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PART-IIA

GOVERNMENT OF MEGHALAYA

NOTIFICATIONS

The 16th December, 2025.

No.Health.218/2025/11. - In exercise of the powers conferred by the *proviso* to Article 309 of the Constitution of India, the Governor of Meghalaya is pleased to introduce and notify the Implementation of Outcome-Based Budgeting (OBB) within the Health & Family Welfare Department.

1. Short Title and Commencement:-

- 1.1. These guidelines shall be called the "**Outcome-Based Budgeting (OBB) Implementation Framework, 2025**".
- 1.2. It shall come into force with immediate effect from the date of publication in the Official Gazette of Meghalaya.

2. Definitions:- In these guidelines, unless there is anything repugnant in the subject or context—

- 2.1. "Outcome-Based Budgeting (OBB)" means a budgeting approach linking fund allocation to measurable outputs and outcomes;
- 2.2. "Internal Performance Agreement (IPA)" refers to the existing Results based Financing (RBF) mechanism under MHSSP;
- 2.3. "Health Entities" include Directorates, District Hospitals, DM&HOs, CHCs, PHCs, UPHCs, and State Dispensaries;
- 2.4. "Joint Directorate Committee (JDC)" refers to the inter-directorate body responsible for review, assessment, and disbursement under IPA and OBB;
- 2.5. "Performance Score" means the score derived from assessment of indicators defined under OBB.

3. Objective:- The primary objective of introducing OBB is to:

- 3.1. The purpose of Outcome-Based Budgeting is to ensure that financial allocations directly contribute to improvements in key health outcomes including reduction of IMR and MMR, enhancement of life expectancy, strengthening of quality of care, patient satisfaction and increased service utilisation.

- 3.2. OBB aims to provide health entities with greater operational autonomy while requiring measurable accountability for performance.
- 3.3. The OBB framework shall be guided by principles of transparency, decentralisation, performance measurement, and evidence-based decision-making, ensuring that public funds are utilised effectively and efficiently.

4. Scope of Implementation

- 4.1. Outcome-Based Budgeting shall apply to all entities under the Health & Family Welfare Department that play a role in the delivery, administration, governance, monitoring, training, quality assurance, or strengthening of health services.
- 4.2. For the purpose of this Notification, these entities include the three Directorates of Health Services, District Medical & Health Offices, District Hospitals, Community Health Centres, Primary Health Centres, Urban Primary Health Centres, State Dispensaries, public health laboratories, nursing colleges and training institutions and any other entity that forms part of the public health system and adds value to improving health outcomes in Meghalaya.
- 4.3. Implementation shall be carried out in two phases:
- 4.4. Phase 1 (Pilot Phase): October 2025 - March 2026.
 - 4.4.1. Coverage: Non-IPA facilities (approx. 89 entities).
 - 4.4.2. Purpose: Testing of the framework, workflows, and financial guidelines.
- 4.5. Phase 2: Financial Year 2026-2027 onwards.
 - 4.5.1. Coverage: Phase 2 shall expand Outcome-Based Budgeting to all health entities that fall within the scope and objectives of OBB, including those previously under the IPA mechanism and transitioning after March 2026.

5. Institutional Arrangements

- 5.1. Joint Directorate Committee (JDC): The Joint Directorate Committee (JDC) shall serve as the nodal authority responsible for the overall implementation of Outcome-Based Budgeting. The Committee shall approve assessment frameworks, undertake quarterly performance reviews, oversee fund disbursement, coordinate across the three Health Directorates, and review the outcomes of Phase 1 to guide statewide implementation during Phase 2.
- 5.2. Responsibilities of Health Entities: Health entities covered under OBB shall prepare annual outcome-linked Action Plans aligned with State priorities, community priority needs, strengthen internal data and reporting systems, ensure adherence to financial and operational guidelines, and maintain all records necessary for assessment, monitoring, and audit purposes.
- 5.3. Role of the Project Management Unit (PMU), Meghalaya Health Systems Strengthening Project (MHSSP): The Project Management Unit (PMU) of the Meghalaya Health Systems Strengthening Project (MHSSP) shall provide active technical, managerial, and operational support to the Department

and to the Joint Directorate Committee (JDC) in the implementation of Outcome-Based Budgeting. This support shall include capacity building, data management and analytics, system strengthening, and facilitation of coordination across health entities to ensure effective and timely implementation of the OBB framework.

- 5.4. The implementation of OBB should follow the Operations Manual attached with this Notification as Annexure 1.

6. Performance Assessment Framework

- 6.1. Performance assessments shall be conducted quarterly and shall measure progress across domains and indicators approved by the Joint Directorate Committee (JDC).
- 6.2. External assessments shall be carried out by an authority one level higher than the entity being assessed, ensuring objectivity, consistency, and independence in evaluation.
- 6.3. The external assessment score shall be used as the sole basis for determining the amount of funds earned by each entity under Outcome-Based Budgeting for that quarter, in accordance with the approved assessment framework.
- 6.4. The indicators included in the OBB Performance Assessment Framework shall cover key domains such as quality of care, administrative efficiency, staff competency, completion of mandatory and facility-level training, utilisation of Meghalaya Health Insurance Scheme (MHIS) claims, community outreach and engagement activities, and outcome-based indicators relating to improvements in service coverage and population health. These indicators shall together provide a comprehensive measure of performance at each participating entity.
- 6.5. The calculation of funds earned shall follow the formula: $\text{Funds Earned} = \text{Allocated Amount} \times \text{Performance Score}$.

7. Fund Flow and Arrangements

- 7.1. Fund Flow Structure.
- 7.1.1. Funds shall be treated as Un-tied/ Decentralized Funds, directly disbursed to health entities based on performance.
- 7.1.2. The disbursement mechanism shall follow the IPA model, with modifications for State scheme funds.
- 7.1.3. The officials/ staff in the OBB entities can directly access the funds through a separate bank account with two signatories, upon approval of the Action Plan by the JDC.
- 7.1.4. OBB funds shall be additional to funds received from MHIS claims, NHM untied funds, IPA grants, or any other scheme.
- 7.2. Nature and Use of Funds.

- 7.2.1. Outcome-Based Budgeting funds shall operate as decentralised and untied funds that may be used to strengthen service delivery, diagnostics, workforce capacity, patient safety initiatives, community outreach, minor infrastructure improvements, and other activities aligned with State priorities.
- 7.2.2. All expenditures shall comply with State financial rules and the Standard Operating Procedures (SOPs) issued for OBB utilisation.
- 7.3. Types of Disbursement.
- 7.3.1. One-Time OBB Grant:
- 7.3.1.1. For preparatory activities including capacity building, infrastructure, equipment, quality standards, etc.
- 7.3.1.2. This is applicable only for non-IPA entities during the Phase 1 (Pilot).
- 7.3.2. Cyclic Performance-Based Funds.
- 7.3.2.1. Cyclic Performance-Based Funds shall be released to OBB entities at the end of each performance cycle, which may be of three, four, or six months' duration as determined by the Department. At the close of every cycle, an external assessment shall be conducted by an authority one level higher than the entity being assessed, in accordance with the approved OBB Performance Assessment Framework. The external assessment score shall form the sole basis for calculating the funds earned for that cycle, and the corresponding amount shall be disbursed directly to the concerned OBB entity. This cyclic mechanism ensures that financial allocations are directly linked to demonstrated improvements in performance, accountability, and service delivery outcomes.

8. Pre-Conditions for Fund Release

8.1. Each facility must:

- 8.1.1. Open a designated bank account for OBB funds;
- 8.1.2. Submit an Action Plan linking activities to:
- 8.1.2.1. Quality improvement (infection control, patient safety, NQAS compliance).
- 8.1.2.2. Community engagement and patient satisfaction.
- 8.1.2.3. Health outcomes (IMR, MMR, life expectancy indicators).
- 8.1.2.4. Staff competency strengthening.
- 8.1.2.5. Insurance utilisation (where applicable).
- 8.1.2.6. Administrative and financial management improvements.
- 8.1.3. Complete a baseline of the NQAS and OBB Checklist;

9. Capacity Building

- 9.1. The JDC and PMU MHSSP shall undertake capacity-building programmes to equip health managers, finance personnel, and data staff with the skills required for successful OBB implementation.

- 9.2. Digital tools and reporting platforms shall be strengthened to support real-time monitoring, data-driven decision-making, and efficient analysis of performance indicators.

10. Financial Implications

- 10.1. Phase 1 shall require approximately ₹ 10 crore, which will be met through reappropriation from the "Special and Critical Health Services" head under NHM and shall not impose any additional financial burden on the State.
- 10.2. Phase 2 shall require approximately ₹ 50-80 crore, which shall be budgeted under a newly created Scheme Head for Outcome-Based Budgeting. The State may alternatively utilise the existing "Special and Critical Health Services" head under NHM for this purpose, depending on financial planning and administrative requirements.
- 10.3. As OBB becomes institutionalised within the Health & Family Welfare Department, it is anticipated that certain traditional object heads may be gradually rationalised in subsequent financial years.

11. Order

- 11.1. The Governor of Meghalaya is pleased to order that Outcome-Based Budgeting be implemented by the Health & Family Welfare Department in accordance with the provisions of this Notification.

SAMPATH KUMAR,

Principal Secretary to the Government of Meghalaya,
Health & Family Welfare Department.

1. ABBREVIATIONS AND DEFINITIONS

CHC	Community Health Centre
DHS MI	Directorate of Health Services – Medical Institutes
DHS MCH&FW	Directorate of Health Services – Maternal Child Health and Family Welfare
DHS MER	Directorate of Health Services – Medical Education & Research
IPA	Internal Performance Agreement
JDC	Joint Directorate Committee
MHIS	Megha Health Insurance Scheme
MHSSP	Meghalaya Health Systems Strengthening Project
NHM	National Health Mission
OBB	Outcome Based Budget (Budgeting)
OTG	One Time Grant (also referred to as Start Up Grant)
PHC	Primary Health Centre
PMU	Project Management Unit
SLPC	State Level Procurement Committee
SD	State Dispensary
UC	Utilization Certificate
UPHC	Urban Primary Health Centre

2. INTRODUCTION

Outcome-Based Budgeting (OBB), also known as Outcome-Based Financing, is a funding approach that prioritizes measurable results and outcomes over traditional inputs. In the healthcare context, this model emphasizes quality and effectiveness of care rather than only the volume of services provided. **Outcome-Based Budgeting** allocates funds based on performance and outputs, thereby improving responsiveness and accountability. These funds will supplement the decentralized funds available to the health entities.

The **objective of Outcome Based Budgeting** in Meghalaya is to bring **autonomy with accountability** by providing funds to entities directly. This is in alignment with the focus on improving Key Health Outcomes:

1. **Reduction in Infant Mortality rate,**
2. **Reduction in Maternal Mortality rate,**
3. **Increasing Life Expectancy.**

The Outcome-Based Budgeting Operational Guidelines for Meghalaya has been developed to provide a clear framework for the planning, implementation, monitoring, and evaluation of health expenditure in a results-oriented manner. These guidelines are intended to assist the officials in defining clear objectives, setting measurable indicators, and aligning financial resources with desired outcomes.

By institutionalizing OBB, Meghalaya aims to foster a culture of performance, promote evidence-based decision-making, and improve service delivery in the health sector. These guidelines mark a significant step forward and reflect Meghalaya's vision of achieving inclusive, efficient, and sustainable development.

3. IMPLEMENTATION PLAN

The approach to implement Outcome Based Budgeting in Meghalaya's health sector will be in two phases, as indicated below:

Phase 1: Phase 1 will be from the period of October 2025 to March 2026, which will cover all the Non-IPA entities

Phase 2: Phase 2 will be the *state wide implementation* of Outcome Based Budgeting scheduled to begin from the 2026-27 Financial Year onwards.

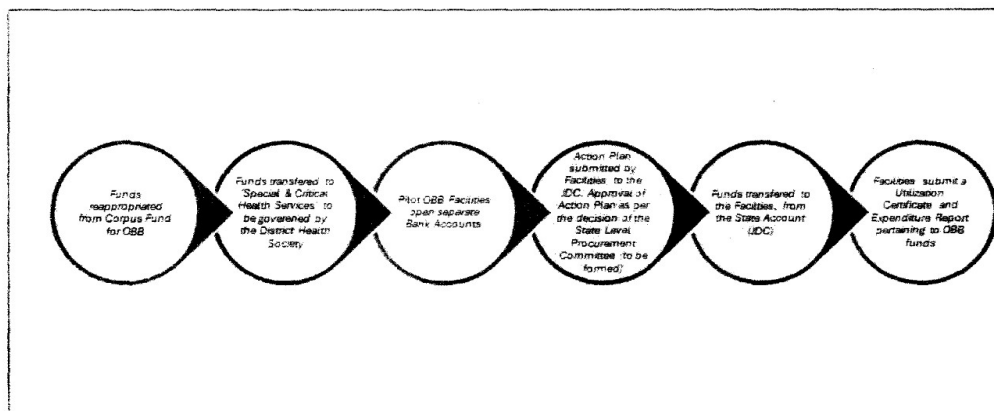
3.1 Phase 1 of OBB Implementation

The first phase of Outcome Based Budgeting (OBB) implementation will be the **Pilot Phase** of implementation. The health facilities selected for this pilot are those not covered under the IPA funding program of the Meghalaya Health Systems Strengthening Project (MHSSP) since IPA facilities have been receiving funding since October 2023 and will continue until March 2026. As Outcome-Based Budgeting (OBB) is a version of Results Based Funding (like IPA), the OBB facilities will be well-positioned to transition smoothly, when the statewide implementation begins.

Outcome Based Budgeting (OBB) will use State Funds/Corpus Funds, which will be identified for the purpose of OBB. The Joint Directorate Committee (JDC) which is a committee comprising members of the 3 Directorates namely, Directorate of Health Services (MI), Directorate of Health Services (MCH&FW) and Directorate of Health Services (MER) will be the implementing hand of OBB. The JDC may create a PMU for the purpose of implementation of OBB. This PMU will also monitor the OBB program in coordination with other agencies of the health department.

For Phase 1 of implementation, the JDC will be supported by the Project Management Unit of Meghalaya Health Systems Strengthening Project (PMU-MHSSP) in the implementation of OBB. The funds for Phase will be transferred to the Grant in Aid (GIA) scheme namely "Critical & Special Health Services" from where the funds will be transferred to the identified OBB facilities based on performance.

Figure 1: Figure indicates the Fund Flow for Phase 1 of OBB implementation



The second phase of OBB implementation will be implemented across all health facilities/entities of the state of Meghalaya. The learnings from Phase 1 will be compiled, to make the necessary changes in the implementation structure. **A version 2.0 of this manual will be compiled for Phase 2 of implementation.**

4. START UP ACTIVITIES FOR PHASE 1

4.1 Facilities identified for Phase 1

At the start of OBB implementation, 89 facilities have been identified for implementation which includes a Maternity & Child Hospital, Community Health Centres, Primary Health Centres, Facilities, Urban Primary Health Centres and State Dispensaries. All the identified

The table below indicates the number of facilities to be covered under Phase 1 of OBB.

Facility Type	Number of Facilities
District Hospital	1
Community Health Centers (CHCs)	9
Primary Health Centers (PHCs)	46
Urban PHCs (UPHCs)	21
State Dispensaries	12
Total	89

Annexure 1 is the list of facilities under OBB Phase 1.

4.2 BANK ACCOUNT OPENING

For the implementation of OBB, all selected entities will be required to **open a separate bank account**. The points below indicate the guidelines and requirements for opening of OBB Bank Account:

1. Administrative approval for opening bank accounts is required as follows:

District Hospitals (DH) - Hospital Management Committee
Community Health Centres (CHC)/ Primary Health Centers (PHC) – Rogi Kalyan Samiti (RKS)/Jan Arogya Samiti (JAS)
Urban Primary Health Centres/State Dispensaries – MO i/c with District Health Society

Approval has to be provided by the above Committees/ Society to open such a bank account.

2. The RKS/JAS/ DHS/ HMC are required to authorize the following three members as signatories for the bank account:

1	Chairperson (DC/ADC/BDO/BMO/DMHO etc.)
2	Member Secretary (DMHO/MS/ MO/ etc.)
3	Any member from the concerned Committee/ Society working in the entity receiving the funds

3. Any two of the above authorized Signatories can sign the cheques after approval of Action Plans.
 4. The Minutes of the Meeting where approval is obtained for the above three activities is to be recorded and documented.
 5. The mode of operation for the OBB account should be dual signatory only.
 6. A savings account should be opened.
 7. The account should be opened as per the following syntax: "<facility/entity name> OBB". Examples are "Mawphlang CHC OBB", "Demseiniong UPHC OBB".

4.3. START UP GRANT/ONE-TIME GRANT

The One-time or start up Grant is a fund, equivalent to two times the average quarterly maximum which is 'earned' by an OBB entity. This upfront fund is meant to support and mobilize the facilities in OBB implementation. The OTG/start-up grant is conditional on meeting the following preconditions:

- i. Baseline Assessment - done as a Self-Assessment
- ii. Bank account opened
- iii. Approval of OTG action plan

The following activities shall be undertaken as one-time activities in the beginning of the OBB Phase 1 Roll out.

- a. **OTG (One-time Grant) Action Plan:** Before the release of the One-time Grant (OTG), all selected OBB entities, shall submit an OTG budget Plan/Action Plan as per the budget allocated. For preparation, details of the Action Plan and required approvals, refer to Section 8 of this manual. The format for the OTG action plan is provided in **Annexure 2**.
- b. **Release of OTG:** Upon receipt of OTG Action Plan, the JDC/PMU shall scrutinize and provide approval for activities under the plan. Upon approval of the OTG budget plan/action plan, the OTG shall be disbursed to the respective bank accounts of the OBB entities, through the office of Project Director – MHSSP.

5. OBB BUDGET ALLOCATION

An overview of the Budget calculation for OBB entities for Phase 1 is provided below: **The annual budget allocation is as follows:**

- I. **District Hospital:** The gross annual budget for the Maternity & Child Hospital is Rupees seventy lakhs (INR 70,00,000).
- II. **Community Health Centre (CHC):** The gross annual budget for the CHC is Rupees thirty-five lakhs (INR 35,00,000).
- III. **Primary Healthcare Centre (PHC):** The gross annual budget for the PHC amounts to Rupees twenty-one lakhs (INR 21,00,000).

IV. Urban Primary Healthcare Centre (PHC): The gross annual budget for the PHC amounts to Rupees ten lakhs (INR 10,00,000)

V. State Dispensaries: The gross annual budget for the PHC amounts to Rupees fifteen lakhs (INR 15,00,000)

Type of Entity	Annual Budget per entity
District Hospital	70,00,000/-
Community Health Centres	35,00,000/-
Primary Health Centres	21,00,000/-
Urban Primary Health Centres	10,00,000/-
State Dispensaries	15,00,000/-

Annexure 3 is the budget allocation for each entity

6. QUARTERLY ACTIVITIES

OBB implementation is cyclical in nature and is dependent on the regular performance of the health entities. For this reason, the activities listed below are to be repeated on a Quarterly/Half-yearly basis.

- a. **Assessments** - All entities shall undergo assessments as per the frameworks and assessment indicated in section 7 of this manual. The assessments shall be conducted using the frameworks within the timeline indicated in this manual.
- b. **OBB Scores** - The scores as per the assessment of the respective External Assessment teams shall be considered for calculation of OBB funds earned. The approved scores and the quarterly funds earned shall be communicated to the respective entities for the fulfilment of pre-conditions, viz., submission of Quarterly action plan/ budget plan based on funds earned and submission of previous quarter utilization certificate.
- c. **Action Plans** - On receipt of the Quarterly assessment scores and indicated funds earned, the OBB entities shall submit a quarterly action plan/ budget plan based on the funds available (funds earned and interests/savings if any). The Action Plan shall be reviewed by JDC and PMU-MHSSP and approved by the State Level Procurement Committee. Action plan format is attached in Annexure 2.
- d. **Fund Release** - On approval of Quarterly Action Plan/Budget Plan and receipt of the Utilization Certificate for the previous quarter, the OBB Funds earned based on the quarterly assessment shall be disbursed to the respective OBB bank accounts.

7. OBB FRAMEWORKS AND ASSESSMENTS

7.1 Frameworks

OBB Frameworks are based on specific assessment indicators that are designed with the objective of targeting the Health Outcomes indicated in the State Health Policy which include Decrease in Infant Mortality, Decrease in Maternal Mortality and Increase in Life expectancy. The frameworks also include indicators that will assess quality services and facility management. Since the objective of OBB is to get inputs from the Community to bring about change in the health sector, certain indicators have been designed to assess community engagement for Public Health.

7.1.1 Performance Frameworks

As mentioned above, the performance frameworks have been designed with the objective to improve the overall quality in service delivery. The purpose of these indicators is to direct the selected facilities works towards improvement of the 3 Health Outcomes outlined by the Government of Meghalaya, i.e. Lowering IMR and MMR and Increasing Life Expectancy of the population. While health outcomes and quality service delivery makes up the majority of the scores, the frameworks also includes Community Interventions, Facility Managements, Trainings, Insurance and Drugs and laboratory Management. These indicators cumulatively add up to 1000 points (maximum). The following section below provides a **summary on the percentage of weights/scores for the various performance indicators at the different entity levels**. **Annexure 4** of this operation manual enumerates the frameworks for District Hospital, CHC, PHC, UPHC and State Dispensary.

OBB State Dispensary Framework

CODE	OBB Assessment Indicators	Max Score
SD_1	Facility Quality Management	300
SD_2	Outcome Based Indicators	340
SD_3	Facility Management	30
SD_4	Staff Competency	110
SD_5	Community Interventions	140
SD_6	Drugs and Laboratory Management	80
TOTAL	MAX [1,000 points = 100%]	1000

OBB Urban Primary Health Centre Framework

CODE	OBB Assessment Indicators	Max Score
UPHC_1	Facility Quality Management	300
UPHC_2	Outcome Based Indicators	340
UPHC_3	Facility Management	30
UPHC_4	Staff Competency	110
UPHC_5	Community Interventions	140
UPHC_6	Drugs and Laboratory Management	80
TOTAL	MAX [1,000 points = 100%]	1000

OBB Primary Health Centre Framework

CODE	OBB Assessment Indicators	Max Score
PHC_1	Quality Management	300
PHC_2	Facility Management	40

PHC_3	Outcome based Indicators	240
PHC_4	Staff Competency	90
PHC_5	Megha Health Insurance Scheme [MHIS]	50
PHC_6	Community Interventions	140
PHC_7	Drugs and Laboratory Management	80
TOTAL	MAX [1,000 points = 100%]	1000

OBB Community Health Centre Framework

CODE	OBB Assessment Indicators	Max Score
CHC_1	Quality Management	300
CHC_2	Facility Management	40
CHC_3	Outcome based Indicators	240
CHC_4	Staff Competency	90
CHC_5	Megha Health Insurance Scheme [MHIS]	50
CHC_6	Community Interventions	140
CHC_7	Drugs and Laboratory Management	80
TOTAL	MAX [1,000 points = 100%]	1000

OBB MCH Hospital Framework

CODE	OBB Assessment Indicators	Max Score
DH_MCH_1	Quality Management	400
DH_MCH_2	Outcome Based Indicators	260
DH_MCH_3	Facility Management	80
DH_MCH_4	Staff Competency	80
DH_MCH_5	Megha Health Insurance Scheme [MHIS]	80
DH_MCH_6	Drugs and Laboratory Management	100
TOTAL	MAX [1,000 points = 100%]	1000

7.2 Assessments

Assessment is the data collection and analysis through which the degree of conformity to predetermined standards and criteria are exemplified. It measures the difference between expected and actual performance to identify opportunities for improvement such as technical competence, effectiveness, efficiency and safety. The assessment of OBB entities have to follow and complete three types of

assessments for each quarter. This section of the operations manual provides guidelines on the types of assessment, assessment timelines, scoring mechanism and other aspects related to assessment.

7.2.1 Types of Assessments

The two steps of assessments conducted in OBB are described briefly below:

- I. **Self-assessment/ Internal-assessment:** Internal assessment teams such as health facilities, DMHO, Directorates, must assess themselves using the OBB assessment format and its associated tools. This evaluation is based on defined frameworks with a set of indicators aimed at measuring the performance of institutions/entities. Self-assessment as the name suggests will have to be undertaken by the identified assessors from within the facility. This is the first step in the assessment process of OBB's and selected entities are expected to complete the self-assessment within the quarter that is being assessed.
- II. **External Assessment:** Every quarter, an independent verification team from within the Health system will be responsible for conducting the assessment of the identified entity. This external assessment is to be completed immediately after the end of the quarter, since it forms the basis for the quarterly OBB payment.
Different teams are responsible for conducting external assessment for each facility based on their hierarchy. These teams are as indicated below:
 - a. **District Quality Assessment Teams (DQAT):** The DMHO forms the DQAT to assess Primary Health Centres (PHC), Community Health Centres (CHC), Urban Primary Health Centres and State Dispensaries.
 - b. **Joint Directorate Assessment Teams (JDAT):** The Directorates forms the JDAT to assess District Hospitals (DH) and the District Medical and Health Office (DMHO).

The table indicates the composition of Teams conducting the external assessment

Forming Authority	Team formation	Composition of Assessing members
DMHO	District Quality Assurance Team (DQAT)	PHC and CHC - 3 members in each team with at least one certified NQAS member.
The Directorates	Joint Directorate Assessment Team (JDAT)	Districts - 3 members in each team Hospitals and with at least one certified NQAS member.

7.2.2 Assessment Frequency and Reporting

I. Assessment Frequency

Each quarter/half yearly, entities first assess their own performance which is called a self-assessment. This is followed by an external assessment (by the District Quality Assessment Team in the case of PHCs, CHCs, or the Joint Directorates Assessment Team in the case of the DHs and DMHOs. The assessment will be conducted using an online tool, where the scores for each facility will be auto-generated. **The external verification establishes the score based on which the OBB payment is made to the entity.**

II. Documentation/Reporting

As specified above, every quarter will include all two types of assessments based on the specified timelines. The assessment teams will score each entity based on the indicative weightage and as per the specified method of verification. The self assessment report will need to be kept as records at the entity

level. The external assessment report will need to be compiled by the assessors and submitted to the JDC.

Self-Assessment Report

The self-assessment that is done internally by the entity. It must be maintained as a report at the entity. This report will need to be shown and presented to the external assessment team during the assessment.

External Assessment Report

Since the external assessment report is crucial and is the basis of the OBB payments, the external assessment report will need to be submitted to the JDC.

- The Assessment team will have to submit the assessment report **within 3 days of completion** of Assessment, (besides the tool submission) to the JDC office *via* email. *Annexure 5* to this document is the format in which the report is to be submitted.
- Following the successful submission of the report, the scores will be reviewed by the JDC and PMU team and sent for approval.
- Post approval of the scores and reports, the scores will be shared with the OBB facilities for preparation of an Action Plan based on the funds that the entity will earn, based on the score.

7.2.3 Assessment Teams

Assessment Teams for the external assessment will be formed as per section 7.2.1 above. The assessors will need to follow the points indicated below:

- The assessors will need to carry out verifications within the specified timelines.
- The assessors need to maintain independence and declare any professional or professional conflict of interest.

Honorarium/Payment for Assessors

- i. Payment/Reimbursement of travel costs and the honorarium of DQAT and JDAT members shall be borne by the office of the DMHOs and the Joint Directorate respectively, from their IPA funds and OBB funds respectively. The amount of honorarium should be decided by the DMHO and Directorates respectively.

7.2.4 Scoring System

For each of the entities mentioned (State Dispensaries, UPHC's, PHCs, CHCs, DHs), the money that can be earned through OBB is based on a score which the entity obtains during a quarterly assessment.

- During the verification process, an assessment framework is applied which has been drafted for each level as mentioned in section 7.1 of this manual.
- There is a maximum, fixed annual budget allocated to each entity. This is the maximum that an entity (PHC, CHC etc.) can potentially earn through the OBBs. That maximum funding, however, can only be obtained upon scoring a 100 percent OBB score during all the assessments.
- If an entity scores less, this will result in less money being earned for the quarter. The information on OBB scores and the money earned will be shared by the JDC to the facilities.

- The percentage score which an entity achieves in the (quarterly) assessment is subsequently linked to the percentage of payments of the maximum quarterly amount of OBB money that can be earned by that entity. Thus, if a health facility reaches 80% total score in the given quarter, this facility will be paid 80% of the quarterly OBB budget amount payable to that entity.

8. ACTION PLAN

Action Plan is a list of proposed activities set to be utilized towards fulfillment of the needs of the facilities that each OBB entity will need to prepare quarterly. This section will include the guidance of making action plans, approval process and disbursement of funds.

8.1 Guidance on OBB Action Plans

1. Action plan: The funds received under OBB can be used for developmental activities essential as per the mandate and role of the OBB recipient in the health system. For instance, in case of direct service provision by health facilities, clear justification for each proposed item should be mentioned. The plan should also factor in activities to **meet the indicators for earning OBB funds**.
2. The components of the plan should contain the following items
 - a. Activities required to be done to meet the indicators for incentive payments.
 - b. Activities required to be executed outside the OBB indicators but to be funded through OBB funds.
 - c. Activities funded by other sources such as RKS, Insurance reimbursements and user fees, etc.
3. The action plan must include item wise plan, quantity, rate per unit, total amount for the unit and a proper justification for including the item/activity. Action Plans can include items/activities in different categories like Goods, Human Resource, Services, minor civil works.
4. The action plan must be submitted to the Project Management Unit (PMU) -MHSSP and JDC after due approval by the RKS/JAS/DHS/HMS post the preparation of the plan by the OBB Procurement sub-committee. The minutes of the meeting should be included in the action plan submission.
5. The first action plan for the OTG should cover a six - month period. Subsequently, a quarterly action plan, spanning three months, should be submitted during the first week of the respective quarter.
6. Review and Feedback by PMU: The PMU will thoroughly review the action plan and provide written feedback or suggestions within seven days of receiving the soft copy.
7. Adherence to the Negative List: The action plan must avoid including items from the negative list. **The Negative List is provided in Section 10.4 of this operations manual.**
8. The format for OTG Action Plan and Quarterly Action Plan is respectively provided as **Annexure 2** of this manual.

8.2. Approval Process and Disbursement of funds

The prepared action plan will need to be approved by the concerned authorities and follow the following steps:

Step 1: Preparation of Action Plan by the OBB facility sub-committee in accordance to the quarterly earned funds.

Step 2: DHS/HMS/RKS/JAS approves the Action Plan and is documented in the Minutes of the Meeting and signed by at least 2/3rd of the members.

Step 3: PMU office receives and does the final evaluation. On compliance with other applicable pre-conditions, the Quarterly earned funds will be disbursed. The State Level Procurement Committee will be responsible for approving the Action Plan.

Disbursement of funds

Compliance to the pre-conditions is mandatory for releasing the Quarterly Earned Funds. Pre-Conditions include:

1. Submission and approval of the Action Plan.
2. Submission of Utilization Certificate of the previous quarter.

8.3. Action Plan Deviations

Post approval of the OTG Action Plan and the quarterly Action Plans, OBB entities will proceed with necessary actions for Procurement and engagement of services. During the quarter, Action Plans prepared and approved may on occasions have to undergo a change due to different reasons. For this purpose it is important that entities are aware of the following scenarios:

1. In cases where quantity is increased without an increase in cost, the entity can continue with the procurement of the item.
2. In cases where there is an expenditure deviation, and **the cost is more than what is proposed** in the action plan, refer to section 7.2.2 of this operation manual pertaining to expenditure deviations and necessary approvals.
3. In cases where there is an expenditure deviation where **the cost is less than what is proposed** in the action plan, the entity can continue with the procurement.
4. Changes in Items: For the OTG Action Plan, in case there is a change in item, the entity will need to seek the approval of the JDC and PMU-MHSSP by sending a letter and indicating the change of item in the OTG Action Plan. **The savings from the OTG Action Plan can be adjusted or added to the next Quarterly Action Plan, clearly indicating the OTG fund being used.**
5. For Quarterly Action Plans, in case there is a change in item, entities may send a letter seeking approval from MHSSP - PMU providing necessary information and justification. In the case where entities cancel the procurement of an item indicated, entities may add the unutilised fund to the next quarters action plan and indicate the same in the next Quarterly Action Plan.
6. Re-appropriation of funds: Unspent OBB funds/Savings from previous quarters, may be added and utilized with the next quarters OBB funds indicating the additional funds in the new Quarterly Action Plan that is submitted for approval.

9. FINANCIAL MANAGEMENT

For the Phase 1 of OBB implementation, the facilities will need to follow the financial management guidelines mentioned in this section of the manual.

9.1 Financial Management Roles and Responsibilities of PMU:

The PMU/JDC will have the overall responsibility to ensure that sound financial-management principles are followed for implementation. These include the following:

- Timely sanction and release of funds to the Committees.
- Accounting of funds released to the Committees in the PMU accounting system.
- Effective monitoring and oversight on funds spent by the Committees, such as follow-up to obtain the Acknowledgement Receipt and the Quarterly Utilisation certificates along with the statement of expenditure.
- Maintain disbursement records for the funds released to the Committees.
- Ensure timely internal audit of the Committees/Entities.
- Training and capacity building of the Committees when required.
- PMU/JDC will form a State Level Procurement Committee. The Members of this Committee shall include the Project Director (MHSSP), DHS(MI), DHS (MCH&FW), DHS (MER), EE (HEW), MD-NHM, CEO-MHIS, Executive Director - MMDSL, JDC Secretary, JDC and MHSSP members and experts in the field of procurement of medical equipment, civil works, construction etc., as needed.
- o The Committee will be responsible for approving Action Plans.
- o The Committee will be responsible in approving purchase/procurement of high value/large medical equipment and major civil works proposed by the entities.
- o The Committee will need to approve the expenditure deviations
- o OBB entities are to submit proposals/Action Plans as per the format attached in **Annexure 2**. A virtual meeting will be held weekly/bi-monthly for approvals of Action Plans.
- o The meeting's outcome will be recorded, and the Committee's decision will be shared accordingly with the hospitals for further action on the proposal.

9.2. Financial Management Roles and Responsibilities of Committees:

9.2.1. Responsibilities of District Health Society/Hospital Management Society/Rogi Kalyan Samiti/Jan Arogya Samiti

The DHS/HMS/RKS/JAS Committee will be responsible to undertake the following:

- Identify and notify a sub-committee for OBB implementation and procurement, with members from within the OBB entity. The committee can be called **OBB Implementation and Purchase Committee**.
 - o The indicative list of the sub - committee should include:
 - **Chairperson** - Head of Entity

- **Member Secretary** - Any other member from within the facility, who is identified as the third signatory by the DHS/HMS/RKS/JAS in section 4 of the Operations Manual.
 - **Members** - The Sub-committee will have to have a minimum of 3 members for PHC/CHC level and a minimum 5 members for District Hospital/DMHO/Directorates.
- Opening of an OBB Bank account
 - Approve the OTG Action Plans and Quarterly Action Plans that are prepared by the OBB Implementation and Procurement sub-committee
 - Overlook the functioning of OBB

9.2.2 Responsibilities of OBB Implementation and Procurement Committee

The sub-committee of the OBB entities will need to implement the OBB at the entity and follow sound Financial Management principles. These include the following:

- Proper distribution of duties between Committee members on procurement, payment, and accounting
- Two Committee members for joint signatories to the bank account as mentioned in this Manual at the section 4
- Identified committee member for overlooking procurement and to adhere to Procurement Guidelines that are specified in Chapter 8 of this manual
- The OBB committee must pass a resolution to spend money on the activities as approved. Payment of expenditure should be as per the approved Action plan
- Maintenance of books of accounts, registers, vouchers, supporting documents and monthly reconciliation of bank account and cash in hand.
- Timely preparation and submission of Utilisation Certificates (UC) along with the statement of expenditure. Format for UC is in Annexure 6 of this manual
- Utilizing the Interest earned and unspent balance may be clearly stated in the Action Plan.

9.2. Proper payment procedures to be followed by the Committees

- Payment shall be made by the Committee only after receipt of an invoice/bills only.
- Invoices/bills shall be approved as per the delegation of the financial power approved by the committee.
- The party shall be paid within 15 working days from the date of receipt of the invoice/bills.
- The preferred mode of payment shall be electronic transfer or account payee cheque.
- No inter fund transfer is allowed from one scheme to another.

9.3. Petty Cash

Cash maintenance is not permitted as most payments can be made *via* cheque/e-transfer. However, in emergency situations, the maximum amount of cash that an entity/hospital can withdraw at one instance is as follows (The maximum number of withdrawal of cash should not exceed 12 times per annum/once a month):

- State Entity/DMHO/District hospital - ₹ 25,000
- CHC- ₹15,000
- PHC/UPHC/State Dispensary - ₹ 5,000
 - o No single payment exceeding ₹ 5,000/- will be paid in cash. The payment above ₹ 5000 is permitted in exceptional cases only with the prior approval of the Committee and decision recorded in the minute book.
 - o For cash payments below ₹ 5,000/-, "Cash/Payment Receipt/Bills" must be obtained from the party receiving the cash.
 - o No advance payment in cash is allowed.

9.3. Accounting by Committees and Types of Books of Accounts to be Maintained

- All paid invoices/ bills should be maintained/ kept in a separate voucher file
- Cash and bank books should be maintained in the date-wise expenditure format and not as per the action plan basis. The books shall be preserved for audit by the auditors
- Minute Book - to record decisions taken by the Committee members
- Two-column Cash Book - to record cash and bank transactions daily if Tally is not being installed.
- Bank passbook and bank reconciliation statement monthly.
- Asset Register - to record the list of the assets purchased.
- Stock register - to record the movement of inventory.
- Cheque Issue Register - to maintain the record of cheques issued
- Bill Register-to record the list of bills received.
- File to maintain vouchers, bills, and invoices
- File to maintain any recruitment from OBB
- TDS deduction and copy of the filed return shall be kept in a separate file along with the statement of deducted amount from the Vendors, Contractors, Suppliers, etc., and shall be maintained as per the format attached at the **Annexure 7**.

10. PROCUREMENT

This section of the manual is designed to provide guidance to Health Facility personnel involved in procurement activities. It aims to ensure that procurement processes are carried out efficiently, transparently, and in accordance with the basic principles of procurement. By following this manual, health facilities can make informed decisions and promote fair and accountable procurement practices.

10.1. General Guiding Principles

- a. **Transparency:** Procurement processes should be transparent and open to all qualified suppliers, ensuring fair competition and equal opportunities.
- b. **Accountability:** Health Facility personnel responsible for procurement must act responsibly, honestly, and in the best interest of the facility, ensuring proper use of OBB Funds.

- c. **Value for Money:** Procurement decisions should focus on obtaining the best value for money, considering factors such as quality, price, and sustainability.
- d. **Fairness and Non-Discrimination:** Procurement should be carried out without bias, discrimination, or favoritism, promoting equal opportunities for all potential suppliers.
- e. **Efficiency:** The procurement process should be efficient, minimizing delays and unnecessary costs while ensuring necessary procurement compliance.

10.2. Methods of Procurement

This section of the operation manual describes the methods of procurement that should be followed by an entity for procurement of goods/services utilizing OB funds earned. The method of procurement for OBB funds must as far as possible follow the General Financial Rule 2017 (and its latest amendments) issued by the Ministry of Finance, Government of India.

The methods of procurement listed below are methods that have been taken from GFR, paraphrase for the purpose of this Operations Manual.

10.2.1 Petty Purchase

Purchase of goods or services up to the value of ₹ 50,000 (Rupees Fifty Thousand Only) may be procured without inviting quotation or bids on the basis of a certificate to be recorded by the competent authority (Head of the entity).

10.2.2 Request for Quotation/By Purchase Committee

Purchase of goods or services above ₹ 50,000 (Rupees fifty thousand Only) and up to ₹ 2,50,000 (Rupees Two Lac Fifty Thousand Only) shall be made on the recommendation of a duly constituted local purchasing committee consisting of not less than three members of an appropriate level as decided by the head of department. In this case, **the OBB sub committee shall act as the Local purchasing committee.** Before recommending placement of the purchase order, the members of the committee will jointly record a certificate as under.

"Certified that we, members of the purchase committee are jointly and individually satisfied that the goods recommended for purchase are of the requisite specification and quality, priced at the prevailing market rate and the supplier recommended is reliable and competent to supply the goods in question, and it is not debarred by Department of Commerce or Ministry/Department concerned."

10.2.3 Limited Tendering

Purchase of goods or services above ₹ 2,50,000/- and up to ₹ 25,00,000/- shall be made through Limited Tender Enquiry. Copies of bidding documents should be sent directly by speed post/ registered/ courier/ e-mails to firms which are borne on the list of registered suppliers for the goods or services in question. The number of supplier firms in limited tender enquiry should be more than three. Efforts should be made to identify a higher number of approved suppliers to obtain more responsive bids on a competitive basis.

10.2.4. Purchase of Goods directly under Rate Contract

As per GFR guidelines this method can be done for any Purchase as per the prevailing GFR Guideline limits, where the purchase can be made against Rate Contract of Central Purchase Organization.

10.2.5 Purchase of Goods through Open Tender

Purchase of goods or services above ₹ 25,00,000/- shall be made through Advertised/ Open Tender Enquiry as per GFR guidelines.

In all scenarios above, *entities can make use of the Government e- Marketplace (GeM) portal* for any kind of procurement method OBB Facilities should follow the rules and provisions laid out in the GFR while undertaking Procurement related activities.

10.3. Utilization of OBB Funds

The OBB funds which the entity can earn should be treated as part of decentralized funds. It is the additional money received which is meant to be utilized smartly in support of improving facility, quality, management and utilization of services. Annexure 8 contains the Unified SOP on Utilization of Funds.

10.4. NEGATIVE LIST

The Negative list is a list of restrictions for investment from OBB funds is as indicated below:

1. Purchase of land or major construction beyond approved limits;
2. Procurement of large medical equipment without prior sanction;
3. Donations, loans, or contributions to individuals or institutions;
4. Personal financial benefits, staff bonuses, or direct monetary incentives;
5. Payment of insurance premiums, claim settlements, or reimbursements;
6. Any illegal or non-permissible expenditure;
7. In case of rented spaces, Civil Works will be permitted only after review by the Junior Engineers and the State Level Procurement Committee.

LIST OF ANNEXURES

Annexure 1	List of Selected OBB Facilities for PHASE 1
Annexure 2	Action Plan Format
Annexure 3	Budget of selected OBB Facilities
Annexure 4.1	OBB Frameworks - State Dispensary
Annexure 4.2	OBB Frameworks- Urban Primary Health Centre
Annexure 4.3	OBB Frameworks- Primary Health Centre
Annexure 4.4	OBB Frameworks- Community Health Centre
Annexure 4.5	OBB Frameworks- Maternity & Child Hospital
Annexure 5	Assessment Report
Annexure 6	Utilization Certificate and Expenditure Report
Annexure 7	Format for TDS (GST)
Annexure 8	Unified SOP on Fund Utilization.

The 17th December, 2025.

No.Health.33/2024/22. - In exercise of the power conferred by the proviso to Article 309 of the Constitution of India, the Governor of Meghalaya is pleased to make the following Rules regulating the recruitment and the conditions of service of persons appointed to the Meghalaya Pharmacist Service, namely:-

1. Short Title and Commencement:- (1) These Rules may be called the Meghalaya Pharmacist Services Rules, 2025

(2) They shall come into force from the date of notification in the Official Gazette.

2. Definitions: - In these Rules, unless there is anything repugnant to the subject or context:-

- (a) "Appointing Authority" means the Director of Health Services (MI)
- (b) "Board" means the Meghalaya Medical Services Recruitment Board (MMSRB).
- (c) "Committee" means the Committee constituted under Rule 8
- (d) "Government" means the Government of Meghalaya.
- (e) "Governor" means the Governor of Meghalaya.
- (f) "Member of the Service" means a member of the Meghalaya Pharmacist Service.
- (g) "Service" means the Meghalaya Pharmacist Service,
- (h) "State" means the State of Meghalaya.
- (i) "Schedule" means the Schedule appended to these Rules.
- (j) "Year" means the Calendar Year.
- (k) "Bachelor's Degree in Pharmacy (B.Pharm)" means a Degree obtained after undergoing a course of 4 (four) years of study and one month Industrial Training.
- (1) "Diploma Degree in Pharmacy" means a degree obtained after undergoing a course of 2 (two) years and 3 (three) months Internship.

3. Constitution of the Service: - There shall be constituted a Service to be known as the "Meghalaya Pharmacist Service" consisting of the following persons, namely: -

- (1) Persons appointed to different posts in the Service before the commencement of these Rules.
- (2) Persons appointed to different posts in the Service in accordance with the provisions of these Rules.

4. Composition of the Service:-

- (1) The Service shall consist of the following Grade and Posts-

(i) Head Pharmacist- Group C

(ii) Pharmacist- Group C

(2) Each of the categories of post in clauses (i) & (ii) of sub-rule (1) shall form an independent cadre. Member of the lower cadre shall have no claim for appointment to the higher cadre except in accordance with the provisions made in these Rules.

5. Status:- The Status of the members of the Service holding post under these Rules shall be Group C Non-Gazetted status.

6. Strength of Service:-

- (1) The strength and composition of the Service shall be such as may be determined by the Governor from time to time.
- (2) At the commencement of these Rules, the strength of the Service and post(s) therein shall be as shown in **Schedule-I**

7. Method of Recruitment: -

- (1) Appointment to the post of Head Pharmacist under Clause (i) of sub- rule (1) of Rule 4 shall be made by promotion from the Select List approved under sub-rule (4) of Rule 9 from amongst the members of the Service holding the lower post of Pharmacist:

Provided that no member of the Service shall be eligible for consideration for promotion unless he has rendered not less than 9 (nine) years of continuous service in the lower post on the first day of the year in which the selection is made.

- (2) Appointment to the posts of Pharmacist shall be made by direct recruitment on the result of the competitive examination conducted by the Board as shown in **Schedule-II**

8. Departmental Promotion Committee:-

- (1) For the purpose of appointment by promotion under Rule 7 to the posts of Head Pharmacist, there shall be a Departmental Promotion Committee consisting of the following members:-

I. Principal Secretary/Commissioner & Secretary/Additional Secretary Health & Family Welfare	-	Chairman
II. Joint Secretary/ Deputy Secretary, Personnel & A.R Department or his representative	-	Member
III. Joint Secretary Finance Department or his representative	-	Member
IV. Director of Health Services (MI)	-	Member Secretary

The Committee may invite any other person to attend its meeting if and when consider necessary.

9. Procedure for preparing the Select Lists:-

(1) At the beginning of each year, the Appointing Authority shall refer to the Committee, the approximate number of vacancies likely to occur in the post of Head Pharmacist during the year. To enable the Committee to prepare the Lists for promotion to the post of Head Pharmacist, the Appointing Authority shall furnish the Committee with the following documents, namely:-

(i) A List of the member of the Service drawn up in order of seniority and consisting of three times the number of vacancies referred to in sub-rule (1):

Provided that such restriction shall not apply in respect to post where the total number of eligible persons is less than three times the number of vacancies and in such a case the Committee shall consider all the eligible persons.

(ii) The Character Rolls and Service Records of such members.

(iii) Any other document and information as may be considered necessary by the Appointing Authority or required by the Committee.

(2) The Committee after examining the Character Rolls, Service records and other documents in respect of all such persons, shall prepare a list based on seniority with due regard to merit and suitability. The number of persons to be included in the list shall be according to the actual number of vacancies available at the higher post. The list shall be forwarded by the Committee to the Appointing Authority.

(3) The names of persons in the list shall be placed in order of preference for promotion. In every case where junior member is selected in preference to his seniors, the Committee shall record in writing the reasons for doing so.

(4) For the purpose of appointment by promotion under sub-rule (1) of Rule 7, the Appointing Authority shall consider the list prepared by the Committee along with the Character Rolls and Service Records and other documents in respect of each person in the list and unless he considers that any change is necessary, approve the list. If the Appointing Authority considers it necessary to make any change in the list received from the Committee, he shall inform the Committee of the changes proposed and after taking into account the comments if any, of the Committee, approve the said list finally with or without modification as may in his opinion to be just proper.

(5) The List as approved under sub-rule (4) above shall form the select list for the purpose of appointment by promotion under sub-rule (1) of Rule 7.

10. Validity of the Select List: -

- (1) The Select List shall remain in force for a period of one year unless its validity is extended with approval of the Board :

Provided that such an extension shall not be for a total period exceeding six months:

Provided further that in the event of any great lapse in the conduct or performance of duties on the part of any person in the list, the Appointing Authority may, if he thinks fit, remove the name of such person from the Select List. The reason (s) for doing so shall be recorded in writing.

- (2) The Committee shall meet once a year to review the Select List.

11. Direct Recruitment:-

- (1) Competitive Examination for direct recruitment under sub-rule (2) of Rule 7 shall be held at such intervals as the Appointing Authority may in consultation with the Board from time to time determine. The date on which and the place in which the examination shall be held, shall be fixed by the Board
- (2) The examination shall be conducted by the Board in accordance with such syllabus as the Appointing Authority may from time to time make in consultation with the Board.
- (3) Of the number of vacancies to be filled up on the result of each examination, there shall be reservation in favour of the candidates belonging to the Scheduled Caste and Scheduled Tribes to the extent and subject to the condition as the Government may from time to time prescribed.
- (4) On the basis of the results of the Competitive Examination, the Board shall prepare a list of all successful candidates in order of merit, which shall be determined in accordance with the aggregate marks obtained by such candidate and if two or more candidates obtain equal marks, the Board shall arrange them in order of their relative merit which shall be determined in accordance with the general suitability of the candidates for appointment to the post. The number of persons to be included in the list shall be as according to the actual vacancies likely to occur during the recruitment year. The list shall be forwarded to the Appointing Authority.
- (5) The inclusion of a candidate's name in the list confers no right to appointment unless the Appointing Authority is satisfied after such enquiry as may be considered necessary that the candidate is suitable in all respect for appointment to the post and that appointment to any post in the Service is subject to availability of vacancy.

- 12. Conditions of eligibility for appearing at the Competitive Examination:-** In order to be eligible to compete at the examination for direct recruitment a candidate must satisfy the following conditions, namely:-

- (1) Nationality - He must be a citizen of India.
- (2) Age - He must have attained the age of 18 years and must not have exceeded the age of 32 years on the first day of the year in which the advertisement for the post is made:

Provided that in the case of candidate belonging to Scheduled Castes and Scheduled Tribes, the upper age limit will be subject to relaxation made by the Government from time to time.

- (3) Educational Qualification - As laid down in the **Schedule-II**.

13. Disqualification for appointment to the Service:-

- (1) No person shall be appointed who, after medical examination as the Government may prescribe, is not found to be in good mental or bodily health and free from any physical defect or infirmity which may render him unfit in the discharge of his duties.
- (2) No person shall be appointed to the service who had been convicted for any offence involving moral turpitude.
- (3) No person who has more than one spouse living shall be eligible for appointment to any post in the Service :

Provided that the Governor may, if he is satisfied that there are special grounds for doing so, exempt any person from the operation of this sub-rule.

- (4) No person who attempts to enlist support for his candidature either directly or indirectly by any recommendation, either written or oral or by any other means, shall be appointed to the Service.

14. Appointment to the Service:-

- (1) Appointment to any post in the Service under Rule 7 shall be made by the Appointing Authority.
- (2) (i) Subject to the provisions of sub-rule (3) and sub-rule (5) of Rule 11 appointment shall be made from time to time in the order in which the names of candidates appear in the Merit List prepared under sub-rule (4) of Rule 11.

(ii) A person appointed by direct recruitment shall join within 15 (fifteen) days from the date of receipt of the order of appointment, failing which, and unless the Appointing Authority extend the period of joining, which shall not in any case exceed 3 (three) months, the appointment shall be cancelled.
- (3) Appointment under sub-rule (1) of Rule 7 shall be made in the order in which the names of candidates appear in select list approved by the Committee under Sub-rule (4) of Rule 9.

15. Probation:-

Every person appointed to the Service under Rule 7 shall be on probation for a period of 2 (two) years:

Provided that the period of probation may for good and sufficient reason be extended by the Appointing Authority in any individual case by a period not exceeding 2 (two) years.

Provided further, that where a person appointed to the post in the Service could not be placed under probation for want of permanent vacancy, any period which he has rendered in a temporary capacity, may having regard to his performance be counted towards the period of probation.

16. Discharge or Reversion: -

- (1) Where the Appointing Authority finds that the performance of duty by any member of the Service, appointed by promotion, is unsatisfactory where he is found unfit to hold the post at any time during the period of probation such member shall be liable to be reverted to his next lower post or grade.
- (2) A member of the Service appointed by direct recruitment shall be liable to be discharged if: -
 - (a) he fails to give satisfactory performance during the period of probation.
 - (b) on any information received relating to his nationality, age, health, character and antecedents the Appointing Authority is satisfied that the probationer is in eligible or otherwise unfit for being a member of the Service.

17. Seniority: -

- (1) The inter-se seniority of the members of the Service appointed before the commencement of these Rules shall be in the order in which their names appeared in the list prepared by the Board, or the Select Lists approved by the Board.
- (2) The inter-se seniority of the members of the Service appointed to the posts after the commencement of these Rules shall be in the order in which their names appear in the Merit List prepared under Sub-Rule-(4) of Rule 11 or in the Select List approved under Sub- rule (4) of Rule (9).
- (3) If confirmation of any member of the Service is delayed on account of his failure to qualify for such confirmation, he shall lose his seniority vis-a-vis such of his juniors as may be confirmed earlier than him.

18. Confirmation: -

- (1) Confirmation of a member of the Service appointed by promotion shall be made according to his seniority subject to the following conditions: -
 - (a) that he has served not less than 1(one) year in the post where he is to be confirmed.
 - (b) that the performance of the employee is satisfactory (to be judged based on Annual Confidential Reports and other relevant records).
 - (c) that there is no departmental proceeding/vigilance inquiry against him, and

- (d) subject to availability of vacancy and that no Officer holds a lien on it.
- (2) Confirmation of a probationer shall be made according to his seniority in that cadre subject to the following conditions: -
- (a) that he has completed the period of probation to the satisfaction of the Appointing Authority.
- (b) that he is considered otherwise fit by the Appointing Authority, and
- (c) subject to availability of vacancy:

Provided that where a person is not given opportunity to undergo the prescribed training during the period of probation his/ her confirmation shall not be held up for reasons of not successfully undergoing the said training, but such persons shall, when called upon by the Appointing Authority and opportunity given successfully undergo the said training.

- 19. Pay Scale:-** The Scale of pay including special pay admissible to the members of the Service in different posts are shown in Schedule- I subject to revision by Government of corresponding status.
- 20. Leave, Pension and other conditions of Service:-** All matters generally relating to pay and allowances, leave, pension, discipline and other conditions of Service shall be regulated by rules and orders as are from time to time applicable to other officers of the Government of corresponding status.
- 21. Gradation List:** - There shall be prepared and published annually an up-to-date Gradation List as on 1st January consisting of the names of all members of the service cadrewise and drawn up in order of seniority and other particulars relating to the date of birth and appointment to the service and such other details relevant to the Service Career, shall be also indicated against each name.
- 22. Increment: -**
- (1) There shall be 2(two) dates of increment with effect from 1st January and 1st July of every year.
- (2) The first increment admissible to a member of the Service shall accrue on completion of 6 (Six) months either on 1st January or 1st July of the year from the date of his joining but subsequent increment shall be allowed only on his completion of 1 (one) year in the post.
- (3) The increment admissible to a member of the Service promoted from one post to another shall accrue on the expiry of such year as admissible under the Rules.
- 23. Power of the Governor to dispense with or relax any Rules:-** The Governor, if satisfied that the operation of any of the provisions of these rules causes undue hardship in any particular case or cases or results in any particular post or posts being left unfilled for want of person(s) possessing the minimum experience as specified by these rules for promotion to such post(s), may dispense with or relax the requirement of any of these rules to such extent and subject to such conditions as it may considered

necessary for dealing with the case in a just and equitable manner, or, for meeting the exigencies of public interest.

24. Interpretation: - If any question arises relating to the interpretation of these rules, the decision of the Government in the Health & Family Welfare Department, with the approval of the Personnel & A. R. Department, shall be final.

25. Repeal and Saving: - All rules, orders, or notifications corresponding to and in force immediately before the commencement of these rules are hereby repealed:

Provided that all orders made, or action taken under rules, order or notification so repealed or any action taken in pursuant thereto shall be deemed to have been validly made or taken under the corresponding provisions of these Rules.

SAMPATH KUMAR,

Principal Secretary to the Government of Meghalaya,
Health & Family Welfare Department.

SCHEDULE - I
[See Rule 6(2)]

Sl. No.	Name of Post	Pay Matrix Level	Strength of Service/ Number of Post		
			Permanent	Temporary	Total
1	Head Pharmacist	Level- 9 (Rs 32,300/-to Rs 76,300/-)	3	-	3
2	Pharmacist	Level- 8 (Rs 30,300/- to Rs 71,600/-)	211	17	228
Total number of posts					231

SCHEDULE - II
(See Rule 7 & Rule 9)

Name of Post	Method of Recruitment	Direct Recruitment			Promotion		Remarks
		Educational Qualification etc., required for direct recruitment	Lower Age Limit	Upper Age Limit	Person Eligible for consideration to the post mentioned in Column 2	Qualification, experiences etc	
1	2	3	4	5	6	7	8
Head Pharmacist	By Promotion	-	-	-	Senior most Pharmacist	Must have rendered not less than 9 (nine) years of continuous service as Pharmacist on the first day of the year in which the selection is made	-
Pharmacist	100% by Direct Recruitment through a competitive exam conducted by the Board	Diploma Degree in Pharmacy Or Bachelor's Degree in Pharmacy (B. Pharm)	18 years	32 years (Subject to relaxation for SC/ST)	-	-	-

The 12th January, 2026.

No.Health.64/2020/72. - In exercise of the powers conferred by the provision to sub-section (2) of Section 121 of the Mental Healthcare Act, 2017 (10 of 2017) the Governor of Meghalaya is pleased to notify the Meghalaya Mental Healthcare Rules, 2026, to be implemented in the State.

MEGHALAYA MENTAL HEALTH CARE (STATE MENTAL HEALTH AUTHORITY AND MENTAL HEALTH REVIEW BOARD) RULES, 2026

In exercise of the powers conferred by the proviso to sub-section (2) of section 121 of the Mental Healthcare Act, 2017 (10 of 2017), the State Government of Meghalaya hereby makes the following rules, namely:

CHAPTER - I

Preliminary

1. Short title, extent and commencement:-.

- (1) These rules may be called the Meghalaya Mental Health Care (State Mental Health Authority and Mental Health Review Board) Rules, 2026.
- (2) They shall come into force on the date of their publication in the Official Gazette.

2. Definitions. -

- (1) In these rules; unless the context otherwise requires -
 - (a) 'Act' means the Mental Healthcare Act, 2017; (No. 10 of 2017)
 - (b) 'Authority' means The Meghalaya State Mental Health Authority;
 - (c) 'Board' means The Mental Health Review Board;
 - (d) 'Form' means the form appended to these Rules;
 - (e) 'Gazette' means the Gazette of the Government of Meghalaya;
 - (f) 'Government' means the Government of the State of Meghalaya;
 - (g) 'Governor' means the Governor of the State of Meghalaya;
 - (h) 'Members of the Board' means the Mental Health Review Board (MHRB);
 - (i) "Non Official member" means a member of the State Mental Health Authority nominated under clauses (g) to (n) of Sub-section (1) of Section 46 of the Act;
 - (j) 'Rules' means the Meghalaya Mental Healthcare (State Mental Health Authority and Mental Health Review Board) Rules, 2026;

- (k) 'Section' means section of the Act.
- (l) 'State' means the State of Meghalaya;
- (m) 'Schedule' means the Schedule appended to these Rules;
- (n) 'Year' means the Calendar year.
- (2) The words and expressions used herein and not defined, but defined in the Act or, as the case maybe, in the Indian Medical Council Act, 1956 (102 of 1956) or in the Indian Medicine Central Council Act, 1970 (48 of 1970), in so far as they are not inconsistent with the provisions of the Act, shall have the meanings as assigned to them in the Act or, as the case may be, in those enactments.

CHAPTER II

STATE MENTAL HEALTH AUTHORITY

3. State Authority:-The State Authority shall consist of the following chairperson and members:—

- (a) Principal Secretary/ Commissioner & Secretary / Secretary, Health & Family Welfare Department — chairperson ex-officio.
- (b) Mission Director, National Health Mission - member ex-officio
- (c) Director of Health Services (MI) —member ex-officio.
- (d) Director of Health Services (Research) - member (ex-officio) & Chief Executive Officer.
- (e) Member Secretary, Meghalaya State Legal Services Authority - member (ex-officio).
- (f) Secretary/ Joint Secretary, Social Welfare Department —member ex-officio.
- (g) Secretary/ Joint Secretary, Home (Police) Department - member ex-officio.
- (h) Secretary/ Joint Secretary, Law Department - member ex-officio.
- (i) Secretary/ Joint Secretary, Finance Department - member ex-officio.
- (j) Superintendent/ Additional Superintendent MIMHANS – member
- (k) Addl. Superintendent, MIMHANS Sr. Psychiatrist, Civil Hospital, Shillong & Nodal Officer, National Mental Health Programme - member.
- (l) Sr. Psychiatrist, Civil Hospital, Shillong & Nodal Officer, National Mental Health Programme - member.
- (m) Non-Official members

4. Norms for selection of non-official members of State Authority.:- A person shall not be selected for nomination as a non-official member unless, he-

- (a) is an Indian National;
- (b) is of the age not exceeding sixty-seven years;
- (c) possesses qualifications and experience as specified in rule 5.

5. Qualification and experience of Non-official members of State Authority :-

- (1) The State Government shall nominate one person who is an eminent psychiatrist as a member of the State Authority under clause (g) of sub-section (1) of section 46.
- (2) The State Government shall nominate one mental health professional, one psychiatric social worker, one clinical psychologist and one mental health nurse/psychiatric nurses, having a minimum of at least fifteen years experience in their respective fields and registered as mental health professionals with the State Authority, as members of the State Authority respectively under clauses (h), (i), (j) and (k) of sub-section (1) of section 46.
- (3) The State Government shall nominate two persons each from the following categories as members of the State Authority respectively under clauses (l), (m) and (n) of sub-section (1) of section 46 of the Mental Healthcare Act, 2017, namely: -
 - (a) Persons representing persons who have or have had mental illness;
 - (b) Persons representing care-givers of persons with mental illness or organizations representing care-givers; and .
 - (c) Persons representing non-governmental organizations which provide services to persons with mental illness.

6. Invitation of application for the posts of non-official members of State Authority :-A vacancy for the post of non-official member of the State Authority shall be given wide publicity through open advertisement in at least two daily newspapers (one English and one local language) having wide circulation in the State and the advertisement shall also be made available on the website of the Department of Health and Family Welfare.

7. Selection Committee for nomination of non-official members of State Authority. -

The Selection Committee for nomination of non-official members of the State Authority shall consist of a Chairperson who shall be the Chairperson of the State Authority, The HOD of Psychiatry of reputed hospitals to be nominated by the State Government.

8. Procedure for nomination of non-official members of State Authority:-

(1) The Selection Committee constituted under rule 7 shall consider all applications received by the Department and scrutinize such applications which fulfill the requirements of Section 46 of the Act and rules 4 and 5 of these rules.

(2) The Selection Committee shall, having regard to the provisions of the Act and these rules, decide about the suitability of the applicants for being selected as members of the State Authority.

Provided that in case of persons to be nominated under sub-rule (3) of rule 5, preference shall be given to the persons with ten years of experience in dealing with persons with mental illness.

(3) The State Government shall nominate the persons selected by the Selection Committee as members of the State Authority.

9. Terms of office and allowances of non-official members of State Authority:-

(1) Every non-official member nominated under rule 8 shall hold his office for a term of three years at a time from the date of his nomination.

(2) Every non-official member attending the meeting of the State Authority shall be entitled to sitting allowance, travelling allowance, daily allowance and such other allowances as are applicable to non-official members of the Commissions and Committees of the State Government attending the meeting of such Commission or Committee. (Office Memorandum No.Health.64/2020/42 dated Shillong the 23rd June 2022 is enclosed as Annexure I) and may be revised from time to time.

Under Section 47 (1) The members of the State Authority referred to in clauses (e) to (n) of Subsection (1) of Section 46 shall hold office as such for a term of three years from the date of nomination and shall be eligible for re-appointment.

Sub-section (2) says that the Chairperson and other ex-officio members of the State Authority shall hold office as such the Chairperson or member, as the case may be, so long as he holds the office by virtue of which he is nominated.

10. Furnishing of information:- The State Government may call for information concerning the activities of the State Authority or the Board periodically or as and when required by it and the State Authority or the Board, as the case may be, shall furnish such information in **Form-A**.

11. The Chief Executive Officer of the State Mental Health Authority will be the Director of Health Services (Research etc.) appointed vide Notification No.Health. 170/2018/23 dated Shillong, the 17th May 2019 enclosed as Annexure II.

CHAPTER III

PROVISIONAL REGISTRATION OF MENTAL HEALTH ESTABLISHMENTS BY STATE AUTHORITY

12. Every person or organization who proposes to establish or run a * mental health establishment defined u/s 2(p) (reproduced below) shall register the said establishment with the Authority under the provisions of this Act

(Provided that the Central Government, may, by notification, exempt any category or class of existing mental health establishments from the requirement of registration under this Act.

Explanation. —In case a mental health establishment has been registered under Clinical Establishments (Registration and Regulation) Act, 2010 or any other law for the time being in force in a State, such mental health establishment shall submit a copy of the said registration along with an application in such form as may be prescribed by the Authority with an undertaking that the mental health establishment fulfils the minimum standards, if any, specified by the Authority for the specific category of mental health establishment).

"Mental Health Establishment" means any health establishment, including Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy establishment, by whatever name called, either wholly or partly, meant for the care of persons with mental illness, established, owned, controlled or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, cooperative society, organization or any other entity or person, where persons with mental illness are admitted and reside at, or kept in, for care, treatment, convalescence and rehabilitation, either temporarily or otherwise; and includes any general hospital or general nursing home established or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organization or any other entity or person; but does not include a family residential place where a person with mental illness resides with his relatives or friends;

- (1) Every mental health establishment in a State may except the mental health establishment under the Control of the Central Government, shall be registered with the State Authority.
- (2) Every mental health establishment referred to in sub-rule (1) shall submit an application for provisional registration to the State Authority in Form-B, containing details as specified therein, along with a fee of rupees twenty thousand by way of a demand draft drawn in favour of the Chairperson, State Mental Health Authority payable at The Bank of Baroda, Police Bazar, Shillong-793001.
- (3) The State Authority shall, on being satisfied that the mental health establishment fulfills all the requirements as specified in Sections 65 and 66 of the Act, grant to such mental health establishment, a provisional registration certificate in Form-C.

(4) Application to be made by Mental Health Establishment for Permanent Registration:

- (i) Under Sub-section (12) of Section 66, a Mental Health Establishment shall make an application for permanent registration to the Authority in such form and accompanied with such fees as may be specified by regulations.
- (ii) A Mental Health Establishment shall apply for permanent registration to the State Mental Health Authority in Form SR-A enclosed as Annexure III which is now form C as per the Mental Health Care (Central Mental Health Authority) Regulations, 2020. (Enclosed as Annexure IV).
- (iii). Procedure for granting permanent registration
 - (a). As soon as the mental health establishment submits the required evidence of the mental health establishment having complied with the specified minimum standards, as per the Schedule under the Regulations 10 and 14 as per the Mental Health Care (Central Mental Health Authority) Regulations, 2020, Chapter I, the Authority shall give public notice and display the same on its website for a period of thirty days or such period for filing objections, if any, in such manner as may be specified by regulations.
 - (b). The Authority shall, communicate the objections, if any, received within the period referred to above, to the mental health establishment for response within such period as the Authority may determine.
 - (c). The mental health establishment shall submit evidence of compliance with the standards with reference to the objections communicated to such establishment to the Authority within such period as the Authority may determine.
 - (d). The Authority shall on being satisfied that the mental health establishment fulfils the specified minimum standards for registration, grant permanent certificate of registration to such establishment.
 - (e). If the Authority find that the mental health establishment does not fulfill the specified minimum standards for registration; reject the application after recording the reasons thereof.

13. **Validity and renewal of certificate of registration-** The provisional registration certificate granted under sub-rule (3) of rule 11 shall be valid for a period of twelve months from the date of such grant and an application for renewal of such certificate shall be made in Form-B within thirty days before the date of expiry of the period of validity of such certificate and in case application is not made within the specified period, the mental health establishment concerned shall be liable to pay renewal fee of rupees twenty thousand by way of a demand draft drawn in favour of the Chairperson, State Mental Health Authority payable at The Bank of Baroda, Police Bazar, Shillong – 793001.

14. **Issue of duplicate certificate** - Where a certificate of registration granted to a mental health establishment is destroyed or lost or mutilated or damaged, the State Authority may issue a duplicate certificate on an application made by such establishment along with a fee of rupees two thousand by way

of a demand draft drawn in favor of the Chairperson, State Mental Health Authority payable at The Bank of Baroda, Police Bazar, Shillong - 793001.

15. Maintenance of digital register:-

- (1) A category-wise register in **Form-D** of all registered mental health establishments shall be maintained by the State Authority in digital format in accordance with the provisions of Section 71 and 55 (1), (a).
- (2) A category-wise register in **Form-E** of all registered mental health professionals shall be maintained by the State Authority in digital format in accordance with the provisions of Section 55 (1), (d).
- (3) **Form-F** for application for Registration of Mental Health Professionals along with a fee of rupees one thousand by way of a demand draft drawn in favour of the Chairperson, State Mental Health Authority payable at The Bank of Baroda, Police Bazar, Shillong - 793001.
- (4) **Form-G** is the format for registration certificate issued to the professionals by the State Mental Health Authority. The registration certificate issued, is subject to the conditions laid down in the Mental Healthcare Act, 2017 and the rules and regulations made there under and shall be valid for a period of ten years from the date of its issue and can be renewed before one month of the expiry with the prescribed fee.

CHAPTER -IV

FINANCE, ACCOUNTS AND AUDIT

16. Accounts and audit of State Authority:-

- (1) The State Authority shall maintain accounts of its income and expenditure relating to each year and prepare an annual statement of accounts consisting of income and expenditure account and the balance sheet.
- (2) Annual statement of accounts shall be submitted for audit not later than 30th June each year in the common accounting format prescribed from time to time.
- (3) The annual statement of accounts prepared under sub-rule (1) shall be signed on behalf of the State Authority by the officer in-charge of accounts and the Chief Executive Officer and shall be approved by the State Authority.
- (4) The Audit works of the State Authority is to be carried out by the Office of the Accountant General, Meghalaya, Shillong.

17. Annual report of the State Authority:-

- (1) The State Authority shall prepare its annual report in **Form-H** and forward it to the State Government within nine months of the end of the financial year for being laid before each House of State Legislature.

- (2) The annual report shall give a full account of the activities of the State Authority during the previous year and shall include the audited accounts of the year and the report of the Comptroller and Auditor General of India thereon.

Chapter - V

Mental Health Review Boards

18. Mental Health Review Boards.:- For the purpose of constituting Mental Health Review Boards under section 73, the State Authority shall, in consultation with the State Government, take decision on the number of such Boards to be constituted in the State, their location and jurisdiction, having regard to the following, namely:-

- (a) the expected or actual workload of the Board to be constituted;
- (b) the number of mental health establishments existing in that State;
- (c) the number of persons with mental illness in that State;
- (d) the population of the place where such Board is to be constituted;
- (e) the geographical and climatic conditions of the place where such Board is to be constituted:

Provided that at least one Board shall be constituted for a district and where it is not feasible, one Board for a group of two or more districts, not exceeding three districts in the state.

19. Appointment of chairperson and members of Board.:- (1) For the purpose of appointment of the chairperson of the Board under clause (a), and the members of the Board under clauses (c) and (d) of sub-section (1) of Section 74, the State Authority shall call for applications by giving wide publicity through open advertisement in at least two daily newspapers (one English and one local language) having wide circulation in the State and the advertisement shall also be made available on the website of the State Authority:

Provided that the District Collector or District Magistrate or Deputy Commissioner of the district in which the Board is to be constituted shall nominate its representative as the member of the Board under clause (b) thereof.

- (2) The chief executive officer of the State Authority shall consider all applications received under sub-rule (3) and shortlist such applications which fulfill the basic eligibility requirements as provided in Section 74 and place the same before the Chairperson of the State Authority.
- (3) The appointment of chairperson and members of the Board shall be made by the Chairperson of the State Authority in accordance with merit.

- (4) The State Authority shall, three months prior to occurrence of vacancy in the office of chairperson or member of the Board, or where such vacancy arises by reason of death or resignation or removal of such member, initiate the process for filling up such vacancy in a like manner.
- (5) The State Authority shall, from time to time, arrange for the chairpersons and members of the Board to undergo induction training in mental health law, mental healthcare and related areas of not less than two working days.

20. Other disqualifications for chairperson or member of Board. :- (1) In addition to the disqualifications specified in clauses (a) to (d) of sub-section (2) of Section 74, a chairperson or a member of the Board appointed by the State Authority shall stand disqualified for the purposes of said sub-section (2), if he holds-

- (i) any full-time or part-time assignment that prevents him from giving adequate time and attention to the work of the Board under the provisions of the Act and the rules made there under; or
- (ii) any office in any political party during his tenure of office in the Board.

(2) The State Authority may remove the chairperson or a member of the Board if a complaint is received against such person and on enquiry by a competent authority appointed for that purpose by the State Authority, it is found that there is substance in such complaint and that the conduct of such person is unbecoming of the office he holds:

Provided that if such complaint is against a chairperson who had been a judicial officer, the complaint shall be forwarded to the Registrar of the concerned High Court for enquiry by the competent authority.

(3) The State Authority may suspend the chairperson or a member of the Board immediately if a criminal case is registered against such person and revoke such suspension if such person is acquitted of the charges framed against him in such case.

21. Honorarium, allowances and other terms and conditions of service of chairperson and members of Board.:- (1) If a retired Judge of the District Court is appointed as the chairperson of the Board, he/she shall be entitled to a consolidated monthly honorarium which together with the pension or pensionary value of the terminal benefits or both received by such person shall not exceed the last pay drawn by him/her.

(2) If a retired government servant is appointed as a member of the Board, he/she shall be entitled to a consolidated monthly honorarium which together with the pension or pensionary value of the terminal benefits, or both received by such person shall not exceed the last pay drawn by him/her.

- (3) If Chairperson or any member of the Board is in service of the State Government or Central Government, his consolidated honorarium shall be in accordance with the rules applicable to Government servants of his cadre and he shall receive travel allowance only for the day of sitting in the Board.
- (4) Every member of the Board, who is not a servant of the Government, attending the meeting of the Board shall be entitled to sitting allowance, travelling allowance, daily allowance and such other allowances as are applicable to non-official members of the Commissions and Committees of the State Government attending the meetings of such Commission or Committee.
- (5) No additional pension and gratuity, except as provided in sub-rules (1) and (2), shall be admissible to the chairperson or any member of the Board for service rendered by him to the Board.
- (6) The chairperson or a member of the Board shall be entitled to thirty days of earned leave for every year of service and the payment of consolidated honorarium during leave shall be governed by the State Civil Services (Leave) Rules, 1972.
- (7) The chairperson and other members of the Board shall be entitled to such medical treatment and hospital facilities as are provided under the State Government to a retired State Government servant.

CHAPTER - VI

AUDIT, INSPECTION AND ENQUIRY OF MENTAL HEALTH ESTABLISHMENTS

- 22. Audit of mental health establishments :-** (1). The State Authority shall, for the purpose of conducting audit of registered mental health establishments in the State, authorize one or more of the following persons to ensure that such mental health establishments, comply with the minimum standards specified under the Act, namely:-
- (a) a representative of the office of the Deputy Commissioner of the District where the mental health establishment is situated;
 - (b) a representative of the State Human Rights Commission of the State where the mental health establishment is situated;
 - (c) a psychiatrist who is in Government service;
 - (d) a psychiatrist who is in private practice;
 - (e) a mental health professional who is not a psychiatrist;
 - (f) a representative of a non-governmental organization working in the area of mental health;
 - (g) representatives of the care-givers of persons with mental illness or organizations representing care-givers; and

- (h) representatives of the persons who have or have had mental illness.
- (2) For conducting audit of registered mental health establishment, the State Authority shall charge a fee of rupees five thousand by way of a demand draft drawn in favour of the Chairperson, State Mental Health Authority payable at The Bank of Baroda, Police Bazar, Shillong-793001.
- 23. Inspection and inquiry of mental health establishments :-** (1) The State Authority may, suo-moto or on a complaint received from any person with respect to non-adherence of minimum standards specified by or under the Act or contravention of any provision thereof, order an inspection and inquiry of any mental health establishment, to be made by one or more of the following persons, namely:-
- (a) a psychiatrist in Government service;
 - (b) a psychiatrist in private practice;
 - (c) a mental health professional who is not a psychiatrist;
 - (d) a representative of a non-governmental organization working in the area of mental health;
 - (e) a police officer in charge of the police station under whose jurisdiction, the mental health establishment is situated;
 - (f) a representative of the office of the Deputy Commissioner of the district where the mental health establishment is situated.
- (2) The State Authority or the person authorized by it under sub-rule (1) may, if it has reasons to believe that a person is operating a mental health establishment without registration or is not adhering to the minimum standards specified by or under the Act or has been contravening any of the provisions, of the Act or the rules and regulations made there under, enter and search such mental health establishment.
- (3) During search, the State Authority or the person authorized by it may require the mental health professional in charge of the mental health establishment to produce the original documents relating to its registration with the State Authority and it shall be obligatory on the part of the mental health establishment to produce such documents.
- (4) Within two days of completing search of the mental health establishment under sub-rule (3) a written report of the findings of such search shall be submitted to the Chairperson of the State Authority.
- (5) The Chairperson of the State Authority, shall, on receipt of the written report under sub-rule (4), take such action as it deems fit, against the defaulting mental health establishment in accordance with the provisions of the Act.

CHAPTER-VII**MENTAL HEALTH CARE (RIGHTS OF PERSONS WITH MENTAL ILLNESS) RULES, 2018**

24. Provision of half-way homes, sheltered accommodation and supported accommodation.:- (1) The Central Government or the State Government, as the case may be, shall establish such number of half-way homes, sheltered accommodations and supported accommodations, at such places, as it deems fit, for providing services required by persons with mental illness, having regard to the following, namely:—

- (a) The expected or actual workload of the facility to be established;
 - (b) The number of mental health establishments existing in the State;
 - (c) The number of persons with mental illness in the State;
 - (d) The geographical and climatic conditions of the place where such facility is to be established.
- (2) The half-way homes, sheltered accommodations and supported accommodations established by the Central Government, State Government, local authority, trust, whether private or public, corporation, co-operative society, organization or any other entity or person shall follow the minimum standards specified by the Authority under sub-section (9) of Section 18 or sub-section (6) of Section 65, as the case may be.

25. Hospital and community based rehabilitation establishment and services.-

- (1) The Central Government or the State Government, as the case may be, shall establish such number of hospital and community based rehabilitation establishments, as it deems fit, for providing rehabilitation services required by persons with mental illness, having regard to the following, namely:-
- a. The expected or actual workload of the facility to be established;
 - b. The number of mental health establishments existing in that State;
 - c. The number of persons with mental illness in that State;
 - d. The geographical and climatic conditions of the place where such facility is to be established.
- (2) The hospital and community based rehabilitation establishments established by the Central Government, State Government, local authority, trust, whether private or public, corporation, co-operative society, organization or any other entity or person shall follow the minimum standards specified by the Authority under sub-section (9) of Section 18 or sub-section (6) of Section 65, as the case may be.

26. Reimbursement of the intermediary costs of treatment at mental health establishment :- (1) Till such time as the services under sub-section (5) of section 18 are made available in a health establishment established or funded by the State Government, in the district where a person with mental illness resides, such person may apply to a Chief Medical Officer of such District for reimbursement of costs of treatment at such mental health establishment.

- (2) The Chief Medical Officer, on receipt of the application for reimbursement of the costs of treatment from the person referred to in sub-rule (1), shall examine the application and issue an order to reimburse such costs by the officer in-charge of the Directorate of Health Services of that State Government:

Provide that the cost of reimbursement shall be limited to the rates specified by the Central Government from time to time.

27. Right to access basic medical records. - (1) A person with mental illness shall be entitled to receive documented medical information pertaining to his diagnosis, investigation, assessment and treatment as per the medical records.
- (2) A person with mental illness may apply for a copy of his basic inpatient medical record by making a request in writing in Form-A, addressed to the medical officer or mental health professional in charge of the concerned mental health establishment.
- (3) Within fifteen days from the date of receipt of the request under sub-rule (2), basic inpatient medical records shall be provided to the applicant in Form-B.
- (4) If a mental health professional or mental health establishment, as the case may be, is unable to decide, whether to disclose information or provide basic inpatient medical records or any other records to the applicant for ethical, legal or other sensitive issues, he or it may make an application to the Mental Health Review Board stating the issues involved and his or its views in the matter with a request for directions in the form of a written order.
- (5) The Board shall, after hearing the concerned person with mental illness, by an order, give such directions, as it deems fit, to the mental health professional or mental health establishment, as the case may be.
28. Custodial institutions. -The person in charge of custodial institution, including prison, police station, beggars homes, orphanages, women's protection homes, old age homes and any other institution run by Government, local authority, trust, whether private or public, corporation, co-operative society, organization or any other entity or person, where any individual resident is in the custody of such person, and such individual resident is not permitted to leave without the consent of such person, shall display signage board in a prominent place in English, Hindi and local language, for the information of such individual or any person with mental illness residing in such institution or his nominated representative informing that such person is entitled to free legal services under the Legal Services Authorities Act, 1987 or other relevant laws or under any order of the court if so ordered and shall also provide the contact details of the availability of services.

SAMPATH KUMAR,
Principal Secretary to the Government of Meghalaya,
Health & Family Welfare Department.

Form-A**See rule 10****INFORMATION ON THE ACTIVITIES OF THE STATE AUTHORITY/ BOARD**

1. New Regulations notified:
2. Number of orders passed during the year:
3. Meetings held during the year:
4. Number and details of mental health establishments under the control of the State Government:
5. Number and details of mental health establishments in the State .
6. Registration of mental health professionals by the State Authority:
7. Statement on references received from the Central Government and the State Government and action taken thereon:
8. Quality and service provision norms for different types of mental health establishments under the State Government:
9. Training imparted to persons including law enforcement officials, mental health professionals and other health professionals about the provisions and implementation of the Mental Healthcare Act, 2017:
10. Applications for registration of mental health establishments received, accepted and rejected along with reasons for such rejection:
11. Audit of Mental Health Establishments along with audit reports:
12. Complaints received regarding violation of rights of Mentally ill persons and action taken thereon
13. Details regarding guidance document for medical practitioners and mental health professionals
14. Number of cases registered regarding Sexual Harassment of Women at Workplace under Section 22 of the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 and details thereof:
15. Details of inspection and inquiry of Mental Health Establishments:
16. Number of appeals to High Court against order of Authority and status thereof:
17. Complaints received regarding deficiencies in provision of services and action taken thereon:
18. Stakeholders Consultations:
19. Inquiry initiated by the Authority/Board:
20. Administration and establishment matters
21. Budget .and Accounts with details including balance sheet, income and expenditure account, etc.:
22. Any other matter which may be relevant:

Form B**[See rules 12(2) and 13]****APPLICATION FOR GRANT OF PROVISIONAL REGISTRATION/ RENEWAL OF PROVISIONAL REGISTRATION OF A MENTAL HEALTH ESTABLISHMENT**

To,

The State Mental Health Authority,
The Department of Health & Family Welfare,
Government of Meghalaya.

Dear Sir/ Madam,

I/we intend to apply for grant of provisional registration/ permanent registration/ renewal of provisional registration for the Mental Health Establishment namely..... of which I am/we are holding a valid license /registration for the establishment/ maintenance of such hospital / nursing home.

Details of the hospital/nursing home are given below:

1. Name of applicants.....
2. Details of license with reference to the name of the authority issuing the license and date:
3. Age:
4. Professional experience in Psychiatry:
5. Permanent address of the applicant:
6. Location of the proposed hospital/nursing home:
7. Address of the proposed nursing home/hospital:
8. Proposed accommodations:
 - (a) Number of rooms:
 - (b) Number of beds:
 - (c) Facilities provided:
 - (d) Out-patient:
 - (e) Emergency services:
 - (f) In-patient facilities:
 - (g) Occupational and recreational facilities:
 - (h) ECT facilities (n X-Ray facilities):

(i) Psychological testing facilities:

(j) Investigation and laboratory facilities:

(k) Treatment facilities staff pattern:

9. Phone No., Fax, Email Address.

Staff Pattern

(a) Number of doctors:

(b) Number of nurses:

(c) Number of attendees:

(d) others:

I am herewith sending a bank draft for Rs.....drawn in favour of.....as application fee.

I hereby undertake to abide by the rules and regulation of the Mental Health Authority.

I request you to consider my application and grant the license for establishment/maintenance of psychiatric hospital/nursing home.

Yours faithfully

Signature

Name

Date

Form-C

[See rule 12(3)]

CERTIFICATE OF PROVISIONAL REGISTRATION/ RENEWAL OF PROVISIONAL REGISTRATION

The State Authority, after considering the application dated.....submitted by
.....under Section 65 (2) or Section 66 (3) or Section 66 (10) of
the Mental Healthcare Act, 2017, hereby accords provisional registration/renewal of provisional
registration to the applicant mental health establishment in terms of Section 66 (4) or Section 66 (11), as
per the details given hereunder:

Name:.....

Address.....

No of beds:.....

The provisional registration certificate issued, is subject to the conditions laid down in the Mental
Healthcare Act, 2017 and the rules and regulations made there under and shall be valid for a period of
twelve months from the date of its issue and can be renewed.

Place

Date

Registration Authority

Seal of the Registration Authority

FORM-D**(See rule 15 (1))****Register of Mental Health Establishments****(in digital format)**

Separate table for each category of mental health establishment

Category.....

Sl. No.	Name & address of the applicant	Name of the establishment and address	Date of the application	Date and particulars of registration	No. of beds	Remarks

FORM-E**See Rule 15 (2)****Register of Mental Health Professionals****(in digital format)**

Separate table for each category of mental health professionals

Category of Mental Health Professionals.....

Sl. No.	Full Name & address of the applicant	Degree/PG	RCI/NCI/others*	Place of practice/work	Contact Number/ Email	Remarks

*the Psychiatric Social Workers will be registered as per the Mental healthcare Act, 2017 prescription

Form-F**[See rules 15 (3)]****APPLICATION FOR GRANT OF REGISTRATION / RENEWAL OF REGISTRATION OF A MENTAL HEALTH PROFESSIONALS**

To,

The State Mental Health Authority,
 Department of Health & Family Welfare,
 Government of Meghalaya

Dear Sir/ Madam,

I intend to apply for grant of registration/ renewal of registration for the Mental Health Professionals namely.....

1. Name of applicants.....

2. Details of Registration of qualifying degree in respective specialties* (RCI / NCI) (copy attached):

3. Age:

4. Professional experience in Psychiatry:

5. Permanent address of the applicant:

6. Location/s of the Practice:

7. Qualifications (copies attached):

I am herewith sending a bank draft for Rs..... drawn in favour of
as application fee.

I hereby undertake to abide by the rules and regulation of the Mental Health Authority.

I request you to consider my application and grant the registration for the Mental Health Professional to practice in Meghalaya State.

Yours faithfully

Signature

Name

Date

* this is not applicable for Psychiatric Social Worker

Form-G

[See rule 15 (4)]

CERTIFICATE OF PROVISIONAL REGISTRATION/ RENEWAL OF PROVISIONAL REGISTRATION

The State Authority, after considering the application datedsubmitted by
.....under Section 55 (1) (d) of the Mental Healthcare Act, 2017, hereby accords
registration/renewal of registration to the applicant, as mental health professionals
category.....

Registration No:.....

Name:.....

Address

The registration certificate issued, is subject to the conditions laid down in the Mental Healthcare Act, 2017
and the rules and regulations made there under and shall be valid for a period of ten years from the date of its
issue and can be renewed.

Place

Date

Registration Authority

Seal of the Registration Authority

Form-H
[See rule 17 (1)]

Annual Report of State Authority

1. Introduction
2. Profile of the Authority's Members
3. Scope of Regulation
4. New Regulations/procedures etc. notified/issued
5. Orders passed by the Authority
6. Meetings of the State Mental Health Authority held during the year
7. Mental health establishments under the control of the State Government
8. Mental health establishments in the State
9. Registration of mental health professionals by the State Authorities
10. A statement on references received from Central and State Governments and action taken thereon
11. A statement on references sent to the Central and State Governments and action taken thereon by the respective Governments
12. Quality and service provision norms for different types of mental health establishments under the State Government
13. Supervision of mental health establishments under the State Government and action taken on the complaints received about deficiencies in provision of services therein
14. Training imparted to persons including law enforcement officials, mental health professionals and other health professionals about the provisions and implementation of the Mental Healthcare Act, 2017
15. Applications for registration of mental health establishments received, accepted and rejected along with reasons for such rejection.
16. Audit of Mental Health Establishments
17. Complaints received regarding violation of rights of Mentally ill persons and action taken thereon
18. Details regarding guidance document for medical practitioners and mental health professionals
19. Implementation of RT1 Act, 2005
20. Details regarding Sexual Harassment of Women at Workplace under Section 22 of The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal).
21. Inspection and Inquiry of Mental Health Establishments
22. Appeals to High Court against order of Authority and status thereof
23. Status of review of use of advance directives and recommendations of the Authority in respect thereof.
24. Complaints received about deficiencies in provision of services and action taken thereon.
26. Inquiry initiated by the Authority
27. Administration and establishment matters
28. Annual accounts
29. Any other-matter which in the opinion of the Authority needs to be highlighted.

ANNEXURE - I

The 23rd June, 2022.

OFFICE MEMORANDUM

Subject: Allowances of non-official members of the State Authority.

No.Health.64/2020/42. - The undersigned is directed to specify that Under Rule 9 (2) of the Draft Meghalaya Mental Health Rules, 2021 the travelling allowance, daily allowance and other allowance to be paid to non-official members of the committee shall be fixed to the rate equivalent to a Grade - I category for Group A Gazetted Officer and Sitting allowance for non-official members, an amount of Rs. 1500/- (One thousand five hundred) only per sitting shall consequently be fixed.

These orders shall take effect from the date of issue of this order.

SAMPATH KUMAR,

Principal Secretary to the Government of Meghalaya,
Health & Family Welfare Department.

The 17th May, 2019.

No.Health.170/2018/23. - The Governor of Meghalaya is pleased to appoint the Director of Health Services (Research etc.,) as the Chief Executive Officer (CEO), State Mental Health Authority under Section 52(l) of the Mental Health Care Act, 2017 in place of Jt. Secretary to the Government of Meghalaya, Health & Family Welfare Department with immediate effect.

The Chief Executive Officer shall be responsible for:-

- a. The Day to Day administration of the State Authority
- b. Implementing the work Programmes.
- c. Preparation of the Statement of Revenue and Expenditure and the execution of the Budget of State Authority.
- d. Every year the CEO shall submit the report of the State Authority like General report covering all the activities, Programmes of work, the Annual account for the previous year and the budget for the coming year.

P. W. INGTY,

Additional Chief Secretary to the Govt. of Meghalaya,
Health & Family Welfare Department.

ANNEXURE - III

Form SR-A

APPLICATION FOR PERMANENT REGISTRATION OF A STATE MENTAL HEALTH ESTABLISHMENT**[U/S 123 (2) (e), 66(12)]**

1. Name of the establishment:

2. Postal address:

3. Category:

4. Name, qualifications and experience of the in charge of the establishment:

5. Number of beds

6. Past/Current Registration No.....(Attach a copy)

(In case registration was under the Clinical Establishments Act, 2010 or any other law, such Registration No with a copy of Registration Certificate).

7. Services provided (tick what is provided)

(a) Out-patient

(b) In-patient

(c) Emergency

(d) Day Care

(e) ECT

(f) Imaging

(g) Psychological testing

(h) Investigation and laboratory (i) Any other (Specify)

8. Staff (Numbers):

(a) Medical officers and specialists

(b) Para-medical/ para-clinical staff

(c) Attenders

(d) Health educators

(e) Multi-purpose workers

(f) Attenders.

(g) Others (Specify)

Details of registration fee paid:

Declaration: We hereby undertake to abide fully by the provisions of the Mental Health Care Act, 2017 and rules and regulations laid down under it.

Confirmation: We confirm that our establishment complies with the specified minimum standards [Section 65 (4)] for the category under which we are seeking registration and evidence in this regard, as specified in regulation no....., is enclosed.

Prayer: We request for registration of our Mental Health Establishment with the Authority under the category requested.

Date

Place

Signed by the authorized signatory
(Name and designation of the signatory)

Stamp of the Mental Health Establishment

Encl.