

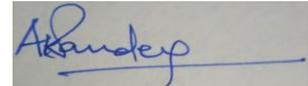
No. Coord-14/6/2020-O/o US (NLCPR)
Government of India
Ministry of Development of North Eastern Region

East Block 10, Level-IV,
Sector 1, R.K. Puram,
New Delhi-110022,
Dated: 28th April, 2020

OFFICE MEMORANDUM

Subject: Minutes of the 21st Inter Ministerial Committee (IMC)/NESIDS Committee meeting held on 23.04.2020 at 11:00 a.m. in the Committee Room (Room No. 243-A), Ministry of DoNER, Vigyan Bhawan Annexe, New Delhi under the chairmanship of Secretary, Ministry of DoNER.

The undersigned is directed to forward herewith minutes, as approved by the Competent Authority, of the 21st Meeting of the Inter Ministerial Committee (IMC)/NESIDS Committee on North East Special Infrastructure Development Scheme (NESIDS) held under the Chairmanship of Secretary, MDoNER on 23rd April, 2020 at 11:00 a.m., in the Committee Room (Room No. 243-A), Ministry of DoNER at Vigyan Bhawan Annexe, New Delhi, for information and necessary action.



(A.K. Pandey)

Under Secretary to the Government of India
Email:- akhilesh.pandey13@nic.in

Encl. As above

To

- i. Chief Executive Officer, NITI Aayog, Yojana Bhawan, Sansad Marg, New Delhi-110001.
- ii. Secretary (Home), Ministry of Home Affairs, North Block, New Delhi-110001.
- iii. Secretary (Expenditure), Department of Expenditure, Ministry of Finance, North Block, New Delhi-110001.
- iv. Foreign Secretary, Ministry of External Affairs, South Block, New Delhi-110011.
- v. Secretary, Department of Health & Family Welfare, Ministry of Health and Family Welfare, C-Wing, Nirman Bhawan, New Delhi-110001.
- vi. Joint Secretary & Financial Adviser, Ministry of DoNER.
- vii. Joint Secretary (NLCPR), Ministry of DoNER.

Copy to:

Chief Secretaries of Arunachal Pradesh, Manipur, Meghalaya and Mizoram.

Copy also to:-

- i. OSD to Hon'ble Minister of State (I/C), MDoNER.
- ii. Superintending Engineer (GSM), MDoNER.

- iii. Director(RC)/Director(BNP)/DS(IFD), MDoNER.
- iv. Sr. Technical Director (NIC), MDoNER.
- v. PPS to Secretary, MDoNER.
- vi. Web Manager, MDoNER.

Minutes of the 21st Inter Ministerial Committee (IMC)/NESIDS Committee meeting held on 23.04.2020 at 11:00 a.m. in the Committee Room (Room No. 243-A), Vigyan Bhawan Annexe, New Delhi under the chairmanship of Secretary, Ministry of DoNER.

1. The 21st meeting of Inter-Ministerial Committee (IMC)/NESIDS Committee was held on 23.04.2020 at 11:00 a.m. to discuss the proposals received from the State Governments of Mizoram, Meghalaya, Manipur and Arunachal Pradesh for **Strengthening Health Infrastructure for Fighting Corona Virus (COVID 19)** for selection/sanction. Chief Secretaries of all concerned States co-chaired the meeting. List of participants is at **Annexure I**.

2. At the outset the Committee was informed that, as everybody knows, outbreak of COVID-19, has affected not only India but the entire world. It has been declared as a pandemic by the WHO, and has forced the State and Central Government to take urgent measures to fight this unprecedented disease, and to redefine their priorities and earmark maximum possible resources for activities relating to fighting COVID-19, with the ultimate objective of protecting our citizens from the deadly disease. A reference was also made to latest news items quoting statements of DG WHO titled “Worst of Corona virus is yet to come” and “Make no mistake, virus will be with us for a long time”. It was stated that COVID 19 is a deadly disease, is a Global Health Emergency, the likes of which has not been seen by the human race for decades together. Referring to the present status of the disease in India and NE, it stated that even health experts have not been able to say precisely as to how the disease will spread or be contained in future; especially after the lockdown period. In the case of COVID 19, which has no treatment or vaccine at present, preventive approach is the most desirable one. Funding Health Infrastructure even in the normal situations is covered under the guidelines of NESIDS. Therefore, funding health infrastructure related projects under NESIDS are the best options in the present scenario. It was further stated that keeping in view the above, MDoNER wrote to all the NE States to submit proposals, if they so wish, for strengthening health infrastructure to fight COVID-19 for funding under NESIDS. In response thereof proposals were received from the above mentioned States.

3. The Committee was informed that since the project proposals for strengthening health infrastructure for fighting Corona Virus (COVID 19) have to be dealt with urgency, and the entire country is under lockdown, and most of officers & staff are still working from home, it may not be possible to follow the normal procedures and timelines for selection, sanction, release of funds etc. It was proposed to the Committee to consider some relaxations for certain clauses related to NESIDS Guidelines, which is permissible as per para 10 of guidelines of NESIDS. These relaxations have been listed out in the agenda notes circulated for the project proposals. It was also stated that proposed relaxations are mostly in the nature of procedures for expediting the project approval process and not in terms of eligibility under the NESIDS guidelines, as funding of health infrastructure project is covered under the guidelines or on the merits of individual proposals. The agenda notes, along with the concept papers were circulated to all the Members of the Committee and Ministry of Health and Family Welfare.

4. IMC/ NESIDS Committee, after detailed deliberations, and considering the emergent situation arising out of COVID 19 pandemic, agreed with the proposed relaxations, as stated below, and recommended the same for approval by Competent Authority (Hon’ble Minister, Ministry of DoNER).

- i. Selection and sanction would be done in a single stage process, i.e. IMC/NESIDS Committee would consider, the proposal for selection as well as sanction together based on the concept note, which should contain all necessary details.
- ii. The requirement for a formal DPR and its vetting by institute like NIT/IITs etc. may not be insisted upon. However, the project proposals have to be vetted by the State Health Department experts and should be supported by the M/o Health and Family Welfare.
- iii. Condition of project to be located at one place may not be insisted upon. Upgradation of health infrastructure at multiple locations and facilities may be permitted, as this will facilitate consideration of comprehensive proposal of the State rather than same being broken into multiple projects at different locations.
- iv. Formal meetings of State Level Empowered Committee (SLEC) may be dispensed with. However, Chief Secretary (CS) may obtain views/comments of any other officer of the State Government or any other expert, wherever and whenever required. The Committee also noted that Principal Secretary in charge of Health, Finance and Planning, and a few other concerned officers of the State Govt. who are generally part of SLEC, have also been invited / associated with today NESIDS Committee meeting along with Chief Secretaries.
- v. Instead of Rs.10 lakh token amount release, 40% of the sanctioned cost may be released along with issue of AFS, and balance 60% upon receipt of the work order for all the items as per AFS and Utilization Certificate (UC) for the 40% released amount (subject to availability of budget provisions and instructions of DoE on QEP/MEP).
- vi. In some cases, urgency for project implementation may lead to situations where the State Government might have already initiated some immediate steps for project implementation, like having already floated the tenders, etc. As a one-time measure, only for such urgent projects, it would be permissible to fund such projects under NESIDS, even if such steps have already been taken by the State Government.
- vii. The condition of minimum project size of Rs.20 crores may not be insisted upon. (Even in normal situations, it is permissible to allow projects in education and health sectors of the size below Rs. 20 crore. Many such projects of below Rs. 20 crore have been sanctioned in the last financial year also).
- viii. In addition to physical Health Infrastructure related items, funding is also proposed for equipment like PPEs, Ventilators, Testing Kits, etc., as these are part of health infrastructure, and are the core and most essential/critical items for fighting COVID-19.

5. Committee while agreeing to and recommending the above relaxations observed as follows:

5.1 The relaxations, as stated above would be applicable only for COVID-19 related proposals as a one-time measure.

5.2 These are only for urgent nature health infrastructure proposals required for fighting COVID 19 which can be undertaken/ completed in a short duration, and not for normal health infrastructure proposals which, though covered under the guidelines, have to follow the normal laid down procedures. Hence, the approved activities, including procurement of various equipment/ items, infrastructure related works etc. must be completed within the shortest possible time, within a maximum of six months. Hence States may have to separate out proposals of urgent nature for fighting COVID and normal health infrastructure proposals. However, even for the second type of proposal, MDoNER may expedite the process of approvals and convene early meeting of IMC/ NESIDS Committee to consider all such proposals in a strict time frame after obtaining comments from stakeholders especially MoHFW, IFD MDoNER, and Technical Wing MDoNER for civil works related items.

5.3 State Government will furnish the exact details of various activities undertaken, type and quantities of equipments/ items purchased, infrastructural works undertaken, assets created etc. with funding received from **all** the sources for fighting COVID 19 since January 2020, including from MoHFW, NEC, MDoNER, States own resources and any other source (including assistance received in kind) and confirm that there is no duplication in terms of funding same item and / or quantities of same item from different sources of funding.

5.4 Various works, procurement of equipment etc. will be made as per laid down procedures of the State Government, for undertaking such works / procurement of such items, with the approval of the competent authority of the State Government as per delegation of powers.

5.5 State government shall put in place a robust and strict monitoring mechanism for ensuring timebound completion of various activities and ensuring quality controls of highest standard.

5.6 The reasonableness of cost estimates and specifications of various Health related equipment to be procured etc. shall be vetted and certified by Principal Secretary (Health) of State Government and other health experts of State Government. Similarly, cost estimates of civil/ electrical items etc., wherever applicable, shall be vetted by State Principal Secretary (PWD) and other Technical experts of PWD.

5.7 Utilisation Certificate shall be signed by Principal Secretary (Health) and Principal Secretary (Planning) of State Government and countersigned by the Chief Secretary of the State.

5.8 MDoNER shall be free to get the pace of implementation / progress of works / procurement and other related aspects, including those relating to quality, inspected/ checked by its officers or officers of MoHFW or any other authorised officers.

5.9 State Government shall keep a proper record of various items procured and consumed, assets created etc. duly authenticated by authorised officers of the State government.

5.10 Only those items/part of items should be funded under NESIDS, which are not/will not be funded by MoHFW under the Central Package for COVID-19, and which are not being funded through funds released for the fight against COVID-19 by NEC, and it is to be ensured that there is no duplication. The State Govt. will have to submit a certificate in this regard. In case the funds given by MoHFW and NEC are insufficient for the full quantity of some item/items that the State Government wants to procure for the fight against COVID-19, then they would be allowed to buy part of the quantity of those item/items from the MoHFW funds, NEC funds or any other source and balance quantity from NESIDS funds, provided that they give a clear breakup/segregation of quantities of the same item/items procured through the different sources of funding. They would also have to give a non-duplication certificate for the quantity of those items funded by NESIDS.

6. The Committee was informed that all of the above proposed relaxations recommended by the Committee may not apply to all of the proposals. However, these one-time relaxations, meant only for urgent COVID-19 related proposals, are being recommended as an overall enabling list, for approval of Competent Authority (Hon'ble Minister, Ministry of DoNER) so that each of the proposals can be considered by MDoNER within the overall framework of these relaxations.

7. The committee noted that MoHFW is also supplying some items in kind or covering under financial assistance. Hence, in order to avoid duplication, representatives of MoHFW were asked about the nature of support/assistance provided by them w.r.t. proposed lifesaving medical equipment (viz. Ventilators, Oxygen Cylinders etc.) including supporting accessories

i.e. items like Corona testing kits etc., and quantity thereof, to fight against COVID-19 pandemic. Further their advice was also sought on cost reasonability of health-related infrastructure machinery/ equipment given in the proposals to be covered under NESIDS which are not being supplied by them. Representatives of MoHFW explained that out of the list of equipment proposed for funding under the COVID 19 proposals, only ventilators may be removed from the list of components of the project proposals. Ventilators are being supplied to all State Governments centrally by MoHFW. For ventilators, the State Governments need to submit their requisitions on the portal created for the purpose by MoHFW. They also advised that some issues have been reported from some sections regarding the methodology and use of Rapid Testing Kits. Hence, procurement of these kits may be done by the State Govt. only after getting a confirmation / go ahead from MoHFW. It was further stated that the issue is being sorted out by the experts of MoHFW, which is likely to happen shortly and will be conveyed to the States at the earliest.

8. Chief Secretary, Arunachal Pradesh pointed out that for their state, they had already given their requirements for ventilators on the portal, and even paid the authorized central agency (HLL), more than three weeks ago, but so far, the ventilators had not been received. Representatives of MoHFW were asked to sort out the issue. Based on the above discussions, it was decided to drop ventilators from those proposals that had included them. Rapid Testing Kits wherever included, would, however, be ordered/ procured by State Government only after getting a specific confirmation / go ahead from the MoHFW.

9. The representative of NITI Aayog participated in the meeting through VC. It was stated that both the verticals of NITI Aayog i.e. Health and North East verticals have supported all the proposals placed before the committee. Written confirmation for the same has also been sent to MDoNER (since received - **Annexure II**).

10. Thereafter, the committee took up each of the project for detailed discussion and recommendations as detailed below:

11. Project/proposal of Government of Mizoram - Proposal for “Strengthening Health Infrastructure for Comprehensive response to possible Outbreak of COVID-19” under NESIDS.

11.1 The Chief Secretary, Mizoram, vide his letter dated 8th April, 2020, has forwarded a proposal for “**Strengthening Health Infrastructure for Comprehensive response to possible Outbreak of COVID-19 in Mizoram**” for a total estimated cost of Rs. 25.16 crore as Priority project for funding under NESIDS consisting of immediately required infrastructure/ machineries & equipment, and related items, in preparation for the pandemic COVID-19 situation in the state of Mizoram.

11.2 The Chief Secretary, Mizoram, along with Officials of Health, Finance and Planning Department of State Govt. participated in the meeting through Video Conferencing (VC). The State Govt. gave a detailed presentation/explaining the salient features of the proposal, and justification for the same during the meeting and informed that the cost of the proposal has been revised from Rs. 2516.13 lakh to Rs. 1959.76 lakh based on their own reassessment.

11.3 It was explained to the committee that major portion of funds received from MoHFW, and NEC had already been utilised/committed for works related to COVID-19. MoHFW has released an amount of Rs.7.88 crore under National Health Mission and NEC has released Rs.3.00 crore for combating and containment of COVID-19 to the State.

11.4 During the meeting, it was assured by the State Govt. to the Committee that there would be no duplication of funding of the items from different sources and only those

items/part of items will be funded under NESIDS which are not/will not be funded by MoHFW under the Central Package for COVID-19, and which are not being funded through funds released for the fight against COVID-19 by NEC, and it will be ensured by the State Govt. that there is no duplication. State Government would also furnish a non-duplication certificate for the quantity of those items funded by NESIDS.

11.5 The State Govt. further confirmed that money sanctioned under the proposal would be solely used for COVID-19 related activities and would be utilized as early as possible but not later than within a maximum time span of six months from the date of sanction. Various queries raised / additional information sought by the Committee members were duly responded to by the State Government officers to the satisfaction of the members.

11.6 Copy of Concept paper, along with other additional details / response to queries furnished by the SG; PPT by the State Govt.; checklist & agenda note circulated by MDoNER and comments of MoHFW are at **Annexure IIIA; IIIB; IIIC; IIID and IIIE** respectively.

11.7 The Committee noted that MoHFW and NITI Aayog have supported the proposal. As per agenda notes circulated, Programme division of MDoNER has also supported the proposal. JS&FA also supported the proposal and asked for strict observance of above stated observations of the Committee.

11.8 After due consideration of the proposal of the State governments and detailed deliberations, the Committee recommended the project proposal of State Govt. of Mizoram for selection and sanction at the cost of Rs. 1616.26 lakh (excluding cost of Ventilators) subject to approval of the proposed relaxations and the proposal by the competent authority (Hon'ble Minister, MDoNER) as per following break up:-

Sl. No	Particulars	ZMC	DH	CHC/PHC	Total equipments	Cost/ Unit	Total Cost (in Rs.)
1	Fumigator	30	10		40	26,100	10,44,000
2	ICU Beds with accessories	20			25	1,35,000	27,00,000
3	Patient Monitor	40	30		70	2,10,000	1,47,00,000
4	Oxygen Cylinder type B	100	50	67	217	7920	17,18,640
5	Oxygen Cylinder type A	20	50	67	137	6930	9,49,410
6	Oxygen Regulator with Humidifier for Type B	100	50	67	217	6930	13,86,630
7	Bains Circuit	10	20		30	2450	73,500
8	Air Conditioner	5	12	10	27	80000	21,60,000
9	Oxygen Concentrator Machine			67	67	60,000	40,20,000
10	Spray Gun (Knapsack)	3	20	47	70	2970	2,07,900
11	Rapid Test Kid (COVID)	5000	5000		10,000	883.00	88,30,000
12	Oxygen Plant for South Mizoram		1		1	2,82,00,000	2,82,00,000

13	Oxygen generating plant for Aizawl		1		1	1,10,00,000	1,10,00,000
	Champhai		1		1	4928000	4928000
	Kolasib		1		1	8120000	8120000
	Siaha		1		1	4928000	4928000
	Mamit		1		1	8120000	8120000
	Serchhip		1		1	4928000	4928000
14	Vacuum Suction system for Aizawl, Champhai, Kolasib, Siaha, Mamit & Serchhip.		6		6	46,02,000	2,76,12,000
15	CT Scan 64 Slices		1		1	2,60,00,000	2,60,00,000
	Grand Total :						161626080 or say Rs16.16 cr

12. Project/proposal of Government of Meghalaya - Proposal for “Setting up of Corona Care Centre for Management of COVID-19 in Meghalaya” under NESIDS.

12.1 The State Govt. of Meghalaya vide letter dated 09.04.2020 has forwarded a proposal for “Strengthening Health Infrastructure for Comprehensive response to possible Outbreak of COVID-19 in Meghalaya” for a total estimated cost of Rs. 10.67 crore as Priority project for funding under NESIDS consisting of immediately required infrastructure/ machineries & equipment, and related items, in preparation for the pandemic COVID-19 situation in the state of Meghalaya.

12.2 The Chief Secretary, Meghalaya along with other concerned Officials of Health, Finance and Planning Department of State Govt. participated in the meeting through Video Conference. The representatives of the State Government briefed the Committee about present situation of COVID-19 and immediately required infrastructure / machineries & equipment, and related items, in preparation for the pandemic COVID-19 situation in the state of Meghalaya.

12.3 The State Govt. further confirmed that money sanctioned under the proposal would be solely used for COVID related activities and would be utilized as early as possible but within a maximum time span of six months from the date of sanction. It was explained to the committee that major portion of funds received from MoHFW, and NEC have already been utilized/committed for works related to COVID-19. MoHFW has released an amount of Rs.11.88 crore under National Health Mission for combating and containment of COVID-19 to the State. Further NEC has released an amount of Rs.3.00 crore for COVID 19 related activities.

12.4 During the meeting, it was assured by the State Govt. to the Committee that there would be no duplication of the items in proposal and only those items/part of items will be funded under NESIDS which are not/will not be funded by MoHFW under the Central Package for COVID-19, and which are not being funded through funds released for the fight against COVID-19 by NEC, and it will be ensured by the State Govt. that there is no

duplication. State Government would also furnish a non-duplication certificate for the quantity of those items funded by NESIDS.

12.5 The State Govt. officers explained the salient features of the proposal before the Committee. Various queries raised / additional information sought by the Committee members were duly responded to by the State Government officers to the satisfaction of the members.

12.6 Copy of Concept paper, checklist & agenda note and comments of MoHFW are at **Annexure IVA; Annexure IVB; and Annexure IVC** respectively.

12.7 The Committee noted that MoHFW and NITI Aayog have supported the proposal. As per agenda notes circulated, Programme division of MDoNER has also supported the proposal. JS&FA also supported the proposal and asked for strict observance of above stated observations of the Committee.

12.8 After due consideration of the proposal of the State governments and detailed deliberations, the Committee recommended the project proposal of State Govt. of Meghalaya for selection and sanction at the cost of Rs. 10.67 crore (excluding cost of Ventilators) subject to approval of the proposed relaxations and the proposal by the competent authority (Hon'ble Minister, MDoNER) as per following break up:-

S. No	Particulars	Nos.	Rate	Amount (in Rs.)
1	Prefabricated Corona Care Centre with equipment			
i.	Construction of the prefabricated Corona Care Centre			73690000
ii.	Beds	100	20000	2000000
iii.	PPE @ 5 Nos. per bed per month for 12 months	100x5x12 =6000	1300	7800000
iv.	N95 mask @ 5 Nos. per bed per month for 12 months	100x5x12 =6000	220	1320000
v.	IR Thermometers (@ 1 No. per bed	100	4000	400000
				85210000
2	Ambulances	10	1600000	16000000
3	Setting up of laboratory			5500000
	Grand Total :			106710000
	(Say)			10.67 crore

13. Project/proposal of Government of Manipur - Proposal for “Infrastructure Development of a 100 Bedded COVID-19 Hospital at Mayang Imphal in Manipur”

13.1 The State Govt. of Manipur vide letter dated 16th April, 2020 has forwarded a proposal for “Strengthening Health Infrastructure for Comprehensive response to possible Outbreak of COVID-19 in Manipur” for a total estimated cost of Rs.73.67 crore as Priority project for funding under NESIDS consisting of immediately required infrastructure/ machineries & equipment, and related items, in preparation for the pandemic COVID-19 situation in the state of Manipur.

13.2 The Chief Secretary Manipur along with Officials of Health, Finance and Planning Department of State Govt. participated in the meeting through Video Conferencing (VC). The State Govt. gave a detailed presentation/explaining the salient features of the proposal and justification for the proposal during the meeting. The Committee was told that the proposal comprises both COVID related emergent critical equipment/machinery and medical/health related infrastructure. It involves setting up a permanent health infrastructure in the form of a new hospital, for which an area of about 7.22 acres is already available with the State Government. The revised time frame indicated is 12 months.

13.3 It was explained to the committee that major portion of funds received from MoHFW, and NEC had already been utilised/committed for works related to COVID-19. MoH&FW has released an amount of Rs. 5.94 crore in March 2020 (F.Y. 2019-20) and a sum of Rs. 6.37 crore in April, 2020 (F.Y. 2020-21) under National Health Mission for combating and containment of COVID-19 to the State, and NEC has released an amount of Rs. 3.00 crore for COVID 19 related activities.

13.4 The committee noted that the MoHFW had supported the proposal, but had suggested curtailment the cost as under:

- i. The facilities can be constructed within limited amount of Rs.57 crore as under:-
 - (a) Rs. 20 crore for 100 bedded block with dedicated emergency, isolation wards, isolation rooms, OPDs, ICUs and equipment.
 - (b) Rs. 17 crore for staff quarters
 - (c) Rs.5 crore for Administrative block.
 - (d) Rs.10 crore for support services like CSSD, mechanized laundry and modern kitchen along with biomedical facilities.
 - (e) Another Rs.5 crore for solar system, fire fighting and other miscellaneous items.
- ii. The proposed critical infrastructure (apart from administrative block and staff quarters etc.) should be preferably created in three months of sanction of funds.
- iii. Since the details of equipment to be purchased are not given in the proposal, the same may be obtained from the State Govt.

13.5 During the meeting, JS&FA raised following issues / sought clarifications on following points

- (i) Does the proposal involves setting up of a temporary health infrastructure or a permanent one.
- (ii) What is the time frame for completing the physical infrastructure viz. hospital building? Is the 12 months time frame a feasible one.
- (iii) Is the proposal for urgent nature COVID related activities or normal health infrastructure strengthening
- (iv) The cost appears to be too high as compared to some of the projects sanctioned earlier for other NE States. As the proposal involves public works as a major component, the same should have been vetted by State PWD. The reasonableness of cost estimates has not been vetted by any reputed institute like NIT, IIT as per NESIDS guidelines.

(v) Has programme division done an assessment of existing capacity of infrastructure of hospitals in Manipur and spread of COVID 19 cases. There are hardly any cases of COVID 19 reported in Manipur, spread of COVID 19 in our country and particularly in NE has not been alarming and is very much under control.

(vi) The proposal appears to be in the nature of regular health infrastructure proposal rather than urgent health infrastructure required for fighting COVID. Hence, should be considered as per normal procedure.

(vii) NESIDS being a 100% Central scheme, can the state be made to bear a part of the cost of projects funded under it

13.6 **Following response was given by CS Manipur/Programme Division Head**

(i) The proposal involves setting up of a permanent structure in the form of a new hospital and provision of requisite health related equipment.

(ii) State Govt. will try to expedite all the processes. The project is located in the valley, 22 kms from Imphal. State Govt is fully hopeful of completing it in 12 months time frame.

(iii) The proposal involves both COVID related and normal health infrastructure related activities. The aim is to operationalise some of the infrastructure within six months and put it to use for COVID 19 related activities. The facility so created will be used for COVID related activities/treating COVID affected patients. Once the COVID 19 is fully controlled and is over, the infrastructure so created will be used for normal health activities.

(iv) The cost estimates of public works are prepared as per latest SOR of the State as per laid down procedure and guidelines. Health equipment related items would be got vetted from health experts. It is not appropriate to compare cost estimates of different projects at different points of time in the past as nature and quantities of work required in each case varies and the costs of undertaking similar works also varies from place to place depending on the remoteness of the area and various other factors. In any case, these are the estimated costs based on SOR as per the items and quantities determined by the technical officers and the actual cost gets determined by the market as such works are always got executed through an open competitive bidding/tendering process.

(v) The Programme Division stated that it has neither the expertise or the wherewithal to do assessment of available health infrastructure in NE States. These are best done by the concerned States or M/o H&FW or through various other studies. Further, with regard to COVID 19 situation, M/o H&FW is best suited to respond, MDoNER has no expertise to make predictions on it. However, the attention was drawn to general observations made before the Committee as stated in para 2 of the minutes.

(vi) Although the proposal requires construction of a new hospital, which may take about one year to complete, some infrastructure of the hospital will be got completed within six months and put to use for COVID 19 related activities.

(vii) It was clarified by the programme division that there is nothing in the guidelines which prevents part funding of the projects under NESIDS by the state in situations where the project cost is more than the available normative allocation of the state, and the state, keeping in view the importance of the project, is willing to bear the part of the cost. Such cases have been allowed in the past also, and generally the

states are made to bear the extra cost, if any, due to tender excess over and above the sanctioned amount or cost overruns due to any other reasons.

13.7 The Committee, after due consideration of the proposal and detailed discussion, and taking note of views of JS&FA for treating the proposal being of normal health infrastructure and considering the same under the normal procedure without relaxations, was of the view that while the new hospital proposal though justified and is needed, it involved Civil construction in terms of a new hospitals which is likely to take 12 months or even more. Hence it may not fall into the category of “urgency for fighting COVID 19” under which certain relaxations to the procedures for sanction as per NESIDS guidelines are being sought. The proposal is more in the nature of a regular Health Infrastructure project, which is one of the sectors permissible for funding as per NESIDS guidelines. Hence, notwithstanding that State Government may use this infrastructure for COVID 19 related activities also, considering the longer time required to complete the physical infrastructure in terms of hospital building, the prudent thing to do would be to consider the proposal as regular proposal for health infrastructure without proposed relaxations stated in para 4 above. NESIDS committee, MDoNER and State Govt. can expedite all stages of project consideration and approval as per laid down procedure. Hence, it was decided to take up the case for 1st stage viz. ‘selection’ only in the today’s meeting and State Government was asked to follow the due process for ‘Stage II-sanction’ viz preparation of estimates as per SoR, DPR, its vetting by Institute of repute / health experts / PWD experts, consideration by SLEC etc. This was finally agreed to by the CS, Manipur.

13.8 Accordingly, a detailed presentation was made by State Government officers before the committee. Copy of concept note, further details / response to queries furnished by State Government, PPT, comments of MoHFW, checklist and agenda notes are given at **Annexure VA, VB, VC, VD and VE respectively.**

13.9 After detailed consideration of the proposal received, deliberations during the meeting, additional details furnished, views of MoHFW, JS&FA and all other related facts, the Committee recommended the proposal for “Construction and Infrastructure Development of a 100 Bedded Hospital at Mayang Imphal in Manipur” for ‘selection’, with the cost of funding portion from NESIDS being limited to the total tentative Normative Allocation of the State under NESIDS for FY 2020-21, i.e. Rs. 53.40 crore and balance, if any, to be borne by the State government.

13.10 The State Government was requested to fast track the sanction procedures like preparation of detailed estimates as per SoR, DPR, SLEC meeting etc. and then approach Ministry of DoNER with a complete proposal for sanction, by the first week of May, 2020. The DPR should also take into view the comments of MoHFW, while reformulating the proposal. The IMC/NESIDS committee for the next stage could then be held within a week to ten days from date of receipt of proposal from the State Government. The total project cost would be determined/finalized by the State government at the DPR stage, but portion to be funded under NESIDS would be limited to the Normative Allocation of the State for FY 2020-21 under NESIDS, i.e., Rs 53.40 crore. If proposed project cost is higher than this, balance would be borne by the State government from its own resources.

14. Project/proposal of Government of Arunachal Pradesh - Proposal for “Procurement of hospital equipments to prepare 10 District Hospitals (Tawang, Bomdila, Ziro, Aalo, Tezu, Namsai, Changlang, Khonsa, Seppa and Yingkiong) to fight COVID-19”

14.1 The State Govt. of Arunachal Pradesh vide letter dated 20.04.2020 has forwarded a proposal for “Strengthening Health Infrastructure for Comprehensive response to possible Outbreak of COVID-19 in Arunachal Pradesh” for a total estimated cost of Rs. 55.95 crore as

Priority project for funding under NESIDS consisting of immediately required infrastructure/ machineries & equipment, and related items, in preparation for the pandemic COVID-19 situation in the state of Arunachal Pradesh.

14.2 The Chief Secretary, Principal Health Secretary and other officials of the Government of Arunachal Pradesh, gave a presentation on the project proposal for “Procurement of hospital equipments to prepare 10 District Hospitals (Tawang, Bomdila, Ziro, Aalo, Tezu, Namsai, Changlang, Khonsa, Seppa and Yingkiong) to fight COVID-19” costing Rs.55.95 crore. It was explained that in terms of size, Arunachal Pradesh is the 10th largest state in the country, and travel time to remote areas from the capital, Itanagar, can take more than of 2-3 days. This becomes significant in view of the fact that most of the relevant Health Infrastructure is available only in the capital city. A gap analysis done on 30/1/2020 revealed that the State had no ventilators, no oxygen generators, inadequate supply of ambulances, etc., and immediate intervention was needed in view of the Covid-19 threat.

14.3 M/o H&FW vide its OM dated 22.04.2020 has given following comments on the proposal

(a) The proposal has been submitted to M/o DoNER by D/o Finance, Planning & Investment of Govt. of Arunachal Pradesh. Therefore, it would be appropriate if the proposal is routed through D/o Health & Family Welfare, Govt. of Arunachal Pradesh.

(b) The proposal has no gap analysis at facility level/district level in r/o the 10 district hospitals for which procurement of equipment is proposed.

(c) The proposal is silent on corresponding existing infrastructure and availability of HR. It may not be appropriate to purchase equipment, if infrastructure and HR are not sufficient to support the new equipment being procured.

(d) The proposal is generic in nature without any technical assessment at the facility level.

14.4 With respect to the comments of MoHFW, Chief Secretary stated that: -

- a. The proposal had been duly formulated by the State Health Department, and only forwarded by the Planning Department as per procedures of MDoNER.
- b. Detailed gap analysis had been done and facilities in the State found woefully inadequate.
- c. HR would not be an issue as they had adequate doctors, specialists and staff in the State. The only shortage they have is of equipment and related infrastructure.
- d. Almost all the equipment listed in the proposal is to deal with COVID-19, including patients with co-morbidities. No extra equipment was being asked for. The equipment can and would, of course, be taken in use for other purposes in the post COVID-19 scenario.
- e. The State Government has already sent expenditure statement to Government of India for Rs.13.83 crore as on 16.04.2020, which includes HR cost of Rs.9.67 crore and advance payment of about Rs.3.45 crore made to HLL. The expenditure has been booked from the available fund under NHM. The State Government has a total committed liability of more than Rs.7.00 crore, which is basically used for Procurement of PPE, Ventilators, Sanitizers, Disinfectants etc. The exercise of gap analysis has also been done by the State Government. Accordingly, the said proposal has been prepared keeping in view the requirement for combating COVID-19.
- f. The equipment would be bought and put to use within 90-120 days of release of funds for the project.

14.5 During the meeting, JS&FA raised following issues / sought clarifications on following points

- (i) Are the equipment proposed for 10 hospitals for COVID 19 related activities or for normal health care facilities?
- (ii) Do the health infrastructure include equipment like the ones covered under the proposal? In an earlier proposal of Arunachal Pradesh only physical infrastructure in terms of hospital building etc. was funded, equipment were not included. This may be clarified.
- (iii) Do the MoHFW support the proposal of Government of Arunachal Pradesh?

Following response was given by CS Arunachal Pradesh, Representative of MoHFW and MDoNER Programme Division

- (i) The proposed equipment are certainly required for COVID 19 related activities.
- (ii) Health related equipment like the ones covered under these proposals are very much part of health infrastructure. Without these, the physical buildings have no use. It is not essential that each proposal should have both components of buildings and equipment. It is quite possible to have funding of different components from different sources.
- (iii) After considering the response of the State Govt. and clarifications given by the CS in the meeting to the observations of M/o H&FW in its OM dated 24.04.2020, now M/o H&FW supports the proposal. It was decided that once the CS gives his revised response, as stated in today's meeting in writing, M/o H&FW will send its revised comments expressing its support to the proposal in writing.
- (iv) To a query by MoHFW, as to why the amount sought for all the hospital is same, although they are of different size in terms of bed capacity, CS clarified that only a minimum has been asked uniformly for all the ten hospitals, although the requirement of larger hospitals is more.

14.6 During the meeting, after taking note of the response of State government to the comments of MoHFW and detailed response to further clarifications sought by representatives of MoHFW during the meeting, MoHFW expressed its support to the proposal of the State government and stated that the equipment covered under the proposal are required for dealing with COVID 19 related activities / patients. However, the Chief Secretary was asked to submit in writing a revised response keeping in view the deliberations in the meeting based on which the MOHFW will submit its revised comment to MDoNER in terms of support to the proposal. CS agreed to send revised response immediately.

14.7 Copy of concept note; PPT by SG; checklist & agenda note; comments of Ministry of Health & Family Welfare are at **Annexure VIA; VIB; VIC and VID** respectively).

14.8 Although, initially, JS&FA, while agreeing with the proposal, suggested that MoHFW may first furnish revised support letter and then proposal may be brought again before the Committee in its next meeting for formal approval, all the other members of the Committee were of the view that it will unnecessary delay the matter and defeat the purpose of treating such proposals urgently. Hence, it was suggested that Committee may agree/ recommend the proposals subject to receipt of revised comments / support to proposal from the MoHFW in writing. In any case, the proposal will be submitted to the Minister MDoNER for approval only after receipt of revised comments and support to the proposal from MoHFW, and JS &

FA will get an opportunity to see the file at the stage of vetting of the AFS also. JS&FA agreed to this.

14.9 After detailed consideration of the proposal of State Government and detailed deliberation, and keeping in view the response of CS and MoHFW in the meeting, the Committee recommended the project proposal of Government of Arunachal Pradesh for selection and sanction at cost of Rs.55.95 crore as per following details, subject to support to the proposal by MoHFW in writing and approval of the relaxations and the proposal by the competent authority (Hon'ble Minister, MDoNER) as recommended by the Committee:

S. No.	Particulars	Cost per hospital (in Rs.)	Cost for 10 hospitals (in Rs.)
1.	Imaging Equipment	5000000	50000000
2.	X-Ray Room	141000	1410000
3.	Cardiopulmonary Equipment	5338000	53380000
4.	Equipment for Eclampsia Room for 100 bedded hospital	370400	3704000
5.	Ear Nose Throat Equipment	617000	6170000
6.	Operation Theatre	1567000	15670000
7.	Laboratory Equipment	2169900	21699000
8.	Surgical Equipment Sets	1462500	14625000
9.	Anesthesia Equipment	2627900	26279000
10.	Furniture & Hospital Accessories	4473400	44734000
11.	Port Mortem Equipment	69000	690000
12.	Refrigeration & AC	557400	5574000
13.	Hospital Plants	3400000	34000000
14.	Hospital Fittings and necessities	665000	6650000
15.	Transport	7300000	73000000
	Sub Total	35758500	357585000
16.	Prefab isolation Unit for Five Persons	1660000	16600000
17.	128 Slice CT Scan (For Tawang and Namsai)	20000000	40000000
18.	1.5 Tesla MRI at TRIHMs COVID Hospital	60000000	60000000
	Total		474185000
	GST @ 18%		85353300
	Grand Total		559538300 or say Rs55.95 Cr

14.10 The revised response of the State Government (**Annexure VII**) have since also been received in the Ministry and was forwarded to MoHFW, who has also given their revised comments (**Annexure VIII**) and **have now supported the proposal** stating as follow:

(i) The state has clarified that a detailed gap analysis has recently been undertaken for preparing health infrastructure for managing current COVID-19 pandemic and future health care, the equipments will be procured and installed at respective locations within 90-120 days through process of e tendering/GeM portal, availability of existing infrastructure has been taken care while preparing the proposal, and that the state is committed to provide adequate human resources

(i) In view of the response of the State Government and current situation of COVID-19 pandemic and for better management in case the number of COVID +ive persons go up, **the proposal is supported by the Ministry.**

(ii) The State shall ensure availability of required infrastructure and HR for the equipment being procured.

15. With the above sanctions/selections, the position of Normative allocation/ available allocation of the NER States under NESIDS for FY 2020-21 reflects as under:

(Rs. in crore)

States	Normative Allocation for F.Y. 2020-21	Project sanctioned		Project selected but not yet sanctioned		Available allocation
		(No) III	(Cost) IV	(No) V	(Cost) VI	
Arunachal Pradesh	69.87	1	55.95	0	0	13.92
Assam	148.62	0	0	0	0	148.62
Manipur	53.40	0	0	1	53.40	0
Meghalaya	57.56	1	10.67	0	0	46.89
Mizoram	55.75	1	16.16	0	0	39.59
Nagaland	54.46	0	0	0	0	54.46
Sikkim	34.99	0	0	0	0	34.99
Tripura	60.35	0	0	0	0	60.35
Total	535.00	3	82.78	1	53.4	398.82

16. The meeting ended with a vote of thanks to the Chairman and all the participants.

List of Participants

Sl. No.	Organisation	Officers attended
1.	Members of Inter Ministerial Committee/NESIDS Committee	1. Dr. Inder Jit Singh, Secretary, M/o DoNER (in chair)
		2. Shri Naresh Kumar, Chief Secretary, Govt. of Arunachal Pradesh, on VC (Co-chair)
		3. Dr. J. Suresh Babu, Chief Secretary, Govt. of Manipur, on VC (Co-chair)
		4. Shri M.S. Rao, Chief Secretary, Govt. of Meghalaya, on VC (Co-chair)
		5. Shri Lalnunmawia Chuaungo, Chief Secretary, Govt. of Mizoram, on VC (Co-chair)
		6. Shri S.S. Dubey, JS&FA, M/o DoNER, on VC
		7. Shri Saurabh Endley, JS, M/o DoNER
2.	Other Members/Special Invitees from Line Ministries/NITI Aayog	8. Shri T. Kabilan, Director (NE), NITI Aayog on VC
		9. Ms. Preeti Pant, JS, MoH&FW, on VC
		10. Shri E. Robert Singh, Director, MoH&FW, on VC
		11. Ms. Renu Khandelwal, US(States), Ministry of External Affairs, on VC
3.	Government of Arunachal Pradesh	12. Shri A.C. Verma, Pr. Secretary (Finance), on VC
		13. Shri Prashant Lokhande, Commissioner (Planning), on VC
		14. Shri P. Parthiban, Secretary (Health & Family Welfare), on VC
		15. Shri Himanshu Gupta, Secretary (Planning), on VC
4.	Government of Manipur	16. Dr. Rajesh Kumar, Addl. CS (Finance), on VC
		17. Shri Ganesh Ranjan, Pr. Secretary (Planning), on VC
		18. Shri V. Vumlunmang, Pr. Secretary (Health), on VC
5.	Government of Meghalaya	19. Dr. Vijay Kumar, Commissioner & Secretary (Planning), on VC
		20. Shri Ram Kumar S, Joint Secretary (Health & Family Welfare)
		21. Shri R. Lyngdoh, OSD & ex-Officio JS (Planning)

6.	Government of Mizoram	22. Dr. C. Vanlalramsanga, Secretary (Planning & Programme Implementation), on VC
		23. Shri Vanlalchhuanga, Commissioner (Finance), on VC
		24. Shri H. Lalengmawla, Secretary (Health & Family Welfare), on VC
		25. Dr. T. Lalmangaihi, Director (HME), Health & Family Welfare, on VC
		26. Dr. Zonunsiana, Dy. Director (HME), Health & Family Welfare, on VC
		27. Smt. Chingthanmawii, SRO (Planning & Programme Implementation), on VC
7.	Ministry of DoNER, GoI	28. Shri B.N. Prasad, Director
		29. Shri G.S. Maheshwal, Superintending Engineer
		30. Shri Purushottam Verma, Deputy Secretary, IFD