Body and Rules & Regulations of the State Health Society as well as the Memorandum of Association, following are the key functions/activities to be taken up by the EC.
 - i) Receive all the reports of the committees to be constituted by Governing Body and taking decision on their recommendations.
 - ii) Approval instructions relating to submission of Statement of Expenditure to be incurred under the various schemes/sub components of the National Rural Health Mission.
 - iii) Getting the integrated audit by the different auditors of the accounts and also as a whole of the State Health Society.
 - iv) Approval of the common seal of the society before it is approved by Governing Body.
 - v) One time approval of the activities in the State PIP approved by GOI and approval of Program-wise, District-wise allocations.
 - vi) Approval & recommendations to Governing Body regarding Service Rules, Governing Body Business Rules and any other Rules for the State Health Society.
 - vii) Constitution of Programme Committees in place of dissolved different vertical Health Societies.

- viii) Hiring of contractual staff against approved posts in the State PIP, including sanction of compensation package, eligibility, ToR etc.
- **3.** All the members of the Executive Committee are welcome.

TO CONSIDER & APPROVE UP TO DATE PROGRESS OF THE IMPLEMENTATION OF NATIONAL RURAL HEALTH MISSION IN THE STATE.

AGENDA NOTE

The National Rural Health Mission (NRHM) was launched by the Hon'ble Prime Minister on 12th April, 2005 with the objective of providing quality health care to the rural population in the country. Following are the main five planks of the National Rural Health Mission

- Addressing the gaps in the provision of effective healthcare to rural population with special focus on 18 States, which have weak public health indicators and / or weak infrastructure.
- A shift away from the vertical Health and Family Welfare Programme to a new architecture of all inclusive health development in which societies under different programme will be merged and resources pooled at the district level.
- An effective integration of health concerns with determinants of health like Safe Drinking Water, Sanitation and Nutrition through Integrated District Plans for Health. Provision for flexible funds so that the State can utilize them in the areas they feel are important.
- Provides for appointment of Accredited Social Health Activist (ASHA) in each village and strengthening Public Health Infrastructure, including outreach through Mobile Clinics. Involvement of the non-profit sector, especially in the under served areas. It also aims at flexibility at the local level by providing for untied funds.
- The Mission in its supplementary strategies aims at fostering Public-Private Partnerships; Improving Equity and Reducing Out of Pocket Expenses; Introducing Effective Risk-Pooling Mechanism and Social Health Insurance; and taking advantage of Local Health Traditions.

CORE STRATEGIES

- Train and enhance capacity of Panchayati Raj Institutions (PRIs) to supervise and manage public health services.
- Promote access to improve healthcare at household level through the Female Health Activist (ASHA).

- Health Plan for each village through Village Health Committee of the Panchayat.
- Strengthen Sub Centre through an untied fund to enable local planning and action and more Multi Purpose Workers (MPWs).
- Strengthen existing PHCs and CHCs and provision of 30-50 bedded CHC per lakh population for improved curative care to a normative standard (Indian Public Health Service Standards defining personnel, equipment and management standards).
- Prepare and implement an inter-sectoral District Health Plan prepared by the District Health Mission, including drinking water, sanitation, hygiene and nutrition.
- Integrate vertical health and family welfare programmes at National, State and District levels.
- Technical support to National, State and District Health Missions for Public Health Management.
- Strengthen capacities for data collection, assessment and review for evidence-based planning, monitoring and supervision.
- Formulate transparent polices for deployment and career development of Human Resources for health.
- Develop capacities for preventive health care at all levels for promoting healthy life styles, reduction in consumption of tobacco and alcohol etc.
- Promote non-profit sector particularly in underserved areas.

SUPPLEMENTARY STRATEGIES

- Regulation of Private Sector including the informal rural practitioners to ensure availability of quality service to citizens at reasonable cost.
- Promotion of Public Private Partnerships (PPP) for achieving public health goals.
- Re-orienting Medical education to support health issues including regulation of medical care and medical ethics.
- Effective and viable risk-pooling and social health insurance to provide health security to the poor by ensuring accessible, affordable, accountable and good quality healthcare.

PROGRESS OF IMPLEMENTATION OF NATIONAL RURAL HEALTH MISSION IN THE STATE

The State Govt. on 15.12.06 has signed a Memorandum of Understanding (MoU) with Govt. of India for their respective obligations for implementation of NRHM. In brief, the State Govt. has taken following cogent actions in regard to implementation of NRHM;

INSTITUTIONAL ARRANGEMENTS

| INITIATIVES | STATE LEVEL | DISTRICT LEVEL | BLOCK LEVEL / VILLAGE LEVEL |
|---|---|---|--|
| Setting up of the Health Missions | On 26th October 2005 constituted. | On 17 th August 2005 constituted. | Not applicable |
| In SHSP of Health Societies | Incorporated on 26th February 2007 | Incorporated from 26 th August 2005 to January 2006 | Block Health Committees notified on 11.12.2007 Village Health Sanitation Committees constituted on 21.10.2007. |
| Integration of all vertical programmes of Health & Family Welfare Department. | Integrated | Integrated | Integrated |
| Merger of all vertical societies in the Health Societies. | Done on 21.12.2007 | Being Done | Not required |
| Constitution of Rogi Kalyan Samities | Not required | Already notified and are operational | At Block Level Community Health Centres already notified and are operational. |
| Recruitment of staff for Programme Management Units. | Recruitment completed | Recruitment completed | Recruitment under process at district level. |
| Decentralization and promotion of District level planning and implementation of various activities to Panchayti Raj Institutions. | PIP for FY 07/08 approved by GOI. PIP for FY 08/09 ready being placed before EC. | PIP prepared | Block level plans and village level plans already prepared and submitted to concerned SMOs |

The Department has decided in principle to out source the setting up of State Health System Resource Centre and for finalisation of consultancy firms advertisement has been given in the leading newspapers.

2. The Project Implementation Plan (PIP) with an outlay of Rs. 222.00 crore under the NRHM was submitted for the FY 07/08 which has been approved by the GOI with an outlay of Rs. 186.98 crore. The progress on the implementation of various components of the State PIP are as under:

- I REPRODUCTIVE CHILD HEALTH PROGRAMME II (RCH-II): The Govt. of India has approved an amount of Rs. 30.73 Crore under this component for implementation of various initiatives proposed for Maternal Health, Child Health, Family Planning and other allied activities. There was an unspent balance of Rs. 25.09 crore with the department. The GOI has not released any amount under this component during the current FY. The following activities are being taken up under this component.
 - In order to address the focused intervention to be taken up for reduction of IMR, MMR and also for improvement of Sex Ratio in the state the consultancy firms for conducting a survey on Sex Ratio, IMR and MMR has already been advertised.
 - For strengthening of 24 hrs deliveries services in 50 PHCs the construction work in 40 PHCs is complete. In 10 PHCs, the works are at very advance stage. 90% expenditure has been made. In 25 more PHCs the work will be taken up very soon.
 - One Lakh Manual Mucus Suckers has been purchased and distributed in the institutions. 2.50 Lakh Disposable Dai Kits have been purchased – supplies are awaited. Further tender for 75 Generator Sets have been finalised. These generators will be provided in 75 identified PHCs.
 - In order to strengthen 24 Hrs Emergency Obstetric Care (EmOC) Services in 50 Community Health Centres initiatives have been taken up for recruitment of Obstetrician, Paediatrician and Anaesthetist on contractual terms. The interviews have taken place and incumbent have to be given appointment letters. Five staff nurses on contractual terms have also been appointed in these CHCs. In 25 CHCs New Born Centres has been setup along with Blood Storage facilities.
 - The matter has been taken up with Govt of India for allowing the state to purchase 23 Laparoscopes.
 - Under Janani Suraksha Yojna till December 07 cash incentives to 16996 beneficiaries have been distributed (Institutional deliveries: 7658; and Home deliveries: 9338)
 - Under compensation scheme for Sterilization Operation and IUD Insertion etc. the state has achieved target upto December 07 Sterilization: 70273; IUD Insertions: 233424 and Contraceptives Users: 325940.
 - During the years 07/08 upto December total number of 7764 NSV Operations have been done.
- II INITIATIVES UNDER NRHM FLEXI POOL: An amount of Rs. 67.73 Crore was approved by the Govt of India under the PIP for the FY 07/08. The GOI has released an amount of Rs. 30.08 crore. After taking into

consideration, the unspent balance of Rs. 54.59 crore, following initiatives / progress has been made:

- An amount of Rs. 2.85 Crore has been transferred in the joint account of ANM and Sarpanch as an Untied Funds for Sub Centres for meeting small day-do-day expenses of the 2858 Sub Centres.
- Funds to the tune of Rs. 11.31 crore has been released to 11319 Village Health and Sanitation Committees (VHSCs) constituted under the umbrella of PRIs.
- 13190 Accredited Social Health Activists (ASHAs) have been recruited and induction level training have been given to them. An amount of Rs. 1.32 crore has been released to all the districts.
- An amount of Rs. 1.21 Crore was given to 484 PHCs @ Rs. 25,000/-per PHCs as untied funds which stand utilised for their immediate routine requirements.
- An amount of Rs 64.00 lakhs were released to 128 Community Health Centres as untied funds @ Rs. 50,000/- per CHCs for their local requirements. The funds stands utilised.
- The funds amounting to Rs. 2.44 Crores were distributed as seed money for the Rogi Kalyan Samities to 174 (District Level Hospitals, Sub Division Level Hospitals and Block Level Community Health Centres). The amount stands utilised as per the mandate of the RKSs. An amount of Rs. 33.00 lakh is being released this year for the institutions which were not provided funds this year.
- An amount of Rs. 6.80 crore was received for 34 CHCs to be given face lift for bringing these institutions to IPHS Level. The work of 30 nos. of CHCs stands completed. The tenders for remaining two CHCs i.e. CHC Tibba district Kapurthala and CHC Bajakhana district Faridkot are under process. The tenders of these two institutions have been recalled. 85% of the expenditure has been made.
- An amount of Rs. 16.40 crore were received for 82 CHCs to be given face lift for bringing these institutions to IPHS Level. Estimates for 75 CHCs stands approved, out of which 62 works stands allotted. For 13 nos. of works, tenders are being processed for allotment. For 4 nos. of works, estimates stands submitted for approval. In 3 CHCs i.e. CHC Dakala, district Patiala, this institution is under Zila Parishad and operating as a Subsidiary Health Centre, at Ramgarh district Kapurthala this institution is operating in a room of Panchayat and at Harikepattan district Tarn Taran, the Medical authorities previously informed that there is no work and now they are informing that a deep tube-well installed by Public Health Department, which has not been made operational and should be made operational, accordingly estimate is being prepared. 30 to 40% works (depending upon allotment) stands completed. 48% expenditure has been made.

- The Govt. of India at the end of last FY 06/07 provided an amount of Rs. 20.00 lakh each for the District Hospitals under NRHM Flexi Pool. Estimates for all the 20 District Hospitals are being prepared. The work for the estimates preparation has been delayed because of change in the ceiling premium on CSR rates w.e.f. Oct.-07.
- An amount of Rs. 8.29 crore was provided for operationalization of Mobile Medical Units (MMU). The award for purchase and fabrication of 24 MMUs with an outlay of Rs. 7.28 Crore stands given. The deliveries are expected by 31.3.2008. The process has already been initiated for recruitment of Doctors and other paramedics for these MMUs.
- Tenders for the purchase of medicines, for SHCs (Alternate Health Delivery System) have been finalized and award to the companies have been issued.
- Priorities for upgradation/ extension of PHCs, CHCs, and DHs are being drawn in order to take up the work in these institutions.
- III. IMMUNIZATION PROGRAMME: The Govt has approved Rs. 1.85 Crore for the FY 07/08 for Immunization. Rs. 85.00 lakh was released by the GOI, after brining forward balance of Rs. 50.00 lakh from the previous year an amount of Rs. 1.35 crore was available. Rs. 1.25 crore has been allocated to the districts for immunization activities during the year.

An amount of Rs. 6.80 crore has been released by GOI for Pulse Polio rounds for the year 07/08. Four national rounds, one sub national rounds, and, four migrated labour rounds have been completed and no new positive case reported. All the amounts provided have been utilized.

IV. NATIONAL DISEASE CONTROL PROGRAMMES

National TB Control Programme (RNTCP): The Govt. has approved Rs. 5.53 Crore for the FY 07/08 for National TB Control Programme. An amount of Rs. 3.65 crore was released after bringing forward the balance of the previous year amounting to Rs. 90.00 lakhs an amount of Rs. 4.55 crore were available for this programme during the current year. An amount of Rs. 2.58 crore has been spent for various activities i.e. salaries of the contractual staff, IEC, Lab Materials, POL etc. Upto December out of total Adult Out Patients of 60.74 lakh 1.22 lakh TB suspects were examined. The %age of number of TB Suspects examined the total No. of Adult out patients is 2%. Annualised total Detection case detection rate (per lakh population) is 58 and Success rate of new smear positive patients is 85%.

National Vector Borne Disease Control Programme (NVBDCP): This programme is being implemented in the State under Centrally

Sponsored Scheme on 50:50 basis. The State Govt. has sanctioned an amount of Rs. 30.00 lakh in the rural malaria scheme and Rs. 10.00 lakh for urban malaria scheme. The orders for choloroquine, spray pumps and lab. Chemicals etc. amounting to Rs. 40.00 lakh has been placed. Supplies are awaited. GOI has released in kind 9 metric tone of DDT and 45 lakh Choloroquine tablets, which have been distributed to the districts. Following achievements have been made so far.

- The amount of Rs. 11.00 lakhs received from the GOI for BCC activities against total amount sanctioned i.e. Rs. 26.00 lakh has been allocated to the Districts in the month of January 2008.
- In year 27223253 blood slides were taken and out of which 2017 +ve cases of Malaria and 41 P.F. cases were detected.
- Currently there are 604 Malaria Clinics are functional in Punjab. In which 440264 blood slides were collected and 1078 cases were found positive and all provided with radical treatment.
- In 16772 drug distribution centres in the State total 444411 fever cases were treated without blood slides.
- There are 1146 FTDs established in State where 30105 fever cases were treated.

National Leprosy Eradication Programme (NLEP): An amount of Rs, 97.15 lakh was approved by the GOI for this programme. An amount of Rs. 20.00 lakhs has been released by GOI during the current year after bringing forward the balance of the previous year amounting to Rs. 45.00 lakhs an amount of Rs. 65.00 lakhs were available for this programme. An amount of Rs. 33.00 lakh has been spent for various activities i.e. salaries of the contractual staff, IEC, Lab Materials, POL etc. Punjab is a low endemic state in terms of prevalence of leprosy. There were a total of 849 cases on record as on 31.03.2007. With which prevalence rate becomes 0.32/10000 population. Position regarding cases detected and release from treatment is as under.

| 1. | Cases under treatment as on 31 .03.2007 | | 849 |
|----|---|-----|-----|
| 2. | New Cases detected upto December, 2007 | 593 | 744 |
| | New Punjabi Cases upto December, 2007 | 151 | |
| 3. | Released after treatment | 66 | 67 |

National Programme for Control of Blindness (NPCB): An amount of Rs. 3.20 crore was approved by the GOI for this programme. No specific funds have been given by the GOI for this programme. An amount of Rs. 3.20 crore is being allocated from the NRHM Flexi Pool Funds. The Targets and Achievements of National Programme for Control of Blindness for the year 2007-08(upto Dec 07) are as under:-

CATARACT OPERATIONS AND INTRA OCULAR LENS (IOL) IMPLANTATION:

| Year | Target | Cataract Operation | IOL Target | IOL Implantatio | % IOL | % Cataract |
|---------------------------|--------|-----------------------|---------------|--------------------|-------|---------------|
| | | | | n | | |
| 2006-07 | 160000 | 171077 | 160000 | 146187 | 91% | 107% |
| 2007-08 (upto Dec. 07) | 120000 | 110588 | 120000 | 98710 | 82% | 92% |

SCHOOL EYE SCREENING PROGRAMME, EYE DONATION AND TEACHERS TRAINED:

| | Target | Prop. Target for | Performance | | |
|---|----------------------------|------------------------|--------------|-------------------------------------|--------------------------|
| Particulars | for the year 2007-08 | the month Dec. 2007 | Dec. 2007 | Upto Dec. 07 (Cumulativ e) | % age upto Dec. 07 |
| School Children Screening by DBCS | 100000 | 75000 | 36326 | 426688 | 569 |
| School Children Detection with Refractive errors | 7000 | 5250 | 3142 | 28121 | 536 |
| No. of Free Spectacles given to Children | 2100 | 1575 | 1032 | 6055 | 384 |
| Eye Donation | 600 | 450 | 21 | 78 | 17 |
| Teachers Trained | 4000 | 3000 | 164 | 2673 | 89 |

National Iodine Deficiency Disorder Control Programme (NIDDCP): An amount of Rs 12.50 lakh was approved by the GOI for this programme. Under this programme Rs.6.85 lakhs has been approved by GOI for release through treasury. The amount is yet to be drawn. This relates to payment of salaries for contractual staff. During this year IDD Survey is being done in the districts of Mohali, Patiala, Amritsar, Gurdaspur, Jalandhar and Hoshiarpur. For this, Rs.25,000 has been released to each of these districts. IEC activities are being done with a cost of 4 lakhs. There is

also a provision to set up an IDD cell and Laboratory at State HQ. MBI Kits for on the spot testing of salt are being provided in kind by GoI.

National Integrated Disease Surveillance Programme (NIDSP): An amount of Rs. 5.50 lakh was approved by the GOI for this programme. An amount of Rs. 1.64 crore released during the last FY was available for implementation of this programme. An amount of Rs. 31.00 lakh has been spent on this programme. Following progress has been made under this programme:

- The State Surveillance Officer/ State Project coordinator has been appointed.
- District Health officers in all the 20 districts have been have been nominated as District Surveillance Officers.
- Epidemiologists and Microbiologists, wherever posted in the districts, have been identified as members of District Outbreak Investigation Team (DOIT) & District Epidemic Investigation Team (DEIT) and included in the nominated list of member of ToT who will further impart training to Medical officers/ Lab Technicians/MPW's.
- The RRTs who will work as District Outbreak Investigation Team (DOIT) and District Epidemic Investigation Team (DEIT) have already been identified in all the districts and include District Health Officer, Physician/ Paediatrician, Epidemiologist, Microbiologist/Pathologist or Senior Lab.
- A system for reporting under Weekly Syndromic Surveillance right from CHC, PHC, Civil Hospital level has already been initiated where all communicable diseases, their investigation reports and data pertaining to disease prevalence are communicated electronically to District Surveillance Unit (DSU) and further to State Surveillance Unit (SSU). State Surveillance Unit assimilates the data from all districts and communicate every week to Central Surveillance Unit.
- A system of EDUSAT and Video Conferencing has already been installed at State HQ and in three Medical Colleges for rapid transmission of disease prevalence data.
- Four district laboratories of Bathinda, Sangrur, Amritsar and Hoshiarpur have been identified as priority labs to be upgraded for the early diagnosis of epidemic prone disease.
- All laboratories in 20 districts have been identified for up gradation under IDSP where equipments will be supplied by Central Surveillance Unit (CSU).
- On 12th January, 2008, in district Jalandhar pilot project of Non Communicable Disease Control programme has been launched. The GOI has released an amount of Rs. 49.16 lakh, out of which Rs.

39.16 lakh has been transferred to District Nodal Coordinator i.e. Medical Superintendent C.H. Jalandhar for launching BCC programme, Clinical Management of NCD like; Cardiovascular diseases, Diabetes and strokes etc. through laboratory investigations. Further, the amount will be spent for conducting the survey in the three blocks of the Jalandhar to assess the basic causes for such NCDs.

3. Overall, total financial progress is as under;

{Figures in

| Cro | re} | | | | | . 0 | |
|------------------------------------|--|---|---|--|--|---------------------|--------------------|
| Component | Funds available from the FY 06/07 | Approved outlay for the FY 07/08 | Funds made available by GOI during 07/08 | Funds available for utilization | Expenditure made / funds released for specific expenditure at district level (upto Dec. 07) | %age utilization | Unutilized fund |
| Centrally Sponsored Scheme | Nil | 55.11 | 40.13 | 40.13 | 40.13 | 100.00 | Nil |
| RCH – II | 25.66 | 51.09 | 0.00 | 25.66 | 18.75 | 73.06 | 6.91 |
| NRHM | 54.59 | 67.73 | 30.08 | 84.67 | 63.73 | 75.27 | 20.94 |
| Pulse Polio | 0.00 | 0.00 | 6.80 | 6.80 | 6.80 | 100 | 0.00 |
| Immunisation | 0.50 | 1.85 | 0.85 | 1.35 | 1.25 | 92.50 | 0.10 |
| National Disease Control Programme | 2.99 | 11.05 | 4.85 | 8.44 | 4.72 | 55.92 | 3.72 |
| TOTAL = | 83.74 | 186.83 | 82.71 | 167.05 | 135.38 | 81.04 | 31.67 |

PLACE: MOHALI T.R. SARANGAL,

IAS,

DATE: 23.2.2008 MISSION

DIRECTOR

TO CONSIDER & APPROVE INDUCTION OF OTHER MEMBERS IN THE EXECUTIVE COMMITTEE FOR ENHANCING OF INTER-SECTORAL CONVERGENCE.

AGENDA NOTE:

The Governing Body in its 1st meeting held on 21.12.2007 as per Rule 5.6.1 of the State Health Society, Punjab has constituted the Executive Committee of the State Health Society. Details of the members of the Executive Committee may kindly be perused as Annexure to Agenda Item No. 1.1. The Governing Body has further empowered the Executive Committee to invite/include other members also in order to strengthen the inter-sectoral convergence.

- 2. One of the core five plank of the NRHM specify to provide an effective integration of health concerns with determinants of health like Safe Drinking Water, Sanitation and Nutrition through Integrated District Plans for Health. Provision for flexible funds so that the State can utilize them in the areas they feel are important and in-order to articulate this, following core strategies have to be taken up:
 - Train and enhance capacity of Panchayati Raj Institutions (PRIs) to supervise and manage public health services.
 - Prepare and implement an inter-sectoral District Health Plan prepared by the District Health Mission, including drinking water, sanitation, hygiene and nutrition.
- **3.** It is proposed that EC may decide to include members from the following departments:
 - The Department of Rural Development and Panchayats
 - The Department of Water Supply & Sanitation.

4. The Executive Committee may kindly consider and approve induction of the representatives of the above-mentioned department not below the rank of Additional / Special Secretary in the Executive Committee.

TO CONSIDER & APPROVE THE CONSTITUTION OF PROGRAMME COMMITTEES FOR THE VARIOUS PROGRAMMES UNDER THE UMBRELLA OF NRHM.

AGENDA NOTE

The vertical societies for different programmes at State level have been dissolved and merged into State Health Society and as per guidelines of GOI, Programme Committees for management of various programmes under National Rural Health Mission (NRHM) are proposed as below:

PROGRAMME COMMITTEE, RCH (REPRODUCTIVE AND CHILD HEALTH)

Director, Health Services, Family Welfare Chairperson

Programme Officer, RCH Member Secretary

Programme Officers I/c various components Members

under RCH

Members of SPMU (State Programme Members

Management Unit)

PROGRAMME COMMITTEE, RNTCP (REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME)

Director Health Services Chairperson

Programme Officer, RNTCP Member Secretary

State Programme Manager, NRHM Member

PROGRAMME COMMITTEE, NLEP (NATIONAL LEPROSY ERADICATION PROGRAMME)

Director Health Services Chairperson

Programme Officer, NLEP Member Secretary

State Programme Manager, NRHM Member

PROGRAMME COMMITTEE, NVBDCP (NATIONAL VECTOR BORN DISEASE CONTROL PROGRAMME)

Director, Health Services Chairperson

| Programme Officer, NVBDCP | Member Secretary |
|-------------------------------|------------------|
| Project Coordinator, IDSP | Member |
| State Programme Manager, NRHM | Member |
| State Entomologist | Member |
| | |

PROGRAMME COMMITTEE, IDSP (INTEGRATED DISEASE SURVEILLANCES PROGRAMME)

Director, Health Services Chairperson
Programme Officer, IDSP Member Secretary
Programme Coordinator, IDSP Member
State Programme Manager, NRHM Member

PROGRAMME COMMITTEE, NPCB (NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS)

Director, Health Services Chairperson
Programme Officer, NPCB Member Secretary
State Programme Manager, NRHM Member

PROGRAMME COMMITTEE, IDDCP (IODINE DEFICIENCY DISEASE CONTROL PROGRAMME)

Director, Health Services Chairperson
Programme Officer, IDDCP Member Secretary
State Programme Manager, NRHM Member

PROGRAMME COMMITTEE, PROGRAMME COMMITTEE MPHW TRAINING SCHOOLS

Director, Health Services, Family Welfare

Registrar MPHW Examination Cell

Member Secretary

Dy. Director (FW)

Member

State Programme Manager, NRHM

Member

Principal SIHFW, Mohali

MO I/c Health and Family Welfare Training

Centre, Amritsar

MO I/c MPHW (M) Training School, Nabha Member

- 2. These committees will hold meetings at least once in a month and review the implementation and progress of physical and financial status of their respective programme. Any other officer(s)/official(s) may also be associated in the meetings if required so.
- 3. The Deputy Director (Statistic)/SRO, JCFA O/o DHS, Manager (F&A) NRHM, Manager (M&E) NRHM, State Mass Media Education Officer O/o DHS can be invited in any of the above committee as a special invitee as per the need.
- **4.** The Executive Committee may kindly consider and approve the above mentioned programme committees.

TO CONSIDER & APPROVE FORMATION OF EXPERT GROUP FOR GIVING STRATEGIC RECOMMENDATIONS TO IMPROVE THE REPRODUCTIVE AND CHILD HEALTHCARE IN THE STATE OF PUNJAB.

AGENDA NOTE

The Governing Body while considering the up to date report of Mission Director as regard to progress made in implementation of NRHM in the State of Punjab came across the following observations

- i) It was observed by the Chairman and representatives of SOSVA that during the ANC checkups proper investigations i.e. per abdominal examination, haemoglobin, urine, sugar tests etc. are not being done on the spot. For this purpose, the pregnant women are referred to the various health institutions where considerable inconvenience is faced by them. Such tests should be done on the spot.
- ii) It was observed with concern that a State like Punjab which is considered to be 6th highest State as far as per capita income is concerned is having 41.6% burden of anaemia among pregnant women.
- iii) To improve the maternal health, there is need to strengthen adolescent healthcare so that a healthy woman delivers a healthy child. It was further emphasized that due to reproductive track infections (because of unhygienic menstrual practices) there is need to introduce a behavioural change programme for such adolescent girls.
- iv) School health programme specifically relating to blindness needs to be strengthened and there should be a programme to provide necessary aids like spectacles etc. to the poor children.
- v) It was observed during the meeting, that GOI has not supplied iron folic acid tablets and vitamin-A for last few years, and there is a need to ensure immediate supply of the same.

The Governing Body decided that an expert group should be formed at Directorate level involving various stake holders to provide strategic recommendations to improve the reproductive and child healthcare. The Governing Body also decided that Action Taken Report on all above mentioned issues should be brought in the next meeting.

2. The Executive Committee may kindly consider and approve the following Expert Group under the chairmanship of Director Family Welfare:

| 1. Asstt. Director (MCH) | 2. Senior Research Officer | 3. | Member of FOGSI |
|--|---|----|---|
| 4. Representative of SOSVA | 5. Representative from the Department of Community Medicine PGI | 6. | Maternal Health Specialist (Member Secretary) |
| 7.Representative of Family Planning Association of India | | | |

AGENDA ITEM NO. 1.6

TO CONSIDER & APPROVE AMENDMENT IN THE CONSTITUTION OF STATE NGO COMMITTEE.

AGENDA NOTE

The State RCH Society which has now been taken over by the State Health Society, in its meeting held on 15.12.2003 constituted the following NGO Committee:

| Principal Secretary to Govt of Punjab, Health and Family Welfare Department. | Chairman |
|--|---------------------|
| Joint Secretary, MoHFW, GOI or representative | Member |
| Director Health Services, Family Welfare cum Project Director – RCH | Member |
| Regional Director, MoHFW, GOI | Member |
| State RCH Officer | Member |
| Regional Resource Centre (RRC Representative) | Member |
| State NGO Coordinator | Member Secretary |

- **2.** The primary responsibilities of the State NGO Committee are as under:
 - Examine findings of the desk review and identify eligible NGOs.
 - Get field appraisal of eligible NGOs done by the Regional Resource Centre- MAMTA.

- Coordinate training of selected Mother NGOs.
- Release of grant -in -aid as per MoU.
- Monitoring of MNGOs.
- Organize meetings to review the MNGO performance from time to time and ensure timely release of funds.
- Commission MNGO evaluation through external evaluating agency
- Send utilization certificates to GOI.
- Act as arbitrator in case of dispute.
- 3. With the launching of National Rural Health Mission (NRHM) in the State, there is a need to reconstitute the existing State NGO Committee.

Following revised NGO Committee is proposed:-

| 1. | Principal Secretary Health and Family Welfare | Chairman |
|----|--|------------------|
| 2. | Mission Director-NRHM | Vice Chairman |
| 3. | Joint Secretary, MoHFW, GOI or representative | Member |
| 4. | Director Health Services Family Welfare Punjab | Member |
| 5. | Regional Director, MoHFW, GOI | Member |
| 6. | State Programme Manager, NRHM | Member |
| 7. | Assistant Director (MCH) | Member |
| 8. | State NGO Coordinator | Member Secretary |

4. The Executive Committee may kindly consider and approve the revised NGO Committee as proposed

TO CONSIDER & APPROVE THE PROCUREMENT PROCEDURES FOR THE SOCIETY AS WELL AS FOR THE DISTRICT HEALTH SOCIETIES

AGENDA NOTE:

Under the NRHM, following specific expenditure proposals are being proposed in the State PIP for procurement of goods including civil work and hiring of agencies / consultancy firms / NGOs.

- i) Procurement of goods i.e. Medicines, Surgical Packs, Consumables & Regents , Major Medical Equipments, Minor Equipments, Vehicles, Other Equipments, Furniture, Office Equipment, MIS / IEC material, Office Stationary, Office Contingency, Software etc.
- ii) Minor civil work i.e. repair and renovation relating to Civil, Electrical and Public Health Works.
- iii) Major civil works i.e. the works more than Rs. 20.00 lakhs involving repair and renovation, extension of the existing Institutions and construction of the new institutions.
- iv) Professional services, hiring of consultancy Agencies/ NGOs/Contractors for various activities like surveys, development of systems, management of resource centres, outsourcing of software activities, Hospital Planning (architectural consultancy, structural consultancies, load bearing capacities etc.).
- v) Trainings, studies, fellowships, workshops etc.
- vi) Maintenance Expenses/Contingencies Expenses by the Village Health Sanitation Committees, Block level committees and other offices.
- **2.** Keeping in view the above procurement categories, a suggestive "Procurement Guidelines" have been prepared to be followed

by State Health Society and District Health Societies is placed below as **ANNEXURE** for consideration and approval of EC. After the approval of the EC, these Procurement Guidelines will be placed before the Governing Body for ratification as observed by the Governing Body.

PROCUREMENT GUIDELINES

OBJECTIVES

- To firm up procurement arrangement for investment operations of the NRHM.
- To frame the bidding strategy and initiate preparation of procurement plan indicating the bid packages and schedule for procurement;
- To familiarize the officers/staff regarding procurement guidelines, bidding procedures;

Methods of Procurement are:

- National Competitive Bidding;
- National Shopping;
- Direct purchase on DGS&D rates.

METHODS OF PROCUREMENT

1. National Competitive Bidding (NCB)

Steps:

- Notification/Advertising;
- Issue of Bidding Documents;
- Submission of Bid;
- Public opening of bids;
- Evaluation;
- Selection of lowest evaluated responsive bid based on post qualification;
- Contract Award; and
- Contract Performance.

2. National Shopping:

Shopping is a Procurement method based on comparing price quotations obtained from several Suppliers, usually at least three, to ensure competitive prices. It is an appropriate method for procuring readily

available off-the-shelf goods or standard specification commodities that are small in value and are ordinarily available from more than one source.

The requests for quotations shall indicate the description and quantity of the goods, as well as desired delivery time and place. Quotations could be obtained by telex or facsimile. The evaluation shall follow sound public or private sector practices. The terms of the accepted offer shall be incorporated in a purchase order.

3. <u>Direct purchase on DGS&D Rates:</u>

Rate Contracts of Directorate General of Supplies and Disposals (DGS&D) are acceptable under National shopping (Other Rate Contracts are not acceptable, but they can be considered as one quotation and compared with those obtained from other suppliers).

PROCUREMENT ARRANGEMENTS

CATEGORY

1. Procurement of goods i.e. Medicines, Surgical Packs, Consumables & Regents, Major Medical Equipments, Minor Equipments, Vehicles, Other Equipments, Furniture, Office Equipment, MIS / IEC material, Office Stationary, Office Contingency, Software etc.

PROCEDURE TO BE FOLLOWED

National level tenders for the contracts more than Rs. 20.00 lakhs.

Shopping less than Rs. 20.00 lakh but more than Rs. 5.00 lakh calling quotations through press publication.

Shopping less than Rs. 5.00 lakh calling quotations through letters.

DGS&D rates contracts up to Rs. 20.00 lakh purchase.

Other rates contracts can be considered as one quotation.

PHSC tender documents should be followed.

Bid security should be from 2 to 5% should be mentioned in lumpsum.

Performance security, 5% to 10% of the contract price depending upon the articles.

2. Minor civil work i.e. repair and renovation relating to Civil, Electrical and Public Health Works. Under quotations obtain from three qualified local contractors up to Rs. 5.00 lakh.

Under short term tenders to be obtained through press publications up to Rs. 20.00 lakh.

3. Major civil works i.e. the works more than Rs. 20.00 lakhs involving repair and renovation, extension of the existing Institutions and construction of the new institutions.

4. Professional services, hiring of consultancy Agencies / NGOs / Contractors for various activities like surveys, development of systems, management of resource centres, outsourcing of software activities, Hospital Planning (architectural consultancy, structural consultancies, load bearing capacities etc.).

PHSC tender documents should be followed.

Bid security should be from 2 to 5% should be mentioned in lump-sum.

Performance security, 5% of the contract price.

Retention money, 5% of the contract price. (50% to be retained till completion of the whole of the works and 50% to be retained till the end of defects liability period).

National competitive tenders.

PHSC tender documents should be followed.

Bid security should be from 2 to 5% should be mentioned in lump-sum.

Performance security, 5% of the contract price.

Retention money, 5% of the contract price. (50% to be retained till completion of the whole of the works and 50% to be retained till the end of defects liability period).

Single source consultants up to Rs. 100000/- lakh, only in emergent cases where the recommending authority is quite sure that the consultant required are competent and suitable for their assignment. This appointment be done with the approval of Chairman subject to ratification of EC.

Up to Rs. 100000/- lakh by calling local level quotations from at least five agencies.

Upto Rs. 1000000/- lakh by calling local level quotations through press publication.

More than Rs. ten lakh by following the World Bank guidelines being followed by PHSC. The consultancies should be hired in two manners;

Where the assignment is quite technical, the World Bank quality based consultancy guidelines should be followed.

Where the assignment is important but also the cost has to be controlled, quality Plus cost based guidelines of the World Bank should be followed.

Trainings, studies, fellowships, workshops etc. The training cost should be paid as per Govt. of India guidelines. Foreign trainings/fellowships should be got approved from EC. In immediate and emergent cases, the chairperson of the EC may approve on file and ex-post factor approval of EC will be obtained.

6. Maintenance
Expenses/Contingencies
Expenses by the Village
Health Sanitation
Committees, Block level
committees and other
offices.

Up to Rs. 3000/- can be spent without calling any quotation with the certificate of reasonability of the prices/costs to be tendered by the person authorized to spend money.

Up to Rs. 10000/- by calling quotation with the approval of competent authority.

GENERAL GUIDELINES

- i. No filtration in the sale of bidding document. It should be sold to all whosoever request for it and made available by mail as well.
- ii. Where bidders are not pre-qualified, minimum post qualification criteria to be clearly specified in the bidding document and enforced.
- iii. Contractors should be made responsible to provide all materials including cement and steel etc.
- iv. Minimum bidding period for NCB-30 days (from the date of publication of Notice or the date the documents are made ready for sale, whichever is later).
- v. Bidding documents should be made available for sale till a day period to the last date of receipt of bids. The time for the bid opening should be the same as the deadline for receipt of bids or promptly thereafter (to allow only sufficient time to take the bids to the place announced for public bid opening).

- vi. Publication of the notices should be made in the three papers; one should be in the National Press having wide circulation in all regions of the country.
- vii. No preference to any bidder or class of bidders either for price or for other terms and conditions.
- viii. Two or three envelops system is to be followed except for construction contracts.
 - ix. All bids received should be opened and read out at the time of bid opening. No bid should be rejected at bid opening except for late bids, which shall be returned unopened to the bidder. Minuets of bid opening must be prepared.
 - x. Evaluation of bids should be made strictly in terms of the provisions in the bidding document. Evaluation report should be drafted.
 - xi. Single bids should also be considered for award if it is determined that publicity was adequate, bids specifications / conditions were not restrictive or unclear and bid prices are considered reasonable.
- xii. Award should be in favour of the lowest evaluated responsive bidder, who is determined to be qualified to perform the contract satisfactory.
- xiii. Evaluation and award decision of bids should be completed within the initial period of bid validity. An extension of bid validity, if justified by exceptional circumstances shall be requested in writing from all the bidders (of valid bids only) before the expiration date. The extension should be asked once not more than 60 days.
- xiv. Rejection of all the bids irrespective of value should be referred to Chairman EC.
- xv. Repeat order system should be avoided and should be considered only in case the quantities to be ordered are less than 30% of the value.
- xvi. Inspection of the material preferably should be got done from third independent party or by the committee of the officers who have not framed the technical specifications. Inspection should be carried before dispatch and after installation. Pre award inspections can be carried in exceptional circumstances where the Technical Evaluation Committee has got some apprehensions and doubts as regard to confirmation of the technical specifications. The pre award inspection should be carried only with the approval of the Mission Director.
- xvii. Testing of the medicines, consumables, regents should be got done from the companies / agencies to be approved by the EC.

NOTE:-

These Procurement Guidelines will be applicable to the procurement activities other than the procurement to be done under the programmes being funded by Bilateral International Agencies. These programmes, the Govt. of India suggested procurement guidelines of the Bilateral Agencies should be followed.

TO CONSIDER & APPROVE MAINTENANCE OF IMPREST BY THE ANM FOR IMPLEMENTATION OF JANANI SHURKSHA YOJNA IN THE STATE.

AGENDA NOTE

Under Janani Shurksha Yojna, there is a provision for payment of compensation for institutional deliveries in Govt. and Govt. accredited private institutions to BPL and BC families at the following rates;

Rs. 700/- (Rural Area)

Rs. 600/- (Urban Area)

Rs. 500/- (for the non institutional deliveries).

Similarly ASHA and Aganwari and other linked workers are entitled for compensations of the ASHA is as under;

- A) TA/DA for training and for attending meetings i.e. bus fare plus Rs. 100/- per day.
- B) Compensation provided under different National Programmes for undertaking specific health or other social sector programmes which will be as under:
 - a) Registration of early Pregnancy (before 16 weeks) with a Govt./Accredited Pvt. Institution or ANM and 1st ANC (Ante Natal Checkup) Rs. 200 per case, 2nd & 3rd ANC Rs. 25 each per case.
 - b) Ensuring Institutional Deliveries in Govt. or Accredited Pvt. Institution Rs. 200/- and accompanying the woman for delivery at these institutions and remaining with pregnant woman during delivery Rs. 400/- per case.
 - c) Full Post Natal Checkup (PNC) Rs. 50/-.
 - d) Ensuring timely vaccination of child (DPT and Polio) Rs. 25/each for 1st, 2nd and 3rd dose. Measles at 9-12 month Rs. 25/-. First booster dose Rs. 20/- and subsequent booster doses Rs. 10/- each.

- e) Motivation for female sterilization Rs. 150/- per case, male sterilization Rs. 200/- per case and for IUD insertion Rs. 25/- per case.
- f) Ensuring safe MTP in Govt. or accredited Pvt. Institutions Rs. 100/- per case.
- g) Ensuring registration of birth & death Rs. 15/- per case.
- h) DOTS provider Rs. 250/- year/case
- i) Ensuring cataract operation (in Govt. or accredited Pvt. Institutions) Rs. 150/- per case.
- j) RTI / STD referral Rs. 10/-
- k) Toilet Promotion fee Rs. 50/- per APL and Rs. 100/- per BPL family.
- l) Ensuring holding of Monthly Village Health & Nutrition Day (MVHND) at Aganwari Centre (AWC) Rs. 100/- per MVHND.
- 2. An amount of Rs. 2.42 crore has been sanctioned by the GOI under the PIP for the FY 07/08. The part of the amount has been sent to the districts at the disposal of Sr. Medical Officers concerned for payment to concerned ANMs for onwards distribution of this amount to the above beneficiaries/ASHA/Aganwari or other linked workers. It has been reported that all these categories are not receiving payments at the time of delivery/delivery of services. ANMs presently are not keeping any imprest with them to give this amount on spot. This amount shall be paid immediately on delivery/delivery of services to all concerned and proper receipt/vouchers duly attested by the ANM shall be maintained and account reconciled with the Accounts Section of Block Health Committee under the strict supervision of Senior Medical Officer. in order to effectively implement this scheme.
- 3. The EC may kindly allow to provide Imprest amount of Rs. 3000/- per ANM for payment of such compensation to the beneficiaries in

time. The ANMs concerned will recoup the amount after providing receipts to concerned official of the Block Health Committee. The Mission Director may be authorized to increase the limit as per the GOI guidelines from time to time.

TO CONSIDER & APPROVE PROEJCT IMPLEMENTATION PLAN OF THE NRHM FOR THE FY 08/09.

AGENDA NOTE:

Last year, the Govt. of India (GOI) asked the States to submit the project implementation plans by 30th June, 2007. The State Govt. submitted a PIP to the GOI with an outlay of Rs. 222.00 crore which was approved by GOI with an outlay of Rs. 186.98 crore. Progress on implementation of various components of the State PIP has already been placed before the EC vide Agenda Item No. 1.2. (Page 4 – 10). Anticipated expenditure up to March-08 against the approved outlay will be Rs. 185.07 crore. A copy of the component wise anticipated expenditure for the FY 07/08 is enclosed as **ANNXURE-I.**

2. The GOI in the month of January, 2008, informed that National programme coordination committee meetings for consideration of State PIPs 2008-09 will be held in the 2nd half of February 2008. Accordingly, GOI asked for the integrated PIP of the State of 08/09 through email. The State has prepared the PIP for the year 08/09 on the standards formats/components of the GOI as per following details.

| PART | PARTICULARS | AMOUNT IN CRORE | BRIEFS ON PAGE NO. |
|------|--|--------------------|--------------------------|
| A) | New Interventions under NRHM. | 229.56 | 3 – 5 |
| В) | RCH - II | 77.35 | 6 – 12 |
| C) | Strengthening of Immunization | 2.98 | 13 |
| D) | Disease Control / Surveillance Programmes | 22.96 | 14 – 15 |
| E) | Intersectoral convergence activities including Nutrition, Safe Drinking Water etc. | 20.69 | 16 |
| | TOTAL = | 353.54 | |

A copy of the detailed PIP is placed on the table, brief highlights of the State PIP are enclosed as **ANNEXURE-II**.

3. The EC may kindly peruse the PIP for the FY 08/09 and approve before it is forwarded to the GOI through email for the consideration and circulation of the same to the members of Sub Group/NPCC/other Divisions of the Ministry for comments.

PART - A

NEW INTERVENTIONS UNDER NRHM

FUNDS FOR VILLAGE HEALTH & SANITATION COMMITTEES

Total Rs. 12.94 crore has been earmarked for following activities.

- Training of 24600 representatives of VHSC.
- Dissemination of guidelines of VHSC in local languages.
- Provision for untied fund @ Rs. 10000/- per VHSC per annum.

UNTIED FUNDS

FOR SUB CENTRES

- Rs. 10,000/ p.a. per Sub Centre for 2862 sub centres.
- The amount is being credited into Joint account of Sarpanch and ANM for day to day local needs. This amount is being spent in consultation with the Village Health & Sanitation Committee of that particular village.
- An amount of Rs. 2.91 crore has been provided in the PIP for disbursements.

FOR PHCs

- Rs. 25,000/- p.a. per PHC for 484 PHCs
- For day to day local needs to be spent in consultation with the block level committees / Rogi Kalyan Samitis.
- Rs. 1.21 crore has been provided.

FOR CHCs

- Rs. 50,000/- p.a. per CHC for 128 CHCs
- For day to day local needs
- Rs. 64.00 Lacs approved by GOI for the FY 08/09
- Utilization in consultation with Rogi Kalyan Samiti

ANNUAL MAINTENANCE GRANTS

An amount of Rs. 6.15 crore has been earmarked for annual maintenance grants as per following details.

- @ Rs. 10000/- p.a. per Sub Centre
- @ Rs. 50000/- p.a. per PHC.
- @ Rs. 100000/- p.a. per CHC

MOBILE MEDICAL UNITS (MMUs)

- Procurement of additional 20 MMUs.
- Recurrent cost for 40 MMUs @ Rs. 19.87 lakh p.a.

UPGRADATION OF CHCs TO IPHS

Rs. 37.11 Crore has been provided during the FY 08/09 for taking up part of the following activities:

- 42 CHCs in which adequate infrastructure could not be provided under the world bank project due to constraint on funds will be taken up for upgradation.
- New additional 36 CHCs will be constructed.
- Equipment, furniture for 148 CHCs as per IPHS norms.
- Provision for drugs @ Rs. 10.00 lakh p.a. per CHC (50% CHCs) Rs. 5.60 crore.
- Provision for engagement of vehicles on contract @ Rs. 60000/- p.a. per CHC.
- Mobility support for MO for holding clinics in PHCs @ Rs. 48000/p.a. per PHC.
- In these upgraded CHCs Physicians, Gynaecologists, Eye Surgeons and MOs are to be hired. Provision for salary has been made in the PIP
- PHNs, SNs, Dressers, Opthalmic Assistants, Ward Boys, Sweepers, Chowkidars, OPD Attendants, OT Attendants, Statistical Assistants and Registration Clerks are to be provided in these upgraded CHCs. Provision for salary has been made in the PIP

UPGRADATION OF PHCs for 24 hrs SERVICES

Rs. 33.51 Crore has been provided during the FY 08/09 for taking up part of the following activities:

- Construction of 49 existing PHCs located at rented buildings.
- 114 existing PHC required renovation and extension.
- Construction of 144 new PHCs required as per IPHS.
- Construction of staff quarters required for 280 existing PHCs plus 49 PHCs to be relocated from rented buildings.
- Equipment & furniture for 578 PHCs
- Drugs @ Rs. 3.00 lakh per PHC p.a.
- Hiring transport in emergency @ 40000/- p.a. per PHC
- Salary for new staff as per IPHS norms i.e. staff nurse and class-IV.

UPGRADATION OF SUB CENTRES

Rs. 45.14 Crore has been provided during the FY 08/09 for taking up part of the following activities:

- Construction of 403 existing SCs located in rented buildings.
- 900 existing SCs needed restoration.
- Construction of 615 SCs required as per IPHS norms.
- Equipment for 3477 SCs

 Salary of ANMs one additional ANM in all existing 2862 SCs. 2 ANM for 615 new SCs.

UPGRADATION OF SHCs

{Alternate Health Delivery System}

- Renovation of 1310 SHCs @ Rs. 2.00 lakh per SHC.
- Drugs for 1310 SHCs @ Rs. 7500/- p.m.

UPGRADATION OF SDH/FRUs

Rs. 21.45 Crore has been provided during the FY 08/09 for taking up part of the following activities:

- Adding 465 beds in the existing CHCs /SDHs
- Equipment for upgraded SDHs
- Repair, renovation, alternation of SDHs.

UPGRADATION OF DISTRICT HOSPITALS

Rs. 23.70 Crore has been provided during the FY 08/09 for taking up part of the following activities:

• Three new Districts created where the existing SDHs are to be upgraded to 100 bedded DHs. Hospitals at Gurdaspur, Ludhiana and Mohali to be upgraded to 200 bedded hospitals

SCHOOL HEALTH

Provision for screening of all the school children of Rs. 5.00 crore have been provided.

ROGI KALYAN SAMITIS SEED MONEY

- Provision of Rs. 1.00 lakh per PHC as a seed money has been kept for 484 PHCs.
- Provision for printing of guidelines of RKS in local language.
- Training for RKS members.
- Annual convention of RKSs.

REPRODUCTIVE CHILD HEALTH PROGRAMME- II (RCH-II)

MATERNAL HEALTH

Rs. 2.95 Crore has been provided during the FY 08/09 for taking up the following activities:

- Early registration of pregnancies and ensuring institutional delivery
 - ➤ Incentive to link workers @ Rs. 200/- per activity
- Minimum 3 ANCs by ANM or MO and 3 PNCs
- Ensuring safe delivery at home
 - > TBAs/ ANMs equipped with Dai kits
- Incentive to Panchayats @ 5000/-on 100% ANC registration within 16 weeks of pregnancy.

24 hr delivery services in identified PHCs

- ➤ During project period 242 PHCs to be strengthened.75 PHCs already identified in 07/08
- ➤ 67 more PHCs are proposed to be identified in 08/09.
- ➤ Recruitment of 201 Staff Nurses to be done
- ➤ 67 Safe Motherhood Consultants to be recruited
- Generator facilities to be provided
- Provision of Telephone facilities

• 24 hr EmOC services in selected CHCs

- ➤ During project period 92 CHCs are to be strengthened. <u>25 CHCs</u> identified in 07/08.
- ➤ 21 more CHCs are proposed to be identified in 08/09.
- ➤ 105 Staff Nurses to be recruited- 75 recruited
- ➤ 21 Obstetrician, 21Pediatrician, Anesthetist (on call basis)
- > 21 OT Assistants
- ➤ New Born Care Corners in the identified CHCs.
- ➤ Blood Storage Units in the identified CHCs.

TRAININGS UNDER MATERNAL HEALTH

- Training of Skilled Birth Attendants (SBAs)
 - > TOTs- MOs- SNs, ANMs, LHVs
- 12 Weeks training of MOs in Life Saving Anesthesia Skills in 6 Medical Colleges. Training started in 1 Medical College, one batch over, second started.

- IEC/BCC Advocacy workshops for sensitization of providers
 - Focused group discussions with community through MPHWs (M & F)
 - Printing of poster, wall writings, radio programmes, folk media etc.

JANANI SURAKSHA YOJNA

Rs. 1.58 Crore has been proposed during the FY 08/09 for taking up the following activities:

• Cash assistance scheme for BPL and SCs/STs mothers (age 19 and above upto 2 living children) on birth in Public or Private accredited health units.

Rural area Rs.700/-Urban area Rs. 600/-

- Non Institutional delivery- Rs.500/-
- Rs.1500/- to be provided for hiring the services of specialists to carry out the caesarean in a Govt. Institution
- Total no. of beneficiaries till November 07- 15190.

ACCREDITED SOCIAL HEALTH ACTIVISIT (ASHA)

- Total 13190 ASHAs selected and Rs. 7.80 Crore has been proposed during the FY 08/09 for the training of ASHAs and supply of Drug Kits:
- ASHA Resource Centre as a part of the State Resource Centre to be established. A fund of Rs. 0.76 Crore has been proposed in the FY 08/09

INCENTIVES TO ASHA

| ACTIVITY | COMPENSATION |
|---------------------------|---------------------------------------|
| Training & Meetings | Rs 100/- per day |
| | |
| Registration of Early | Rs 200/- per case and Rs 25/case for |
| Pregnancy and ANC Checkup | 2nd 3rd ANC |
| Institutional Delivery | Rs 200/-per case and Rs 400/- for |
| · | accompanying |
| | |
| Full post natal checkup | Rs 50/- |
| | |
| Vaccination | DPT/Polio/Measles-Rs 25/- for each |
| | dose Rs 20/- and Rs 10/- for boosters |
| Sterlisation | Rs 150/- for female & Rs 200/- for |

| | male |
|-------------------|----------|
| IUD insertion | Rs 25/- |
| Safe MTP | Rs 100/- |
| Catract Operation | Rs 150/- |
| DOT provider | Rs 250/- |

Other Compensations as approved under schemes

CHILD HEALTH

Rs. 0.26 Crore has been provided during the FY 08/09 for taking up the following activities:

- New programme of Integrated Management of Neonatal and Childhood Illnesses (IMNCI) in 4 Districts (Amritsar, Taran Taran, Ludhiana and Paitala)- already launched
- Strengthening IMNCI Cell at State & 4 Districts by providing Data recording & analysis support and training facilities.
- IMNCI Training (identified Districts) for 22 TOTs, 360 MOs, 76 SNs, 335 LHVs and 967 ANMs, 780 AWW & DIOs of all 20 Districts
- Strengthening of Immunisation Services (details under Immunization)
- 25 New Born Care Centres established at CHC level, Total 92 to be established.
- Distribution with training of Manual Mucus Suckers to SBAs (supply by GoI)
- Promotion of Exclusive Breast Feeding through IEC and focused group discussions
- Promotion of deliveries by SBAs by providing trainings and sensitization through IEC activities

FAMILY PLANNING

Rs. 9.76 Crore has been provided during the FY 08/09 for taking up the following activities:

- Dissemination of revised manuals on sterilization standards and quality assurance of sterilization services –
- Organizing female sterilization & IUD Insertion camps in Districts -one camp per month per block-
- Organizing NSV camps 40 camps per month in the State
- Printing of sterilization files, printing of cards, Insurance manuals and purchase of computers- *continues process*
- Procurement of NSV sets & Laparoscopes- to be provided by GoI in kind, repair of laparoscopes in process
- Compensation package for
 - Vasectomy Rs.1500 per case
 - Tubectomy (BPL) Rs.1000 per case
 - Tubectomy (APL) Rs.650 per case
 - IUD Insertion Rs.20 per case (In kind from GoI)

ADOLESCENT REPRODUCTIVE & SEXUAL HEALTH (ARSH)

Rs. 1.26 Crore has been provided during the FY 08/09 for taking up the following activities:

New Programme introduced by GoI from year 2007-08.

- In first phase07/08 6 Districts were taken up. In the year programme is to be initiated in Gurdaspur, Faridkot, Mukatsar, Fategarh Sahib, Kapurthala, Mohali, Patiala
- Adolescent Friendly Health Services through 640 special clinics (PHCs, CHCs, Civil Hospitals and Selected Sub Centres) to be provided i.e. Management and treatment of Anemia, Menstrual disorders, TT immunization, Nutrition counseling, Management & treatment of RTIs/STIs and reducing the incidence of HIV/AIDS
- Printing of ARSH IEC material for dissemination to Health Care Providers
 & Stakeholders
- Printing of guidelines, handouts, facilitator guides for MOs.
- Translation of handouts and facilitators guide for ANMs, LHVs done and printing to be done
- State level workshop
- Under IEC activities advocacy workshop at 7 Districts & all blocks in the selected Districts being done.

URBAN RCH

Rs. 1.28 Crore has been provided during the FY 08/09 for taking up the following activities:

- Contractual appointment in slum areas of the State already done --- 115 MPHWs (Male)--- 115 MPHWs (Female)
- Out reach camps 6 camps per district in 08/09
- Mobility allowance @ Rs. 500/- per month per incumbent for 230 persons to conduct house to house surveys and special immunization drives to reduce drop outs.

PNDT & SEX RATIO

Rs. 6.40 Crore has been provided during the FY 08/09 for taking up the following activities:

- Third Party Survey for sex ratio at birth
- Organization of Seminars, Workshops of Prominent Personalities on the declining Sex Ratio
- Manpower & operational support for PNDT cell at the State HQ by induction of a Lawyer, Social Scientist,
- Annual Analysis of Sex Ratio in the State on the basis of Institutional deliveries and civil registration data.
- Monitoring of sex ratio at Birth through ASHA.
- Monitoring of enforcement of PNDT Act through mobility support to State & District level officers (POL)
- Award money for informers & provision for decoy patients- Rs.5000 each case
- Award to panchayats Rs. 1 lac for SR 950, Rs. 1.5 lac for SR 1000 Eleven panchayats already given awards

INNOVATIONS / PPP / NGO

Rs. 3.78 Crore has been proposed during the FY 08/09 for taking up the following activities:

MNGO & NGO (SNGO)

- Finalizing/forwarding of Selection of MNGOs and SNGOs for different Districts - 3 MNGOs selected covering 14 Districts (Ropar, Mohali, Patiala, Nawanshahar, Fatehgarh Sahib, Ferozepur , Muktsar, Amritsar, Gurdaspur, Hoshiarpur, Ludhiana, Bathinda, Jalandher, Sangrur, Kapurthala)
- Preparatory phase to newly selected MNGOs for proposal Development @ Rs. 6.00 Lakh per year.
- Ist instalment of grant in aid for 18 months to existing MNGOs
- IInd instalment of grant in aid for 12 months to existing MNGOs Rs 75 Lakhs for 2009 onwards
- Ist instalment of grant in aid for 18 months to existing SNGOs
- Preparatory phase to newly selected SNGOs for proposal development
- PPP Inovations for EmoC Services
- Promotional activities- Seminars/Workshops/Review Meetings of MNGOs/SNGOs.
- Helpline, Toll Free telephones, Call Taxi Services through PPP

ISTRI SEHAT YOJNA (FOR BPL WOMEN)

Rs. 1.50 Crore has been proposed during the FY 08/09 for maternity care under the Istri Sehat Yojna for:

- Contracting out Accredited Private Practitioners/NGOs for provision of ANC/PNC/Maternity Services in unserved/underserved rural/urban areas
- Identification / registration / tracking of beneficiaries by ANM and MO I/c of the concerned PHC/Civil Dispensary etc.
- Three packages (including ANC, PNC, Medicines, Transport, Link Worker incentive etc.):
 - Package I Normal Delivery : Rs. 2500/-
 - Package II Complicated Delivery: Rs. 4500/-
 - Package III Caesarean Section : Rs. 5500/-

LOGISTICS

Rs. 0.90 Crore has been provided during the FY 08/09 for taking up the following activities:

- Development of Inventory Management System and software development
- POL for transportation of supplies from State up to Sub Centre level
- Strengthening of warehouse facilities.

Rs. 3.52 Crore has been proposed during the FY 08/09 for the development of HMIS and CRS:

- Strengthening of HMIS system at State level by providing Computers & peripherals
- Development of software for HMIS, Inventory, CRS, Data Processing Unit
- Computerization upto District & Block level- Computers already installed
- 210 Computer operators on contract recruited-
- 2 Programmers 2 Hardware supervisors, 1 System Analyst on contract to be recruited -
 - 1 Hardware supervisor already recruited
- Operationalization of new MIES formats
- Internet connectivity upto Block level
- Need assessment study on strengthening HMIS.
- Mid term and endline evaluation study through external agencies.
- Establishing CRS, preservation and digitalization of CRS reports
- Printing of new formats, compilation sheets and publication and dissemination of State level reports on various health indicators.
- Training and monitoring by the M & E team.

QUALITY ASSURANCE

Rs. 0.23 Crore has been proposed during the FY 08/09 for taking up the following activities:

- Quality Assurance Committees at State, District and Block level
- Patient Satisfaction Survey will be conducted through private agency
- Purchase of Hot air ovens, autoclaves, needle syringe destroyers for 92 CHCs and 242 PHCs
- Training for management of waste
- Training of staff for segregation & treatment of medical waste
- Enactment of Nursing Home Registration Act

TRAININGS

Rs. 5.28 Crore has been proposed during the FY 08/09 for taking up the following activities:

- Repair & renovation of SIHFW, ANMTCs DTCs and providing training aids
- 5 Faculty to SIHFW
- Preparation of training material and operational cost of SIHFW
- Trainings planned for the year 2008-09 and achievements till date:
 - PDC training for 80 District level officers-
 - BCC skill building trainings for 300 MOs yet to be trained
 - BCC skill building trainings ANMs+ LHVs+ HW(M)+ HS (M) + BEE
 + Dy. MEIO

- SBA training of ANMs LHVs
- TOT ARSH Training for 28 State and District Managers,
- 288 MOs, 180 ANM, LHV, MPHW (M), AWW of the Districts identified during 2007-08.
- 360 MOs 840 ANMs/LHVs to be trained in the year 2008-09
- SBA training for 60 ANM, 60 LHV, 60 SN 15 ANM, 15 LHV, 15 SN trained; 100 MO (PHC)-
- Life Saving Anesthesia Skills
 - TOT for Anesthesia skill training
 - Training of MBBS doctors in Life Saving Skills- 18 batch
 - Orientation of training of 40 District Anesthetist-
- Contraceptive update training for 1200LHV/ANM -
- Contraceptive update training for 1200 HW (M)-
- IUD insertion training to 1200 LHV/ANMs
- MTP training for 120 MOs
- RTI/STI trainings for 30 District Programme Officers, 800 MOs, 1200 SNs/ANM/LHV.
- Training of MOs, Para Medics on Adolescent Reproductive and Sexual Health.
- IMEP Training for MOs and Para Medics.
- Induction Training of DPMU

BEHAVIOUR CHANGE COMMUNICATION

Rs. 4.74 Crore has been proposed during the FY 08/09 for taking up the following activities:

- Strategies for intra communication designed and Rs 33.92 lacs proposed
- 5716 exclusively girl child competitions for the cause of girl child two per sub centre per year
- Printing of booklets for Adolescents on ARSH issues.
- Implementation of BCC Strategy as per GOI guidelines
- Focus group discussions, Wall paintings, Hoardings, Folders, Posters, Radio/TV Coverage, Newspapers Adds & Folk Media for components of Maternal Health, Child Health, Family Planning, JSY, ARSH, Water and Sanitation, Gender and Sex Ratio
- Advocacy workshop at State, District & Block Level on issues of early registration of pregnancy, ANC and Institutional Delivery
- Flip Book for Neonatal Care and NSV etc.
- Strengthening of BCC/IEC Bureau (State & District level)
- School Based activities on sanitation Purchase of exhibition stand and digital camera.
- Educational material for life style diseases

PART - C

STRENGTHENING OF IMMUNIZATION

 Alternate Vaccine Delivery, Mobilization of Children, Slums and under served areas, Strengthening and Monitoring, Computerization as per GOI guidelines.

STATE SPECIFIC STRATEGIES

- Social Mobilization to increase awareness to serve uncovered and leftover children
- Enhanced immunization coverage and urban and peri urban colonies
- Waste disposal plan at PHCs level

BUDGET PROPOSED

- 08/09...... Rs. 298.31 lakh
- 07/12..... Rs1171.82 lakh
- Totally Micro-plan based at the Sub-centre level
- Visiting uncovered areas both urban and rural through mobile teams
- Pulse-Polio Drive strategy used in uncovered urban areas
- Monitoring and Supervision at State, District and PHC level
- Identification & coverage of slums areas
- State wide immunization in partially covered/ uncovered areas on Saturdays
- Training / Orientation of DIO/DFPO and other functionaries

REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME

- Punjab is maintaining cure rate more than 85%
- Case detection rate is 60%, target to increase it to 70% during 08/09.
- Training for Health functionaries on T.B/HIV
- Involvement of NGOs and PPP
- BUDGET FOR THE FY 08/09: Rs. 606.67 Lac 08/12: Rs.2388.90 lac

NATIONAL LEPROSY ERADICATION PROGRAMME

- Punjab is the low endemic State because of PR 0.32 per 10,000 population which is much below the National PR of 0.7.
- Activities for IEC, Trainings are to be undertaken
- Incentive for detection of Leprosy case @ Rs. 100/- per case.
- Supportive medicines and supplies
- Programme strategy as per GOI Guidelines.
- BUDGET FOR THE FY 08/09: Rs. 214.46 Lac 08/12: Rs.857.84 Lac

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

- PR in State is 0.7% (National PR is 0.8%)
- Purchase and instalment of Phaco machines
- Strengthening and supply of New vision centres in all 20 Districts.
- Supply of Spectacles and other supplies under School Eye Care programme
- Eye Donation Camps.
- Training of Ophthalmological surgery (to be organized by GOI)
- BUDGET FOR THE FY 08/09: RS. 670 Lakh 08/12: RS. 2378 Lakh

IODINE DEFICIENCY DISORDER CONTROL PROGRAMME

- Punjab is the low endemic State for Iodine Deficiency Disease
- State has established an IDD Monitoring Lab in Chandigarh for Iodine estimation of salt samples
- State has conducted survey for detection of Iodine Deficiency Disorders in 2007 in four District namely Ropar, FG Sahib, N.Shahar and Bathinda: IDD: 5.33% in Ropar, 0.02% in Nawanshahar, 0.2% in F.G. Sahib and 2.33% in Bathinda.
- IEC Activities for the programme
- BUDGET FOR THE FY 08/09: Rs. 15.00 Lac, 08/12: Rs. 60.00 Lac

NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NVBDCP)

- Active & Passive Surveillance ...
- Rapid Response teams and Control rooms.
- Malaria Clinics 673 as per national norms complete
- Maintenance of Hatcheries at District Level
- Training of MOs and Para Medics
- 100% coverage of malaria +ve cases
- Strategy as per GOI Guidelines

- Augmentation of manpower, training and introduction of PPP & provision of logistics
- BUDGET FOR THE FY 08/09 RS. 579.83 Lakh, 08/12: RS.2319.32 Lakh

INTEGRATED DISEASE SURVEILLANCE PROGRAMME

- Syndromic Surveillance for communicable diseases launched
- Reporting of early warning signals of outbreaks on weekly basis started
- Identification of District health laboratory done
- Elisa reader Machine at 20 sites
- Infrastructure upgradation all DSUs
- Training of AYUSH MOs
- Training and capacity building of Medical Officers and Para Medicals
- BUDGET FOR THE FY 08/09:RS 209.58 Lakh 08/12 726.47 lakh

INTERSECTORAL CONVERGENCE ACTIVITIES INCLUDING NUTRITION, SAFE DRINKING WATER ETC.

CONVERGENCE WITH AYUSH

A total funds of Rs. 20.36 Crore has been proposed for the FY 08/09

To meet the health needs and harness the potential of indigenous health knowledge convergence with AYUSH

AYUSH

- Contractual appointment of one AYUSH Doctor and one paramedics each for all PHCs
- Contractual appointment of two AYUSH Doctors (one Ayurveda & one Homeopathy).

Innovations for Minority Groups

- Outreach Camps to be held 20 in every month @ Rs 10000 per camp for providing Family Welfare services and dissemination of information on RCH components and also counselling on various issues like FP, Adolescent health and early registrations of pregnancies
- Audience specific communication material in Urdu, Punjabi pertaining to themes like age at marriage, immunization, sterilization, CC use, IUD, OCP, Male involvement, Child Health Issues (Pamphelets, Hoardings, wall paintings)
- Meetings/Workshops with Stakeholders and opinion leaders
- Peer Educator

BUDGET FOR THE FY - 08/09:RS 33.40 Lakh

AGENDA ITEM NO. 1.10

TO CONSIDER & APPROVE THE SERVICE REGULATIONS OF THE STATE HEALTH SOCIETY INCORPORATING SERVICE CONDITIONS, TA/DA ETC.

AGENDA NOTE:

Placed below as **ANNEXURE-I** is the draft Service Regulations of the contacted employees of the State Health Society, Punjab along with draft TA/DA Regulations as **ANNXEXURE-II**. After the approval of the draft Service Regulations and TA/DA Regulations, these Regulations will be placed before the Governing Body for ratification.

2. The Executive Committee may kindly consider and approve the same.

SERVICE REGULATIONS FOR THE EMPLOYEES ON CONTRACTUAL TERMS

In exercise the powers vested vide Section 5.4.2 of the Rules and Regulations of the State Health Society Punjab (SHSP), the Executive Committee on behalf of the Governing Body exercising the powers delegated vide resolution No. 1.7 passed in its first meeting held on 21.12.2007 hereby makes the following regulations to govern the terms and conditions for the services of its employees employed on contractual terms.

CHAPTER - 1

RECURITMENT

1. DEFINATION:

- 1.1 These regulations shall be referred to as the State Health Society Punjab Service Regulations for contractual employees.
- 1.2 These Service Regulations shall take effect immediately and will be applicable to all of the employees who have already been employed by the SHSP or any other society which has been taken over by SHSP on contractual terms or will be employed, in future.
- 1.3 These Service Regulations shall apply to every employee wherever he may be posted except in so far and to the extent it is otherwise agreed upon by agreement or letter of appointment or any other statute for the time being in force.
- 2.1 "The Memorandum of Association" means the MoA of the State Health Society Punjab registered on 26.2.2007.
- 2.2 "The Rules" means the Rules and Regulations of the State Health Society, Punjab.
- 2.3 "The Governing Body" means the Governing Body of the State Health Society Punjab constituted for the purpose under section 5.2 of the Rules of the State Health Society.
- 2.3 "The Chairman" means the Chairman of the Governing Body.
- 2.4 "The Vice Chairman" means the Vice Chairman of the Governing Body.
- 2.5 "Mission Director" means the Mission Director of the NRHM appointed by the State Government.

- 2.6 "The SHSP" means the State Health Society Punjab acting through its Governing Body. The Governing Body Executive Committee chairman, Vice Chairman and the Mission Director or any other duly authorized officer of the SHSP.
- 2.7 "Direct Appointment" means an appointment made otherwise than by promotion of a person already in the contracted service of the SHSP.
- 2.8 "Promotion" means appointment of an existing contractual employee of the SHSP to a superior post on fresh terms of contract.
- 2.9 "Duty" means the period of service which counts for pay, and other emoluments but does not include extra-ordinary leave without pay.
- 2.10 "Employee" means a person employed on any post under the SHSP.
- 2.11 "Government" means the State Government in the Health & Family Welfare Department.
- 2.12 "Appointing Authority" means the authority competent to make the concerned appointment as per the instant Service Regulations.

3. POSTS UNDER THE SHSP

- 3.1 For the purpose of these service regulations, the posts under the SHSP shall be classified under the following two categories namely:
 - (i) Officers
 - (ii) Other employees.
- 3.2 There shall be only temporary posts under the SHSP.
- 3.3 The Governing Body shall have the right to declare a temporary post as permanent.
- 3.4 The appointing authority shall make appointment against temporary posts on contract basis and on permanent posts either on contract basis or on tenure basis.
- 3.5 No person shall be appointed on any post under the SHSP unless he/she is eligible incumbent as per the State Government Rules.

4. RECRUITMENT AND RETRENCHMENT

4.1 Recruitment to the various posts under the SHSP shall be made by any one or more of the following methods:-

- 4.2 By direct appointment.
- 4.3 By promotion of existing contractual employee from one post to another.
- 4.4 The powers of creation of posts, selection, appointment and promotion of employees of the SHSP upto and including the State Programme Manager level as per the organizational set up of the SHSP approved by the Government of India as amended from time to time will be exercised by the Mission Director.
- 4.5 The Executive Committee shall prescribe the remuneration, qualification & experience and other requirements for the various posts under the SHSP.
- 4.6 The age of a person, at the time of direct recruitment to a post under the SHSP, shall not normally exceed 35 years. Providing that the Mission Director may in specific cases relax this condition having regard to the qualification and experience of a candidate. However, in case of specialists and consultants the maximum age will not be a criteria and will be as per the TOR approved by the Government of India or by EC.
- 4.7 Direct appointment of every person to any post under the SHSP shall be subject to production by such person of a medical certificate of fitness from a competent Medical Officer of the SHSP/ Government Hospital.

5. TERMINATION OF SERVICES:

- 5.1 The services of an employee of the SHSP may be terminated by the appointing authority by giving one month notice on either side. It will however be open to the SHSP to pay in lieu of notice, remuneration etc., for the assignment and any employee may do so by depositing with the SHSP remuneration in lieu of the notice in respect of the period by which it falls short of one month.
- 5.2 If at any point of time any information/declaration furnished by any employee in connection with the appointment is found to be false or incorrect in that case the assignment on contractual basis will be liable for termination without notice of one month expressed in Regulations 5.1 above.

6. RECORD OF SERVICE:

- 6.1 The following record of service of every employee shall be maintained by the SHSP:
 - (a) Personal file;
 - (b) Service book;
 - (c) Evaluation Report File

6.2 Files at (a) and (b) shall be maintained by the office and the file at (c) shall remain in the personal custody of an officer authorized by the Mission Director.

7. EVALUATION OF PERFORMANCE & ATTAINMENTS:

- 7.1 Every employee has to fill on quarterly basis self evaluation Performa to be finalized and approved by the Mission Director.
- 7.2 The evaluation Performa has to be assessed and ranked by at least two reporting officers in the case of other employees and by one reporting officer in case of the officers. The average yearly evaluation Performa has to be caste on the basis of quarterly evaluation Performa.
- 7.3 Mission Director will be the final accepting authority of the yearly average evaluation Performa. However, the Mission Director will have the right to amend the ranking of any employee as per his own assessment.

8. SENIORITY AND PROMOTION:

8.1 Seniority:

The inters seniority of persons appointed to post carrying the same post shall be determined by the order of merit as determined by the selection committee for appointment to such posts, provided that if two or more persons are simultaneously appointed to the same post on the same date, and their seniority inters has not been indicated by the Selection Committee, then their seniority shall be determined as under:-

- 8.1.1 In case two or more persons recruited by direct appointment persons have the same ranking in merit the older in age shall rank senior to the other.
- 8.1.2 In any other case to which the aforesaid regulations 8.1, the person drawing the higher pay shall be considered senior to a person drawing lower pay.

9. PROMOTION

All promotion to posts under the SHSP shall be made on the basis of evaluated-merit-cum-seniority and no person shall have a right to be promoted to any post on the basis of seniority alone.

10. GENERAL

- 10.1 The whole time of an employee shall be at the disposal of the SHSP.
- 10.2 No employee shall directly or indirectly be engaged in any other business, occupation or employment nor shall he/she enter into any

- partnership or other business relationship with any party other than the SHSP except with the prior permission of the appointing authority.
- 10.3 Every employee shall be liable to be transferred by the appointing authority from one post to another or to any place, which it may consider necessary in the interest of the SHSP
- 10.4 No employee of the SHSP shall take part in politics or in any political demonstration or stand for election as member of any House of the State Legislature or Parliament or of any Local/Authority or include in activities that may cause embarrassment to the SHSP.
- 10.5 Every Officer or in equivalent rank and above shall submit an annual return in such form as may be prescribed by the SHSP in this regard giving full particulars regarding the immovable property inherited by him or owned or acquired by him or held by him on lease or mortgage either in his own name or in the name of any member of his family or in the name of any other person. The statement shall be filed in the month of April every year. An employee shall also give details of his movable property, if so asked for specifically in the prescribed form, within the period specified in the order.
- 10.6 Every employee shall conform to and abide by these Regulations and shall observe comply with and obey all orders and directions, which may, from time to time be given to him by any person or persons under whose jurisdiction, superintendence or control he may, for the time being, be placed.
- 10.7 Every employee, shall maintain strictest secrecy regarding the SHSP's affairs and the affairs of its constituents and shall not divulge, directly or indirectly, any information which would have an adverse effect the SHSP either to a member of the public or to any other employee of the SHSP, unless compelled to do so by judicial or other authority, or other authority or unless instructed to do so by a superior officer in the discharge of his duties.
- 10.8 Every employee shall serve the SHSP honestly and faithfully and shall use his utmost endeavour to promote the interest of the SHSP and shall show courtesy and attention in all transactions and intercourse with officers of the Government and the SHSP's constituents.
- 10.9 No employee shall accept or permit any member of his family or any other person acting on his behalf to accept any gift.

11. PAY AND ALLOWANCES

- 11.1 "Pay" means the monthly consolidated pay/remuneration drawn as fixed pay or a pay drawn on fixed basic pay plus allowances such as dearness allowance, house rent allowance, travelling allowance, conveyance allowance, city compensatory allowance, sumptuary and (overtime allowance as per Punjab Govt. rates or at the rates sanctioned by Governing Body) or any other allowance sanctioned by the Governing Body from time to time.
- 11.2 "Award" means a fixed amount awarded in recognition of meritorious work performed by an employee of the SHSP.
- 11.3 An employee of the SHSP shall on appointment, be eligible to the minimum of the pay/remuneration of the post to which he/she is appointed, provided that the appointing authority, may in consideration of the special knowledge, training or expertise allow a higher initial start to any person.
- 11.4 The appointing authority may looking into the average of the quarterly evaluation reports of an employee may grant yearly increase in the remuneration at the time of renewal @ 6% p.a.

12. PENALTIES:

- 12.1 An officer or other employee of the SHSP may be awarded any one or more of the following penalties even though his quarterly rating is good enough;
 - i) Warning or reprimand or Censure;
 - ii) Withholding of increment or increments;
 - iii) Reduction to a lower pay package; and
 - v) Removal from service

In addition to above penalties, the officer or employee of the SHSP shall also be liable to recoup the loss caused to SHSP or the State Government.

- 12.2 The penalties referred to above may be imposed by order in writing of the appointing authority after following the procedure as laid down in the Punjab Civil Services, Punishment & Appeal regulations 1970. Provided that not more than one penalty shall be imposed on any employee at one time.
- 12.3 Any person in the employment of the SHSP against whom there are serious charges pending may be placed under suspension by order in writing of the appointing authority.

- 12.4 During the period of suspension such person shall be entitled to receive subsistence allowance equal to one-third of his/her remuneration or basic pay plus allowance provided that:-
 - (a) the difference of his pay and subsistence allowance shall be given to such a person on his reinstatement if the appointing authority so directs; and,
 - (b) the subsistence allowance already paid to the employee shall not be refundable to the SHSP in case such a person is ultimately removed from the service.
- 12.6 An appeal against an order of the appointing authority imposing penalty or suspension shall lie to the Vice Chairman Governing Body/ Chairman Executive Committee within two months of passing such order. The Vice Chairman Governing Body/ Chairman Executive Committee's decision on such appeal shall be final. In exceptional cases, the Chairperson of the Governing Body may review the case. A joint appeal shall not be entertained.

13. DELEGATIONS:

The Mission Director shall have all the powers under these service regulations. Further, Mission Director may in writing confer on any officer of the SHSP all or any of his powers, including powers delegated. Delegated power shall be exercised subject to such restrictions, conditions and limitations as may be prescribed in the orders issued by the Mission Director from time to time.

14. AMENDMENT:

The SHSP through its EC reserves the right to modify, cancel or amend all or any of these regulations and issue supplementary regulations or amendments thereto without previous notice and give effect to them from the date of issue or any other prospective date. Matters not covered by these regulations would be decided by the Mission Director, at his discretion, keeping in view the regulations applicable to State Government employees.

CHAPTER - II

15. TRAVELLING ALLOWANCES REGULATION:

15.1 The employees under these regulations will be paid TA/DA as per the travelling allowances regulations approved by competent authority.

16.1 TYPES OF LEAVE

All employees of the SHSP, except those on deputation will be entitled to the following kinds of leave :

- (i) Casual Leave
- (iii) Earned Leave
- (iv) Extra ordinary leave
- (vi) Public Holidays
- (v) Maternity Leave

16.2 CASUAL LEAVE

15 days of casual leave in one calendar year (of service) shall admissible to all employees. Casual leave will be non-cumulative and no other leave of any kind except leave without pay can be combined with it. Holidays occurring during or at the beginning or at the end of the period of casual leave shall be excluded. Casual leave shall not be asked or allowed for more than five days at a time. All women employees of the SHSP shall be entitled to 15 days casual leave every year irrespective of the number of years in service put in by them.

16.3 EARNED LEAVE

16.3.1 All employees shall be entitled to 20 days of earned leave on full pay for each completed year of service (it will be calculated @ 1/18 of the period spent on duty). This leave will become due after completion of one year. During first year of service, no such leave will be available. Leave without pay shall not be counted as period of service.

16.3.2

The leaves earned by a particular employee may be availed, however, in case of extension of the contract of any employee beyond one year, the un availed leave can be accumulated up to 450 days but can be encashed for 300 days (less leave encashed if any) at the time of termination of contract by employer. In case of dismissal from service, any accumulated leave will lapse automatically. In such cases leave encashment shall not be available.

The encashment of leave shall not be allowed to any incumbent who has been engaged on contract after superannuation as he/she has already availed maximum earned leave encashment from his/her parent department as a part of terminal benefits.

<u>Encashment of Leave</u>:- The contract officers will suo motu be allowed encashment of earned leave at their credit on the date of termination of contract subject to the ceilings mentioned below –

| Period of contract appointment | Maximum earned leave for | |
|--------------------------------|--------------------------|--|
| | which encashment will be | |

| | | allowed at the time of termination of contract |
|-----------------------------------|----|--|
| 2 years or less | :: | No encashment |
| More than 2 years up to 5 years | :: | 30 days |
| More than 5 years up to 10 years | :: | 60 days |
| More than 10 years up to 15 years | :: | 90 days |
| More than 15 years up to 20 years | :: | 160 years |
| More than 20 years up to 25 years | :: | 200 days |
| More than 25 years | :: | 300 days |

16.4 EXTRA ORDINARY LEAVE:

The Mission Director may grant in extra ordinary cases without pay leave up to maximum of three months to any employee on production of requisite documents supporting the requirements of the leave. However, it will be totally discretionary on the part of Mission Director to grant such leave looking into the merits of the case. Extra-ordinary leave will be treated as dies-non and will not covered towards any benefits whatsoever as mentioned above or elsewhere.

16.4.1 The Competent Authority may grant to the female employees of the SHSP maternity leave on full pay last drawn by her immediately before proceeding on leave for a period not exceeding three months or till expiry of contract whichever is earlier. The grant of leave should be so regulated that the date of confinement falls within a period of this leave. The maternity leave shall not be debited against the leave account of the female employee. Provided that no leave under this rule shall be granted to female employee(s) who have more than two living children.

16.5 AUTHORITY

Leave of all kinds will be sanctioned either by the Mission Director or by any officer of the SHSP so authorized by him to the extent of such authority.

16.6 AMENDMENT OF REGULATIONS

The SHSP reserves the right to modify/cancel or amend all or any of these regulations and issue supplementary regulations or amendments thereto without previous notice. The SHSP also reserves the right to give effect to the modifications/cancellations or amendments of the regulations and/or supplementary regulations from the date of issue or from any other period.

16.7 INTERPRETATION OF REGULATIONS

The SHSP reserves the power to interpret these regulations — and/or the supplementary regulations. The decision of the Mission Director shall be final

CHAPTER IV

17. CONTRIBUTORY PROVIDENT FUND REGULATIONS:

Every employee of the SHSP shall be entitled to membership of the Contributory Provident Fund Scheme under the Provident Fund and Family Pension Act, 1952, irrespective of the pay drawn by him. However, the contribution of the SHSP for all employees will be restricted to the maximum rates prescribed by the Act. Re-employed person shall be governed by the terms of their appointment.

CHAPTER V

18. MEDICAL REGULATIONS:

- All employees and dependents of employees of the SHSP shall be 18.1 entitled to full indoor reimbursement of the expenses incurred on the purchase of medicines on the prescription of SHSP Doctors Government/Municipal Doctors in Hospitals, expenses consultation fee paid to Doctors in hospitalization Government/Municipal Hospitals. This is, however, subject to the condition that all bills and the essentiality certificates are signed by the Doctors referred to above.
- 18.2 The employees of the SHSP who are appointed on a fixed basic pay plus allowances will be entitled for the fixed medical allowance as fixed by the State Govt. from time to time.

ANNEXURE - II

TRAVELLING ALLOWANCE REGULATIONS

SECTION -I GENERAL

Regulation-1

These regulations shall be referred to as "State Health Society Travelling Allowance & other Fees Regulations" and come into force w.e.f. and shall regulate all journeys on tour performed on or after 26.2.2007.

Regulation-2

These regulations shall apply to all the direct employees of the SHSP including those who are on deputation (if their terms of deputation so permit) or on contract.

Regulation-3

The SHSP reserves the right to modify, cancel or amend all or any of these regulations and issue supplementary regulations or amendments thereto without previous notice and give effect to them from the date of issue or any other date.

Regulation- 4

The SHSP reserves the right to interpret these regulations and/or the supplementary regulations and its decision in regard thereto shall be final.

SECTION II -- DEFINITIONS

Regulation-5

Unless there is anything repugnant in the subject, the following terms shall have the meaning assigned to them as noted against each:

- i) "SHSP" means the State Health Society, Punjab.
- ii) "Directors" means any person appointed by the State Govt. from time to time in accordance with Rules & Regulations of the SHSP.
- iii) "Employee" means any person appointed by the SHSP to any post in connection with the affairs of the SHSP.
- iv) "Pay" means basic pay drawn monthly by an employee in respect of the post held by him including Dearness Pay or the consolidated salary in case contracted employee.
- v) "Travelling Allowance" means allowance to cover the expenses incurred by an employee on travelling in connection with the affairs of the SHSP. Travelling Allowance is not intended to be a source of profit.
- vi) "Daily Allowance" is a uniform allowance for each day of absence from Headquarters or part thereof and is intended to cover an employee's boarding and lodging and other such expenses while on tour.
- vii) "Journey Allowance" means an allowance to cover incidental expenses during journey on tour.
- viii) "Headquarter" means the normal place of duty of an employee as may be fixed by the SHSP from time to time and shall cover an area within a radius of 20 K.M. from the normal place of duty.
- ix) "Tour" means the absence of an employee from his headquarters on SHSP's duty with proper sanction.

x) "Day" will be reckoned as a period of 24 hours For the purpose of TA/DA grading of the employees in various pay ranges in the scale of pay shall be as under;

| | Pay Range for Regular | For Contracted Employee | |
|-------|------------------------------------|------------------------------|--|
| Grade | Employee | (Consolidated Salary) | |
| I | Rs. 15000 & above | Rs. 30000/- and above. | |
| II | Rs. 10000/- Basic pay and | Rs. 20000/- but less than | |
| | above but less than Rs. Rs. 30000/ | | |
| | 15000/- | | |
| III | Rs. 6000/- & above but less | Rs. 12000/- & above but less | |
| | than Rs. 10000/- | than 20000/- | |
| IV | Rs. 4000/- & above but less | Rs. 8000/- & above but less | |
| | than Rs. 6000/- | than 12000/- | |
| V | Below Rs. 4000/- | Below Rs. 8000/- | |

SECTION III -- JOURNEY ON TOUR

Regulation- 6

The journey on tour shall be deemed to commence from and end at the headquarters of an employee.

Regulation-7

Travelling Allowance is admissible for journey on tour by rail, air and/or road to the extend indicated below.

Regulation-8

An employee shall be entitled to (i) a single fare by the class of accommodation to which he is entitled as laid down hereinafter plus (ii) daily allowance at the appropriate rates as laid down in regulations 16/19, plus (iii) journey allowance at the appropriate rates as laid down in regulation 20 below plus (iv) actual expenses on conveyance for local journey on tour as laid down in regulation 18.

Regulation-9

The various categories of employees will be entitled to travel in the class of railway/Bus etc., set out below against each category:

| Grade | Class of Accommodation |
|-------|------------------------|
| | |

| I | Ist AC/AC | Bus/Air |
|-----|---|-------------|
| | (Economy)/Shatabadi/Rajdhani | Executive |
| | class/own Motor car. | |
| II | AC Chair Car/AC Two Tier Sleeper/I | st class/AC |
| | Bus/own Motor car. | |
| III | Ist class/AC chair car/AC Three tier/De | elux bus. |
| IV | Ist class/Deluxe Bus. | |
| V | 2 nd class sleeper/ordinary bus. | |

Note: Chairman EC, Mission Director and other Directors in addition to Grade-I will be entitled for Executive Class Air Travel.

Regulation- 10

Employee entitled to travel by 2nd class who travel by night train shall also be admissible to have sleeper berth reserved and charge the following additional amounts;

(a) 2nd class: As actually charged by the Railways.

Regulation-11

Employees /Officers under Grade-II will also be entitled to economy Air travel with the prior permission of the Mission Director provided the journey exceed 500 Kms beyond Delhi.

Regulation-12

- i) An employee travelling by own motor car will be paid per Km. Rate as specified in conveyance expense facility schemes from time to time.
- ii) An employee travelling by a class lower than which he is entitled shall charge the fare of the class actually travelled.

Regulation-13

If any employee travels by road in a bus/taxi between station connected by rail, he shall charge actual fare of the bus/taxi or other railway fare of the class to which he is entitled, which ever is less.

Regulation- 14

i) If an employee travels by a train which does not provide the class of accommodation to which he is entitled, he may travel in the next higher class provided the employee furnishes a certificate and satisfies that it was essential for him to travel by that train in the interest of the SHSP.

ii) For journeys between stations not connected by rail, employee shall charge actual expenses incurred by them in travelling by taking a single seat in other conveyance where bus services is not available.

Regulation-15

CLASSIFICATION OF CITIES

The revised classification of cities in or outside the States for the purpose of grant of TA/DA to the employees shall be as under;

| S.NO. | NAME OF THE CITIES | CLASSIFI- |
|-------|---|-----------|
| | | CATION |
| a) | Delhi, Bombay, Calcutta, Madras & State | A – I |
| | Capitals except Chandigarh | |
| b) | Other places out side State. | A |
| c) | Chandigrh, Ludhiana, Jalandhar, Amritsar & Patiala. | B - I |
| d) | Other places in the State of Punjab. | B - II |

Regulation- 16 Daily Allowance:

i) The revised rates of Daily Allowance shall be as under;

| | | | | (1 miount in 10). |
|-------|-----------|---------|-----------|-------------------|
| | A-I class | A-class | B-I class | B-II class city |
| Grade | cities | cities | cities | & other places |
| I | 500/- | 400/- | 300/- | 200/- |
| II | 400/- | 300/- | 200/- | 150/- |
| III | 300/- | 200/- | 150/- | 100/- |
| IV | 200/- | 150/- | 175/- | 100/- |
| V | 200/- | 150/- | 175/- | 100/- |

Chairman EC, Mission Director: As applicable to Grade-I or and Directors Actual subject to production of supporting vouchers.

ii) When an employee spends one part of a day in one locality and another part in a place for which different rate of daily allowance is admissible he will claim daily allowance at the rate applicable to the place where he spent the night succeeding such day.

- iii) No daily allowance shall be permissible with in a radius of 8 Kms from the place of duty.
- iv) Journey beyond 8 Kms & within 25 Kms of place of duty shall be treated as local journey. Daily Allowance shall be admissible for a calendar day at half the normal rate irrespective of the period of absence of the employee return to Headquarter the same day. But when such a journey involves night stay, an employee shall be entitled to normal travelling allowance.
- v) A full Daily Allowance shall be admissible for journey 25 Kms from the Headquarter if the period of absence is 6 hours or more. If the period of absence is less than 6 hours, half daily allowance shall be admissible.
- vi) No incidental charges shall be payable in addition to the Daily Allowance.

Regulation- 17 Hotel Accommodation

The maximum revised rates of Hotel Accommodation/Tourist Bungalows on the productions of receipt shall be as under;

| Grade | Accommodation | | | |
|-------|--|----------------|----------------|---------------------------|
| I | Reimbursement of actual expenditure incurred towards | | | |
| | normal sir | igle room rent | t in a hotel o | of a category not above 4 |
| | Star. | | | |
| II | Reimbursement of actual expenditure incurred towards | | | |
| | normal single room rent in a hotel of a category not above 3 | | | |
| | Star. | | | |
| | A-I City | A-class | B-I City | B-2 City & other |
| | | city | | places |
| III | Rs.1500/ | Rs. 1000/- | Rs.750/- | Rs. 500/- |
| | - | | | |
| IV | Rs.1000/ | Rs. 750/- | Rs.500/- | Rs. 350/- |
| | _ | | | |
| V | Rs.500/- | Rs. 350/- | Rs.250/- | Rs. 200/- |

Chairman EC, Mission Director and other Directors : Five Star Hotel Actual Expenses.

SECTION IV -- LOCAL MODES OF CONVEYANCE ON TOUR

Regulation-18

While on tour, employees will use the following modes of conveyance for local journey for SHSP's work and for journey from Bus Stand/Railway Station/Air Port to fix point both way and will be allowed the actual expenses incurred on submission of details of the journey performed.

| | Permissible modes of conveyance | |
|----------|---------------------------------|--|
| Grade | , | |
| I & II | Scooter Rickshaw/Taxi | |
| III & IV | Scooter Rickshaw | |
| V | Rickshaw | |

Chairman EC, Mission Director and other Directors : Any mode of conveyance on certification basis.

Regulation-19

Employees performing journeys on tour in SHSP vehicles/own motor car shall charge only Daily Allowance and Hotel accommodation charges as admissible to them.

SECTION V -- TA/DA RATES FOR TRAINING PURPOSES

Regulation-20

CATEGORY - I

Medical Officers/Gazetted Officers or equivalent rank

Daily Allowance:- Daily allowance will be admissible at the following rates:-

i) Local Participants Rs. 175/- per day.

ii) Outstation participants Rs. 350/- per day.

Whereas, an officer on tour for attending training course is being provided with boarding and lodging facility, he/she will be entitled only to $1/4^{th}$ of the Daily Allowance. In case only lodging facilities are provided, then Daily Allowance will be admissible half of the Daily Allowance.

Mode of Travel & Local Conveyance:- Travel Cost i.e. mode of journey and local conveyance is to be reimbursed on actual basis for travel by entitled class/mode subject to submission of proof.

CATEGORY - II

Para-Medical/Subordinate Staff Non-Gazetted or equivalent

Daily Allowance:- Daily allowance will be admissible at the following rates:-

i) Local participantsii) Cutstation participantsRs. 100/- per dayRs. 200/- per day

Whereas, an official on tour for attending training course is being provided with boarding and lodging facility, he/she will be entitled only to 1/4th of the Daily

Allowance. In case only lodging facility is provided, then Daily Allowance will be admissible ½ of the Daily Allowance.

Mode of Travel & Local Conveyance:-

Travel cost i.e. mode of journey and local conveyance is to be reimbursed on actual basis for travel by entitled class/mode subject to submission of proof.

Note:-

Participants will be entitled for Daily Allowance to the class they entitled for to & fro journey from place of posting to place of destination. However, if he/she is being paid for Daily Allowance for attending training/workshop on that day, then normal Daily Allowance will have to be foregone.

When an employee is on tour to attend a training programme on a seminar and for such training programme/seminar, charges will be paid by the SHSP including Boarding & Lodging Charges, the employees, shall be entitled only to ¼th of the daily allowance admissible to him under Section V.

SECTION VI -- JOURNEY ON TRANSFER

The employees of the SHSP shall be entitled to claim the TA Bills if transfer is made till public interest only as under;

i) Transport charges for the carriage of their personal effects on transfer according to the following norms on production of Actual Payments receipt:

| Grade I & II | Two Trucks |
|----------------|----------------|
| Grade III & IV | One Truck |
| Grade V | One Mini Truck |

ii) If an employee transport his personal effects by rail, he will be entitled for transport charges as under;

| Grade I&II | 45 Qtl. |
|----------------|---------|
| Grade III & IV | 30 Qtl. |
| Grade V | 20 Qtl. |

iii) The employees shall also be allowed a composite transfer grant equal to one month basic pay in case of the transfer involving a change of station located at a distance of more than 25 Kms and in case of transfer to stations which are at a distance of less than 25 Kms, the composite Transfer Grant will be restricted to 1/3rd of the Basic Pay, provided a change of residence is actually involved. This grant would be in addition to the transportation charges and no packing charges, or other incidentals

for the employee or his family would be admissible as these will be subsumed in the composite Transfer Grant.

- iv) In case of transfer made on request basis employees will not be entitled for any TA/DA etc.
- v) Any employee joining the SHSP on deputation which is done usually on mutual consent or request basis or on reversion to his parent department on request before expiry of term will not be entitled for such TA. However in case an employee is reverted to his Department by the SHSP on his expiry of term or otherwise then he will be entitled for TA/DA etc. as admissible under the Rules.

SECTION VII - JOURNEY ON RETIREMENT

As per Punjab Govt. Rules applicable from time to time.

SECTION VIII -- COMPETENT AUTHORITY

Regulation-21

Sanctioning authority for approval of Tour Programme of various categories will be as under;

| Sr.No. | Category | Sanctioning Authority |
|--------|--|--|
| 1. | Mission Director | Chairman EC |
| 2. | Heads of Directorates/Programme Officers / Specialists / Managers / Consultants. | Mission Director |
| 3. | Other Staff | As delegated by the Mission Director |

Note: Head of Directorates means the branch heads reporting to Mission Director.

SECTION IX -- DISCRETION TO ALTER THE ENTITLEMENTS

Regulation-22

Mission Director can use his discretion to alter the entitlements for travel, boarding/lodging to any employee of the SHSP in special circumstances keeping in view the merits on a case to case basis.

SECTION X -- SUBMISSION OF T.A. BILLS

Regulation-23

All T.A. Bills shall be submitted on the SHSP's prescribed proforma for tours during the Calendar month by 15th of the next following month. However, maximum time limit for presenting of TA Bills pertaining to tour/transfer is one year whereas; TA Bill for shifting of personal effects on retirement will be two years.

For calculating actual time of travelling for claiming Daily Allowance and Journey Allowance, the scheduled time of Departure and Arrival of the Aircraft/Train/Bus shall be taken into account.

For journey not covered by these regulations, T.A. may be allowed at such rates and to such extent as may be decided by the Mission Director of the SHSP.

For journey outside India, T.A. will be allowed to Chairman EC, Mission Director & Directors at the rates at which foreign exchange is sanctioned by the Punjab Govt. Rules from time to time.

AGENDA ITEM NO. 1.10

ANY OTHER ITEM WITH THE PERMISSION OF THE CHAIRMAN

AGENDA NOTE