Government of Karnataka

SUVARNA AROGYA SURAKSHA TRUST
(Deartment of Health & Family Welfare)
BMTC, TTMC, A Block, 4th Floor, K.H. Road, Shanthinagar, Bangalore-560 027
Ph: 22536200 E-mail: directorsast@gmail.com

Proceedings of the 21st Executive Committee meeting held on 30.04.2016 under the Chairmanship of Principal Secretary to Government, Health and Family Welfare Department

Members Present

1. Smt. Shalini Rajneesh, Principal Secretary to Govt, HFW Department
   Chairman

2. Principal Secretary to Govt, Medical Education represented by Deputy Secretary
   Member

3. Mission Director, National Health Mission represented by Chief Finance Officer
   Member

4. Dr. Vimala R. Patil, Director, HFW Services
   Member

5. Dr. P. Boregowda, Executive Director, SAST
   Member-Secretary

Leave of Absence

1. Secretary to Govt (Exp-V), Finance Department.
2. Commissioner, HFW Services.
3. Chief Executive Officer, RSBY.
4. Chief Executive Officer, Yeshaswini Trust.
5. Dr. H. Sudarshan, Karuna Trust.

Others present

All Officers, SAST.
Subject No. 21.1

Reading and Confirmation of the proceedings of 20th EC meeting held on 14.10.2015.

Proceedings of the 20th EC meeting were read and confirmed by the Committee.

Subject No. 21.2

Review of action taken on the decision of the 20th EC meeting held on 14.10.2015.

While discussing on the Action Taken Report Committee discussed the following.

a) Empanelment:

The Chairman suggested the following:

To obtain Number of hospitals registered under KPME with tertiary care facilities who are not empanelled for SAST schemes (to follow up and analyse the gap). Spatial analyses of the empanelled hospitals was briefed by the Executive Director.

The Executive Director, SAST requested to provide support to Govt Hospitals which are not yet empanelled with SAST due to lack of specialists by re-allocating super specialists who are working in THs and below. List of super specialists was provided and the District Hospitals which are not yet empanelled was handed over to Director, HFW Services. Principal Secretary also asked to organise meeting or video conference with Deputy Commissioners of those districts where the hospitals have not empanelled. She also instructed to use NHM funds to upgrade the hospital. Director, HFW Services was asked to follow-up on this.

D.O. letter from Principal Secretary, Health to Principal Secretary, Medical Education to ensure all Medical Colleges (public and private) to get empanel under Swarna Arogya Suraksha Trust.

b) IEC Activities:

The Committee was happy to note that SAST has ensured universal health coverage in tertiary care through implementation of VAS, RAB and JSS making Karnataka the first State to achieve this in the Country. It was suggested to make the public aware of this achievement through more proactive IEC activities especially in Kannada.

20.05 - Regarding Karnataka Cancer Hospital, the Chairman suggested Director, HFW to discuss with Commissioner and take suitable action under KPME Act.

Remaining action taken report on the Proceedings of the 20th EC meeting were accepted by the Committee.
Subject No. 21.3

Reading and Confirmation of the 33rd to 35th Empanelment & Disciplinary Committee Meeting held on 2-7-2015.

After obtaining the details of EDC, empanelment criteria, payment to hospitals etc., Proceedings of the 33rd to 35th were accepted by the Committee.

Subject No. 21.4

Reading and Confirmation of the 5th Audit Committee Meeting held on 17/2/2016.

Proceedings of the Audit Committee were confirmed by the Executive Committee.

Subject No. 21.5

Status Report – VAS, JSS, RAB

Member-Secretary, EC briefed the status of VAS, JSS and RAB schemes. He informed that around 50% of the Govt employee’s dependants information are not available in HRMS and steps are being taken to nudge employees to update their dependants details.

Chairman discussed the incidence of tertiary care conditions like Cardiology and Oncology. It was brought to the notice that SAST has insisted all empanelled Oncology hospitals to report the data of cases treated to Cancer Registry regularly but many hospitals are not submitting complete information periodically.

The Chairman enquired whether it is possible to track patient’s treatment record across different hospitals – it was clarified that this is possible only for tertiary care services taken within our empanelled network hospitals. The Chairman shared that BEL has come out with a Smart Card for Fishermen and piloted in Udupi, Dakshina Kannada and Karwar districts and suggested to contact concerned person and understand the process. This would help to bring in convergence across schemes.

Executive Director informed that a comprehensive health scheme proposal has been submitted to the Govt which is under review (copy to be sent to Principal Secretary, HFW Department).

Executive Committee discussed about low utilisation SCP & TSP funds under RAB Scheme. This is because substantial portion of the package amount (30% of package amount + investigations), deserving beneficiaries are unable to access the scheme.
Decision:

After discussions the Committee decided that

a) the schemes can be much more publicised through mobile e-governance in 161 platform which can be accessed through ordinary mobile also.

b) the Govt to pay 30% of the package amount for SC/ST beneficiaries availing General ward under RAB. their portion of the contribution i.e.

c) extension of absorbing investigation charges and providing diet to the attendant of the beneficiary under RAB.

Subject No. 21.6

Implementation of RSBY Scheme.

Member-Secretary brought to the Committee’s notice that RSBY scheme is being transferred from Labour to Health Department. It is an health insurance scheme providing secondary healthcare covering 1516 procedures for BPL workers as defined by the Planning Commission and 12 categories of families in the unorganised sector. He informed that some of the staff of RSBY has been accommodated in SAST.

The issue of screening of beneficiaries in camps was discussed and especially for Cardiology and Oncology preventive measures is very important. It was suggested to link with NCD Project of the Directorate and to activate the cancer screening camp earlier planned.

Decision:

After discussions, Committee approved:

a) Govt to enrol selectively specific unorganised workers to saturate the existing categories using the information from different departmental sources,

b) to make mandatory all CHCs, PHCs, THs, DHs and Medical Colleges and empanelment of private hospitals restricted to selected taluks/districts,

c) additional position of IT Consultant

d) to transfer from SNA server to SDC server which is always functional.

e) to take up IEC component with the support of Information Department.

f) to link with NCD Project of the Directorate and to activate the cancer screening camp earlier planned.

g) Send D.O. Letter to Additional Chief Secretary to Govt, Labour Department.
Subject No. 21.7

Status of the Mukyamantri Saantwana Harish Scheme (MSHS).

Member-Secretary briefed that at present 431 hospitals have been registered, 1820 beneficiaries is registered, orientation programme has been organised throughout the State and MSHS pamphlet is being distributed through EMRI 108 staff. He informed that still some hospitals are refusing treatment to the victims. Regarding budgetary allocation, Govt has allotted Rs. 10.00 crores for the year 2016-17 as against the request of Rs. 75.00 crores and requested the Committee to permit SAST to mobilise some additional resources from the Donors etc.

Decision:

After discussions, Committee approved to:

1. make mandatory of all hospitals including those empanelled with SAST and other hospitals for empanelment.

2. CHCs empanelment by default.

3. consider MSHS scheme beneficiary under other SAST schemes if relevant codes available beyond 48 hours.

4. mobilize CSR resources, from individuals, Companies, NGOs and other donors.

Subject No. 21.8

Implementation of Rashtriya BAL Swasthya Karyakram by Suvarna Arogya Suraksha Trust.

Member-Secretary informed that RBSK is a scheme to address detection and management of defects of birth, diseases in children, deficiency conditions and development delays including disabilities and to reduce child mortality and out of pocket expenses of the poor. Around 116 procedures under 5 specialities are available under the scheme. He informed that more than 10000 beneficiaries were waiting for treatment and special camps were organised in 4 divisions, 11205 beneficiaries were registered, 1564 were referred. During 2015-16, NHM released Rs. 9.20 crores against the claim proposal of Rs. 13.33 crores. There are 53 claims pending involving an amount of Rs. 43.00 lakhs. NHM was requested to release funds to settle the pending bills.

Decision:

After discussions, Committee perused the status of RBSK and Chairman suggested to send a request to Mission Director, NHM to release additional funds.
Subject No. 21.9

Ratification of appointments post absorption of ISA and SNA (Labour Department) Staff into SAST.

Member-Secretary brought to the Committee’s notice that due to termination of Implementation Support Agency and transfer of RSBY scheme, majority of the staff working with ISA and RSBY has been accommodated in various vacancies in the Trust based on their qualifications and experiences. Details are as follows.

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Appointment</th>
<th>ISA Staff</th>
<th>SNA Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dy Directors</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>2</td>
<td>Doctors (Work from office)</td>
<td>9</td>
<td>-</td>
</tr>
<tr>
<td>3</td>
<td>Doctors (Work from home)</td>
<td>14</td>
<td>-</td>
</tr>
<tr>
<td>4</td>
<td>District Coordinators</td>
<td>25</td>
<td>8</td>
</tr>
<tr>
<td>5</td>
<td>M&amp;E Assistant / IT Assistant</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>Executives</td>
<td>15</td>
<td>1</td>
</tr>
<tr>
<td>7</td>
<td>Call Centre (Team Leader and staff)</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>8</td>
<td>Arogyamitrás</td>
<td>475</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Group-D</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>47</strong></td>
<td><strong>14</strong></td>
</tr>
</tbody>
</table>

**Decision:**

After discussions, Committee ratified the action taken in appointing staff of ISA and RSBY and Arogyamitrás through man-power agency.

Subject No. 21.10

Provision of conveyance allowance and mobile charges to the District Coordinators, Field-Arogyamitrás / staff of SAST.

Member-Secretary informed that after termination of Implementation Support Agency, the post of Co-ordinators, Arogyamitrás is being appointed by Trust through an agency and they are responsible for communicating and spreading awareness, facilitating implementation of the schemes, guiding and counselling the patients as well as coordinating with NWHs. Since they have to undertake frequent travel to different locations, and in addition of MSHS and RSBY, the expanse of responsibility has been increased, it is proposed to pay them the consolidated monthly conveyance allowance.

He explained that presently Co-ordinators and Arogyamitrás have been provided with SIM. The processing of bills work is a tedious and time consuming, it is proposed to pay fixed monthly amount towards mobile charges.

He also proposed that the consultants and officers of Suvarna Arogya Suraksha Trust who are drawing remuneration of Rs. 35,000/- and above
are being paid a sum of Rs. 10,000/- as conveyance charges. The staff drawing less than the above are not being given any compensation and are requesting similar remuneration. With the additional work load of inclusion of other schemes under SAST, they have to work beyond scheduled time. He has requested the Committee to consider for Conveyance allowance.

**Decision:**

After discussions, Committee keeping in mind the work load and the quality of work being rendered by the staff, approved to pay as follows:

a) **Consolidated fixed amount as Fixed Travel Allowance monthly, as follows:**

   (a) District Coordinators - Rs. 2000/-
   (b) Field Arogyamitras (THC & CHC) - Rs. 500/-
   (c) Field Arogyamitras (Deployed at Dist Hospitals) - Rs. 750/-

b) **Mobile Charges to District Coordinators / Arogyamitras**

   (i) District Coordinators - Rs 600/-
   (ii) Arogyamitras - Rs. 400/-

c) **Conveyance Allowance to SAST Staff**

<table>
<thead>
<tr>
<th>SL. No.</th>
<th>Salary Range</th>
<th>Conveyance Allowance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Rs. 7000/- to 15000/-</td>
<td>Rs. 2000/-</td>
</tr>
<tr>
<td>2.</td>
<td>Rs. 15001/- to 20000/-</td>
<td>Rs. 3000/-</td>
</tr>
<tr>
<td>3.</td>
<td>Rs. 20001/- to 30000/-</td>
<td>Rs. 5000/-</td>
</tr>
</tbody>
</table>

Subject No. 21.11

**Procurement of Laptops & Desktops due to restructuring of SAST Operations**

Member-Secretary informed that due to increase in work load and also the staff 17 Desktops and 17 Laptops were procured under DGS&D Rate Contract as detailed below and sought ratification for the same.

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Employee</th>
<th>Nos.</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>DOCTORS</td>
<td>17</td>
<td>LAPTOPS</td>
</tr>
<tr>
<td>2</td>
<td>CALL CENTRE</td>
<td>5</td>
<td>DESKTOPS</td>
</tr>
<tr>
<td>3</td>
<td>MSHS SCHEME ASSISTANTS</td>
<td>2</td>
<td>DESKTOPS</td>
</tr>
<tr>
<td>4</td>
<td>Accounts</td>
<td>5</td>
<td>DESKTOPS</td>
</tr>
<tr>
<td>5</td>
<td>RSBY</td>
<td>1</td>
<td>DESKTOPS</td>
</tr>
<tr>
<td>6</td>
<td>admin</td>
<td>2</td>
<td>DESKTOPS</td>
</tr>
<tr>
<td>7</td>
<td>ED-PA</td>
<td>1</td>
<td>DESKTOPS</td>
</tr>
<tr>
<td>8</td>
<td>IEC</td>
<td>1</td>
<td>DESKTOPS</td>
</tr>
</tbody>
</table>
Decision:

After discussions, Committee ratified the action taken in procuring Desktops and Laptops.

Subject No. 21.12


Member Secretary gave a brief background of the World Bank financing to SAST. The World Bank through KHSDRP reimburses services provided by SAST accredited hospitals to below-poverty-line (BPL) patients, with disbursement contingent on completion of milestones that reflect institutional and capacity development of the program at SAST. Thus under ‘Pay for Results’ financing, successive milestones were fixed by World Bank and against fulfilment of each milestone, the credit amount due for the milestone will be released to SAST against claims settled to network hospitals.

It was informed that out of 11 milestones fixed since inception of World Bank financing to SAST, SAST had successfully fulfilled 9 milestones and amount received for the same. Milestone IV of Additional Credit is pending due to delay in completion of Costing Analysis of Medical Packages and non-fulfilment of the M & V assignment requirement by the firms selected for the purpose. The costing assignment is continuously delayed due to lack of co-operation from NWHs. HCG, Bangalore has declined to participate in the study. Even though 70% of the work is done no payment is made to the agency from KHSDRP.

As third party independent M & V report of SAST activities is essential for World Bank and to SAST, approval of E C was sought to invite tender through RFP to immediately finalize a firm. It was informed that the approximate cost of the consultancy assignment will be about Rs. 40.00 lakh which SAST will pay initially so that SAST will ultimately get about Rs. 30.00 crores (4.25 M US $) for fulfilling milestone IV requirement.

Decision:

After discussions, the Committee approved to invite tender to finalize M & V consultancy assignment and to bear the consultancy cost.

Subject No. 21.13

Allocation Revision for 2016-17 - SCP & TSP Budget.

The Member Secretary informed that under the SCP and TSP component, the budget allocation target is very high and not rationally fixed as per the percentage population of these two communities in the State. As
VAS is not a target oriented scheme, even during 2015-16, the high allocated amount could not be spent fully even though SAST undertook several measures like conduct of special health camps in all reserved constituencies and offering special incentives like waiver of investigation charges to all SC / ST persons, dietary allowance to one attendant of SC / ST patient. Hence, the matter was placed requesting for revision in allocation according to SCP / TSP population as follows:

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2016-17</td>
<td>140.00</td>
<td>SCP</td>
<td>35.80</td>
<td>17.15 %</td>
<td>24.01</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TSP</td>
<td>17.90</td>
<td>6.95 %</td>
<td>9.73</td>
</tr>
</tbody>
</table>

**Decision:**

After discussion, the Committee agreed to request the Government to revise the target and Principal Secretary directed SAST to submit a proposal to the Government.

**Subject No. 21.14**

**Budgetary provision for Vajapayee Arogyashree Scheme.**

Member-Secretary informed the Committee that utilisation of budget allocation has increased since inception of Vajapayee Arogyashree scheme as the number of beneficiaries availing scheme benefit has increased. He informed that 2015-16 deficit is met out from the earnings from World Bank and there is a need for additional budgetary support during supplementary budget. He requested the Committee for submitting proposal to Govt to provide supplementary grant of Rs. 112.00 crores for the year 2016-17.

**Decision:**

After discussions, Committee appreciated efforts of SAST and as the continuation of the scheme is essential, it was decided to send proposal to Govt for supplementary grant for the year 2016-17.

**Subject No. 21.15**

**Ratification of new appointments and extension of Services of Consultants, SAST.**

Member-Secretary briefed that after obtaining file approval consultants, Manager (Capacity Building), RC, Bangalore, Deputy Directors, Co-ordinators (Quality Assurance) have been appointed and the services of RC, Mysore have been extended.
**Decision:**

After discussions, Committee ratified the action taken for appointment and continuation of services of the personnel of SAST.

**Subject No. 21.16**

**Quality Facilitation Cell.**

Member-Secretary informed the Committee that Quality Facilitation Cell was established in May-2015. Entry Level NABH was made mandatory for all empanelled hospitals and incentivising 2% for Entry Level, 3% for Progressing Level and 4% for full accreditation. He informed that out of 192 hospitals, 22 hospitals full accredited, 10 entry level, 16 hospitals are in process to obtain full accreditation and 21 hospitals are in process to obtain entry level accreditation. The hospitals will be dis-incentivise which they fail to achieve entry level accreditation by November-2016.

**Decision:**

After discussions, Committee noted the progress of Quality Facilitation Cell.

The meeting concluded with Vote of Thanks by the Member-Secretary.

(Proceedings approved by
the Chairman, SAST/
Principal Secretary, H&FW Dept)

Sd/-

(SHALINI RAJNEESH)
Principal Secretary to Govt &
Chairman, Executive Committee, SAST

Date: 05.05.2016

“COPY”

To,

1. The Principal Secretary to Government, Health & Family Welfare Department & Chairman of Suvarna Arogya Suraksha Trust Vikasa Soudha, Bangalore.
2. The Secretary to Government, (Exp.V) Finance Department, Vidhana Soudha, Bangalore.
3. The Principal Secretary to Government, Medical Education Department, Vikasa Soudha, Bangalore.
5. The Mission Director, National Rural Health Mission/Project Administrator, KHSDRP, Sheshadri Road Bangalore.
6. The Director Health & Family Welfare Services & Vice Chairperson of Executive Committee, Ananda Rao Circle Bangalore.

7. The Chief Executive Officer, Rastriya Swasthya Bhima Yojana, Bannerghatta Road, Bangalore.

8. The Chief Executive Officer, Yashaswini Trust, MS Building, Bangalore.

9. Dr. H. Sudarshan, Karuna Trust, #686, 16th main, 39th cross, 4th T' Block, Jayanagar, Bangalore-560 041.

10. All Officers, SAST, Bangalore.