



# Detailed Architecture

MeghEA: Strategic Pillar – Human Development

Government of Meghalaya  
Planning Department

**August 2020**

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## Document Control

### Revision History

Version	Author	Date	Revision Remark
0.1	Vishal	05 April 2020	First version submitted for review
0.2	Titash	24 April 2020	Review comments incorporated
1.0	Titash	27 April 2020	Review comments incorporated
1.1	Titash, Ramandeep	22 May 2020	Review comments incorporated
2.0	Titash, Ramandeep	31 May 2020	Review comments incorporated
2.1	Titash	03 July 2020	Relevant structural changes
3.0	Titash, Ramandeep	22 July 2020	Review comments incorporated
4.0	Titash, Ramandeep	15-Jan-2021	Review comments incorporated from department stakeholders

### Review History

Version	Reviewer	Date Reviewed	Comments
0.1	Titash	11 March 20	Review comments provided
0.1	Priyanka	23 April 20	Review comments provided
0.2	Prasad	26 April 20	Review comments provided
1.1	Prasad	26 May 20	Review comments provided
2.1	Prasad	10 July 20	Review comments provided
3.1	DERT	21-Sep	Review comments provided
3.1	DHS( R)	21-Sep	Review comments provided
3.1	Social Welfare	15-Oct	Review comments provided
3.1	Directorate of Food Civil Supplies & Consumer Affairs	16-Sep	Review comments provided
3.1	DHS(MCH&FW)	21-Sep	Review comments provided
3.1	DHS(MI)	21-Sep	Review comments provided
3.1	NIC Meghalaya	30-Dec	Review comments provided

### Approval Note

SL No.	Name	Date Approved	Comments
1			

### Release Note

SL No.	Released To	Release Date	Comments

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## 1. Introduction

Government of Meghalaya has prudently adopted Sustainable Development Goal 2030 as the guided baseline for MeghEA framework and embarked on efficient and effective governance by establishing of four strategic pillars (Human development, Primary Sector, Infrastructure and Entrepreneurship) and two cross-cutting pillars (Environment and Governance).

The State of Meghalaya has set an aspiring vision to become a **“High Income State” by 2030** and get a spot amongst the **top ten states** in India in terms of GSDP. In order to achieve such an ambitious vision, the state government believes that digital transformation could accelerate the rate of growth and facilitate the state in realizing the aspiration. This would primarily be achieved through enhanced delivery of government services. Meghalaya Enterprise Architecture referred as MeghEA, is a key stepping-stone in this direction. MeghEA intends to transform the state government through accelerated enhancement of its service delivery process to citizens, businesses and employees.

In the initial phases of MeghEA project, focus was given on deriving & socializing the state enterprise architecture vision and defining the scope of the project. Several brainstorming sessions & interactions with important stakeholders and representatives from various Departments of Government of Meghalaya was held to select key Departments for assessment. As part of the vision, the selected departments have been grouped into six strategic pillars i.e. Human Development, Infrastructure Development, Primary Sector, Entrepreneurship, Environment and Governance.

Human Development is a priority of Government of Meghalaya. **Meghalaya ranks 19<sup>th</sup> among the Indian states<sup>1</sup>** in Human Development Index 2017 and the state strives to be **within top-10 states in Human Development Index by 2030**.

### Purpose of Detailed Architecture Requirement

The purpose of the Detailed Architecture described in this document is multifold, as specified below:

- It provides details of goals and services of key departments responsible for Human Development and the basis by which these departments may facilitate the state to realize its vision.
- Current state assessment of the services being provided by departments under the pillar, its challenges and bottlenecks
- Derive the various requirements for the transformation.
- Portfolio of departments’ IT systems, data and infrastructure around the state
- Security requirements for the identified IT Systems, Proposed IT Systems, Data and Infrastructure.
- Detailed transformation plan – BPR opportunities for prioritized services

This document remains part of overall Meghalaya Enterprise Architecture document, focusing on detail on “Human Development” strategic pillar and should be read accordingly. The interconnected flow and rest details can be found in main document, various common systems and their

<sup>1</sup> Source: [hdi.globaldatalab.org](http://hdi.globaldatalab.org)

architecture.

## Target Audiences

The details referred or mentioned in document shall be reviewed and deliberated in discussion with the following stakeholders:

- Education Department
- Health & Family Welfare Department (H&FW)
- Social Welfare Department
- Food Civil Supplies and Consumers Affairs Department
- NIC Meghalaya
- Project Coordination Committee
- National E-Governance Division (NeGD)

The Detailed Architecture Requirement document and incorporated artifacts would lead to an overall project plan with measurable business success metrics post stakeholder buy-in.

## This document is organized as per the below Sections

Chapter 1 – Introduction

Chapter 2 – About the Pillar

Chapter 3 – Business Architecture

Chapter 4 – Application Architecture

Chapter 5 – Data Architecture

Chapter 6 – Technology Architecture

Chapter 7 – Security Architecture

Chapter 8 – Architecture Realization

Chapter 9 – Annexure of various key analysis

## 2. About the Pillar

### 2.1 Human Development Overview

Human Development for the people of Meghalaya means holistic development at all fronts, impacting the lives of people through

- Quality education
- Inclusive healthcare
- Improvements in standard of life
- Food and nutrition for all

The objective of Human Development Pillar is aligned to building “**human capability**” to facilitate them meet their aspirations through a holistic education, a sound health, a sustainable ecosystem and above all lead a happy life. The importance of education, nutrition, well-being and social security cannot be overemphasized in leading to Human Development. Hence the state has introduced various schemes under various relevant departments in order to improve the condition of its people. However, the benefits of various schemes are yet to reach the entire population and social protection in Meghalaya is currently being limited to a fraction of the population. For example, even though the MHIS scheme is supposed to covers entire population in the state (except the Government officials), the enrolment is close to fifty percent.

**Meghalaya ranks 19<sup>th</sup> among the Indian states<sup>2</sup> in Human Development Index 2017 and the state strives to be a “High Income State” by 2030.** The state government is committed to make continuous efforts for overall welfare of the citizens to ensure empowerment through improved and enhanced service delivery, skill development, training and awareness campaigns and data-driven decision making. Effective use of technology would play an important role here and will help to achieve maximum output from the resources available to the state. Delivered well, various technological interventions (like cloud-based service delivery) — and the human development it leads—has many benefits for economy of the Meghalaya and for the citizens and businesses in the state also.

The state has 14 District Hospitals, 13 state government dispensaries, 27 community health centres, 112 primary health centres and 450 sub-centres. A special program has been launched by the state government for the treatment of tuberculosis, leprosy, cancer and mental diseases. There are numerous hospitals being set up, both private and government, some of them are Civil Hospital, Ganesh Das Hospital, K.J.P. Synod Hospital, NEIGRIHMS, North Eastern Institute of Ayurveda & Homoeopathy (NEIAH), R P Chest Hospital, Wood Land Hospital, Nazareth Hospital, Christian Hospital etc. The following table summarizes the availability of various health infrastructure in the state of Meghalaya:

Category	Count
District Hospital	14
Civil Dispensaries	13
Community Health Centres	27
Primary Health Centres	112
Sub-Centres	450

<sup>2</sup> Source: [hdi.globaldatalab.org](https://hdi.globaldatalab.org)

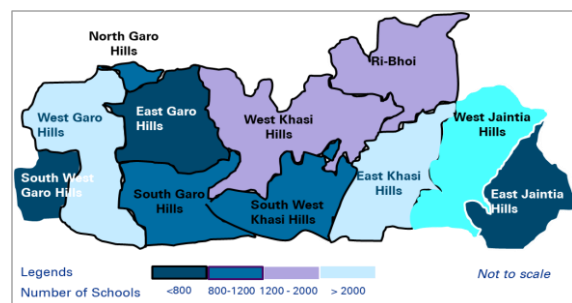
Table 1: Health Infrastructure in Meghalaya<sup>3</sup>

The following table summarizes the availability of Medical personnel in the state.

Category	Count
Doctors	607
Nurses	1060
Pharmacists	215
ANM	821
Health visitor	88
Lab Technician	182
Vaccinator	104

Table 2: Medical Personnel in Meghalaya<sup>2</sup>

The following is the pictorial depiction of the district-wise availability of schools in the state of Meghalaya:

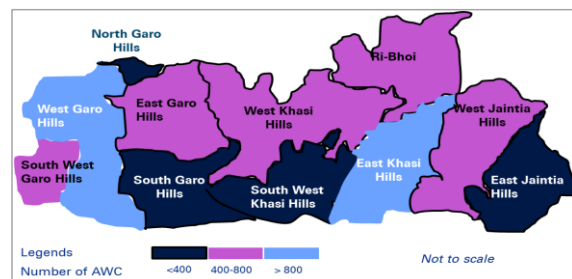


**Recommendation:** There is a need to strengthen school infrastructure targeting certain specific districts

Figure 1: District-wise concentration of schools in Meghalaya

Not to scale

The following is the pictorial depiction of the district-wise availability of Anganwadi Centres (AWC) in the state of Meghalaya:



**Recommendation:** There is a need to strengthen the Anganwadi centers in certain specific districts

Figure 2: District-wise concentration of AWC in Meghalaya

<sup>3</sup> Ref. year 2018. Source: Meghalaya at a Glance, 2019 released on 3<sup>rd</sup> December, 2019 accessed from <http://www.megplanning.gov.in/statistics/At-glance/Glance-2019.pdf> on 19 Feb. 2020



The table below summarizes the availability of various educational infrastructure in the state of Meghalaya:

Category	Count
Elementary Schools	13,258
Secondary School	1,451
No. of Higher Secondary School	311
No. of students in Elementary School	716,463
No. of Student in Secondary level	100,632
No. of students in Higher Secondary level	50,138
No. of teachers in Elementary School	41,369
No. of Teacher in Secondary level	8,900
No. of Teachers in Higher Secondary level	2,586

Table 3: Education Infrastructure in Meghalaya<sup>4</sup>

Category	Count
No. of Integrated Child Development Projects	41
No. of Anganwadi centres	5,896
Male beneficiary of pre-school Education	109,952
Female beneficiary of pre-school Education	109,034
Total beneficiary of pre-school Education	218,986

Table 4: Social Infrastructure in Meghalaya<sup>5</sup>

There are 4,736 Fair Price Shops (FPS) in Meghalaya as on January 2020 and only 10 of them have operational ePoS<sup>6</sup>. The various SDGs and the indicators applicable to “Human Development” and Meghalaya’s current performance and 2030 target are detailed out in [Annexure 9.2](#)

Basis National reports on Composite Health Index and School education quality index; Meghalaya ranks 14 and 31 among all states

Index	Meghalaya’s rank		Source
	Among Smaller States*	Overall rank among all Indian States/ UTs	
Composite Health Index	3	14	Health Index Report published by NITI Aayog in June 2019
School Education Quality Index	6	31	School Education Quality Index Report by NITI Aayog in 2019

Table 5: Meghalaya Current State in National Assessments

<sup>4</sup> Ref. year 2016-17. Source: Meghalaya at a Glance, 2019 released on 3<sup>rd</sup> December, 2019 accessed from <http://www.megplanning.gov.in/statistics/At-glance/Glance-2019.pdf> on 26 Feb. 2020

<sup>5</sup> Ref. year 2017-18. Source: Meghalaya at a Glance, 2019 released on 3<sup>rd</sup> December, 2019 accessed from <http://www.megplanning.gov.in/statistics/At-glance/Glance-2019.pdf> on 21 Feb. 2020

<sup>6</sup> Status of NFSA & PDS Automation as on January 2020 accessed from <https://dfpd.gov.in> on 03 April 2020

## 2.2 Vision and Mission of Human Development in the state of Meghalaya

### 2.2.1 Vision of Human Development in the state of Meghalaya

The State of Meghalaya has set up a vision to become a “**High Income State**” by 2030 and to be in the **Top ten states** in India in terms of GSDP per capita. “Human Development” is a key component in the State’s strategy and accordingly, its vision is: -

- To be amongst the top ten States in Human Development Index
- To be amongst the top ten Health States as per Niti Aayog Composite Health Index
- To be amongst the top ten State in India as per Niti Aayog School Education Index

### 2.2.2 Mission of Human Development in the state of Meghalaya

The Mission of the Human Development Pillar can be represented as follows:

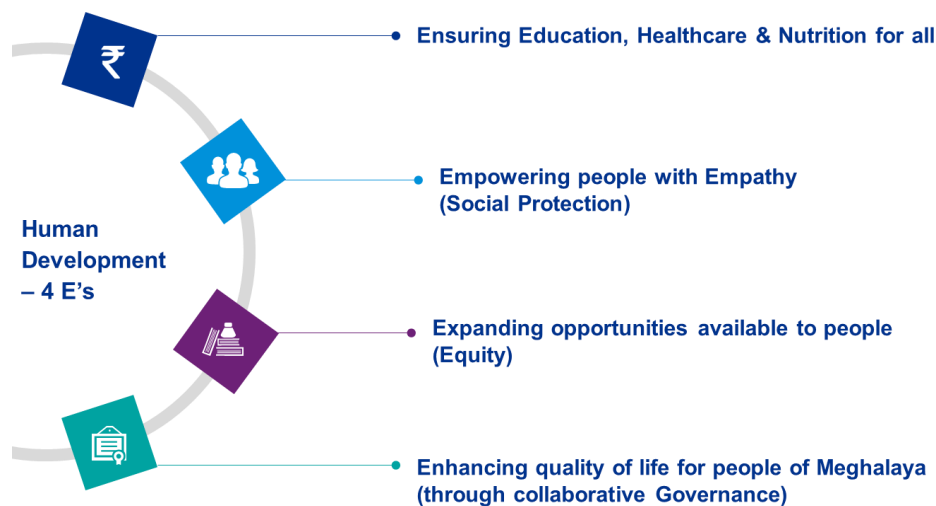


Figure 3: Diagrammatical representation of Human Development Mission

Mission	Explanation
<b>Ensuring Education, Healthcare and Nutrition for all</b>	The state wishes to improve its ranking against the following indicators and strives to attain the targets mentioned in <a href="#">Annexure 9.2</a>
<b>Empowering people with Empathy</b>	Government of Meghalaya believes in <b>empowering</b> all sections of the society
<b>Expanding opportunities available to people</b>	Government of Meghalaya believes in <b>Equity</b> and is of the opinion that every citizen matter and matters equally.

Mission	Explanation
<b>Enhancing quality of life for people</b>	<p>It is proposed to be attained through collaborative governance. The active involvement of all kind of stakeholders including women, old and Person with disabilities is particularly important to overcome their isolation and invisibility. Overcoming barriers, especially social barriers, is only possible if there is a proactive effort to include all people. Various measures include the following:</p> <ul style="list-style-type: none"> <li>i. Enhancing opportunities for women</li> <li>ii. Enhancing opportunities for the Person with disabilities</li> </ul>

*Table 6: Human Development mission – 4 E's*

The current-state performance and future-state targets for the state of Meghalaya for many of the indicators are listed in [Annexure 9.2](#).

## 2.3 Human Development – Key Departments/ agencies

The departments with primary responsibility of “Human Development” in the state of Meghalaya are:

- Education Department
- Health & Family Welfare (H&FW) Department
- Social Welfare Department
- Food Civil Supplies and Consumer Affairs Department

The above departments are structured in several directorates/Commissionerate/ Boards that has unique and mostly exclusive functional role. Below is a diagrammatic representation of the departments and the key government agencies under them.

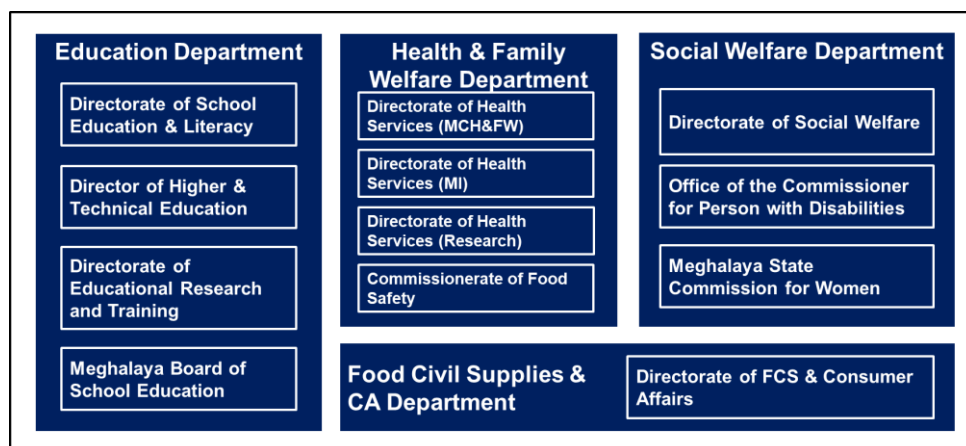


Figure 4: Organization structure of Human Development Departments

The detailed functions of the departments and their directorates/ agencies has been detailed in section [9.1](#)

Various stakeholders applicable to Human Development Sector are as below:

### Government:

- **Health**
  - Secretariat : Minister, Principal Secretary, Additional Secretary, Joint Secretary, Deputy Secretary, Special Officer, Under Secretary
  - Directorate : Director, Joint Director, Deputy Director, UDA,LDA, Typist, Grade IV, Selection Grade Lecturer, Senior Grade Lecturer, Lecturer, Research Officer, Junior Information Officer, Research Assistant, Statistical Assistant, Technical Assistant, Assistant Library, Accountant cum cashier, Administrative Officer, Senior Technical Officer, , Project Director, Asst Drugs Controller, Executive Engineer, Finance and Accounts Officer, Additional Superintendents, Superintendents, State Leprosy

- Officer, State TB Officer, Deputy Director, Senior Specialists, Medical Superintendents, Asst. Director Nursing, Zonal Leprosy Officer, Specialists, Statistical Officer, Physicians
- **District/Block/Health Centres** : District Medical and Health Officer, Superintendent, S.S, M.S, Assistant Psychiatrist, Superintendent, Medical and Health Officer, Surgeon or General Surgery, Physician or General Medicine, Gynecologist, Anesthetist, Pediatrician, ophthalmologist or Eye Specialist, Orthopedic Surgeon, Psychiatrist, E.N.T. Specialist, Dermatologist, Pathologist, Radiologist, Biochemist, Cardiology, Oncology ,Dental Surgeon, Pharmacist, Staff Nurse, A.N.M.,LHV, Laboratory Technician, X-Ray Technician, Dental Technician, Radiographer
- **Education**
  - **Secretariat**: Minister, Principal Secretary, Secretary, Joint Secretary, Deputy Secretary, Special Officer, Under Secretary
  - **Directorate**: Director, Additional Director, Joint Director, Deputy Director (for all Directorates), Principal DIET, Selection Grade Lecturer, Senior Grade Lecturer, Lecturer, Assistant Research Officer, Research Asst. , Statistical Asst., Technical Asst. , Stenographer , UD Asst. Teach, LD Asst. Teacher, LDA cum Typist, Grade IV (DERT), Inspector of schools, Asst. inspector of school, Head Master, Asst. Head Master, Monitoring Officers, Research Officers, Assistant DAEO (DSEL), Principal , Vice Principal, Lecturers (DHTE)
  - **Institutes**: Specific staffs
- **FCS & CA**
  - **Secretariat** : Minister, Chief Secretary, Secretary, Joint Secretary, Under Secretary, Superintendent
  - **Directorate** : Director, Additional Director, Joint Director, Registrar, Superintendent, UDA, LDA, Typist, Grade IV.
- **Social Welfare**
  - **Secretariat** : Minister, Principal Secretary/ Commissioner & Secretary, Secretary, Joint Secretary, Deputy Secretary and Under Secretary
  - **Directorate**: Director, Addl. Director, Deputy Director, Assistant Directors, Programme Officer (ICDS), Research Officer, Audit Officer, Child Welfare & Probation Officer, Social Welfare Officer (Anti-Drug), Registrar.
  - **Joint Directorate**: Joint Director & Staff
  - **District**: District Social Welfare Officer, District Programme Officer ( ICDS Cell), District Child Protection Officer, Superintendent of Training Centre for Women, Superintendent for Govt. run Child Care Institutions, Officer-in-charge Anganwadi Training Centre
  - **Block**: Child Development Project Officer, Lady Supervisor and staff.

**Business:**

- Various Self-Help Groups, NGOs, Medical Institutions, Insurance Agencies, Drug & Medicine dealers or retailers, Educational Institutes, Food Wholesale dealers & retailers, warehousing agencies, Entrepreneurs, Factories, Industry, etc.

**Citizens:** Almost all citizens benefit from the services delivered by the in-scope department, some of them are – patients, students, ration takers, aged or citizen with disabilities, etc.

## 2.4 Goals of Human Development Pillar

There are **235** indicators defined as part of the MeghEA Vision which are public service delivery centric and intended to measure the progress of the state in-terms of citizen centric service delivery. The Goals, Targets and Indicators with baseline data and targets to be achieved can be seen at [Annexure 9.2](#)

- Indicators Assigned to Human Development – **92**, please follow list in section [9.2.1](#)
- Indicators under Human Development and assigned to departments under Human Development - **61**, please follow section [9.2.2](#)
- Indicators under Human Development but marked to departments **out of scope** – **3**, please follow section [9.2.3](#)
- Indicators under Human Development but marked to departments in Other Pillars – **28**, please follow list in section [9.2.4](#)
- Indicators under Other Pillars but marked to departments under Human Development – **3**, please follow list in section [9.2.5](#)

Below is a graphical representation of indicators under various goals that have been measured for success

Goals	1. NO POVERTY	2. ZERO HUNGER	3. GOOD HEALTH & WELL-BEING	4. QUALITY EDUCATION	5. GENDER EQUALITY	8. DECENT WORK AND ECONOMIC GROWTH	9. INDUSTRY, INNOVATION AND INFRASTRUCTURE	10. REDUCED INEQUALITIES	13. CLIMATE ACTION	16. PEACE, JUSTICE AND STRONG INSTITUTIONS	17. PARTNERSHIPS FOR THE GOALS
Number of Indicators as per Vision	5	5	35	21	3	9	5	5	1	2	1
Number of Indicators (In Scope Depts)	1	0	33	19	1	2	0	0	0	0	0
Human Development Departments	• H&FW • FCS	• H&FW • FCS	• H&FW	• Education • Social Welfare	• Education	• Social Welfare					
Indicators from Other Pillar	1	1	1								
Other Departments	• CARD • Planning		• Information & Public Relation • Transport	• Labour • PHE	• Labour • CARD	• Labour	• C & I	• CARD • Planning	• Forest & Environment	• Home	• Planning

Figure 5: Human Development Indicators

Additionally, **46** department level objectives have been identified and mapped to the future state **80** services from the catalogue. This would assist in classifying a service in the parameter of “value to stakeholders”

- Please follow the mapping in section [9.7.1](#)
- Also follow service prioritization framework in section [3.5.2](#) to understand the significance of the service to department objective mapping

## 2.5 Business Capability for Human Development

A business capability is an ability or capacity that Departments under Human Development possess or exchange to deliver specific services. Human Development Sector takes care of all needs in the life cycle of students, patients, widows and Person with disabilities. The department-wise identified Capabilities for Human Development are as below:

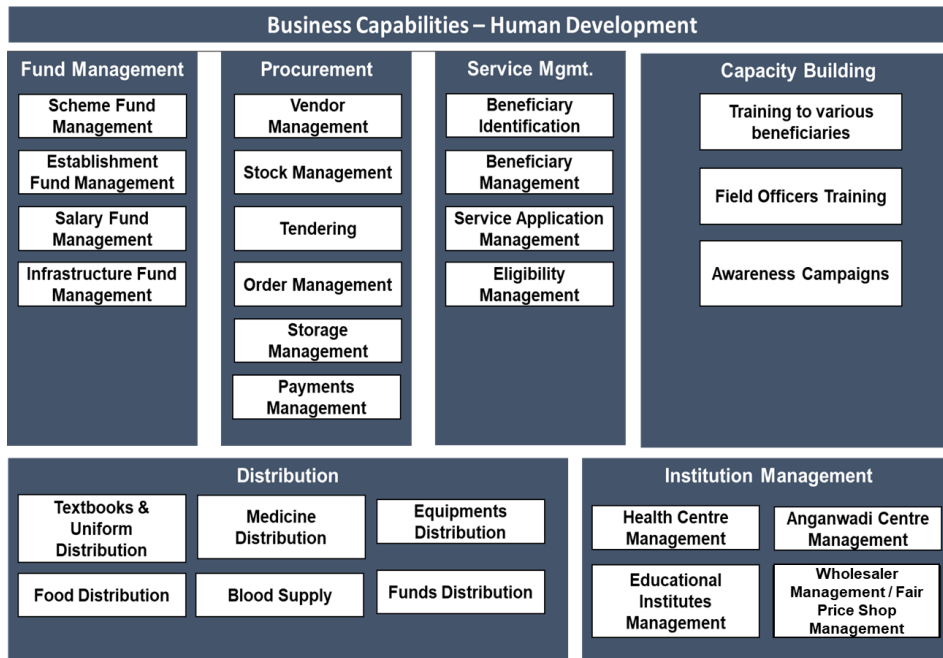


Figure 6: Human Development Business Capabilities

A brief explanation of each of the capabilities is described below:

**Fund Management:** Capability to manage funds for different schemes under Human Development, for establishment of buildings to deliver services, for payment of salaries/ allowances and for management of infrastructure.

**Procurement:** The departments under Human Development undertake significant amount of procurement for providing various benefits to the stakeholders like students, patients, widows, Person with disabilities and or poor. As part of this procurement, vendor selection is carried out through competitive tendering process. Different vendors are selected for different procurement thus vendor management is one of the important capabilities of Human Development. Orders as per requirement are placed to the vendors and supplies are received from vendor. The stock is managed and stored for further distribution to the beneficiaries and payments are made to the vendors as per orders.

**Service Management:** Capability to identify the right beneficiaries and manage those beneficiaries.

Define the eligibility criteria for each service and get applications from the beneficiaries for availing those services.

**Distribution Management:** Capability to distribute the sourced inputs (Textbooks, Uniforms, Medicines, Funds, Food(Ration)to the right beneficiaries to support them realize their full potential for Human Development.

**Institution Management:** A wide variety of institutions such as Schools, various health centers/ hospitals, Anganwadi Centres and Wholesaler/Fair Price Shops comes under the purview of the pillar. The various concerned government organizations have the capabilities to manage them.

**Capacity Building:** Capability to train various stakeholders in order to empower them to avail certain services and carry out various functions.

**Note:** All above macro level capabilities would be further decomposed to micro level at the time of implementation and would be implemented as micro services or services as in-service oriented architecture.



## 3. Human Development- Business Architecture

### 3.1 Key Concepts & Definitions

#### Definitions

- Government Services:** Government Service is one that is provided by a government agency to its citizens, businesses, employees or other government agencies, in any form of delivery. A service may have several components, process steps, service levels and performance metrics. A service should have ONE beneficiary (Citizen, Business, Employee or Other Government Agency) and only ONE key outcome such as:
  - Medical Treatment to citizens in government facilities, Educational Certificate, Drug and Medicine store License, Information, social benefits to handicapped or senior citizen, etc.
- Transaction Cost of Government Services :** The cost to beneficiaries associated with availing services offered by the Government. This cost includes human effort required to avail service, travel related costs, non-formal cost of payment of service fees to agents and middleman and any other cost that does not reaches to the Government agency delivering the service

### 3.2 Principles

- ✓ BP 1 – Link all Health ID to State Digital ID Services

Name	Link all Health ID to State Digital ID
<b>Statement</b>	Link all State and national health ID to State Digital ID
<b>Scope</b>	Unique ID of beneficiaries seeking services from Human Development departments
<b>Rationale</b>	State to focus on linking all health IDs to a single unique state digital ID, to promote integrated services to its beneficiaries
<b>Implications</b>	Unification of health ID and mapping with unique digital ID would necessitate changes in the services from Gol-ministries

### 3.3 Approach - Service Portfolio Finalization

One of the main objectives of Meghalaya Enterprise is to transform the services of the departments through effective assessment and holistic implementation plan. The key entity in business architecture is Service, be it citizen-facing, employee-facing or internal among departments. The critical outcome related to business architecture – Service Portfolio finalization, deriving plans to ensure services have the Citizen/Business-centricity, Service Prioritization for implementation and Integration of processes. A successful implementation of the aforesaid plan requires a fundamental

re-engineering of the Business Processes, elimination of non-value-adds and above all, identification of cross-cutting services that are common across the departments.

The approach towards business architecture is current state service identification, rationalization of service, prioritization of services, re-engineering of the prioritized and plan for implementation of the re-engineered services. The approach and the steps taken to realize the objective is illustrated below:

**Stage – 01: Service Portfolio:** Portfolio from the department stakeholders, **223** (**70** Education, **72** H&FW, **55** Social Welfare and **26** FCS&CA) services identified with regards to the service delivery channel, service type, locations of service delivery and other additional details as part of service.

- Education department – **70** services
- Health & Family Welfare – **72** services were prioritized
- Social Welfare - **55** services were prioritized
- FCS &CA – **26** services were prioritized

Total – **223** services

**Stage – 02: Rationalization:** Several services were merged, deleted or marked as internal processes

- Education department – **40** services remained while 30 services were merged (subsumed to other services)
- Health & Family Welfare – **23** services remained while 49 services were merged (subsumed to other services)
- Social Welfare – **47** services remained while 8 services were merged (subsumed to other services)
- FCS &CA – **7** services remained while 19 services were merged (subsumed to other services)

Total – **117** services

**Stage – 03: Prioritization:** Based on the DSS defined assessment the maturity of service were categorized as high, medium and low, the complexity of implementation and value to stakeholders (the comparative analysis of indicator mapping) were considered for prioritization

- Education department – **22** services were prioritized
- Health & Family Welfare – **8** services were prioritized
- Social Welfare - **26** services were prioritized
- FCS &CA – **4** services were prioritized

Total – **60** services

#### **New Services**

Basis comparative analysis from secondary research of various states and contextualization with relevant scenarios in Meghalaya, few new services were identified under each domain

- Education department – **8** services were identified
- Health & Family Welfare – **7** services were identified
- FCS &CA – **1** service

Below is diagrammatical representation of the steps for the services of departments under Human Development:

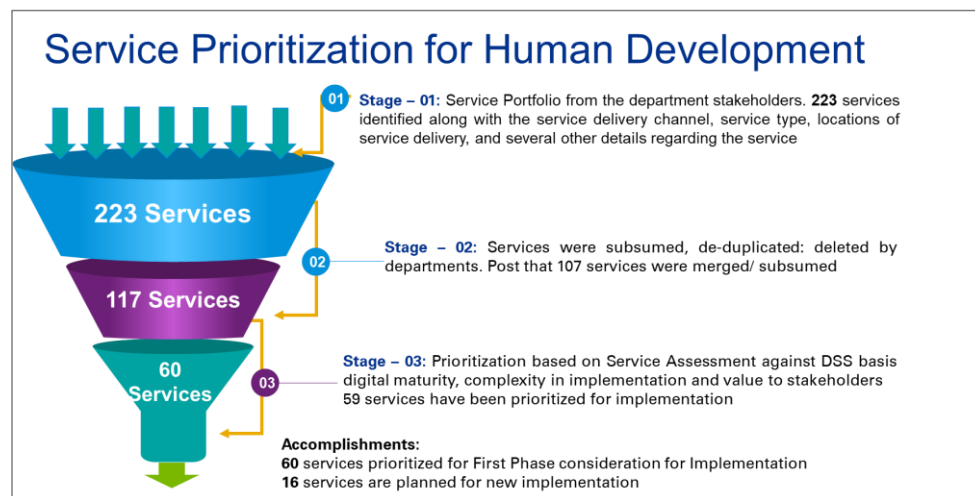


Figure 7: Service Identification, Rationalization and Prioritization

## 3.4 Current State Assessment

### 3.4.1 Service Overview

Government Service is one that is provided by a government agency to its citizens, businesses, employees or other government agencies, in any form of delivery. A service may have several components, process steps, service levels and performance metrics

A service should have ONE beneficiary (Citizen, Business, Employee or Other Government Agency) and only ONE key outcome such as:

- Certificate, License, Information, NOC, Approval letter (Digital Outcomes)
- Food, Education, Seeds, Fertilizers, Goods, etc. (Physical Outcome)

The services of Human Development Sector have been categorized in different service domains.

Key pointers related to service domains

#### **Education:**

- HR Management of teachers and staffs, Infrastructure support and Technology support are internal services provided to employees or sourced from other departments within the Government purview
- Offering scholarship, stipend or mid-day meals were considered under the same service domain – “Financial Assistance & Benefits” to students. Grants in-aid service domain deals with financial aids to schools

#### **Health & FW:**

- Admission, discharge and transfer services were considered under same domain
- Testing service domain includes all kinds of pathological, biological and chemical testing

#### **Social Welfare**

- Since social welfare have several services related to financial assistance to citizens, the service domain was further broken to ensure grouping in a proper manner
- Pre-school education is a common service provided by several departments

#### **FCS & CA**

Ration card service domain includes several services related to ration card such as new card issuance, surrendering cards, modifications/corrections, transfers, and others.

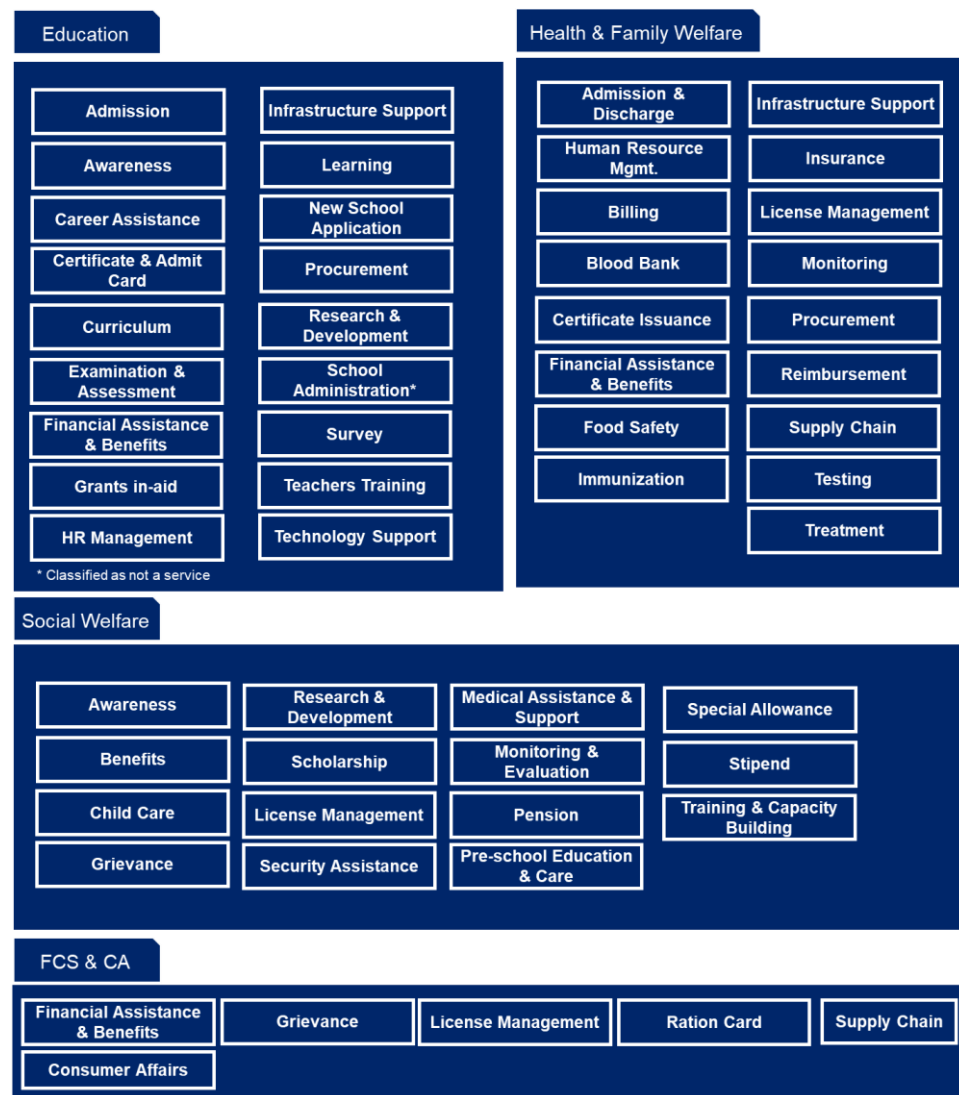


Figure 8: Service Domains of Human Development Sector

### 3.4.2 Current Service Portfolio

Service discovery stage is to identify and finalize the current list of services offered by departments and corresponding directorates to citizens, businesses and other stakeholders in the ecosystem under preview. Details of all services (G2C, G2G, G2B and G2E), critical to stakeholders offered by any means need to be consolidated along with underlying sub services and processes details at current stage. To help department stakeholders understand the project objectives, service definition and the need for service identification, multiple sessions were organized with each department. With the help of Planning Department, Nodal officer for each department was assigned, who helped in meeting coordination activities and follow-up for data collection. Demonstrations for entering service data and process steps in MeghEA Questionnaire Portal were also given to department officers and nodal officers. The following are the accomplishments from this exercise:

- **223** (70 Education, 72 H&FW and 55 Social Welfare and 26 FCS&CA) services identified with regards to the service delivery channel, service type, locations of service delivery and other additional details as part of service.
- 18 services deleted by H&FW department and 1 service was each was deleted by Education and Social Welfare Department because of duplication and a total of 202 services remained in MeghEA Online Questionnaire Portal.
- All actors associated in the department's service delivery were identified

The data entered by the department is available at [MeghEA Online Portal](#). Further the Service Catalog (along with service domains) as on 30<sup>th</sup> November 2019 can be seen at [Annexure 9.4](#).

### 3.4.3 Current State Business Interaction Matrix

Given that there is a significant interaction between the departments in Human Development with other departments, detailed business interaction matrix has been prepared. While the detailed matrices are placed at [Annexure 9.10](#) and [Annexure 9.11](#), a glimpse of the interaction is depicted below:

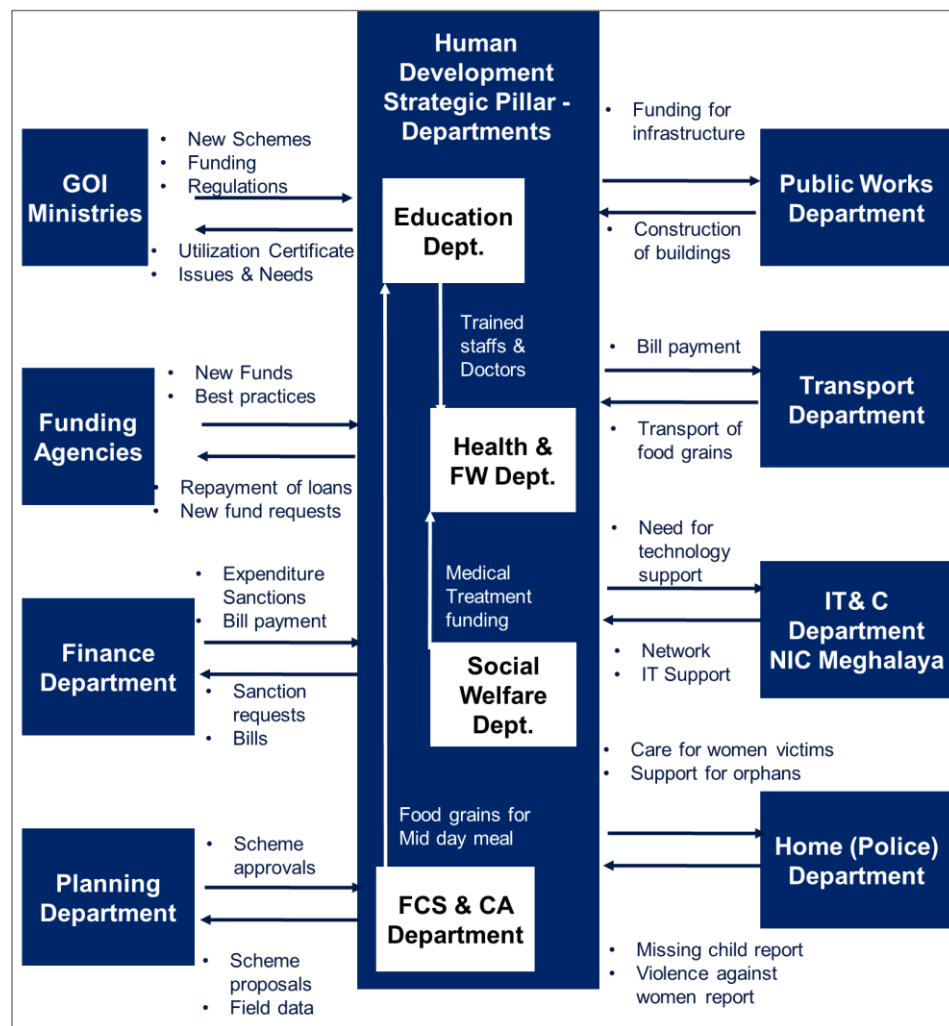


Figure 9: Current State Business Interaction Matrix

### 3.5 Human Development Service Lifecycle

The various stages of a citizen along with the key Human Development Services available by them at each of the stage of lifecycle is represented below:

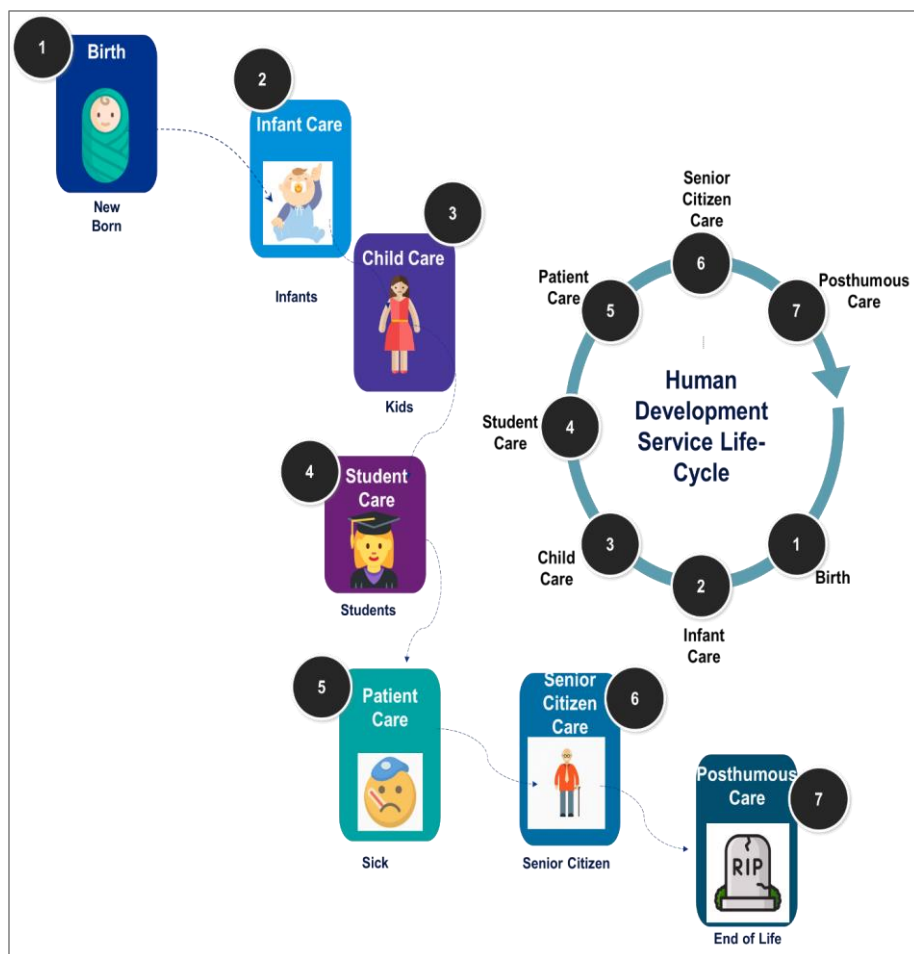


Figure 10: Human Development Impact at various stages of beneficiary lifecycle



The various stages of the lifecycle are:

- **Birth:** The birth stage includes pre-natal care services, institutional delivery services, post-natal delivery services and birth control services
- **Infant Care:** The infant care stage includes nutritional advisory services, immunization services, Foster care services and Growth-related treatment services
- **Child Care:** The childcare stage includes pre-school services, admission related services, Benefits & Emoluments services and Food Security & Safety services and Growth-related treatment services
- **Student Care:** The student care stage includes Scholarships & Stipends services, Assessments & Admissions related services, Certificates services and Industry Orientation services.
- **Patient Care:** The patient care stage includes admission services, diagnosis related services, treatment services and after-care services.
- **Senior Citizen Care:** The senior citizen care stage includes Financial benefits services, old age home related services, Grievance services and medical treatment services.
- **Posthumous Care:** The posthumous care stage includes death certificate services, insurance related services and care for dependent services.

Section below details each stage along with service domains and indicators applicable to the stages

### 3.5.1 Birth – Human Development Service Lifecycle

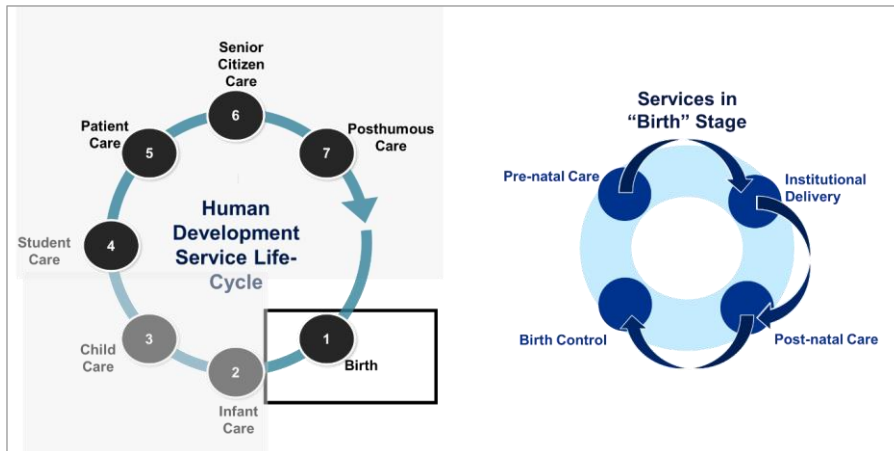


Figure 11: Sub-stage in Birth

Sub- stage	Service	Indicator
Pre-Natal Care	<ul style="list-style-type: none"> <li>Treatment</li> <li>Financial Assistance &amp; Benefits – Loss of pay compensation (Pradhan Mantri Matru Vandana Yojana (PMMVY))</li> <li>Insurance</li> <li>Treatment</li> </ul>	<ul style="list-style-type: none"> <li>Pregnant women aged 15-49 years who are anaemic (11.0 g/dl)</li> <li>Percentage of pregnant women under 19 years</li> <li>Reduce maternal mortality ratio (MMR) per lakh</li> <li>Percentage of mothers receiving antenatal care</li> <li>Percentage of pregnant women who have undertaken antenatal check-ups as a total number of pregnant women in a time frame of a year</li> <li>Number of ASHA workers per 10000 of the population in rural and urban</li> </ul>
Institutional Delivery	<ul style="list-style-type: none"> <li>Treatment - Pregnancy and related care</li> <li>Births Certificate Issuance for Non-Institutional Events</li> </ul>	<ul style="list-style-type: none"> <li>Reduce Neonatal mortality rate(NMR) per Lakh</li> <li>Reduce maternal mortality ratio (MMR) per lakh</li> <li>Proportion of children under 5 years of age whose births have been registered with a civil authority, by age</li> <li>Percentage of home births compared to total number of births</li> <li>No. Of ambulances per 10,000 population</li> </ul>
Post Natal Care	<ul style="list-style-type: none"> <li>Treatment - Pregnancy and related care</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of mothers receiving postnatal care</li> <li>Proportion of the population (out of total eligible population) receiving total protection benefits under Maternity benefits</li> </ul>
Birth Control	Birth control programs	

Table 7: Birth Sub-Stage Service Indicator Mapping

### 3.5.2 Infant Care – Human Development Service Lifecycle

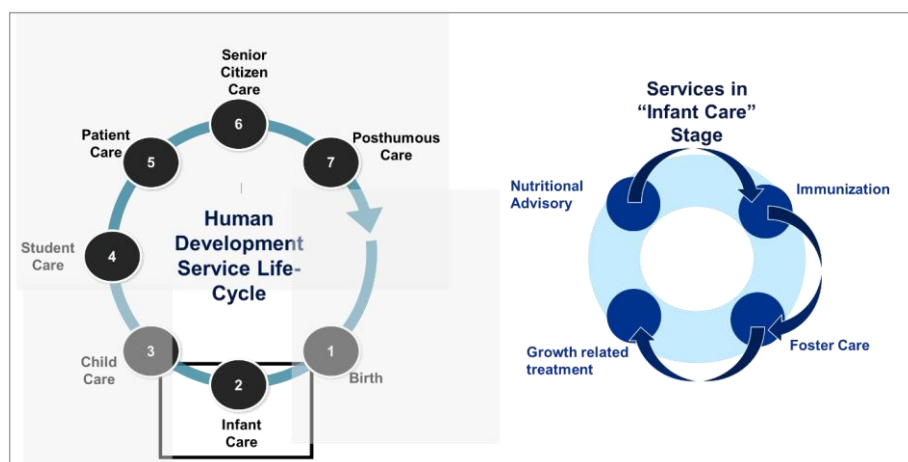


Figure 12: Sub-stage in Infant Care

Sub- stage	Service	Indicator
Nutritional Advisory		Percentage Reduction of children aged 6-59 months who are anaemic.
Immunization	Infant immunization programs	<ul style="list-style-type: none"> <li>Percentage of children aged 12-23 months fully immunized (BCG, Measles, and three doses of pentavalent vaccine)</li> <li>Reduce infant mortality rate (IMR) per lakh</li> </ul>
Foster Care	<ul style="list-style-type: none"> <li>Foster Care (Under ICPS)</li> <li>Pension under Chief Minister Social Assistance Scheme for the infirm &amp; Single Mother</li> </ul>	
Growth related treatment		<ul style="list-style-type: none"> <li>Children under age 5 years who are stunted</li> <li>Children under age 5 years who are wasted</li> </ul>

Table 8: Infant Sub-Stage Service Indicator Mapping

### 3.5.3 Child Care – Human Development Service Lifecycle

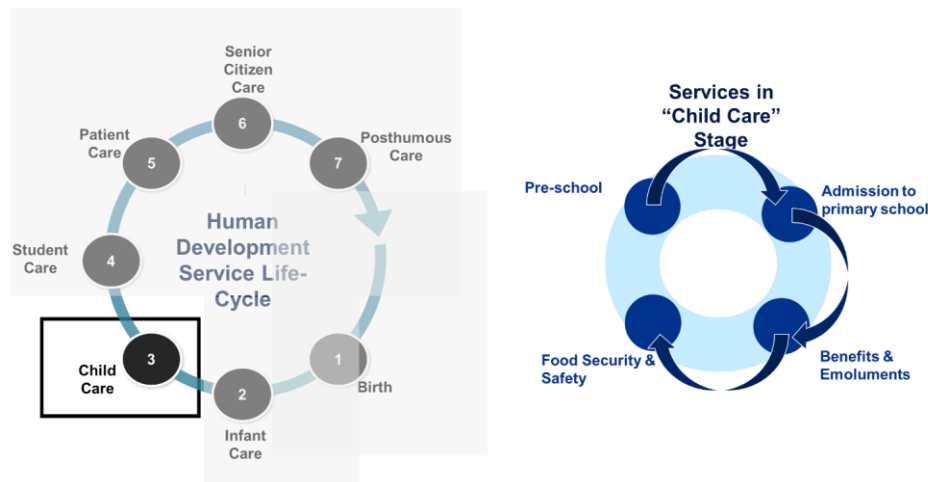


Figure 13: Sub-stage in Child Care

Sub- stage	Service	Indicator
Pre-School	<ul style="list-style-type: none"> <li>Training for Pre-school Teachers (Early Childhood Education)</li> </ul>	<ul style="list-style-type: none"> <li>Number of Anganwadi Buildings for non-formal preschool education.</li> <li>Number of trained Anganwadi Workers for preschool education.</li> <li>Percentage of Children aged 3-6 years enrolled for non-formal preschool education in Anganwadi Centres.</li> </ul>
Admission to primary school	<ul style="list-style-type: none"> <li>Admission</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of population having primary schooling facilities within 2 kms of reach and secondary schooling facilities within 5 kms of reach</li> <li>Improvement in Gross Enrolment in the State of Meghalaya</li> </ul>
Benefits & Emoluments	<ul style="list-style-type: none"> <li>Merit Scholarships (Elementary level)</li> <li>Mid-day meals</li> <li>Uniform distribution</li> <li>Free textbooks</li> </ul>	<ul style="list-style-type: none"> <li>Amount of scholarship expenditure per student eligible under all scholarship schemes</li> <li>Percentage of government spending under following heads: <ul style="list-style-type: none"> <li>Social Welfare</li> <li>Rural Development</li> <li>Women benefiting schemes</li> <li>Education scholarships for minority/marginalized community</li> </ul> </li> </ul>

Sub- stage	Service	Indicator
Food Security & Safety	<ul style="list-style-type: none"> <li>Food Safety</li> <li>Analysis of Food samples</li> <li>Food and water testing</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of eligible households to have access to food security through National Food Security Act (NFSA) and the enhanced PDS system</li> <li>Percentage growth of death due to unintentional poisoning</li> </ul>

Table 9: Child Sub-Stage Service Indicator Mapping

### 3.5.4 Student Care – Human Development Service Lifecycle

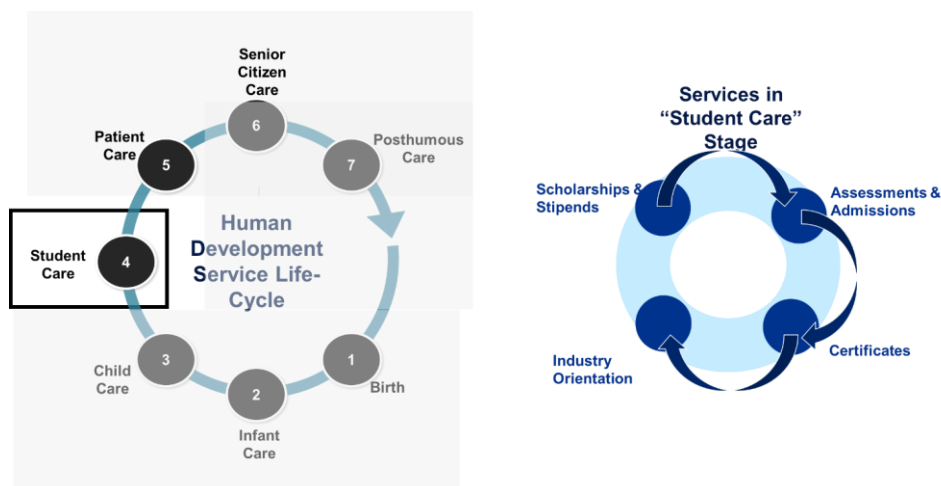


Figure 14: Sub-stage in Student Care

Sub- stage	Service	Indicator
Scholarships & Stipends	<ul style="list-style-type: none"> <li>• Border Area Scholarship</li> <li>• Free Studentship</li> <li>• National Talent Search Scholarship</li> <li>• National Scheme for Incentive to Girls in Secondary Education</li> <li>• Elementary Schools Students Free Uniform</li> <li>• Elementary Schools Students Free Textbooks</li> <li>• National Means cum Merit Scholarship</li> <li>• Aids and appliances</li> <li>• Transport escort allowances for CWSN</li> <li>• Merit scholarship for LP and UP school</li> <li>• Award for Meritorious Tribal students</li> <li>• Inspire award manak scheme</li> <li>• State Merit Scholarship</li> <li>• Engineering / Diploma Student Stipend Processing</li> <li>• Scholarship Examination for both Primary and Upper Primary Students</li> <li>• Scholarship for students of Meghalaya</li> <li>• State Talent Search Examination</li> </ul>	<ul style="list-style-type: none"> <li>• Amount of scholarship expenditure per student eligible under all scholarship schemes</li> <li>• Percentage of government spending under following heads:               <ul style="list-style-type: none"> <li>• Social Welfare</li> <li>• Rural Development</li> <li>• Women benefiting schemes</li> <li>• Education scholarships for minority/marginalized community</li> </ul> </li> </ul>
Assessment & Admissions	<ul style="list-style-type: none"> <li>• School Admissions</li> <li>• Admissions in Engineer</li> <li>• Engineering Seat Allocation through CSAB</li> <li>• Textbook Design and Selection</li> <li>• Conduct of SSLC and HSSLC Examination</li> <li>• Model Question Papers, Test Items, Preparation and Use of Audio-Visual equipment Workshops</li> <li>• Meghalaya Teacher Eligibility Test</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Participation rate at Board Examinations &amp; Pass Percentage</li> <li>• Correct responses on Learning Outcomes in Language, Mathematics, Science and Social Science for Class 8 students</li> </ul>
Certificates*	<ul style="list-style-type: none"> <li>• Issue of Duplicate Reg. Card, Admit Card, Marksheet and Certificate</li> <li>• University / College NOC Issuance</li> <li>• MBOSE Online Submission for Documents Verification</li> </ul>	

Sub- stage	Service	Indicator
Industry Orientation		Percentage growth of GSDP due to skill

Table 10: Student Sub-Stage Service Indicator Mapping

\*Certificates does not have any indicator as it is technically does not lead to any benefits to the service beneficiary

### 3.5.5 Patient Care – Human Development Service Lifecycle

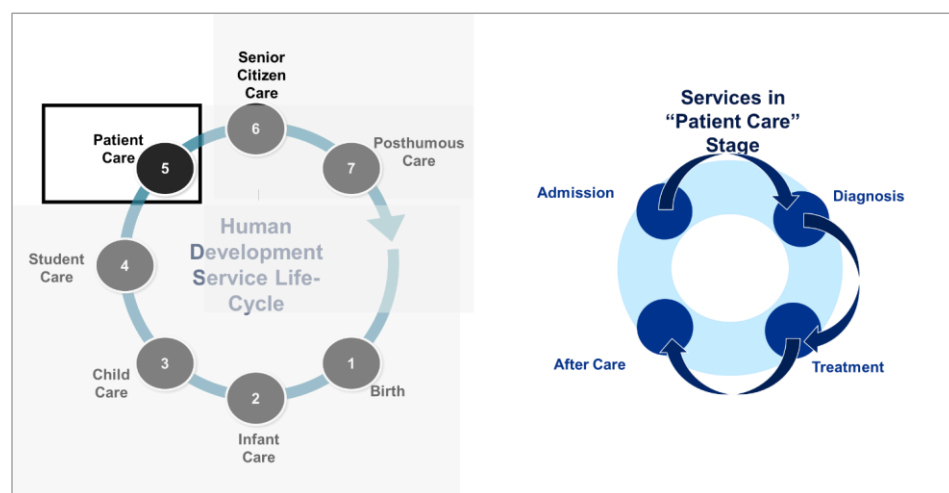


Figure 15: Sub-stage in Patient Care

Sub- stage	Service	Indicator
Admission	<ul style="list-style-type: none"> <li>In Patient Department( Admission /Discharge/ Transfer)</li> </ul>	<ul style="list-style-type: none"> <li>Number of persons treated in de-addiction centres</li> <li>Total physicians, nurses and midwives per 10000 population</li> <li>Number of qualified doctors per 10000 of the population in rural and urban</li> <li>No. Of ambulances per 10,000 population</li> <li>Number of operational FRUs per 10,000 population</li> </ul>
Diagnosis	<ul style="list-style-type: none"> <li>Quality Control Testing</li> <li>Analysis of Food samples</li> <li>Food and water testing</li> <li>Path Lab(LIS)</li> <li>Radiology/Imaging(RIS)</li> <li>Homeopathic &amp; Ayurvedic Drugs Testing</li> <li>Drug Testing</li> <li>Biochemical Testing</li> <li>Pathological Services</li> </ul>	<ul style="list-style-type: none"> <li>Number of AYUSH practioners per 10000 of the population in rural and urban</li> <li>Number of ASHA workers per 10000 of the population in rural and urban</li> </ul>
Treatment	<ul style="list-style-type: none"> <li>Anti-Rabies Treatment/Animal Bite Treatment</li> <li>Clinics</li> <li>Pregnancy and related care</li> <li>Issuance of approval order for Medical Treatment</li> <li>Birth control programs</li> <li>Patient OPD Services</li> <li>Anti-epidemic programs</li> <li>Medical emergencies</li> <li>Emergency Casualty module take care all activities about Emergency Services</li> <li>Issuance of approval order for medical check-ups/reviews</li> </ul>	<ul style="list-style-type: none"> <li>Number of operational Blood Banks /Blood Storage Unit per 10,000 population</li> <li>Mortality rate attributed to Diabetes</li> <li>Mortality rate attributed to Cardiovascular diseases including stroke</li> <li>No. Of trained disaster response personnel</li> </ul>
After Care	<ul style="list-style-type: none"> <li>Grant In-Aid for NGOs for the welfare of Aged</li> <li>Psychosocial support/ counselling and support to women affected by violence</li> <li>Grant In Aid for NGOs for the welfare of person with disabilities</li> </ul>	

Table 11: Patient Sub-Stage Service Indicator Mapping

### 3.5.6 Senior Citizen Care – Human Development Service Lifecycle



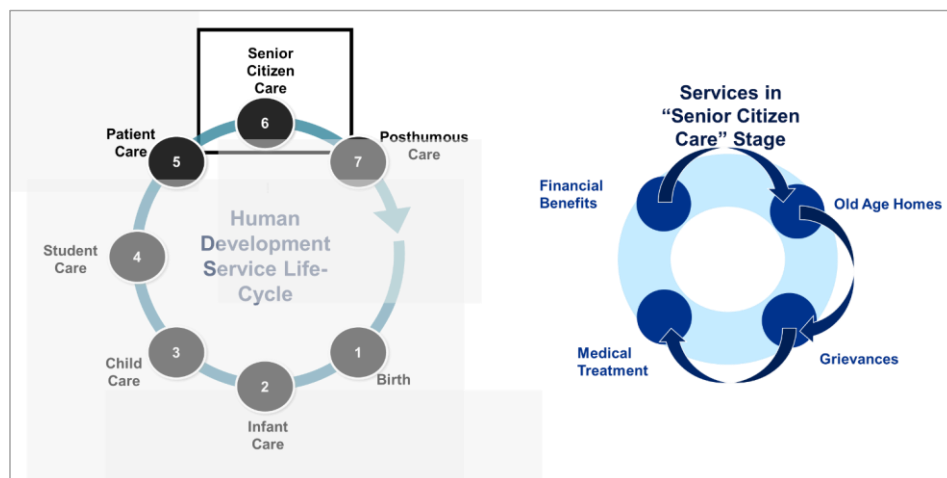


Figure 16: Sub-stage in Senior Citizen Care

Sub- stage	Service	Indicator
Financial Benefits	<ul style="list-style-type: none"> <li>Grant In Aid for NGOs for the welfare of Aged</li> <li>Financial assistance for Medical Treatment for Aged</li> </ul>	Percentage of families registered under Megha Health Insurance Scheme
Old age homes		
Grievance	<ul style="list-style-type: none"> <li>Grievance Redressal Mechanism</li> <li>Consumer Affairs</li> </ul>	Population satisfied with their last experience of public services
Medical Treatment		Percentage of families registered under Megha Health Insurance Scheme

Table 12: Senior Citizen Sub-Stage Service Indicator Mapping

### 3.5.7 Posthumous Care – Human Development Service Lifecycle

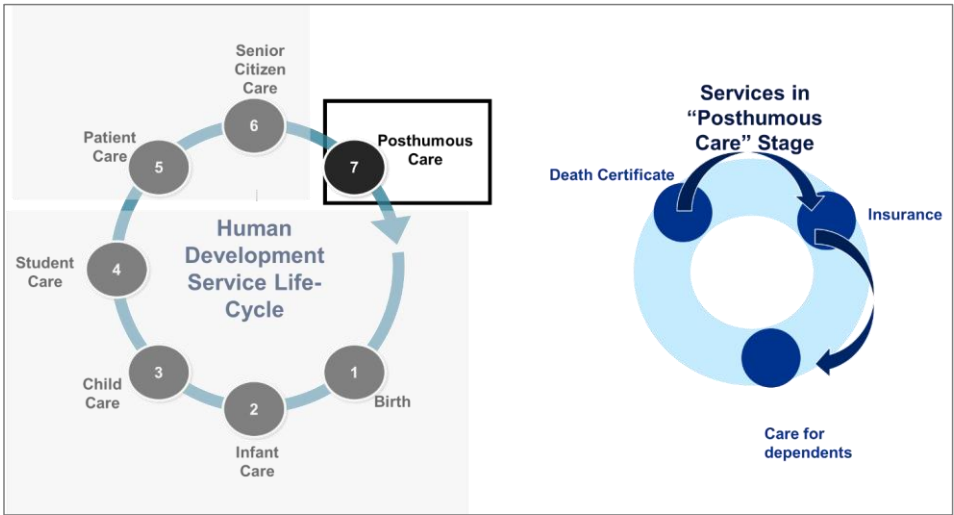


Figure 17: Sub-stage in Posthumous Care

Sub- stage	Service	Indicator
Death Certificate	Issuance of death certificate	Percentage of families registered under Megha Health Insurance Scheme
Insurance		
Care for dependents		
After Care		Percentage of families registered under Megha Health Insurance Scheme

Table 13: Posthumous Sub-Stage Service Indicator Mapping

### 3.6 Service Delivery Challenges/ Bottleneck

The departments in Government of Meghalaya has been facing various challenges in delivering their various Human Development services to the beneficiaries. The priority of the departments is to improve the service delivery experience and provide proactive services to the beneficiaries.

The cross-cutting challenges identified in delivering services related to Human Development and their impact are as below:

Lifecycle stage	Service	Challenges	Impact
Throughout the lifecycle	Registration/ beneficiary identification	No means to uniquely identify a patient/ Student/ Social Welfare service beneficiary	Several beneficiaries are deprived of the Government services due to issues around service eligibility identification and human biases
	Awareness	Citizen are not aware about their details & the various services they can avail	Citizen are not able to apply and avail various services.
	HR Management	Lack of system and standardized process to manage posting of teachers, attendance management and services to staffs	High proportion of effort is spent in employee service management

Table 14: Cross Cutting Service Challenges

Further to this each stages of the service lifecycle of human development is detailed with corresponding challenges and impact

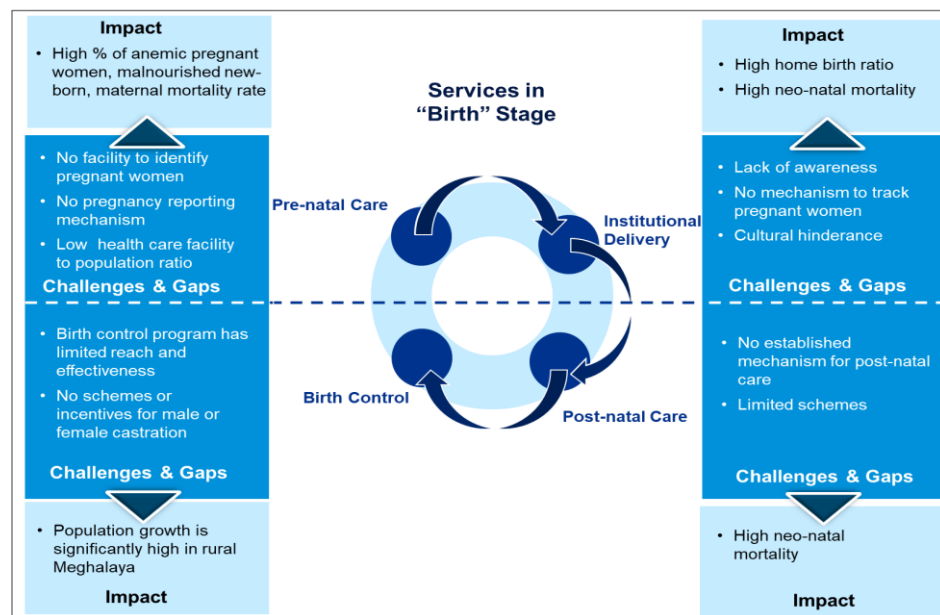


Table 15: Birth Stage - Service Delivery Challenges

Sub- stage	Challenges	Impact
Pre-Natal Care	<ul style="list-style-type: none"> <li>• Identification of pregnant women is a challenge in Meghalaya – the percentage of home births are significantly high</li> <li>• No facility to report pregnancy</li> <li>• Asha workers are not facilitated by Pregnant women's diet</li> <li>• On account of low concentration of health care centres in some blocks/districts, diagnosis is a challenge</li> </ul>	<ul style="list-style-type: none"> <li>• Meghalaya has a higher than average (country average) % of anaemic pregnant women</li> <li>• The possibility of malnourished new-born is higher</li> <li>• Meghalaya may have a higher maternal mortality rate (currently data is not reported)</li> <li>• Meghalaya's human development index is low compared to other NE states or large Indian states</li> </ul>
Institutional Delivery	<ul style="list-style-type: none"> <li>• Low ratio of ambulances to population leads to issues in institutional delivery</li> <li>• Lack of awareness on home birth complications</li> </ul>	<ul style="list-style-type: none"> <li>• High home birth ratio</li> <li>• High neo-natal mortality</li> <li>• Growth related issues of infants</li> </ul>

Sub- stage	Challenges	Impact
	<ul style="list-style-type: none"> <li>No mechanism to track pregnant women to predict institutional delivery requirement</li> <li>Cultural hinderance</li> </ul>	
Post Natal Care	<ul style="list-style-type: none"> <li>No established mechanism for post-natal care</li> <li>Lack of funding or Schemes and funding for post-natal care</li> </ul>	<ul style="list-style-type: none"> <li>Meghalaya has high % of stunted child, wasted child and under-weight child</li> </ul>
Birth Control	<ul style="list-style-type: none"> <li>Birth control program has limited reach and effectiveness</li> <li>No schemes or incentives for male or female castration</li> </ul>	<ul style="list-style-type: none"> <li>Population growth is significantly high in rural Meghalaya.</li> </ul>

Table 16: Birth Stage - Service Delivery Challenges &amp; Impact

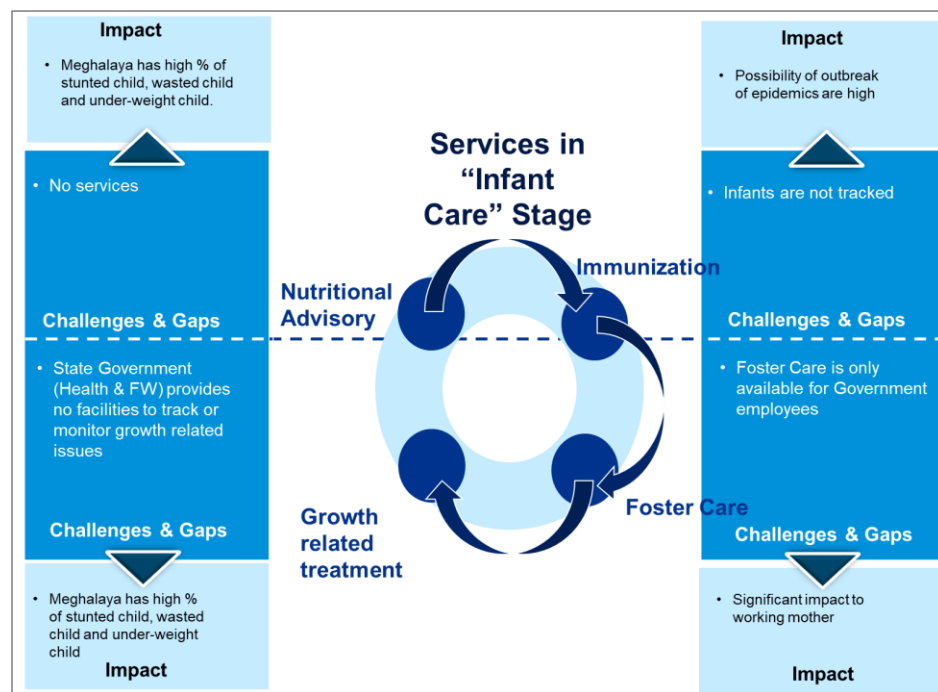


Figure 18: Infant Care - Service Delivery Challenges

Sub- stage	Challenges	Impact
Nutritional Advisory	<ul style="list-style-type: none"> <li>Currently Meghalaya (H&amp;FW) department do not deliver any services related nutrition or health advisory for new infants</li> </ul>	<ul style="list-style-type: none"> <li>Meghalaya has high % of stunted child, wasted child and under-weight child.</li> </ul>
Immunization	<ul style="list-style-type: none"> <li>No mechanism to track infants, health of infants or nutritional issues infants are facing</li> </ul>	<ul style="list-style-type: none"> <li>Possibility of outbreak of epidemics are high</li> </ul>
Foster Care	<ul style="list-style-type: none"> <li>Foster Care is only available for Government employees. Health &amp; FW along with C&amp;RD can build foster care centres</li> </ul>	<ul style="list-style-type: none"> <li>Childcare is impacted with significant impact to working mother</li> </ul>
Growth related treatment	<ul style="list-style-type: none"> <li>State Government (Health &amp; FW) provides no facilities to track or monitor growth related issues of its citizens</li> </ul>	<ul style="list-style-type: none"> <li>Meghalaya has high % of stunted child, wasted child and under-weight child.</li> </ul>

Table 17: Infant Care - Service Delivery Challenges &amp; Impact

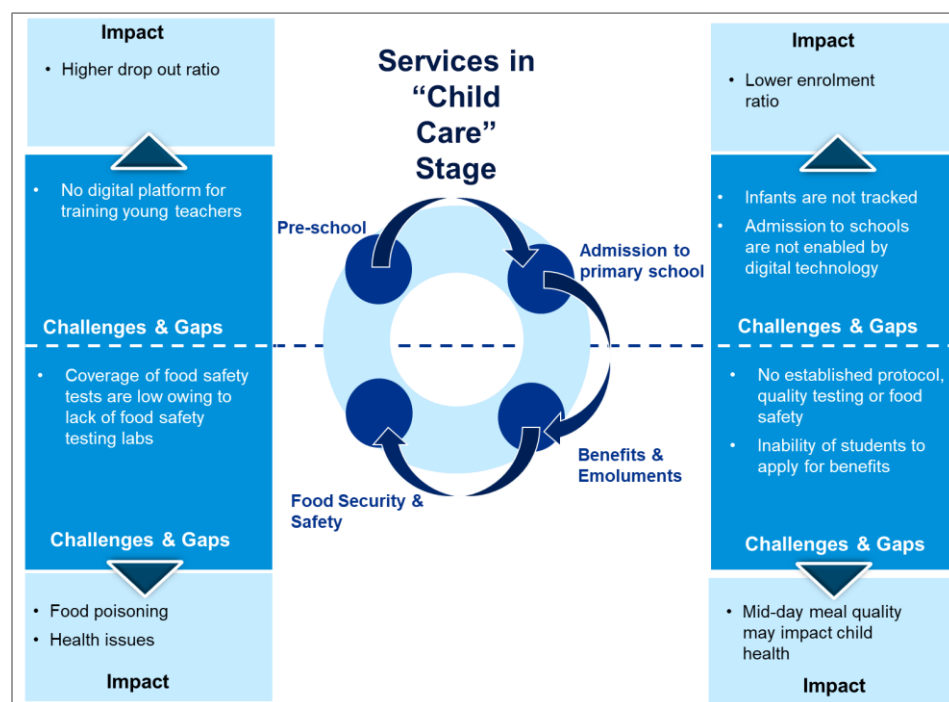


Figure 19: Child Care - Service Delivery Challenges

Sub- stage	Challenges	Impacts
Pre-School	<ul style="list-style-type: none"> <li>Social welfare has set-up several pre-school programs along with C&amp;RD, however, the programs does not have a concrete and trained method of execution. There is no digital platform for training young teachers</li> </ul>	<ul style="list-style-type: none"> <li>Higher drop out ratio</li> <li>Lower involvement of children</li> <li>Mushrooming pre-school centres</li> </ul>
Admission to primary school	<ul style="list-style-type: none"> <li>Infants are not tracked on enrolments to schools</li> <li>Admission to schools are not enabled by digital technology, several students follow manual and tedious process of education</li> </ul>	<ul style="list-style-type: none"> <li>Lower enrolment ratio</li> </ul>
Benefits & Emoluments	<ul style="list-style-type: none"> <li>Mid-day meal delivery process and controls are specific to schools, no established protocol, quality testing or food safety</li> <li>Uniform and textbooks distribution process are not tracked in systems, there are no reports</li> <li>Inability of students to apply for benefits</li> <li>Several benefits related services such as benefits to girl child in the form of one-time fund, bicycles, etc are missing</li> </ul>	<ul style="list-style-type: none"> <li>Ad-hoc delivery of benefits</li> <li>Mid-day meal quality may impact child health</li> <li>There are eligible beneficiaries who are devoid of service owing to lack of facility to apply for service</li> <li>Progress in enrolment ratio is not up to the required target</li> </ul>
Food Security & Safety	<ul style="list-style-type: none"> <li>Coverage of food safety tests are low owing to lack of food safety testing labs</li> <li>NFSA effectiveness can be improved through enhanced food delivery</li> </ul>	<ul style="list-style-type: none"> <li>Food poisoning from street food, over usage of pesticides, lack of essential nutrients in diet may impact health of the citizens</li> </ul>

Table 18: Child Care - Service Delivery Challenges &amp; Impact

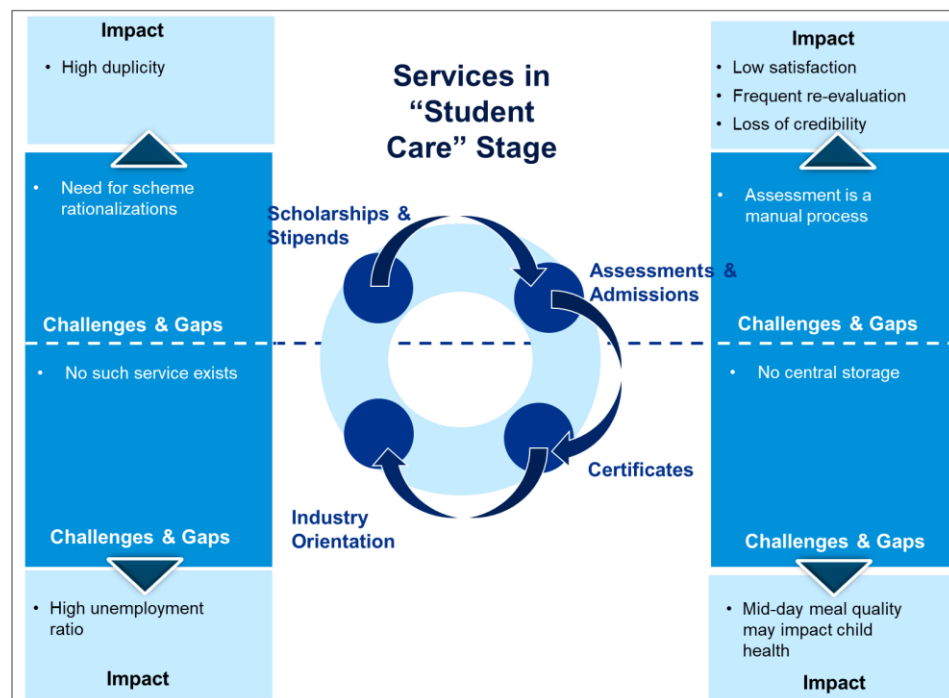


Figure 20: Patient Care - Service Delivery Challenges

Sub- stage	Challenges	Impact
Scholarships & Stipends	<ul style="list-style-type: none"> <li>Several scholarship schemes exist; hence, criteria for scholarship is not specific and leads to confusion</li> <li>Duplicate central and state scheme exists</li> </ul>	<ul style="list-style-type: none"> <li>There are cases where cash awards are taken up a single or group of individuals; while the coverage amongst eligible students is low</li> <li>Funding is not effectively utilized</li> </ul>
Assessment & Admissions	<ul style="list-style-type: none"> <li>Not enabled by digital platforms to create secured model questions</li> <li>Assessment is a manual process</li> </ul>	<ul style="list-style-type: none"> <li>Low satisfaction with assessments</li> <li>Frequent re-evaluation requests</li> <li>Loss of credibility</li> </ul>
Certificates*	<ul style="list-style-type: none"> <li>No central storage of citizens marksheets and records</li> <li>Inability to provide assessment results over email</li> </ul>	
Industry Orientation		High unemployment ratio

Table 19: Student Care - Service Delivery Challenges



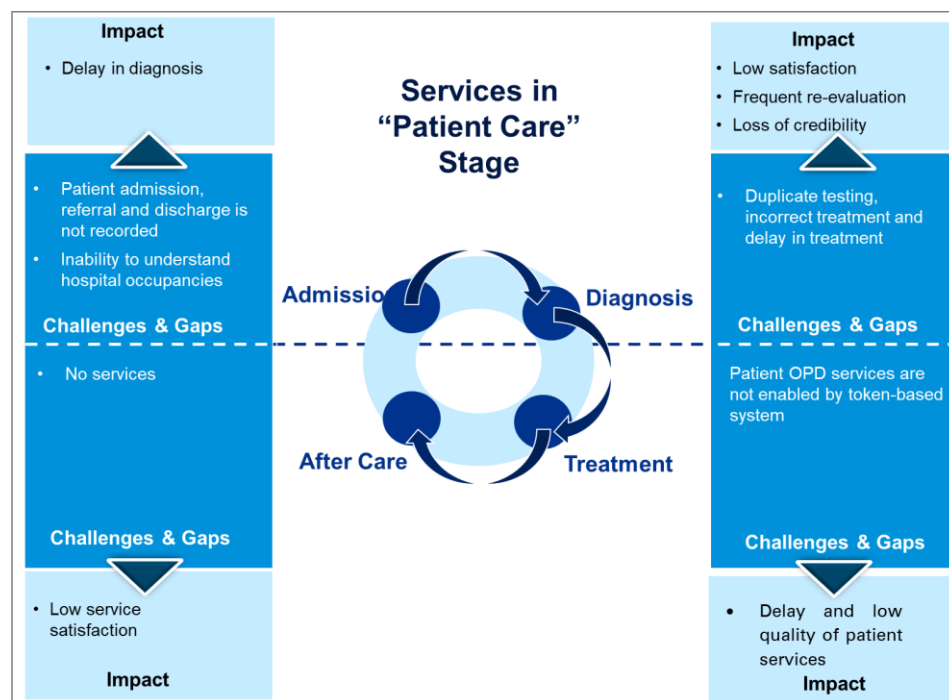


Figure 21: Patient Care - Service Delivery Challenges

Sub- stage	Challenges	Impacts
Admission	<ul style="list-style-type: none"> <li>• Patient admission, referral and discharge is not recorded. Lack of established IT system at all levels of health care facilities impact reporting</li> <li>• Inability to understand hospital occupancies leads or case specific hospital (bed) availability due to lack of patients and bed tracking</li> <li>• Availability of doctors and nurses are not tracked as there are no IT facilitated roster</li> </ul>	<ul style="list-style-type: none"> <li>• Diagnosis and after-care are delayed leading to issues in treatment and sometimes death</li> <li>• Patients incur severe to moderate challenges in finding the right hospital</li> <li>• Delay in treatment on account of unavailable doctors and nurses leads to severe impacts to patients and dissatisfaction among general public</li> </ul>
Diagnosis	<ul style="list-style-type: none"> <li>• Inability to store health records, diagnosis test results, pathological reports</li> <li>• Lack of proper system results into improper stock management</li> </ul>	<ul style="list-style-type: none"> <li>• Duplicate testing, incorrect treatment and delay in treatment</li> <li>• Delay in diagnosis owing to unavailability of testing kits or equipment</li> </ul>

Sub- stage	Challenges	Impacts
Treatment	<ul style="list-style-type: none"> <li>• Patient OPD services are not enabled by token-based system. This creates issues in attending patients, long queue and issues around queue management</li> <li>• The referred hospital does not have a prior information on the patients being referred to them and their disease profile</li> <li>• No centralized report of stock of blood in blood bank</li> </ul>	<ul style="list-style-type: none"> <li>• Delay and low quality of patient services</li> <li>• Hospitals are not aware of referred patients</li> <li>• Blood requirement tracking is ad-hoc and inefficient</li> </ul>
After Care	<ul style="list-style-type: none"> <li>• The state government does not have an established procedure of after care. There are no services or dedicated resources for after care</li> </ul>	<ul style="list-style-type: none"> <li>• Low service satisfaction and possibility of disease re-occurrence</li> </ul>

Table 20: Patient Care - Service Delivery Challenges &amp; Impacts

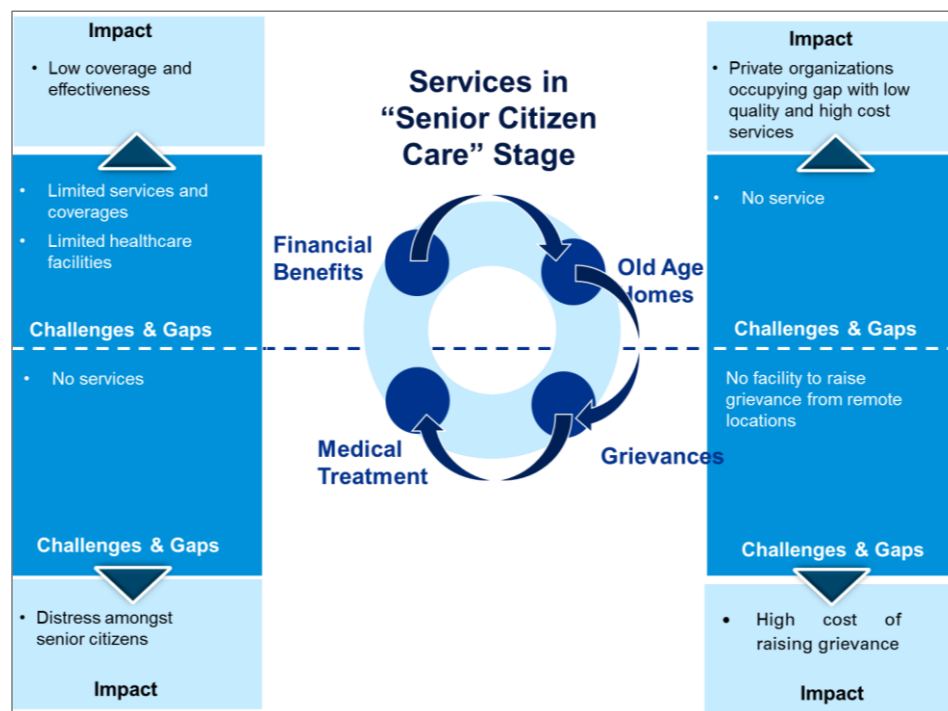


Figure 22: Senior Citizen - Service Delivery Challenges

Sub- stage	Challenges	Impacts
Financial Benefits	<ul style="list-style-type: none"> <li>Limited service and coverage for financial benefits for aged citizens</li> <li>Healthcare facilities are restricted hospitalization only, domicile treatments are not covered</li> </ul>	<ul style="list-style-type: none"> <li>Senior citizens are devoid of services, leading to distress amongst the group</li> <li>Senior citizens , requires regular medicines that needs to be either borne by the insurance agency or sold at a subsidized rate</li> </ul>
Old age homes	<ul style="list-style-type: none"> <li>State Government does not provide shelter home or old age home for homeless senior citizens.</li> </ul>	<ul style="list-style-type: none"> <li>NGOs and private organizations have mushroomed in the state to fill the gap</li> </ul>
Grievance	<ul style="list-style-type: none"> <li>Senior citizens are not facilitated by technology platforms to raise their voices against Government services</li> </ul>	<ul style="list-style-type: none"> <li>High transaction cost to raise grievances</li> </ul>

Table 21: Senior Citizen Care - Service Delivery Challenges &amp; Impacts

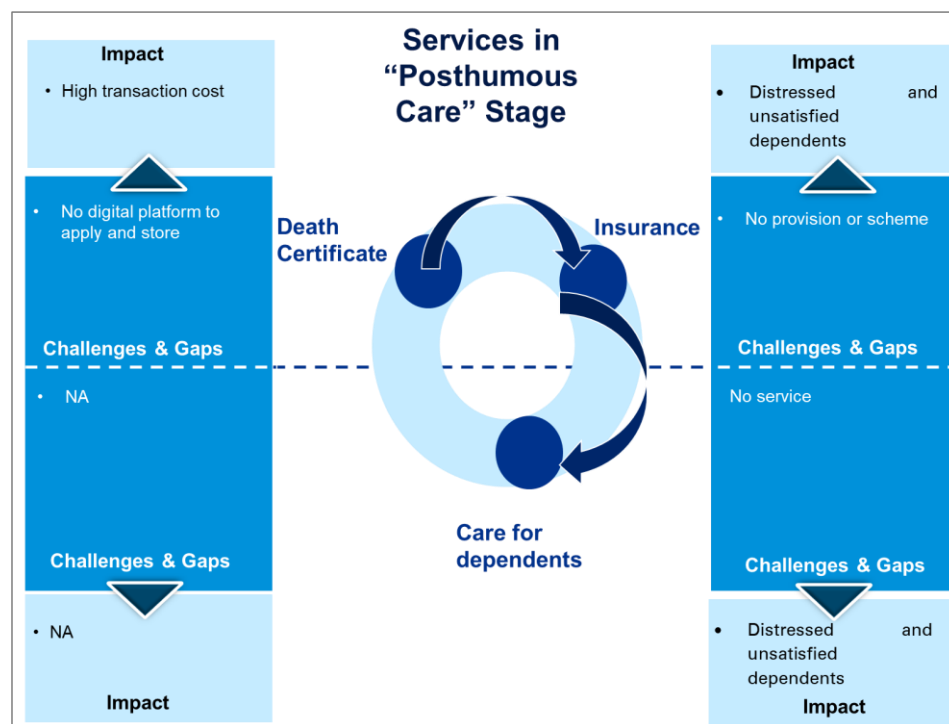


Figure 23: Posthumous Care- Service Delivery Challenges

Sub- stage	Challenges	Impacts
Death Certificate	<ul style="list-style-type: none"> <li>No facility to apply and store death certificates for future references</li> </ul>	High transaction cost for issuance of new or duplicate death certificate
Insurance	<ul style="list-style-type: none"> <li>No facility to provide insurance cover to dependent</li> </ul>	<ul style="list-style-type: none"> <li>Distress among family members of the deceased</li> </ul>
Care for dependents	<ul style="list-style-type: none"> <li>No such service exists in the state</li> </ul>	<ul style="list-style-type: none"> <li>Distress among family members of the deceased</li> </ul>
After Care	<ul style="list-style-type: none"> <li>No such service exists in the state</li> </ul>	<ul style="list-style-type: none"> <li>Distress among family members of the deceased</li> </ul>

Table 22: Posthumous Care- Service Delivery Challenges & Impacts

### 3.7 Service Rationalization

As part of service rationalization, services providing same output as per service definition are merged together. Further, services part of any other service, the input and output of service is part of other service is subsumed in the larger service. The services are further confirmed and validated with the nodal and department and corresponding directorate officers.

#### Service Prioritization for Human Development

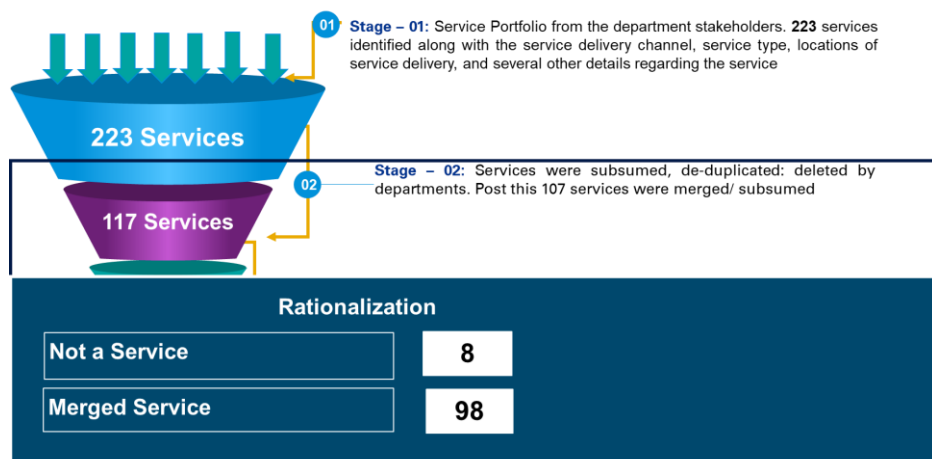


Figure 24: Human Development Sector- Service Rationalization Numbers

#### Accomplishments:

- **106** services are merged/ rationalized from the existing list of services leaving **117** services out of which 60 services were prioritized.

Rationalized Service Catalog can be referred in [Annexure 9.5](#)

#### 3.7.1 Service Indicator Mapping

United Nations has identified 17 sustainable development goals and the targets to be achieved by 2030. These identified targets have been mapped to indicators which are realistic and measurable criteria to monitor the progress of achieving targets. Meghalaya has adopted 92 indicators to measure and monitor the progress of targets linked to Human Development Sector. The indicators have been finalized in Vision and Scope of Meghalaya Enterprise Architecture. The services provided by the contributing departments has been mapped to the indicators for achieving targets. The identification of key services mapped with listed indicator under each Strategic Pillar is based on the steps below:

- Service outcome must have a direct impact to the indicator;
- Service delivery efficiency can impact the indicator's target achievement milestones;

- Services that are inter-linked to the service that has been mapped in the above two criteria.

The detailed service to indicator mapping is provided in [Annexure 9.8](#)

### 3.7.2 Current State Assessment and Service Prioritization

The departments contributing to Human Development Sector has many bottlenecks in service delivery. It is imperative that such service delivery challenges impact the service delivery to its citizens. As most of the services delivered by Human Development Sector are in manual mode, Current state DSS assessment for the services is **Low to Medium**.



Figure 25: Human Development- Service Assessment

Summary of Current State Assessment:

- Services delivered digitally are mostly from central portals with no integration with State systems. The central system themselves do not integrate to deliver “Whole of a Service”

- Several systems (Please follow application architecture) do not follow Government of India Standards for websites and portals. Please refer GIGW standards for reference)
- Service BPR, ease of delivery and service facilities have not been undertaken. Only a few of the department stakeholders are aligned to the service delivery.
- Service UI and UX are primitive, service is limited to few delivery channels and hence, creates a gap in realization of intended service value. Paper trails gains traction and replaces digital services for ease of delivery

Please refer [Annexure 9.9](#) for detailed assessment result along with the level of complexity in implementation and value to stakeholders. Please note the following pointers related to complexity of implementation.

Complexity of implementation is a function of the following parameters, these parameters are not exclusive

- External stakeholder involvement in the service delivery process.
- Process-role has variability depending on the service request, the variability may arise due to various factors such as scheme funding from central government.
- No other similar implementation has been observed.

Please note the value to stakeholders have been derived from the strategic indicator mapping.



### 3.8 SWOT Analysis of Business Architecture

Analysis Paradigm	Key Pointers	Target State
Strength	Department structure for Service delivery mechanism is robust and department officers are aligned to their service delivery responsibilities: <ul style="list-style-type: none"> <li>ASHA workers collect data and coordinates with beneficiaries and department to facilitate service delivery</li> <li>Department officials reviews and monitors issues</li> <li>Healthcare centers provide treatment</li> <li>Anganwadi workers facilitates social assistance delivery</li> <li>Block officers ensures right benefits reaches right beneficiaries</li> </ul>	Retained
	Availability of Educational infrastructure in Meghalaya especially in urban areas	Retained and leveraged to meet the objectives
	Process level integration at block level to deliver service benefits	Retained
	Technology driven insurance process	Enhanced
	Coverage of the various needs of the citizens through social schemes	Enhanced
	Availability of schemes to promote better education and health	Enhanced
	Streamlined benefits delivery in ration shops	Retained
Weakness	Service delivered in silos – example: data captured by ASHA workers on pregnant women are not shared for immunization or for Take Home ration services under ICDS scheme	Eliminated
	Cultural changes are not facilitated through incentives – example: To eliminate home births, institutional birth must be rewarded	Eliminated
	Collection of patient details in paper form and manual data entry at health centers.	Eliminated
	Lack of funds to implement schemes and inability to estimate and track fund	Partially Eliminated

Analysis Paradigm	Key Pointers	Target State
	Lack of transparent eligibility criteria for availing schemes.	Eliminated
	Lack of institutional process and framework for posting of healthcare professionals in various districts and blocks. The state lacks an established rotational policy	Partially Eliminated
	Availability of healthcare professionals in rural areas (hard zones) is limited	Partially Eliminated
Opportunity	Lean and Integrated services across departments and directorates through technology interventions and process re-engineering. Example: Health would share data from institutional birth for immunization (Health) and pre-school admission (C&RD)	Realized
	Digitization of workflow to enable lean and fast service delivery.	Realized
	Unification and standardization of processes. Example: Unification of HR related common services for integration and standardization, standardization of posting related services	Partially realized
	Tracking of Stock of different items under different Schemes and stock requirement predictions in healthcare centres	Realized
	Adoption of National data protection policy through relevant process changes and technology interventions	Realized
	Tracking of Scheme Funds and utilization in social welfare	Realized
Threats	Inability to monitor current scheme funds and utilization	Addressed
	Inability to monitor real-time information on beneficiaries, stocks etc.	Addressed
	Security lapses owing to dispersed and different security authentication for system-based service delivery.	Addressed
	Citizens are unaware of schemes and lacks facilities to apply for relevant services of social welfare schemes and healthcare schemes	Addressed
	Inability to obtain funds from Gol owing to lack of UC submission.	Addressed

Table 23: SWOT Analysis of Business Architecture

### 3.9 Future State Service Portfolio

The services prioritized based on current state assessment, implementation complexity and value to stakeholder are considered for conversion to digital services first. New services, which are not currently offered by the departments in Human Development Sector, are proposed to be delivered to beneficiaries by the departments. The services need to be deliberated and eligibility need to be defined by the departments. The rationalized services (Prioritized and Non-Prioritized) along with new services constitutes Future State Service Catalogue ([Annexure 9.6](#)).

[Education Department](#)

[Health and Family  
Welfare Department](#)

[Social Welfare  
Department](#)

[Food Civil Supplies  
and Consumer  
Affairs Department](#)

#### 3.9.1 Service-Stakeholder Matrix

Human Development Sector services involve several stakeholders. Various external entities have a role to play in the service delivery process. Below is a snapshot of the service – stakeholder matrix. This matrix details out a high-level view of the services, to understand, the various key entities involved in the services delivery, please refer to Annexure for Service-Stakeholder matrix.

- **Approval:** The responsible department receives the service request, conducts internal checks and controls and further decides to approve/ reject the service request.
- **Apply for Service:** The applicant applies for the service to get the benefit/ desired outcome.
- **Funding:** The agency providing the financial support for implementation of various schemes.
- **Provide Training:** The agency responsible to provide training to the students, employees and/ or other beneficiaries.
- **Approval of Proposal:** The agency responsible for providing approval on the proposal of scheme submitted to the department.

#### Stakeholders, their Roles & Responsibilities:

Patients, students, Widows, Person with disabilities, other individuals and organizations like Educational institutions, medical establishments and Fair Price Shops apply for various service to Departments of Human Development. Education Department, H&FW Department, Social Welfare Department and FCS&CA Department majorly plays the role of approver for these services.

Stakeholder	Brief about roles & responsibilities
Education/ Health/ Social Welfare/ FCS&CA Department	<ul style="list-style-type: none"> <li>• Vetting of service applications submitted by the beneficiary.</li> <li>• Approval on proposal for services of schemes in the state.</li> <li>• Approves/ Rejects the service application based on eligibility criteria.</li> <li>• Procure the stock based on usage &amp; requisition.</li> <li>• Makes infrastructure available for various stakeholders.</li> <li>• Transfer funds to beneficiaries/ other line department like Public Works Department.</li> </ul>

Stakeholder	Brief about roles & responsibilities
Government of India (Central Ministries)	<ul style="list-style-type: none"> <li>Provide funds based on proposal for implementation of scheme in States.</li> <li>Keep checks on the utilization of funds and benefits being delivered to the beneficiaries through implemented schemes.</li> <li>Provide guidance and technical assistance on implementing and reporting for various schemes</li> </ul>
Finance Department	<ul style="list-style-type: none"> <li>Provide Sanction for the funds required for different services based on budget.</li> <li>Provide LoA for withdrawal of funds by departments for implementation of schemes.</li> <li>Provide funds for State Sponsored Schemes (SSS) and State Share for Centre Sponsored Schemes (CSS).</li> </ul>
Student/ Patient/ Widow/ Person with disabilities/ Student/ Patient/ Widow/ Person with disabilities/ another applicant	<ul style="list-style-type: none"> <li>Apply to avail service to get the benefits he is entitled to.</li> <li>Get the benefits In-kind (Materials, Uniforms, MDM, Medicine etc.) or Cash (like Scholarship).</li> </ul>
Education/ Health/ Social Welfare/ FCS&CA Department	<ul style="list-style-type: none"> <li>Approves/ Rejects the service application based on eligibility criteria.</li> <li>Procure the stock based on usage &amp; requisition.</li> <li>Makes infrastructure available for various stakeholders.</li> <li>Transfer funds to beneficiaries/ other line department like Public Works Department.</li> </ul>
Line Department like Public Works Department	<ul style="list-style-type: none"> <li>Receives funds from “Human Development” departments for creation of Infrastructure related to the sector including schools, health facilities, Anganwadi centres etc.</li> </ul>

Table 24: Stakeholder – Role Matrix

The details of the stakeholders for each service is represented in section 9.16, please note that there are roles defined for each step of the service (for most of the services), refer MeghEA Portal for the service – stakeholder roles within each service

### 3.9.2 Future State Business Interaction Matrix

The departments in Human Development Pillar consumes business services from other departments in State Government and provide services to other departments in State Government. Human Development services by being empowering services, not only helps in attaining the SDG targets

applicable to the Human Development pillar but also serves as an enabler to improve state's performance on the SDG targets applicable to other pillars as well.

These business interactions have been captured in [Section 3.3.3](#). As the objective is to provide One Government experience to citizens, thus the departments are grouped together based on sectors to form pillars.

The business interaction is shown at service levels and segregated to two sections, one where Human Development is the service provider and other where Human Development is the service consumer. The interactions in future state between the pillars are captured in below diagram for better illustration:

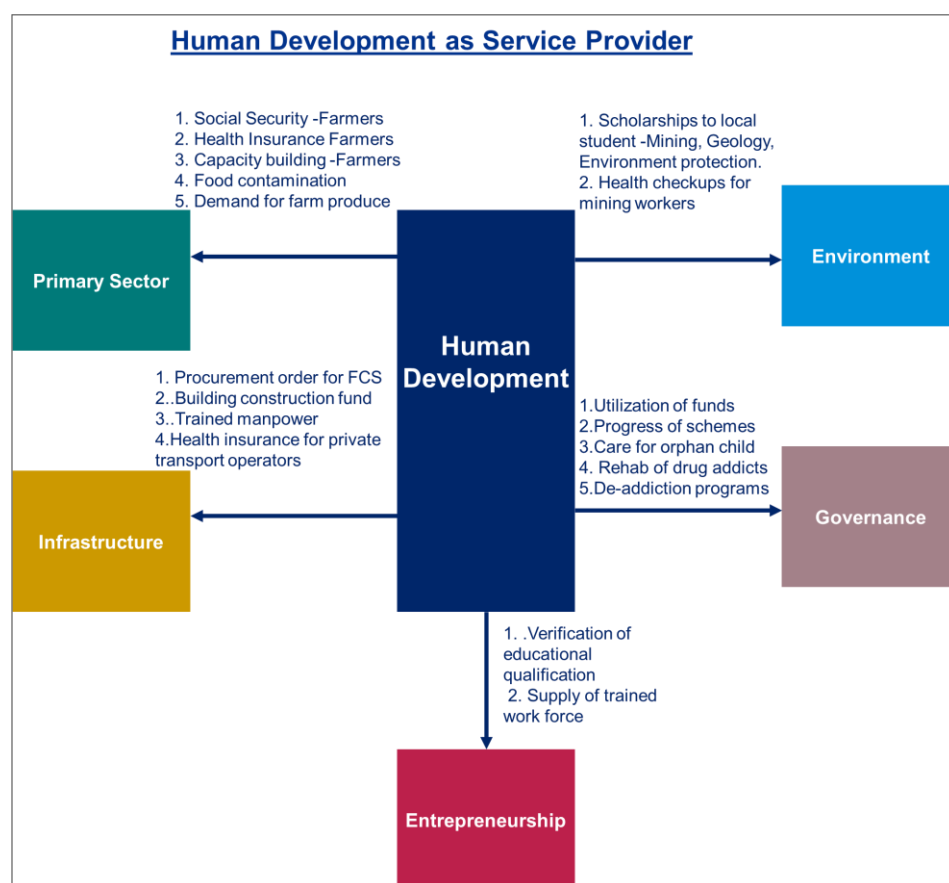


Figure 26: Future State Business Interaction – Human Development Service Provider

The detailed matrix is placed at [Annexure 9.12](#)

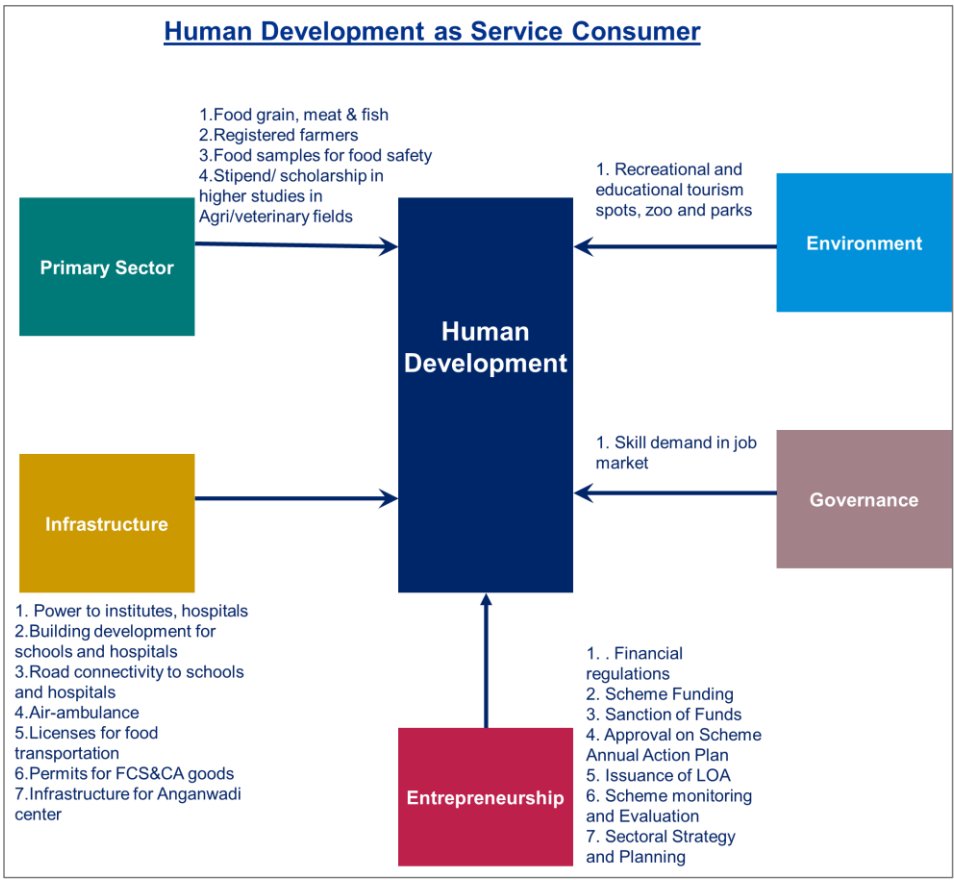


Figure 27: Future State Business Interaction – Human Development Service Consumer

### 3.10 Business Transformation Requirements

The Human Development sector is the most important sector of Meghalaya’s development plan, in terms of not only its role in empowering people, but also in terms of the economic growth and development it leads to. However, the sector has challenges in terms of lack of infrastructure, manpower and hence this impacts service delivery refer section 3.3 for details.

To address the challenges and realize the vision – there are planned transformation changes that needs to be undertaken. The changes are listed below:

- Business Process Re-engineering : refer section 3.7.3 for details.
- Introduction of new services basis assessment of services offered under similar context, refer section 9.6. and status column (“New”) for details.
- Implementation of key regulatory changes , refer section 3.7.5 for details
- Adoption of game changers – refer section 3.7.1 for details. These game changers are futuristic implementation concepts with details of adoption case studies.

Additionally, the business transformation requirements would lead to impact in application, data and technology requirements. Subsequent sections elaborate the changes required.

#### 3.10.1 Game Changers

Game Changers make a qualitative difference the way services are delivered and/ or introduce new technologies or processes for enhancing the outcomes significantly. People have high hopes that the right usage of new technologies will lead to healthier lives, enhanced knowledge and greater social freedoms for the people of Meghalaya. Variety of Game Changers should be introduced along with Process Re-engineering, as described below, but not limited to the following proposed Game Changers for the Human Development pillar:

- Electronic Health Record:** Introduce a uniform system for maintenance of Electronic Medical Records / Electronic Health Records (EMR / EHR) by the Hospitals and healthcare providers in the State, the system would be aligned to the countrywide EHR Standards and storage would be primarily at central – Personal Health Locker
- Case Study:** AfyaEHMS, an integrated healthcare system was first implemented in Machakos County in Kenya (one of the 47 counties in Kenya) and later rolled out to different counties. Machakos County has 320 health facilities, 1,678 healthcare workers, and acts as a referral center.
- Personalized Medicine:** Introduction of personalized medicine to use through analysis of genetic factors and biological mechanisms of disease coupled with unique considerations of an individual’s patient care needs to make healthcare safer and more effective in Meghalaya  
**Case Study:** The Personalized Medicine Coalition (PMC) has conducted successful integration of personalized medicine in the various countrywide solutions
- Transcripts from DigiLocker:** All schools and colleges within the purview of the universities and boards under the Government of Meghalaya would be facilitated and mandated to accept marksheets as transcript from DigiLocker for admission and enrolment. Necessary

Government Order need to be notified for this purpose. All employers would also be notified to accept such transcripts as proof of education

- iv. **Blockchain in Transcripts and Admit Cards:** Use of Blockchain technology to authenticate and validate transcripts and admit cards in various assessments and verifications  
**Case Study:** Blockchain Validator system, a smart phone-based application software intended to prevent fraudulent practices or forgery related to assessment test/certificate/recruitment exam. Its purpose is to verify authenticity of certificate from Government, admit card info issued from e-recruitment system. This was introduced recently in Bangladesh and has been awarded by WSIS ( a global government solution recognizing authority)
- v. **Predictive Drop out Analysis:** Predictive analytics-based solution to predict student that is planning to drop out from school through academic record, behavioral record and other key data point analysis  
**Case Study:** Andhra Pradesh Government had introduced this system through SAS based predictive analytics
- vi. **Blockchain:** Blockchain based food security testing in all phases of supply chain from farm to market to discover contamination point. Food produce would be packaged and marked with mobile app-based code using blockchain, this ledger would be updated in every stage of the supply chain. Food safety test conducted would then be mapped to understand exact stage where contamination has been initiated.  
**Case Study:** The company Agri Digital executed the world's first settlement of the sale of 23.46 tons of grain on a blockchain based supply chain of food delivery
- vii. **Tele-Medicine:** eSanjeevani Telemedicine application developed by Government could be leveraged for providing Healthcare facilities in remote areas
- viii. **Drone based Ration Delivery:** Deploying drones to deliver ration to citizens through integrated geospatial mapping and State Digital ID enabled citizen location identifier  
**Case Study:** UK based startup had been delivering medicines through drones during Covid-19. The Indian Army is looking at using drones for transporting not only rations but also materials in unfriendly terrains
- ix. **Social Media Sensitivity Analysis:** Social Welfare department could leverage social media sensitivity analysis to discover scheme effectiveness, scheme reach or coverage, other key issues citizens are facing. There are tools available in the market to execute such analysis  
**Case Study:** AASMA, tool can "24X7" collect and analyses "live data" on users from "multiple social networks" including Twitter, Facebook, YouTube, Flickr, and Google+. It can track social media profiles, their posts and networks of connections to identify "top users", conduct "sentiment analysis" of their posts to categorize them as either "positive" or "negative",
- x. **RFID along with Geographical Information System (GIS):** Usage of RFID along with GIS can help track the supply of essential and other commodities. Global Positioning System (GPS) technology can be used to track movement of trucks carrying food grains from state depots to FPS  
**Case Study:** Multiple case studies exists for RFID and GIS in USA Food and Drug Administration (FDA)
- xi. **Bar codes** for managing Supply Chain can be a game changer in way Human Development departments track their inventory. Through use of 2D barcodes, all stock units can be



uniquely tagged and tracked in the supply chain in close to real time. All stakeholders (including Government and Private) can use these barcodes to track the stock units and their movement from manufacturer to retail units including records of inventory. Mobile apps and website should be enabled for tracking through barcode number.

- xii. **PoS machines for PDS:** In addition to keeping a tab on the availability of ration at a Fair Price Shop, PoS machines enabled with biometrics can help in ensuring that the benefit is passed on to the intended beneficiary.

**Case Study:** The pilot implementation has been done in Meghalaya

- xiii. **Ask Megha:** Ask Megha is a chatbot to ease service application through interactive exchange on information with the citizen/ other beneficiaries. The chatbot would be further supported by IVRS based system with both machine and human based interaction for service resolution and application.

**Case Study:** Gujarat Government has deployed a version of VANI chatbot for service delivery

- xiv. **Digital Reality:** Enable food testing through augmented reality (AR) by presenting last visit digital images to testing inspectors. Digital Reality can also be extended to healthcare workers to help them perform remote diagnosis of patients

**Case Study:** AR/VR combined with the data collected through IoT devices are helping maintenance technicians make decisions without the need to be present in remote locations, Various suppliers are helping clients in the food testing sector of USA to monitor food quality through its VR technology. It can help determine the location and contamination sites, enabling them to virtually test plans for detailed test, and thus, optimize procedures in the process.

- xv. **Integrated Big Data and Analytics:** Use of analytics solution to facilitate decision making for the state Government in following areas- Health, Education and Social Welfare. This would facilitate not just achieving SDGs but achieving various other targets set in the political manifesto

**Case Study:** Pilot implementation of Meghalaya SDG Dashboard is already under work-in-progress, target completion timeline is Q3 20-21

- xvi. **Reporting Analytics for Frontline workers:** All data collected by the frontline workers would be assessed for quality and completion. A dashboard to be provided with regards to the data collection status of frontline workers at State Level, District Level, and block level

**Case Study:** Govt. of AP has used SAS tool to manage analytics dashboard for frontline workers data collection and data monitoring

### 3.10.2 Game Changers – Strategic Indicator Mapping

The game changes defined above would help Government of Meghalaya in the following ways:

Game Changer	Strategic Indicator What to achieve?	Capability Increment How to achieve?
Electronic Health Record	<ul style="list-style-type: none"> <li>Percentage of pregnant women who have undertaken antenatal check-ups as a total number of pregnant women in a time frame of a year</li> <li>Mortality rate attributed to Diabetes</li> </ul>	<ul style="list-style-type: none"> <li>Beneficiary Management (Health Records Management)</li> <li>Training to various beneficiaries</li> </ul>

Game Changer	Strategic Indicator What to achieve?	Capability Increment How to achieve?
	<ul style="list-style-type: none"> <li>Children under age 5 years who are stunted</li> <li>Children under age 5 years who are wasted</li> <li>Pregnant women aged 15-49 years who are anaemic (11.0 g/dl)</li> <li>Percentage Reduction of children aged 6-59 months who are anaemic.</li> <li>Reduce maternal mortality ratio (MMR) per lakh</li> <li>Percentage of mothers receiving Antenatal Care</li> <li>Percentage of mothers receiving postnatal care</li> <li>Percentage of children aged 12-23 months fully immunized (BCG, Measles, and three doses of pentavalent vaccine)</li> <li>Reduce Neonatal mortality rate per Lakh</li> <li>Number of ASHA workers per 10000 of the population in rural and urban</li> </ul>	
<b>Personalized Medicine</b>	<ul style="list-style-type: none"> <li>Increase in Malaria infection cases as a percentage to last year</li> <li>Increase in Hepatitis B infection cases as a percentage to last year</li> <li>Increase in incidents of treatment for following diseases leprosy, lymphatic filariasis (LF), cysticercosis, and rabies (expressed as a percentage growth Y-o-Y)</li> <li>Mortality rate attributed to Cancer</li> <li>Mortality rate attributed to Diabetes</li> <li>Mortality rate attributed to Cardiovascular diseases including stroke</li> </ul>	<ul style="list-style-type: none"> <li>Beneficiary Management (Health Records)</li> <li>Medicine Distribution</li> </ul>
<b>Transcripts from DigiLocker</b>	<ul style="list-style-type: none"> <li>Improvement in Gross Enrolment in the State of Meghalaya</li> <li>Participation rate at Board Examinations &amp; Pass Percentage</li> </ul>	<ul style="list-style-type: none"> <li>Beneficiary Management</li> <li>Service Application Management</li> </ul>

Game Changer	Strategic Indicator What to achieve?	Capability Increment How to achieve?
<b>Predictive Drop out Analysis</b>	<ul style="list-style-type: none"> <li>Dropout Rate at all level</li> <li>Participation rate at Board Examinations &amp; Pass Percentage</li> <li>Literacy Rate Improvement for Meghalaya</li> <li>Improvement in Gross Enrolment in the State of Meghalaya</li> </ul>	<ul style="list-style-type: none"> <li>Educational Institutes Management</li> </ul>
<b>Blockchain</b>		<ul style="list-style-type: none"> <li>Stock Management</li> </ul>
<b>Tele-Medicine</b>	<ul style="list-style-type: none"> <li>Mortality rate attributed to Diabetes</li> <li>Mortality rate attributed to Cardiovascular diseases including stroke</li> <li>Reduce maternal mortality ratio (MMR) per lakh</li> </ul>	<ul style="list-style-type: none"> <li>Service Application Management</li> <li>Health Centre Management</li> </ul>
<b>Drone based Ration Delivery</b>	<ul style="list-style-type: none"> <li>Percentage of eligible households to have access to food security through National Food Security Act (NFSA) and the enhanced PDS system</li> <li>Ratio of rural households covered under public distribution system to rural households where monthly income of highest-earning member is less than Rs.5,000</li> </ul>	<ul style="list-style-type: none"> <li>Food Distribution Management</li> </ul>
<b>Social Media Sensitivity Analysis</b>	<ul style="list-style-type: none"> <li>Population satisfied with their last experience of public services ( from Governance Pillar)</li> </ul>	<ul style="list-style-type: none"> <li>Scheme Management</li> </ul>
<b>RFID Sensor based tracking for PDS supplies</b>	<ul style="list-style-type: none"> <li>Ratio of rural households covered under public distribution system to rural households where monthly income of highest-earning member is less than Rs.5,000</li> </ul>	<ul style="list-style-type: none"> <li>Storage Management</li> <li>Distribution</li> </ul>
<b>Bar codes/ RFID along with Geographical Information System (GIS)</b>	<ul style="list-style-type: none"> <li>Ratio of rural households covered under public distribution system to rural households where monthly income of highest-earning member is less than Rs.5,000</li> </ul>	<ul style="list-style-type: none"> <li>Information Services</li> <li>Storage Management</li> <li>Distribution</li> </ul>

Game Changer	Strategic Indicator What to achieve?	Capability Increment How to achieve?
<b>Ask Megha – Chatbot</b>	<ul style="list-style-type: none"> <li>100% coverage of eligible beneficiaries under pension/Social Security programs</li> <li>Number of persons with disabilities enrolled under Chief Minister Social Assistance Schemes</li> </ul>	<ul style="list-style-type: none"> <li>Service Application Management</li> </ul>
<b>Digital Reality</b>	<ul style="list-style-type: none"> <li>Connected to multiple indicators</li> </ul>	<ul style="list-style-type: none"> <li>Stock Management</li> </ul>
<b>Integrated Big Data and Analytics</b>	<ul style="list-style-type: none"> <li>Various indicators</li> </ul>	<ul style="list-style-type: none"> <li>All capabilities</li> </ul>
<b>Reporting Analytics for Frontline workers</b>	<ul style="list-style-type: none"> <li>No specific indicators</li> </ul>	<ul style="list-style-type: none"> <li>Field Officer Training</li> </ul>

Table 25: Game Changers – Strategic Indicator Mapping

### 3.10.3 BPR Opportunities Identification

e-Governance initiative will not produce desired impact unless it is accompanied by Business Process Re-engineering. The areas for process reengineering have been identified to simplify and eliminate the processes not adding value to the flow and integrate the service delivery. Process re-engineering and form re-engineering must be carried out at the time of implementation.

- **The service list for BPR:**

Please follow the list of services that needs process re-engineering in section [9.9](#)

- **The Use Cases for Services:**

The architecture use cases for prioritized service is detailed in section [8.2](#), these use cases would form the basis of system and process design

- **The System flow illustration**

The implementation of services would need a specific system flow, this is detailed in section [8.3](#). Please follow the section for details on how to design the system basis of high-level process flow

- **The process steps**

Please follow annexure on as-is process steps for the services as provided by department stakeholders in [MeghEA Portal](#)

#### How to execute BPR

The areas identified are elaborated as below:

- **System Redesign in beneficiary Centric Way:** The various “Human Development” services to be made available online through a single portal along with mobile app and presented in applicant-centric way. The usability should be designed keeping literacy level of various applicants in mind. Given that many students would be the users, UI/ UX should be such to attract them.
- **Form Re-engineering:** The forms should be simplified removing any duplicate and unnecessary fields not required for the purpose of delivering the service. Only the data fields required to check eligibility and deliver effective services should be kept in the application form. The below principles need to be kept in mind for this purpose:
  - Once basic details are provided by a student or a patient while getting student ID/ Health ID, the details should not be asked again in any of the service forms (provided there is a consent to pull the details from the ID). The data captured first time while registering on State Portal should not be asked in the form and should be pre-populated in online forms.
  - Common forms should be designed for availing similar services from different departments in Human Development like for training, the applicant should choose trainings required in a single form.
- **Business Process Reengineering:** The To-Be steps for services defined in Future State Service Catalogue should be defined for implementation. Below principles need to be kept in mind for BPR of the services:
  - Simplified steps to apply for a service.
  - Elimination of process steps not adding much value to the service flow.
  - Common form for multiple services to be availed together.

- Multiple channels to apply for service.
- Online Acknowledgement of the service with tracking.
- Financial assistance to be provided directly into the beneficiary account.

Based on the above and the detailed BPR principles available at [Section 9.16](#), the subsequent subsection illustrates how a BPR could be carried out.

#### 3.10.4 Illustrative Example

An illustration of Business Process Re-engineering for Medical assistance for patients as a part of Human Development is illustrated below:

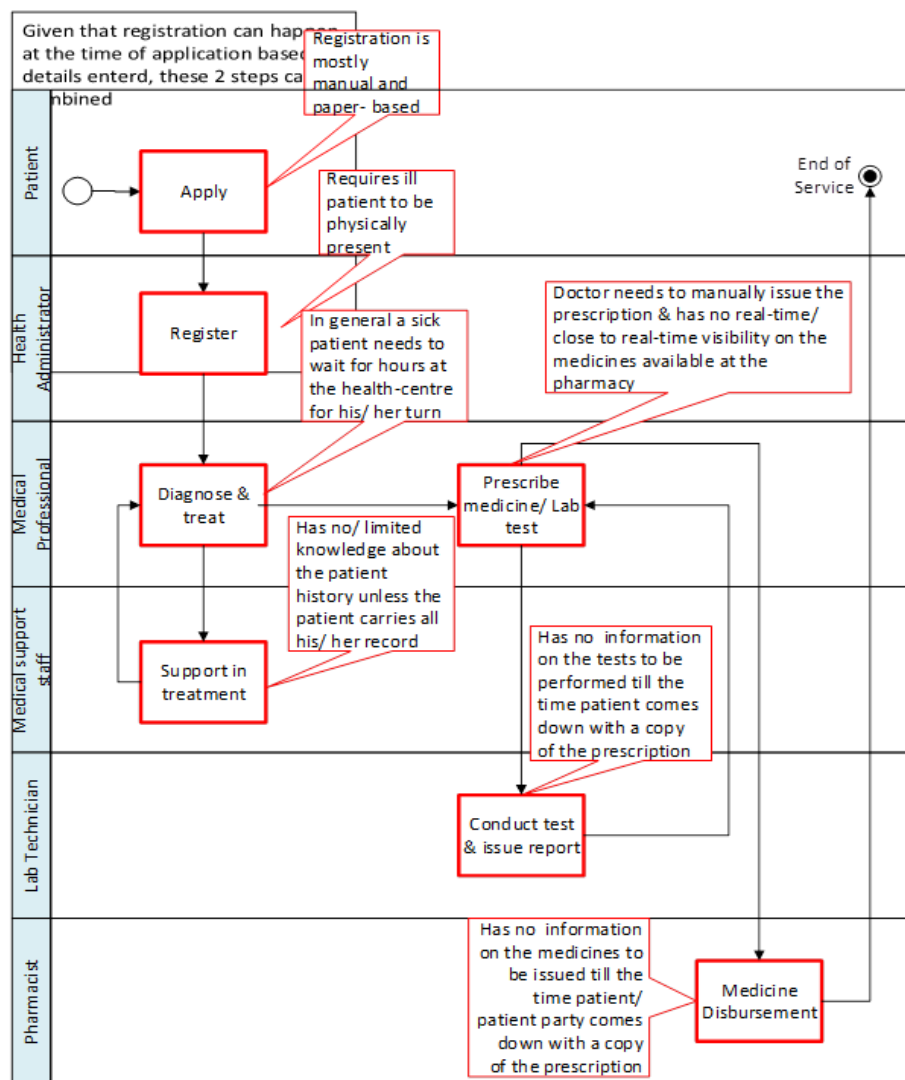


Figure 28: As-Is Process Model

Basis of the BPR executed and basis of the best practices from other states, below is an illustration of the future state:

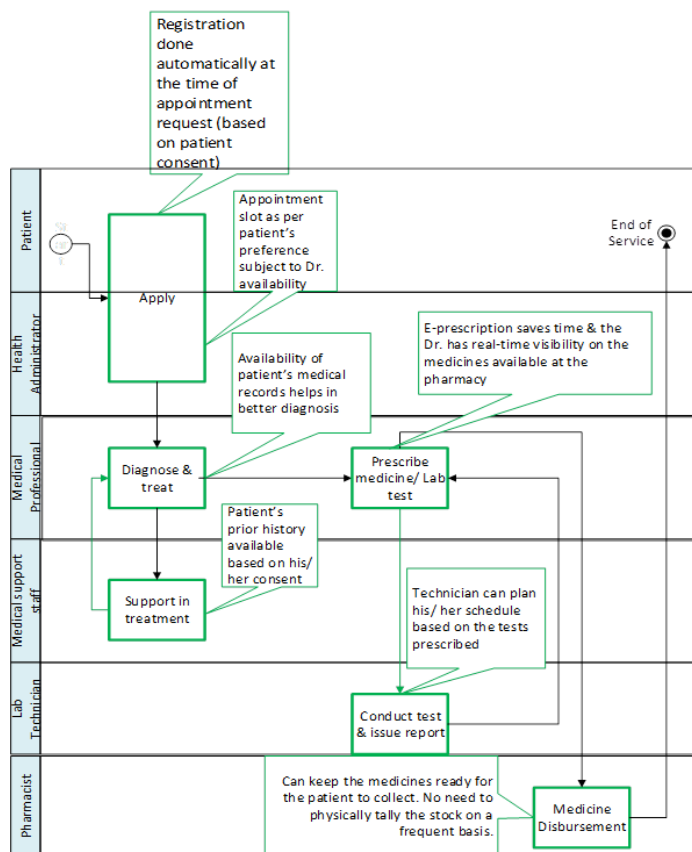




Figure 29: To-Be Process Model

Notations followed:	
	Process Gaps/ Bottlenecks
	Transformation step
	Gaps/ Bottlenecks Description
	Transformation step Description



	Service Initiation
	End of Service

The above transformation can be used by using readily available Government of India applications like eHospital/ HMIS. The idea is to leverage the existing systems as far as possible in order to attain efficient service delivery.

### 3.10.5 Regulatory Changes

The changes as per redefined processes for the services need to be carried out in the respective acts/ rules of the departments. The identified Acts for regulatory changes relevant to the key departments for the prioritized list of services are listed below:

#### Introduction of new services:

These categories of amendment include regulatory changes to provision introduction of new service which is not mandated to be provided under existing Rules. The following are the proposed amendments in the various existing Rules to affect the same:

1. **Meghalaya right of Children to Free and Compulsory Education Rules, 2011** should be amended to make mandatory quality testing of Mid-Day Meals samples undertaken for all schools at-least once in a year on the basis random sampling
2. **Meghalaya Nursing Homes (Licensing and Registration) Rules, 2011** should be amended to allow pregnant women of Meghalaya to avail health checkup at private health institution in the state at subsidized rates
3. Service rules like **The Meghalaya School Education Service Rules, 2012** and **Meghalaya Health Service Rules, 1990** needs to be updated to incorporate digital learning content creation as a part of the responsibility of the staff.
4. All recruitment and posting to be system driven, accordingly **Meghalaya School Education Service Rules, 2012**, **Meghalaya Higher Technical Education Service Rules 2012** and **Meghalaya Education, Research and Training Service Rules, 2012** needs to be amended so that educators are required to abide by the system driven directives on posting and recruitment
5. In addition to **Meghalaya Food Security Rules, 2018**, new Government Order to be issued to ensure notification to the concerned FPS dealer within 1 day of institutional birth to provide Take Home Ration/ institutional delivery benefit to the pregnant women/ person authorized by her
6. Online content needs to be generated and delivered for effective implementation of ICT in schools and other educational institutions. Digital Content generation and delivery needs to be incorporated as a part of the Key Result Area of the educators. **Meghalaya School Education Service Rules, 2012**, **Meghalaya Higher Technical Education Service Rules 2012** and **Meghalaya Education, Research and Training Service Rules, 2012** needs to be amended accordingly

7. Similarly, ASHA workers and other medical and paramedical staff needs to actively participate in digital content generation and online training. Meghalaya Health Service Rules, 1990 needs to be amended to incorporate digital learning content creation as a part of the responsibility of the staff.
8. In order to provide incentive to female students as a one-time fund post completion of 5th Standard and 10th standard, **Meghalaya Right of Children to Free and Compulsory Education Rules 2011** needs to be amended to provision automatic fund transfer to the female students post completion of the milestone.

#### Process Changes

1. It is proposed that various licenses required by various chemists and Drug dealer be combined under one service. **Amendments in Drug and Cosmetics license Rules 1945** may be required for the same.
2. Rule 8 of the **Meghalaya School Education Service Rules 2012** requires that school leaders are appointed based on seniority. In order to promote digital literacy, competency and to ensure effective implementation of programs like ICT in schools, new means of service delivery etc., it is required that the school leaders are appointed based on their capacity of leadership and suitability for the roles. This would also promote their continuous professional development and would nudge them to acquire new skills and be updated to the changing times.
3. Similarly, the following rules should be amended for promoting staff based on their capacity of leadership and suitability for the roles instead of seniority:
  - Meghalaya Higher Technical Education Service Rules 2012
  - Meghalaya Education, Research and Training Service Rules, 2012
  - Meghalaya Health Service Rules

#### Changes in Service Delivery Channels

Requirement of new Government order specifying the introduction of new (digital) service delivery channel for delivery of services. For instance:

1. Meghalaya Nursing Homes (Licensing and Registration) Rules, 2011 is needs to be amended to allow online submission of applications.
2. Marksheet of students would be delivered in DigiLocker. Meghalaya Board of School Education (Amendment) Act 2006 needs to be amended for delivering and recognizing the authenticated DigiLocker certificates as the valid ones.

#### New Government Orders

Government order specifying introduction of new services with associated details about the new service delivery needs to be notified prior to the implementation.

### 3.10.6 Alignment to NDHB Service Delivery Framework

As per National Digital Health Blueprint, all state level services to follow defined standards and guidelines. Below is a representation of Meghalaya's alignment to National Digital Health Blueprint( NDHB) service delivery framework

S.No	Digital Services provided by NDHM	Corresponding Meghalaya Government Services
1	Single, Secure Health Id to all citizens	State Digital ID to be mapped with existing MHIS ID
2	Personal Health Record	All personal health record categorized in NDHB would be shared with Personal Health Locker for storage
3	Single (National) Health Portal	Meghalaya Human Development portal to have unified experience with single-sign-on based services
4	App Store	Meghalaya Government (common system) to enable
5	Specialized Services for Remote Areas/ Disadvantaged Groups	Services as per Department ( Health and Family Welfare)
6	NDHM Call Centre	Meghalaya Government (common service) to enable
7	Digital Referrals & Consultations	Meghalaya Government (Human Development system) to enable
8	Online Appointments	Meghalaya Government (Human Development system) to enable
9	e-Prescription Service	Meghalaya Government (Human Development system) to enable
10	Digital Child Health	Meghalaya Government (Human Development system) to enable – to be tracked from pregnancy
11	National “Opt-out” (for privacy)	Data security manager to enable the service

Table 26: NDHB Alignment

Additionally, Ayushman Bharat protocols were followed to design the future state architecture. Below is the detailed representation along with explanation on the protocol defined by Ayushman Bharat

Below are the input quality guidelines from **Ayushman Bharat**

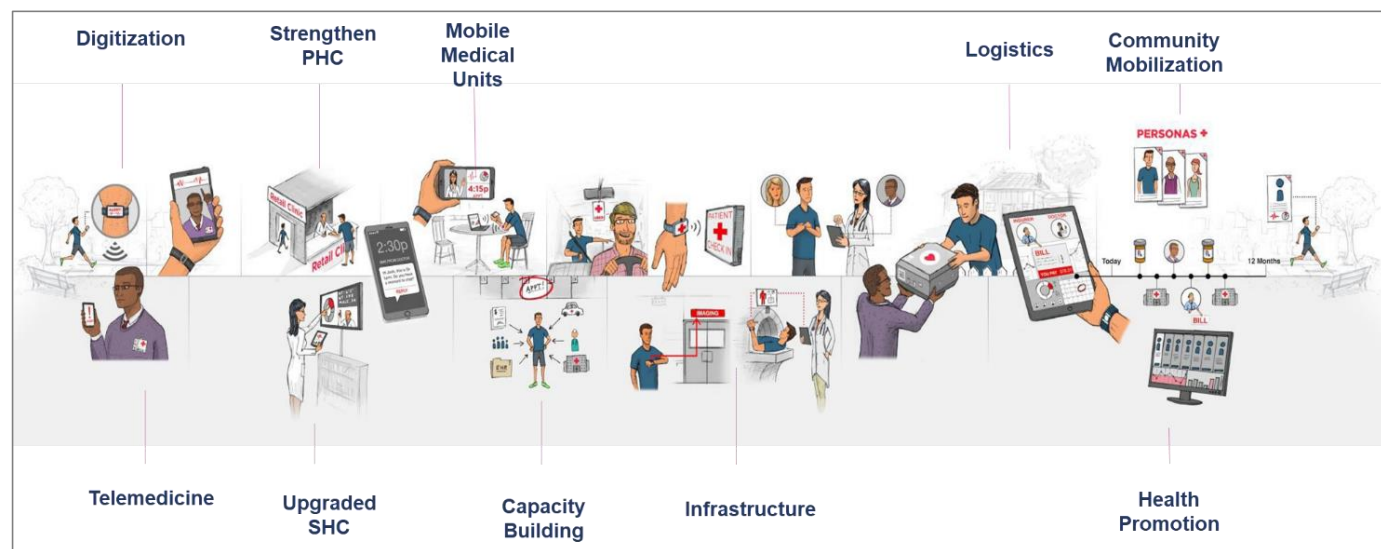


Figure 30: Ayushman Bharat Protocol

## Digitization

HWC team to be equipped with tablets/smart Phones to serve a range of functions such as: population enumeration and empanelment, record delivery of services, enable quality follow up, facilitate referral/continuity of care and create an updated individual, family and population health profile, and generate reports required for monitoring at higher levels.

## Telemedicine

At all levels, teleconsultation would be used to improve referral advice, seek clarifications, and undertake virtual training including case management support by specialists.

## Strengthen PHC

PHC team as per IPHS standards. Although all the PHCs have been expected to provide 24\*7 nursing care, this has not been possible in several states for variety of reasons. In 24\*7 PHCs having inpatient care, an additional nurse should be posted where cervical cancer screening is being undertaken/ planned. In PHCs that are not envisaged to provide inpatient care, the existing nurses should receive modular training in certificate course for primary care.

### **Upgraded SHC**

A team of at least three service providers (one Mid-level provider, at least two (preferably three) Multi-Purpose Workers – two female and one male, and team of ASHAs at the norm of one per 1000.

### **Mobile Medical Units**

Linkages with Mobile Medical Units (MMU) could serve to improve access and coverage in remote and underserved areas where there is difficulty in establishing HWCs. In such cases, medicines and other support could be provided to frontline workers, with periodic MMU visits. MMUs could also be linked to nearby HWCs, where medical consultation could be arranged on scheduled days, for those unable to travel to referral sites. MMUs could be used in conjunction with specific service delivery platforms, which otherwise are difficult to operationalize in that locality. MMUs can be designed to meet the specific needs in that locality, as a supplement to the HWC network. The visit calendar of the MMUs would need to be planned and displayed at HWC

### **Capacity Building**

Mid-Level Health Providers will be trained in a set of primary healthcare and public health competencies through an accredited training programme that combines theory and practicum with on the job training. Other service providers at HWC will also be trained appropriately to deliver the expanded range of services.

### **Infrastructure**

Sufficient space for outpatient care, for dispensing medicines, diagnostic services, adequate spaces for display of communication material of health messages, including audio visual aids and appropriate community spaces for wellness activities, including the practice of Yoga and physical exercises.

### **Logistics**

Adequate availability of essential medicines and diagnostics to support the expanded range of services, to resolve more and refer less at the local levels, and to enable dispensation of medicines for chronic illnesses as close to communities as possible

### **Community Mobilization**

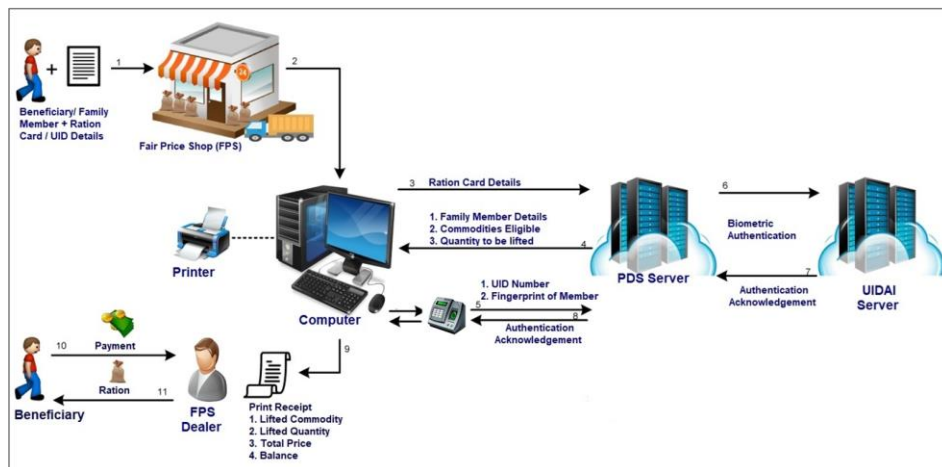
For action on social and environmental determinants, would require intersectoral convergence and build on the accountability initiatives under NHM so that there is no denial of health care and universality and equity are respected.

### **Health Promotion**

Development of health promotion material and facilitation of health promotive behaviors through engagement of community level collectives such as – Village Health Sanitation and Nutrition Committee (VHSNCs), Mahila Arogya Samiti (MAS) and Self-Help Groups (SHGs) and creating health ambassadors in schools. Enabling behavior change communication to address lifestyle related risk factors and undertaking collective action for reducing risk exposure, improved care seeking and effective utilization of primary health care services.

### 3.10.7 Digital Transformation of Fair Price Shops

There are currently more than 4000 Fair Price Shops in Meghalaya. All these work in a manual and ad-hoc manner with little or no integrated data. As a part of MeghEA plan, the transformation would touch all aspects of FPS value delivery. Below is a brief snapshot of the future state process



### 3.11 Future State Business Architecture

The objective of MeghEA, related to Human Development pillar is to **connect** the service delivery points to the service beneficiaries, ensure **collaboration** within and outside the departments, and **empower** beneficiaries by providing control back to them.

The diagram below describes the future state aspirational goals, services and relevant departments for Human Development Pillar:

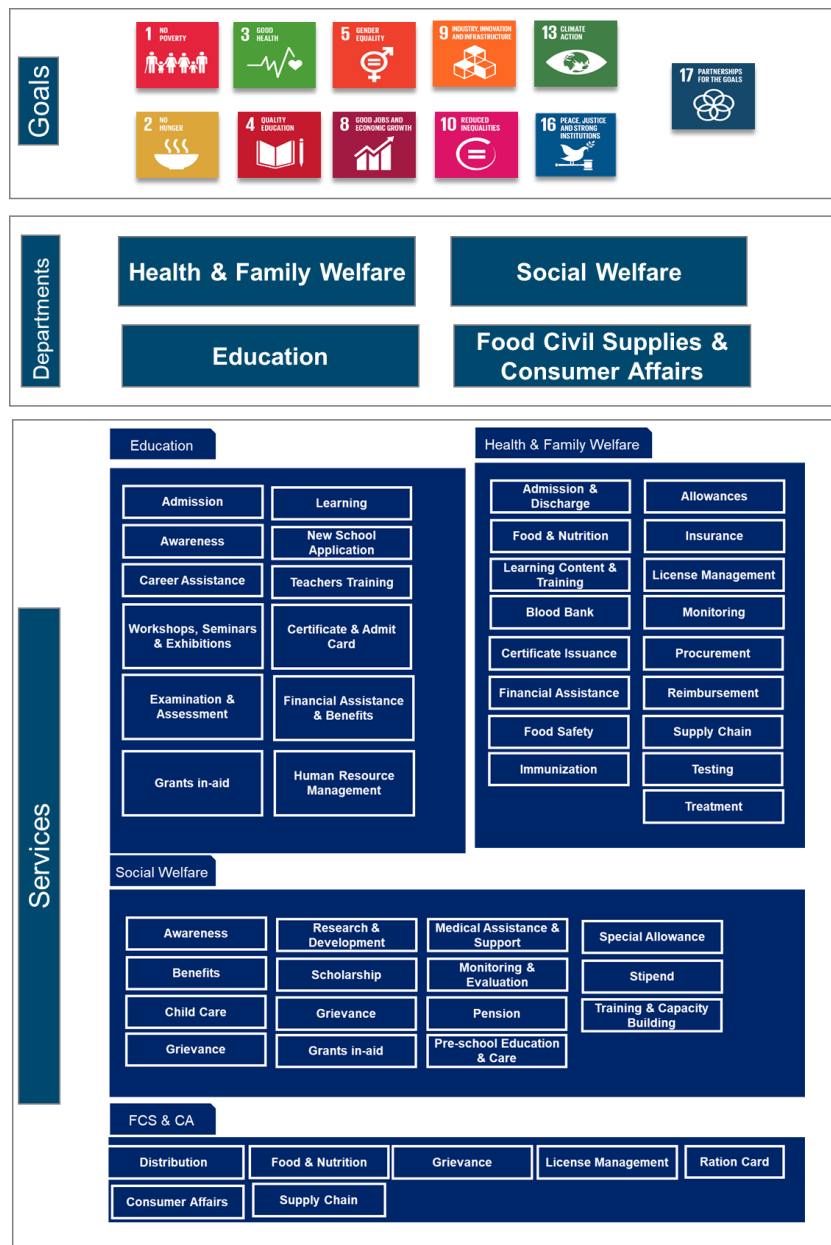


Figure 32: Future State Business Architecture- Human Development



To read above diagram in details:

- Goals – Refer section [9.2](#) for details around each of the Goals
- There are 4 departments covered under the Human Development pillar – Health and Family welfare (H &FW), Education, Food Civil Supplies and Consumer Affairs (FCS & CA) and Social Welfare
- The service domains(refer MeghEA Metamodel for service domain details) listed under each department are illustrated in section [9.5](#)

## 4. Application Architecture

The application architecture model describes logical groups of IT Capabilities (logical application modules) that manage the data objects in the data architecture model and support the business services identified in the business architecture model. These components will tend to be static, but the technology portfolio used to implement them will change over time, based on the technologies currently available and changing business needs. The components provide the common, re-usable “Building Blocks” which can then be combined and orchestrated in order to construct business applications. The application architecture is based on the design principles defined in the Application Architecture principles of IndEA and shall ensure maximum value is extracted from IT investment, whilst at the same time minimizing the time, cost and complexity of developing, deploying, maintaining and enhancing the applications going forward.

### The Objective of Application Architecture

- The application architecture section tries to capture the future state application landscape in line with the business requirements of the Human Development Sector Strategic Pillar. At Whole-of-Government level, the architecture framework would facilitate a common understanding of application assets and ICT services, identifying opportunities of sharing, reuse and consolidation or re-negotiation of licenses.
- The architecture framework would also assist in defining the data requirements, the design to store the data and how the data would need to be shared.
- The architecture would act as a framework in defining technology requirements.
- This would provide the framework through which Meghalaya Government would digitally **connect** with its stakeholders.
- Enable government to provide effective and integrated services to its stakeholders through integration – **collaborate**.
- This would also provide how processes and information would be executed to facilitate value delivery to citizens, **empowering** government service delivery stakeholders.

## 4.1 Key Concepts and Definitions

### 4.1.1 Key Concepts

- **MeghEA Meta Model:** The Meta Model describes the types of entities described in Business, Application, Data and Technology architecture domains and the relationships between them, refer State-wide Detailed Architecture Requirements document.
- **Digital Health Locker:** The Health Locker is a standards-based interoperability specification that can be implemented by multiple players to enable the creation of a Personal Health Record ecosystem
- **Decommission:** The system that is planned to be eliminated from the application portfolio with or without functionality migration to other systems

### 4.1.2 Key Definitions

- **API:** Application Program Interface or API is a code that allows two software programs to communicate with each other and consists of two aspects – the specification (that describes how information is exchanged between programs, done in the form of a request for processing and a return of the necessary data) and a software interface written to that specification and published for use.
- **National Digital Health Blueprint (NDHB):** The National Digital Health Blueprint (NDHB) provides an approach to establish foundational IT components that will enable the Health ecosystem to streamline information flows across players in the ecosystem while keeping citizens, their privacy and confidentiality of data at the forefront.

### 4.1.3 Principles

- ✓ **AP1 –Data Entry to be processed from State Systems**

Name	Data Entry to be processed from State Systems
<b>Statement</b>	All data entries to be processed from State owned systems only
<b>Scope</b>	Data entry for all services under Health & Family Welfare, Education, Social Welfare and FCS & CA
<b>Rationale</b>	Data entered in State owned system may be retained basis security requirement and as per Government of India standards. These data would be shared with National systems through APIs
<b>Implications</b>	All data entry directly to National systems needs to be eliminated and replaced with data entry in State systems followed by data transfer through APIs
<b>Exceptions</b>	Patient's Personal Health record or any other data would not be stored in State's system

## 4.2 As-Is State Application Architecture

The existing application landscape in Human Development sector has significant gaps. The primary gap is related to access to government services for the citizens. This has led to limited awareness about government services and hence lack of transparency in service delivery.

The existing systems available are described below:

Application Name	Application Description	Application Architecture Description	Modules	Application Group
Megha Health Insurance Scheme Portal (mhis.org.in)	Megha Health Insurance Scheme (MHIS) is a universal health insurance scheme (UHS) in the State of Meghalaya, utilizing the existing RSBY framework to provide health insurance to all persons that are resident in the State excluding state and central government employees.	Developed by Private Vendor (InTown Solutions)	<ul style="list-style-type: none"> <li>Hospital Empanelment</li> <li>Check Beneficiary Database</li> <li>View Empaneled Hospitals</li> <li>Grievance Redressal</li> <li>Package Rates</li> </ul>	Department Application
e-Hospital ( <a href="http://ehospital.gov.in/">http://ehospital.gov.in/</a> )	A workflow based HL7 compliant and ISO/IEC 9126 certified end-to-end solution Software for hospital management	Integrated HMIS Suite consists of HIS, LIS, RIS, PACS, Blood Bank and Telemedicine Suite. Technology stack: Linux-Tomcat/JBoss-PostgreSQL/J2EE.	<ul style="list-style-type: none"> <li>Patient Registration</li> <li>Emergency Registration</li> <li>Clinics</li> <li>Billing and Accounts</li> <li>Path Lab (LIS)</li> <li>Radiology /Imaging (RIS)</li> <li>PACS Interface</li> <li>Blood Bank Management</li> <li>IPD(ADT)</li> <li>OT Management</li> <li>Pharmacy Management</li> <li>Electronic Medical Records (EMR)</li> <li>Birth &amp; Death Registration</li> <li>Care Provision</li> <li>Stores &amp; Inventory</li> <li>Dietary Services</li> <li>Laundry Services</li> <li>Personnel Management</li> </ul>	Department Application

Application Name	Application Description	Application Architecture Description	Modules	Application Group
			<ul style="list-style-type: none"> <li>• Telemedicine Suite</li> <li>• Student Management System (For Teaching Hospital)</li> </ul>	
Online Registration System	ORS is Online Registration Framework Portal for taking OPD appointment in the Government Hospitals. ( <a href="https://ors.gov.in/">https://ors.gov.in/</a> )	Central System	<ul style="list-style-type: none"> <li>• Patient Registration</li> <li>• Online Appointment for OPD</li> <li>• Lab Reports</li> <li>• Blood Availability</li> <li>• Payments</li> </ul>	Department Application
UDISE Plus	Unified District Information System for Education is one of the largest Management Information Systems on School Education covering more than 1.5 million schools, 8.5 million teachers and 250 million children. UDISE+ (UDISE plus) is an updated and improved version of UDISE.	Central System	<ul style="list-style-type: none"> <li>• Data Collection</li> <li>• Dashboard</li> <li>• GIS Mapping</li> <li>• Third Party Verification</li> </ul>	Department Application
Mid-Day Meal Automated Reporting and Management System ( <a href="http://mdmhp.nic.in/home/index/ml">http://mdmhp.nic.in/home/index/ml</a> )	Application for Real Time Reporting from School level and Daily Monitoring of the Scheme	Central System developed by NIC Himachal	<i>Details not made available</i>	Department Application
Teachers Information System (TIMS)	An integrated, real time system application hosting all teacher, school, college information Automate all critical transactional processes like appointments, salary processing, transfers, retirements	OS: Ubuntu	<ul style="list-style-type: none"> <li>• Teacher Profile</li> <li>• School Profile</li> <li>• College Profile</li> </ul>	Department Application
National Scholarship Portal	The portal for Students, Institute and Officers for scholarships applying, approving, processing etc.	Central System	<ul style="list-style-type: none"> <li>• New Registration</li> <li>• Apply Scholarship</li> <li>• Eligibility</li> <li>• Dashboard</li> <li>• Approvals</li> </ul>	Department Application

Application Name	Application Description	Application Architecture Description	Modules	Application Group
Rapid Reporting System of ICDS (MIS for ICDS)	NIC, Delhi has developed web-enabled data entry system for use across all States/UTs for entry of Anganwadi Monthly Progress Reports [MPR] and Annual Status Reports	Central System	<ul style="list-style-type: none"> <li>• Reports</li> </ul>	Department Application
Computerized Disability Certificates	Developed by Ministry of Social Justice and Empowerment	Central System	<ul style="list-style-type: none"> <li>• New application for UDID</li> <li>• Renewal of existing Certificate/Card on expiration of validity</li> <li>• Information on the various schemes/ benefits, procedures to apply for Disability Certificate/UDID Card,</li> <li>• Suggestions/ Feedback, Manual, Success Stories etc.</li> </ul>	Department Application
Track CHILD 3.0	Developed by NIC	Central System	<ul style="list-style-type: none"> <li>• Search Missing/ Found Child</li> <li>• Inform a Missing/ Found Child</li> <li>• Photographs of Missing/ Found Child</li> <li>• Status of Complaint</li> <li>• Registration of Child Care Institution</li> <li>• Reports</li> </ul>	Department Application
Ngo Grants Online Application and Tracking System MSJE	In case of MSJE, application and Tracking needs to be done via <a href="http://grants-msje.gov.in/ngo-login">http://grants-msje.gov.in/ngo-login</a>	Central System	<i>Information awaited</i>	Department Application
Ngo Grants Online Application and Tracking System MoTA	In case of MOTA, Application and Tracking needs to be done via <a href="http://ngograntsmota.gov.in/ngo-login">http://ngograntsmota.gov.in/ngo-login</a>	Central System	<i>Information awaited</i>	Department Application
ePDS	The Public Distribution System (PDS) in the country facilitates the supply of	Database: Postgres 9.6	<ul style="list-style-type: none"> <li>• Search Ration Card Application</li> </ul>	Department Application

Application Name	Application Description	Application Architecture Description	Modules	Application Group
	food grains and distribution of essential commodities to many poor people through a network of Fair Price Shops at a subsidized price on a recurring basis. <a href="https://epds.nic.in/ML/epds#">https://epds.nic.in/ML/epds#</a>	OS: Linux 6.7 Application server: jboss	<ul style="list-style-type: none"> <li>View Ration Card Details</li> <li>Search FPS</li> <li>Reports</li> </ul>	
MegFEAST (Food & Essential Commodities Assurance & Security Target)	The portal is developed by NIC for supply chain and allocation of food grains. <a href="http://megfeast.gov.in/">http://megfeast.gov.in/</a>	SQL Server 2017; MS Windows Server 2012; IIS	<ul style="list-style-type: none"> <li>Supply Chain</li> <li>Allocation</li> <li>Policy for Commodity Distribution</li> <li>Variable Cartage &amp; Service Charge</li> <li>Bank details administration</li> <li>Reports - Allocation, Fee Deposit, PDS Calendar</li> </ul>	Department Application
Existing Ration Card Management System (ERCMS)	Data Digitization Application for Digitizing beneficiary data including Non-NFSA, AAY and PHH	<i>Not applicable</i>	Not required as data has been migrated to ePDS	Department Specific
Stakeholder Identity Management System (SIMS)	The application focuses on Fair Price Management.	<i>Details not available</i>	FPS Management	Department Specific
Depot Code Management System (DCMS)	The application focuses on Depot Code Management.	<i>Details not available</i>	Depot Management	Department Application
Anna Vitran	Central Portal for Reporting Food Grains distribution through ePoS devices. Pilot of 10 FPS through PoS is in progress since April 2018.	<i>Central System</i>	Reporting	Department Application
Meghalaya Board of School Education	MBoSE	<i>Details not available</i>	<ul style="list-style-type: none"> <li>Results</li> </ul>	Department Application
Merit List of Students undergoing MBBS,	An application for DHS(MI) for generation and printing of merit list for candidate applying for MBBS, BDS, etc against State Quota of seats	<i>Details not available</i>	<i>Details not available</i>	Department Application

Application Name	Application Description	Application Architecture Description	Modules	Application Group
BDS and other Allied Courses	based on NEET score. Merit List for Allied courses is based on percentage obtained in PCB			
MHRD	Ministry of Human Resource Development portal for School Education and Higher Education	Central System	Reports and Dashboard	Department Application
NSAP	Portal for transfer of Financial Assistance to Person with disabilities/ Widow/ Old Age and Family Benefit	Central System	DBT	Department Application
Case Monitoring System	The Confonet Project is a technical solution for development and implementation of a computer network-based system for the application areas with main focus on Case Monitoring.	Central System	<ul style="list-style-type: none"> <li>• Cause list</li> <li>• Judgement</li> <li>• Case Status</li> <li>• Case History</li> <li>• Display Board NCDRC</li> <li>• Display Board</li> <li>• Dashboard</li> <li>• Auto SMS/ email</li> <li>• Pull SMS</li> <li>• IVRS-NCDRC(Trial)</li> </ul>	Department Application

Table 27: As-Is Application Architecture

Application Name	Application Number	Application Type
Megha Health Insurance Scheme Portal (mhis.org.in)	HD.DEP.01	Department
e-Hospital ( <a href="http://ehospital.gov.in/">http://ehospital.gov.in/</a> )	HD.DEP.02	Department
Online Registration System	HD.DEP.03	Department
UDISE Plus	HD.DEP.04	Department
Mid-Day Meal Automated Reporting and Management System ( <a href="http://mdmhp.nic.in/home/index/ml">http://mdmhp.nic.in/home/index/ml</a> )	HD.DEP.05	Department
Teachers Information System (TIMS)	HD.DEP.06	Department
National Scholarship Portal	HD.DEP.07	Department
Rapid Reporting System of ICDS (MIS for ICDS)	HD.DEP.08	Department
Computerized Disability Certificates	HD.DEP.09	Department
Track CHILD 3.0	HD.DEP.10	Department
Ngo Grants Online Application and Tracking System MSJE	HD.DEP.11	Department



Application Name	Application Number	Application Type
Ngo Grants Online Application and Tracking System MoTA	HD.DEP.12	Department
ePDS	HD.DEP.13	Department
MegFEAST (Food & Essential Commodities Assurance & Security Target)	HD.DEP.15	Department
Existing Ration Card Management System (ERCMS)	HD.DEP.16	Department
Stakeholder Identity Management System (SIMS)	HD.DEP.17	Department
Depot Code Management System (DCMS)	HD.DEP.18	Department
Anna Vitran	HD.DEP.19	Department
Meghalaya Board of School Education	HD.DEP.20	Department
Merit List of Students undergoing MBBS, BDS and other Allied Courses	HD.DEP.21	Department
MHRD	HD.DEP.22	Department
NSAP	HD.DEP.23	Department
Case Monitoring System	HD.DEP23	Department

Table 28: Application List

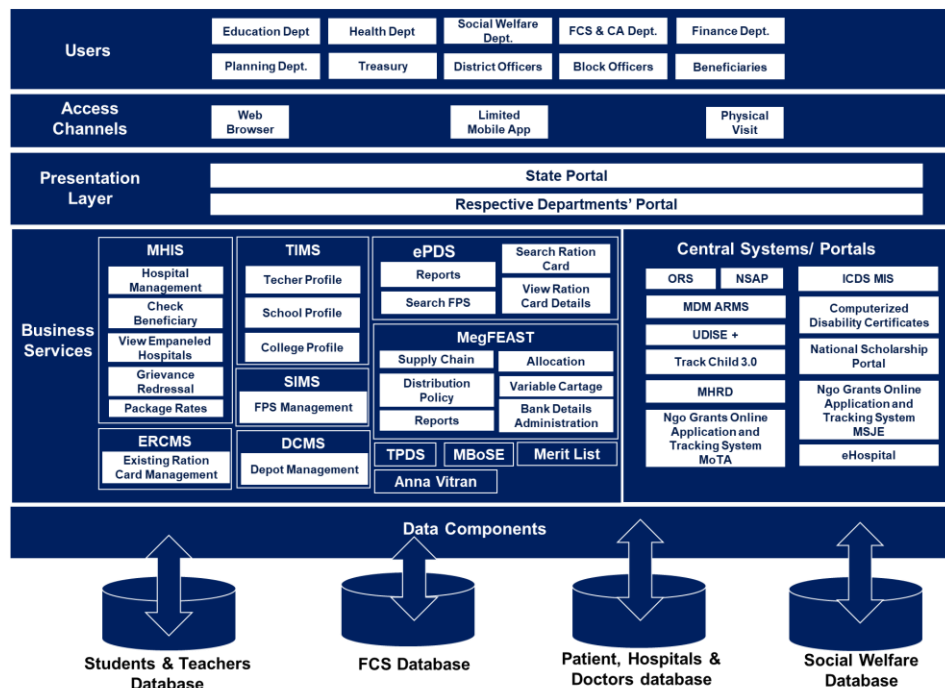


Figure 33: As-Is Application Architecture

The above diagram illustrates that apart from few business services, Human Development has significant gaps in delivering services through digital channels. While, there are systems like Teacher Information Management System, the potential of Digital Technology has not been fully realized. Even various Central Government applications available are not being utilized.

The system stakeholder interaction matrix has been illustrated in the table below:

System	Stakeholder	Interaction
MHIS	Hospital	Empanelment Application, Package Rates
	Patient	Pay Premium, Check List of Beneficiaries, View Empanelled Hospitals, Check Packages and Prices.
	Health Department	Grievance Redressal, Insurance Premium
TIMS	Teacher	Verify Details and profile
	Education Department	Creates Profile of Schools, Teachers, Colleges and perform daily operations like appointments, salary processing, transfers, retirements etc.
ePDS	Beneficiary	Verify Details, Search FPS
	FCS Department	Prepares Distribution Policy, Reports

System	Stakeholder	Interaction
	FPS	Check allocations of Food Grains
MegFEAST	District Administration	Allocation and Management
	Depot Owner	Allocation and Management
	Transporter	Calculate distance for payment
	FCS Department	Make payments to carriers (Fixed + Variable)
MBoSE	Education Department	Upload and Manage Results
	Student	Check Results
SIMS/ DCMS	FCS Department	FPS/ Depot Administration and Management
	District Administration	FPS/ Depot Administration and Management
ePDS	District Administration	Add, modify beneficiaries related to ration cards.
Merit List	Education Department	Generate Merit List for candidates applying for MBBS, BDS, etc against State Quota of seats based on NEET score.
Anna Vitran	FPS	Authenticate Beneficiary and enters ration provided
	FCS Department	Access Reports
Case Monitoring System	FCS Department	Case monitoring by judiciary on consumer complaints

Figure 34: System Stakeholder Interaction Matrix

### 4.3 Gap Assessment

There are several gaps that exists in consideration to the existing application landscape in Human Development Sector. Below are the key gaps at various stages in the sector.

Stage	Existing System	Business Functional Gaps
<b>Birth</b>	<ul style="list-style-type: none"> <li>• Mother App</li> <li>• e-Hospital</li> <li>• Online Registration System</li> </ul>	<ul style="list-style-type: none"> <li>• Mother App does not register pregnant women for tacking. Reproductive and Child Health (RCH) Portal registers pregnant women at central level through the primary health workers. The data is not integrated with other services of the state</li> <li>• No facility to register appointment for institutional birth</li> <li>• Not integrated with PDS application for Take Home Ration as part of ICDS</li> <li>• No facility to register for sterilization</li> </ul>
<b>Infant Care</b>	<ul style="list-style-type: none"> <li>• Mother App</li> <li>• e-Hospital</li> </ul>	<ul style="list-style-type: none"> <li>• No digital learning content facilities for nutritional best practices for mothers</li> <li>• Immunization schedule is not published or there is no immunization digital calendar</li> <li>• No facility to apply for creche/foster care</li> <li>• No facilities to seek appointment for growth related issues</li> </ul>
<b>Child Care</b>	<ul style="list-style-type: none"> <li>• TrackCHILD 3.0</li> <li>• ePDS</li> </ul>	<ul style="list-style-type: none"> <li>• No facility to apply for pre-school</li> <li>• Admission process are manual</li> </ul>
<b>Student Care</b>	<ul style="list-style-type: none"> <li>• Meghalaya Board of School Education</li> <li>• Mid-Day Meal Automated Reporting and Management System</li> <li>• National Scholarship Portal</li> </ul>	<ul style="list-style-type: none"> <li>• Assessments and examination results online but certificates are not available digitally</li> </ul>
<b>Patient Care</b>	<ul style="list-style-type: none"> <li>• e-Hospital</li> <li>• Online Registration System</li> <li>• NSAP</li> </ul>	<ul style="list-style-type: none"> <li>• No facility to pre-book appointment for diagnosis test</li> <li>• No facility to apply for various approved financial transformation</li> <li>• Digital health records are not centrally managed</li> <li>• Doctors and nurses posting, and schedule management is ad-hoc and not supported by system</li> </ul>
<b>Senior Citizen Care</b>	<ul style="list-style-type: none"> <li>• Megha Health Insurance Scheme Portal</li> </ul>	<ul style="list-style-type: none"> <li>• No facility to apply for old age pension</li> </ul>

Stage	Existing System	Business Functional Gaps
	<ul style="list-style-type: none"> <li>e-Hospital</li> </ul>	
Posthumous Care		<ul style="list-style-type: none"> <li>No system to apply for new/duplicate death certificate</li> </ul>

Table 29: Gap Assessment

Below is a brief synopsis of the gap assessment

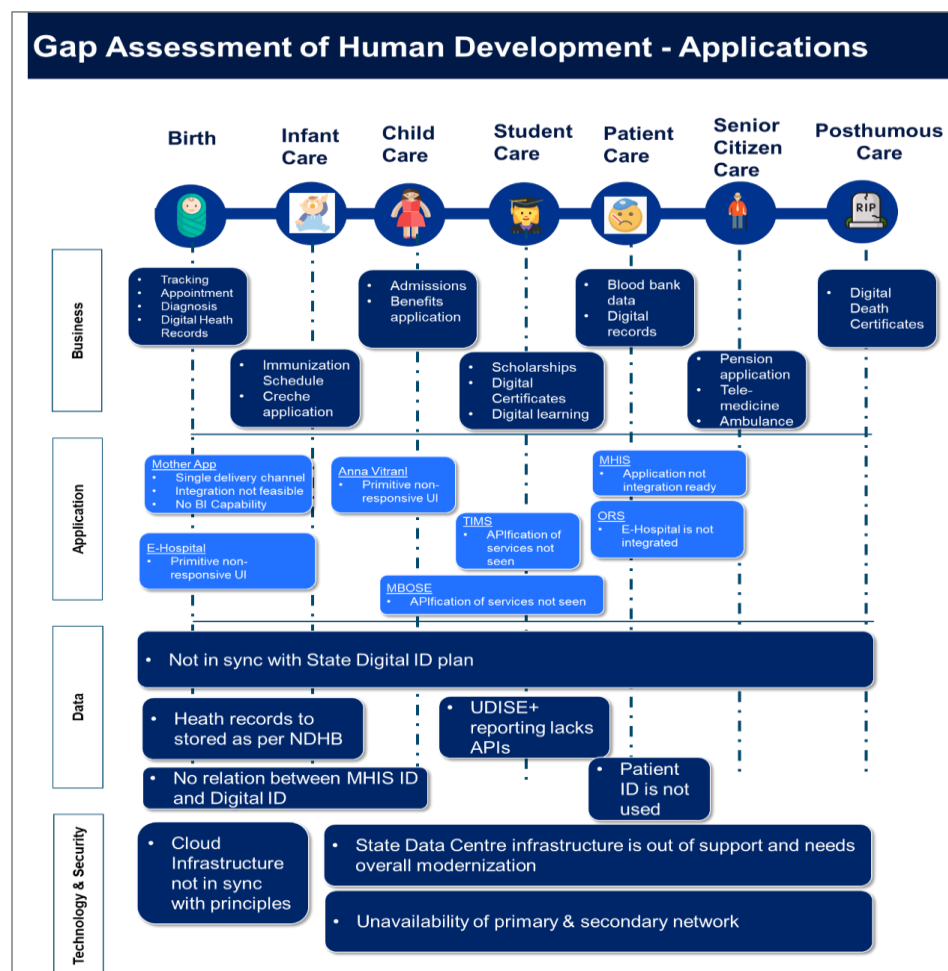


Figure 35: Service Lifecycle Gap Assessment

### 4.3.1 Architecture Gap Assessment of Existing Applications

Majority of the systems are implemented and supported by central ministry/organizations; the State Government has limited control over the applications. For central systems the assessment includes penetration and integration readiness remarks basis secondary research. (Please note actual data may vary)

Application Name	Penetration/Usage	Integration Readiness	Technical Gap
Megha Health Insurance Scheme Portal (mhis.org.in)	A total (including all phases) of 13,94,698 citizens have registered in MHIS. MHIS has converged with Ayushman Bharat, thus the system may need to be sunset. Ayushman Bharat has registered 15,53,912 citizens, hence, it is assumed that central system is the go-to portal for MHIS.	MHIS support team needs to re-architect existing system to expose APIs.	Ayushman Bharat system have architecture flexibility to expose APIs: <ul style="list-style-type: none"> <li>Registered Citizen</li> <li>Empaneled Hospitals</li> <li>Packages Opted</li> </ul>
e-Hospital ( <a href="http://ehospital.gov.in/">http://ehospital.gov.in/</a> )	2 hospitals have implemented the system, only 140 patients have registered.	APIs are available for consumption as per secondary research.	The responsiveness of the UI needs to be reviewed.
Online Registration System	3 Hospitals have registered.	No API documentations were found.	The system has duplication of functionality with e-hospitals. No technical details found.
UDISE Plus	All schools have enrolled.	Metadata documentation is available.	
Mid-Day Meal Automated Reporting and Management System ( <a href="http://mdmhp.nic.in/home/index/ml">http://mdmhp.nic.in/home/index/ml</a> )	7814 schools' reports to MDM system.	Currently, the data capture is through crude data entry. This needs to be replaced by API from State Portal.	Current system may not be API ready.
Teachers Information System (TIMS)	Teachers Information System.	System built in monolith architecture using primitive framework. No API exists.	System has architecture gap with respect to framework and alignment to IndEA architecture principles.
National Scholarship Portal	2 state schemes are available in NSP.	Portal does not have any API documentation.	Portal may not have capability to integrate with state architecture.

Application Name	Penetration/Usage	Integration Readiness	Technical Gap
	Several central scholarship schemes are available	and existing integration with other state's system	
Rapid Reporting System of ICDS (MIS for ICDS)	All state projects are reported (as on 2015)	Reporting system, integration is not required	Not Applicable as it is a consuming system
Computerized Disability Certificates	Yet to start	No API documentation, State needs to synchronize disability card data with State Architecture	Not evaluated
Track CHILD 3.0	Not reported	Integration with CCTNS is required, integration may require system re-architecture	Not evaluated
Ngo Grants Online Application and Tracking System MSJE	207 NGOs have registered	Integration may require system re-architecture effort	Not evaluated
ePDS	100% coverage	Integration may require system re-architecture effort	System does not use SSL hence; security capability is limited. System architecture framework is primitive and needs re-architecture effort
Existing Ration Card Management System (ERCMS)	100% coverage	Integration may require system re-architecture effort	System architecture framework is primitive and needs re-architecture effort
Stakeholder Identity Management System (SIMS)	Unknown	System not accessible	Master data of FPS needs to be pulled into State systems

Table 30: Existing Application Architecture Gap

#### 4.4 SWOT Analysis of Application Architecture

Analysis Paradigm	Key Pointers	Target State
Strength	Current portfolio of Central Government systems to cater specific services like e-Hospital, Health Insurance Management System etc.	Retained and leveraged

Analysis Paradigm	Key Pointers	Target State
	Capability of existing systems in Education department to integrate with external systems using web services.	Enhanced
	Availability of workflow management system (Service Plus)	Leveraged
	Teacher, School, Location details etc. master codes and unique tracking system	Retained
Weakness	Monolith architecture with minimal integration capability.	Recommended for Decommissioning
	Multiple systems with multiple user profiling.	Recommended for SSO
	Duplicate functionality in multiple systems in education department, additionally there are more than required portals with limited usage leading to cost to the government	Recommended for elimination through rationalization
	Unavailability of Integration platform.	Recommended for State Service Bus and API-Gateway
	Education systems have lack of available APIs(documentation), hence integration is a challenge	Re-architecture recommended
	Lack of service digital maturity.	Partially Eliminated
Opportunity	Adoption of emerging technology to address unthinkable business capability gaps	Realized
	Availability of national health blueprint for adoption and adherence	Realized
	Availability of a number of central systems that are yet to be adopted in the state such as DigiLocker	Realized
	Introduction of new services in digital service delivery channels	Realized
	Introduction of integration platform	Realized
	Portfolio rationalization	Realized
Threats	Unavailability of SSO leads to non-uniform security	Addressed
	Primitive user experience may lead to hinderance in technology adoption	Not Addressed
	Resistance towards adoption of systems and inclination towards manual mode of service delivery	Not Addressed

Table 31: SWOT Analysis of Application Architecture

## 4.5 Application Transformation Plan

Based on the current state understanding, it is observed that the Education, Health & FW and Social Welfare Departments of Government of Meghalaya hardly have any systems to facilitate service delivery. These systems are non-compliant to architecture principles, standards and have several



gaps in various architecture domain

Basis study of business architecture and the derived business transformation plan. It is evident that, few of these systems needs to be re-architected while few would need to be decommissioned as proposed system would subsume the application service.

Following categories of changes are planned for the applications:

1. **New System Addition:** Customized system would be built following MeghEA application architecture principles
2. **Business Functionality Addition:** This would be applicable for systems which have limited capability; existing functionality would be transferred to existing/ new system to ensure better service delivery.
3. **Application Architecture Enhancement:** The application may have been supporting critical functionality with low technical fitment. It is imperative that the application needs to be modified to incorporate necessary architecture enhancement.
4. **Integration with Single-Sign-On:** Central systems would be integrated with single sign-on features using encrypted APIs
5. **Decommission:** Systems that have duplicate or redundant functionality would be decommissioned to rationalize the portfolio and enhance efficiency.

Basis gap assessment study and analysis, below table represents the plan

Application	Category for Transformation	Description
Human Development System and Portal	New System	<p>Following modules would be developed:</p> <ul style="list-style-type: none"> <li>• Learning Content &amp; Training</li> <li>• Examinations &amp; Assessments</li> <li>• Financial Assistance &amp; Benefits</li> <li>• Scholarships</li> <li>• Institution Administration</li> <li>• Certificate &amp; Admit Card</li> <li>• Allowances</li> <li>• Admissions</li> <li>• Awards &amp; Recognition</li> <li>• Workshops/Seminars &amp; Exhibition</li> <li>• Grants to NGO</li> <li>• Complaints &amp; Grievances</li> <li>• Food &amp; Nutrition</li> <li>• Benefits</li> <li>• Fund Management</li> <li>• Licenses</li> <li>• Ration Card</li> <li>• Procurement</li> <li>• Treatment</li> <li>• Insurance</li> </ul>
Megha Health Insurance Scheme Portal (mhis.org.in)	Decommission	System functionality to be included in Ayushman Bharat. Ayushman Bharat data needs to be pulled into State Master Data Management system

Application	Category for Transformation	Description
e-Hospital ( <a href="http://ehospital.gov.in/">http://ehospital.gov.in/</a> )	Re-architecture	e-Hospital security needs to be re-architect to align with state Single Sign-on capability ORS modules need to be added in the system
Online Registration System (ORS)	Decommission	e-Hospital has required feature, few additional modules needs to be migrated to e-hospital
UDISE Plus	Data Integration	All data entry to UDISE needs to go through State portal; thus, UDISE needs to accept API for data reporting
Mid-Day Meal Automated Reporting and Management System	Data Integration	All data entry to UDISE needs to go through State portal; thus, UDISE needs to accept API for data reporting
Teachers Information System (TIMS)	Re-architecture	System needs to be built in SOA/Micro-Service architecture with capability to register services in State Service Bus
National Scholarship Portal	No Modifications	NSP portal would be loosely linked for specific services through weblinks
Rapid Reporting System of ICDS (MIS for ICDS)	Data Integration	All data entry to UDISE needs to go through State portal; thus, UDISE needs to accept API for data reporting
Computerized Disability Certificates	Data Integration	System data needs to be pulled into State Master Data Management system
Track CHILD 3.0	Data Integration	System data needs to be pulled into State Master Data Management system
Ngo Grants Online Application and Tracking System MSJE	Data Integration	System data needs to be pulled into State Master Data Management system
ePDS	Re-architecture	System needs to be built in SOA/Micro-Service architecture with capability to register services in State Service Bus
TPDS	Decommission	e-PDS needs to be extended to include the existing functionality
Existing Ration Card Management System (ERCMS)	Decommission	e-PDS needs to be extended to include the existing functionality
Case Monitoring	Data Integration	Cases raised in State Grievance portal needs to be integrated with the case monitoring system

Table 32: Application Transformation Plan

## 4.6 Future State

It is critical to note that, MeghEA would follow the **minimum viable architecture** principle. Hence, not all building blocks stated above would be built in a big bang approach. Rather, the roadmap would follow a step-by-step approach to ensure a smooth transition to the future state and a holistic approach that includes dependency assessment and several other considerations such as legal and regulatory assessment before project initiation.

The Prioritization Phase-I, would implement a minimum viable architecture for Human Development sector that includes following principles:

- Implementation of systems that are mandatory for coverage of prioritized business service digital implementation
- Implementation of common systems that can be used in a plug and play model, however these systems would be aligned to IndEA principles

### Alignment to National Digital Health Blueprint

The application architecture for Human Development includes Health and Family Welfare, for this purpose the architecture has been aligned to the National Digital Health Blueprint Application Building Blocks. Diagram below is the graphical representation of the National Digital Health Blueprint

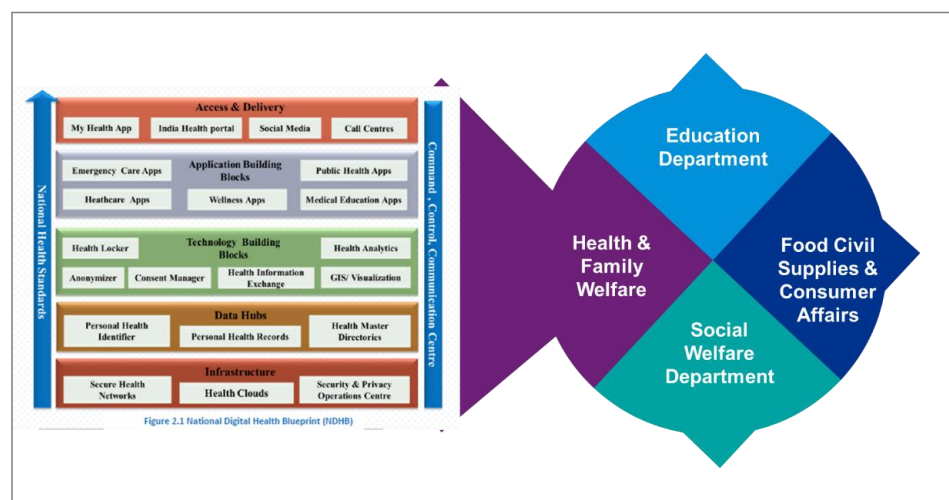


Figure 36: NDHB - MeghEA Application Architecture Alignment

Based on above principles, below is a diagrammatic representation of the Phase-I Application Architecture for Human Development:

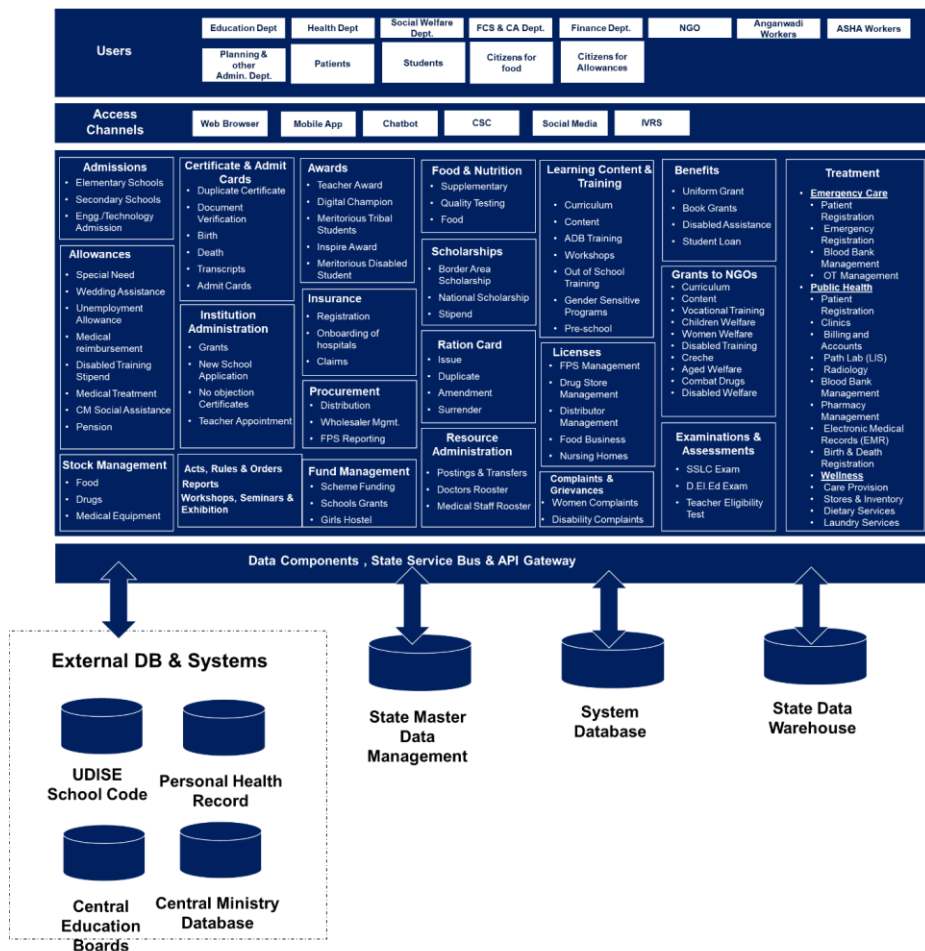


Figure 37: Human Development Application Architecture

The above diagram illustrates the Phase-I application portfolio for Human Development. The core and common applications to be included is described in other section (please refer [section 9.3](#)). Below is the system functionality for the new applications for Human Development:

Module	Sub-Module
Admissions	Elementary Schools
	Secondary Schools
	Engg. /Technology Admission
Allowances	Special Need
	Wedding Assistance
	Unemployment Allowance

Commented [DA1]: 1.Special needs Added twice  
2.Stock Management not included  
3.Act rules and order reports not available

Module	Sub-Module
	Medical reimbursement
	Person with disability Training Stipend
	Medical Treatment
	CM Social Assistance
	Pension
<b>Awards</b>	Teacher Award
	Digital Champion
	Meritorious Tribal Students
	Inspire Award
	Meritorious Student with disabilities
<b>Benefits</b>	Uniform Grant
	Book Grants
	Person with disabilities Assistance
	Student Loan
<b>Certificate &amp; Admit Card</b>	Duplicate Certificate
	Document Verification
	Birth and Death
	Transcripts
	Admit Cards
<b>Complaints &amp; Grievances</b>	Women Complaints
	Complaints from person with disability
<b>Examinations &amp; Assessments</b>	SSLC Exam
	D.El.Ed Exam
	Teacher Eligibility Test
<b>Food &amp; Nutrition</b>	Supplementary
	Quality Testing
	Food
<b>Fund Management</b>	Girls Hostel
	Scheme Funding
	Schools Grants
<b>Grants to NGO</b>	Vocational Training
	Person with disability Training
	Children Welfare
	Women Welfare
	Person with disability Training
	Creche
	Aged Welfare
	Combat Drugs
	Person with disability Welfare
<b>Institution Administration</b>	Grants
	New School Application
	No objection Certificates
	Teachers Appointment
<b>Insurance</b>	Registration
	Onboarding of hospitals
<b>Learning Content &amp; Training</b>	Claims
	Curriculum
	Content
	ADB Training

Commented [DA2]: Added new

Module	Sub-Module
	Workshops
	Out of School Training
	Gender Sensitive Programs
	Pre-school
<b>Licenses</b>	FPS Management
	Drug Store Management
	Distributor Management
	Food Business
	Nursing Homes
<b>Procurement</b>	Wholesaler Management
	Distribution
	FPS Reporting
<b>Ration Card</b>	Issuance/ Renewal/ Cancellation
	Duplicate
	Amendment
	Surrender
<b>Resource Administration</b>	Posting and Transfers
	Doctors Roaster
	Medical Staff Roaster
<b>Scholarships</b>	Border Area Scholarship
	National Scholarships
	Stipend
<b>Treatment</b>	<b>Emergency Care</b>
	• Patient Registration
	• Emergency Registration
	• Blood Bank Management
	• OT Management
	<b>Public Health</b>
	• Patient Registration
	• Clinics
	• Billing and Accounts
	• Path Lab (LIS)
	• Radiology
	• Blood Bank Management
	• Pharmacy Management
	• Electronic Medical Records (EMR)
	• Birth & Death Registration
	<b>Wellness</b>
	• Care Provision
	• Stores & Inventory
	• Dietary Services
	• Laundry Services
<b>Workshops, Seminar &amp; Exhibitions</b>	Industry Orientation
	Investor Knowledge Community
	Career Exhibition
<b>Acts, Rules and orders report</b>	Workshops, seminars and exhibitions
<b>Stock Management</b>	Food
	Drugs
	Medical Equipment

Table 33: New Applications for Human Development sector

Technical Architecture	
<b>Application Architecture</b>	Application to be built in Service Oriented Architecture/Micro-Service Architecture with complete isolation of business logic. The architecture needs to follow MeghEA architecture principles and adhere to MeghEA application architecture standards. These standards and principles are derived from IndEA
<b>Data Architecture</b>	<p>Please follow data architecture section for data design:</p> <ul style="list-style-type: none"> <li>• Conceptual Data Model</li> <li>• Logical Data Model</li> </ul> <p>Physical data model must be derived aligned to the Logical Data Model</p>
<b>Technology Architecture</b>	<p>The system would be deployed at State Data Centre and following are required:</p> <ul style="list-style-type: none"> <li>• Application Server</li> <li>• Web Server</li> <li>• Database Server</li> <li>• Business Intelligence</li> <li>• Data Analytics</li> <li>• Data Warehouse Tool</li> <li>• API Gateway</li> <li>• Enterprise Service Bus</li> </ul> <p>Please refer Technology architecture section for detailed requirement</p>

Table 34: Technical Architecture Requirements

#### 4.6.1 The Service – Application Matrix

As detailed in the above sections, below is the final list of the future state applications

Application Name	Application Number	Application Type
e-Hospital ( <a href="http://ehospital.gov.in/">http://ehospital.gov.in/</a> )	HD.DEP.02	Department
UDISE Plus	HD.DEP.04	Department
Mid-Day Meal Automated Reporting and Management System ( <a href="http://mdmhp.nic.in/home/index/ml">http://mdmhp.nic.in/home/index/ml</a> )	HD.DEP.05	Department
Teachers Information System (TIMS)	HD.DEP.06	Department
National Scholarship Portal	HD.DEP.07	Department
Rapid Reporting System of ICDS (MIS for ICDS)	HD.DEP.08	Department
Computerized Disability Certificates	HD.DEP.09	Department
Track CHILD 3.0	HD.DEP.10	Department
Ngo Grants Online Application and Tracking System MSJE	HD.DEP.11	Department

Application Name	Application Number	Application Type
Ngo Grants Online Application and Tracking System MoTA	HD.DEP.12	Department
ePDS	HD.DEP.13	Department
MegFEAST (Food & Essential Commodities Assurance & Security Target)	HD.DEP.15	Department
Stakeholder Identity Management System (SIMS)	HD.DEP.17	Department
Depot Code Management System (DCMS)	HD.DEP.18	Department
Anna Vitran	HD.DEP.19	Department
Meghalaya Board of School Education	HD.DEP.20	Department
Merit List of Students undergoing MBBS, BDS and other Allied Courses	HD.DEP.21	Department
MHRD	HD.DEP.22	Department
NSAP	HD.DEP.23	Department
Meghalaya Human Development System	HD.DEP.24	Department

The below table is a critical table to explain the mapping between system and services in the Human Development sector.

The categories of applications are:

**Service Provisioning:** Part of common system, the system would be used for all workflow based digital services. Service Provisioning would be connected to the human development portal and invoked as per requirement.

**Document Management and Content Management:** This will be used to store web site contents, acts, rules and various other digital contents.

**Data Analytics and Business Intelligence (BI):** Tool to be used for all reporting and dashboard.

- Workflow based services – **Service Plus**
- Reports underlying technology – **BI & Analytics**
- School codes, hospital codes – **Master Data**
- External data to be sourced through API and stored in **Data Warehouse**
- Document & Content to be stored in **e-Office**

Please follow the service and corresponding system module for reference



Service Code	Service Name	Module	Sub-Module
HFW.79	Day care for children of working women in Anganwadi buildings	Admission	Day Care
ED.39	Engineering Seat Allocation through CSAB	Admissions	Engg./Technology Admission
ED.28	Aids and appliances, Assessment camps and imparting Homebased education to Children with Special Needs under Samagra Shiksha Abhiyan	Allowances	Special Need
ED.31	Transport escort allowances for CWSN	Allowances	Special Need
SW.1	Chief Minister Scheme for Wedding Assistance for Orphaned Girls	Allowances	Wedding Assistance
SW.15	Unemployment Allowance for Person with Disabilities	Allowances	Unemployment Allowance
SW.20	Medical reimbursement for the Person with disabilities	Allowances	Medical reimbursement
SW.34	Stipend under Vocational Training Persons with Disabilities	Allowances	Person with disability Training Stipend
SW.43	Financial assistance for Medical Treatment for Aged	Allowances	Medical Treatment
SW.50	Chief Minister Social Assistance Scheme for Person with Disability	Allowances	CM Social Assistance
SW.55	Pension under Chief Minister Social Assistance Scheme for the infirm & Single Mother	Allowances	Pension
HFW.77	Compensation for Sterilization	Allowances	Sterilization
ED.73	Girl student incentive	Allowances	Girl Child
ED.74	Block level teacher award	Awards	Teacher Award
ED.80	Digital Champions School Labs	Awards	Digital Champion
ED.48	Award for Meritorious Tribal students of Meghalaya in the HSSLC Exam Science Stream	Awards	Meritorious Tribal Students
ED.51	INSPIRE AWARD Manak Scheme	Awards	Inspire Award
SW.13	Cash Award to Meritorious Students with disabilities	Awards	Meritorious Student with disabilities
SW.14	Uniform Grant for Person with Disabilities	Benefits	Uniform Grant
SW.21	Book Grant for Person with Disabilities	Benefits	Book Grants
SW.44	Monitoring for Skill & Entrepreneurial Development of PwD	Benefits	Person with disability Assistance
ED.77	Students loan for higher education	Benefits	Student Loan
ED.12	Issue of Duplicate Reg. Card, Admit Card, Marksheet and Certificate	Certificate & Admit Card	Duplicate Certificate
ED.37	MBOSE Online Submission for Documents Verification	Certificate & Admit Card	Document Verification
HFW.13	Issuance of Birth/ Death Certificate	Certificate & Admit Card	Birth Death
ED.76	Online Transcripts	Certificate & Admit Card	Transcripts
SW.3	Complaints and Redressals by the women commission	Complaints & Grievances	Women Complaints

Service Code	Service Name	Module	Sub-Module
SW.6	Grievances and complaints Redressal	Complaints & Grievances	Complaints from Person with Disability
ED.5	Conduct of SSLC and HSSLC Examination	Examinations & Assessments	SSLC Exam
ED.13	D.El.Ed Programme Scholarship	Examinations & Assessments	D.El.Ed Exam
ED.41	Meghalaya Teacher Eligibility Test	Examinations & Assessments	Teacher Eligibility Test
SW.12	Supplementary Nutrition Programme	Food & Nutrition	Supplementary
HFW.75	Take Home Rations (THR) under the ICDS Scheme	Food & Nutrition	Maternity
ED.75	Mid-day meal quality testing	Food & Nutrition	Quality Testing
FCS.27	Deliver Food grains, SK Oil	Food & Nutrition	Food
SW.30	Grants in aid for construction of girl's hostel	Fund Management	Girls Hostel
SW.2	Token Grant under Vocational Training for Person with Disabilities- through NGOs	Grants to NGO	Vocational Training
SW.16	Vocational Training Centre for Disabled NGOs Financial assistance	Grants to NGO	Person with disabilities Training
SW.18	Grant in Aid for NGOs for the welfare of Children	Grants to NGO	Children Welfare
SW.19	Grant in Aid for NGOs for the welfare of Women	Grants to NGO	Women Welfare
SW.22	Grant-in-aid to NGOs to Sponsor Vocational Training for person with disabilities	Grants to NGO	Person with disabilities Training
SW.23	Financial assistance to Creche NGOs	Grants to NGO	Creche
SW.24	Grant in Aid for NGOs for the welfare of Aged	Grants to NGO	Aged Welfare
SW.35	Grant in Aid for NGOs for Combating of Drugs	Grants to NGO	Combat Drugs
SW.36	Grant in Aid for NGOs for the welfare of person with disabilities	Grants to NGO	Person with disabilities Welfare
ED.11	Non-Govt. Institution Grant in aid Disbursement	Institution Administration	Grants
ED.26	Schools Opening permission under DSEL	Institution Administration	New School Application
ED.32	University / College NOC Issuance	Institution Administration	No objection Certificates
ED.45	Approval for appointment of Teachers and staff in Deficit Grant in Aid Colleges	Institution Administration	Teacher Appointment
HFW.37	MHIS Issuance of E-Card	Insurance	Registration
ED.1	Textbook Design and Selection	Learning Content & Training	Curriculum
ED.4	Module on Early Childhood Education	Learning Content & Training	Content
ED.20	Training for Supporting Human Capital Development(ADB)	Learning Content & Training	ADB Training
ED.36	Model Question Papers, Test Items, Preparation and Use of Audio-Visual equipment Workshops	Learning Content & Training	Workshops
ED.49	Foundation Course	Learning Content & Training	

Service Code	Service Name	Module	Sub-Module
ED.70	Special Training for Out of School Children under Samagra Shiksha Abhiyan	Learning Content & Training	Out of School Training
SW.41	Training and Capacity building- Orientation and Sensitization	Learning Content & Training	Gender Sensitive Programs
SW.54	Early Childhood care and Education / Pre-school Non-formal Education	Learning Content & Training	Pre-school
HFW.73	Health Practices Training	Learning Content & Training	Medical Education
FCS.01	Issuance/ Renewal/ Cancellation of FPS/ SK Dealer License	Licenses	FPS Management
HFW.06	Issuance/ Renewal of License (Retail, Wholesale, Loan) for Drugs/ Homoeopathic/ Ayurvedic Medicines	Licenses	Drug Store Management Distributor Management
HFW.08	Licensing and Registration of Food Business Operators	Licenses	Food Business
HFW.35	Licensing and Registration of Nursing Homes	Licenses	Nursing Homes
FCS.22	Appointment/ Cancellation of Wholesaler	Procurement	Wholesaler Management
FCS.07	Issuance/ Transfer/ Modification/ Cancellation of Ration Card	Ration Card	Issuance/ Renewal/ Cancellation
ED.7	Border Area Scholarship	Scholarships	Border Area Scholarship
HFW.01	Medical Treatment services including Animal Bite, Medical Emergencies, Pregnancy, Birth Control, HIV etc.	Treatment	Appointment
HFW.09	Blood Banking Services	Treatment	Blood Bank
HFW.12	PRADHAN MANTRI MATRU VANDANA YOJANA (PMMVY)	Treatment	Pregnancy
HFW.74	Free Medical Service to all Pregnant Women	Treatment	Healthcare
HFW.76	Institutional Delivery Benefit Service	Treatment	Public Health
HFW.78	Integrated immunization	Treatment	Immunization
ED.78	Industry leadership sessions	Workshops, Seminar & Exhibitions	Industry Orientation
ED.79	Venture Capitalists and angel investor community	Workshops, Seminar & Exhibitions	Investor Knowledge Community
ED.58	Vocational/Career Guidance to Students (Extension )	Workshops/Seminars & Exhibition	Career Exhibition

Table 35: Service - Application Matrix

## 4.6.2 Future State Application Communication Model

The future state application communication model would not be based on point to point integration rather be enabled by State Integration platform. The integration platform's primary function would be to provide the connections between communicating applications - acting much like a router to control the data. The interaction and communication between components are across the platform, which has a similar function as a physical computer bus to handle data transfer or message exchange between services without writing any actual code. As per the business architecture interaction matrix (please refer sections 3.3.3), the systems need a high degree of integration owing to the varied portfolio and business functional capability. To enable information flow for effective business integration, the integration platform would ensure reliable, cost effective and managed integration across the systems. Below are the logical integration details between each system

Consumes Information ---> Provides Information ↓	Human Development Sector System	State DBT	Learning Management System	E-Office	Service Plus	Integrated Finance	Chatbot	MeghEIS	Email Gateway	SMS Gateway	GRAS	DigiLocker
Human Development System		Beneficiary Bank Details	Requests digital content based on service request	Request Acts/Rules	Invoke Service Request from list Provide Resolution Stakeholder	LOA Amount scheme code wise	Information Services	Stakeholder Information Request	Email notification	SMS notification	Service Payment	Citizen License, ID Card
State DBT	Payment update											
Learning Management System	Publishes digital content based on service request											
E-Office	Acts & Rules						Service Status					
Service Plus	Service Status											
Integrated Finance		Payment Request										
Chatbot					Service Request No							
MeghEIS	Service Resolution Stakeholder Details								Email id of Dept. Stakeholder	SMS of Dept. Stakeholder		
Email Gateway	Email notification to stakeholders											
SMS Gateway	SMS notification to stakeholders											
Megh GRAS	Service Payment Status											
DigiLocker	Citizen Requested Document											

Table 36: Application Communication Model

Basis of the above communication matrix, below diagram is an illustrative representation of application

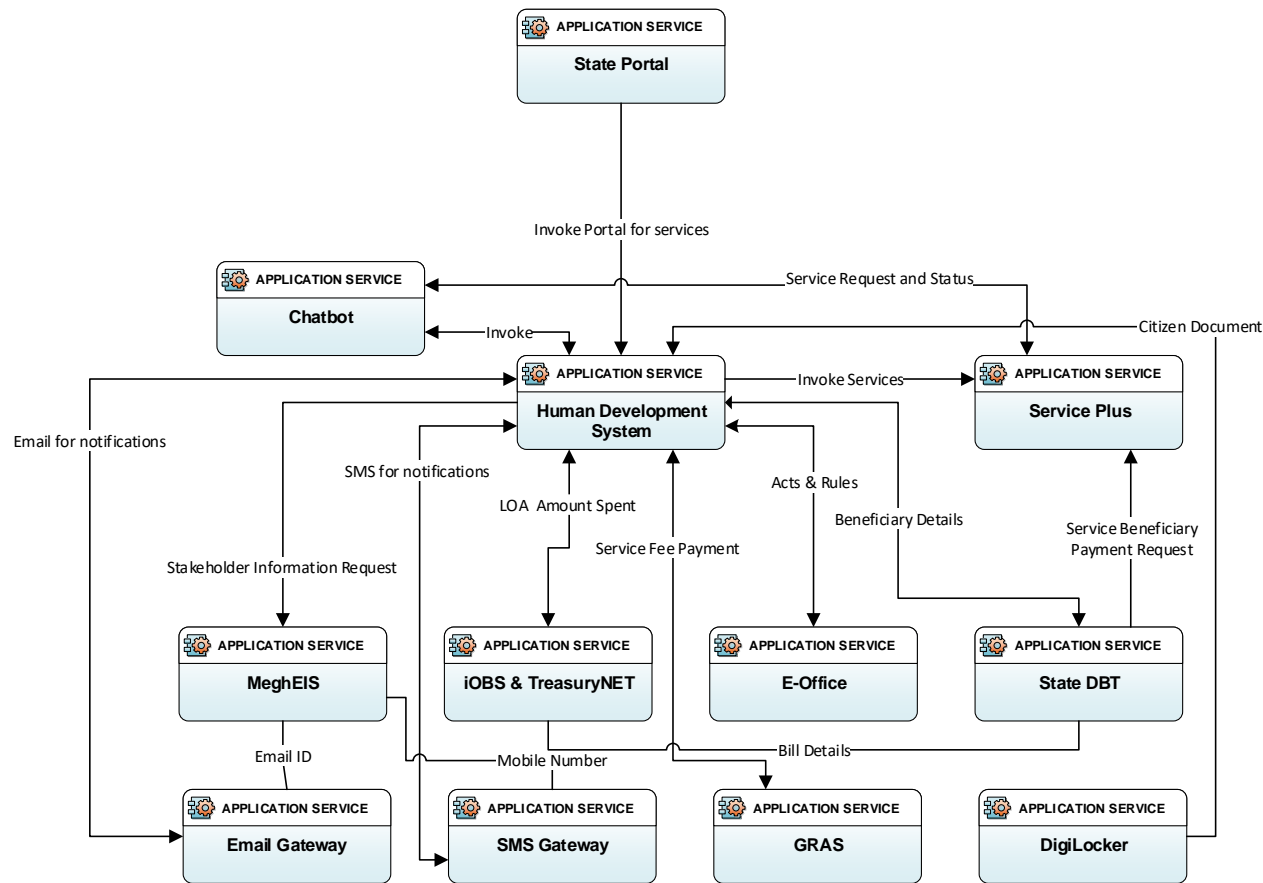


Figure 38: Future State- Application Communication Model

Even though above diagram illustrates the logical model for application communication, the practical implementation would be different.

The future state application communication model would not be based on point to point integration rather be enabled by State Integration platform. The integration platform's primary function would be to provide the connections between communicating applications - acting much like a router to control the data. The interaction and communication between components are across the platform, which has a similar function as a physical computer bus to handle data transfer or message exchange between services without writing any actual code.

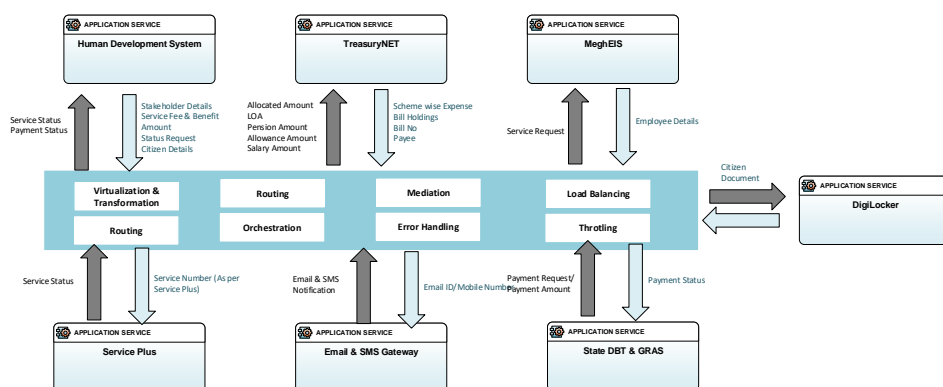


Figure 39: Application Integration Architecture

Based on above analysis, following APIs (logical level) needs to be made available. Please note the list below is indicative in nature and needs to be further elaborated at the time of implementation.

API/ Service	Application	Data Sharing Details	Source Application	Destination Application
Service Request		<ul style="list-style-type: none"> <li>Service ID (Number)</li> <li>Mobile Number (Number)</li> </ul>	Chatbot	Service Plus
Service Acknowledgement Status		<ul style="list-style-type: none"> <li>Service request ID(Number)</li> <li>Service application URL</li> </ul>	Service Plus	Chatbot
Aadhar Verification		<ul style="list-style-type: none"> <li>Aadhar Number</li> <li>Verification Result</li> </ul>	Service Plus	UIDAI
Ration Card Verification		<ul style="list-style-type: none"> <li>Ration Card Number</li> <li>Verification Results</li> </ul>	Service Plus	ePDS
Student Data Verification		<ul style="list-style-type: none"> <li>Student Registration Number</li> </ul>	Service Plus	UDISE+
Patient Health Record		<ul style="list-style-type: none"> <li>State Digital ID</li> </ul>	Human Development System	Health Locker
Fetch Name & Demography PDS		<ul style="list-style-type: none"> <li>Ration Number</li> <li>Name</li> <li>Date of Birth</li> </ul>	Service Plus	ePDS/ Aadhar ( post one nation one ration

API/Service	Application	Data Sharing Details	Source Application	Destination Application
		<ul style="list-style-type: none"> <li>Last Name</li> <li>First Name</li> <li>Address</li> <li>Pin Code</li> <li>Sex</li> </ul>		scheme implementation)
	New Request	<ul style="list-style-type: none"> <li>Applicant's Digital ID</li> <li>Applicant's demographic details</li> <li>Requested Type</li> <li>Request Sub-Type</li> <li>Supporting Document</li> <li>Approval</li> </ul>	Human Development Sector System	Integrated Finance
	Service Status	<ul style="list-style-type: none"> <li>Service Request ID</li> <li>Service Status</li> <li>Reason for Delay</li> </ul>	Human Development System	Service Plus

Table 37: Logical Application Integration Requirements

#### 4.6.3 Illustrative Use Cases: Beneficiary applies for a service

Based on above analysis, MeghEA Human Development Application Architecture would aim to be futuristic and visionary to achieve citizen centric objectives. Below are the objectives which would be realized

##### Integrated Health, Food & Nutrition and Education

Pregnant women once reported, would be able to avail Take Home Ration seamlessly, connected for institutional delivery or diagnosis, the newborn would be provided immunization schedule (reminded through ASHA workers) and made aware for enrollment in pre-school and school

*Connecting health, food and education*

##### Accessibility

The services would be available in many delivery channels and enabled by Chatbot with artificial intelligence capability. The IndEA principle of Anywhere, Anytime Service Delivery is at the core of the architecture. The service availability channel includes:

- Chatbot
- State Portal
- Interactive Voice Response System
- Social Media Channels – Facebook Chat and WhatsApp
- Common Service Centers

##### Service Ease

Data once captured would not be asked again, document storage and application integration would be aimed to minimize service forms data requirement to minimal. For these multiple data repository would be connected to verify citizen's data and pre-populate the descriptive data

### Service Tracking

Enabled by modern systems, service workflow would be enabled by SMS/Email notifications. All services, as per service timeline would be tracked along with escalation mechanism to escalation to appropriate stakeholders in cases of service delivery delay

### Commodity Services

Certificates, License, Approval, NoC and similar such documents would be available for citizens without the need of citizens asking for the document. These documents would be stored in secured citizen locker

Below is a use case depicting the same for Human Development sectors. Citizens would be facilitated with services through simple and easy process steps.

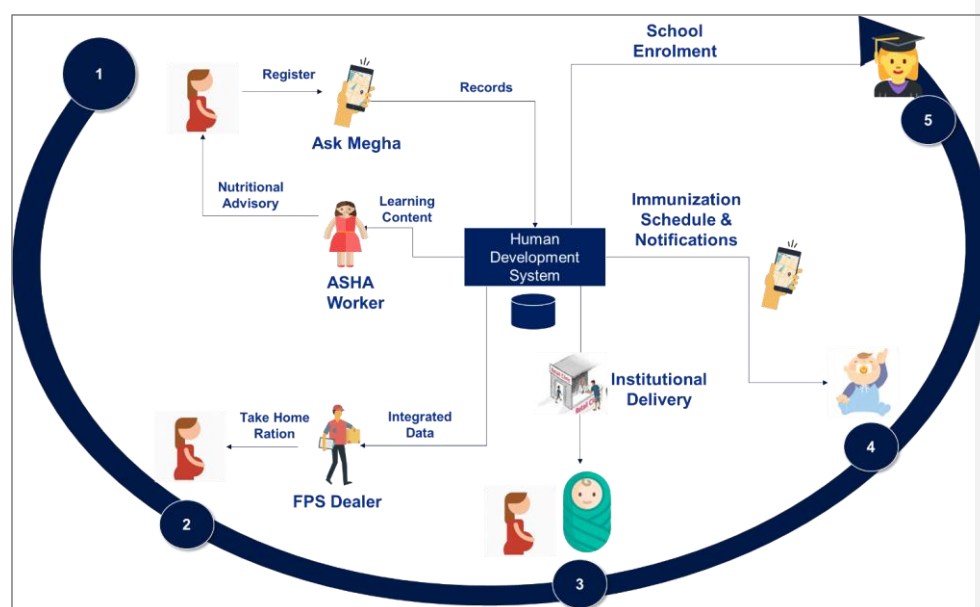


Figure 40: Illustrative Use Case

### 4.6.4 The Future State Application – Stakeholder Matrix

One of the key objectives of MeghEA – Human Development Sector Application Architecture is to enable all stakeholders with digital service delivery and resolution channels. The application so designed is aimed to ensure all stakeholders are taken into consideration to design the application functionality

Human Development Sector has a varied list of stakeholders – Citizens (at the core of it), Department Employees, Doctors, Other Medical and Paramedical staff, Teachers, Anganwadi workers, Financial Advisor, NGOs, etc. Below is a table illustrating the planned mapping for Human Development



## Sector:

Stakeholders	Human Development Sector Application				
	Admissions, Certificates, Institute Administration, Awards, Examinations & Assessment, Workshops	Stock Mgmt., Procurement, Food & Nutrition, Ration Card, Licenses	Allowances, Grants to NGOs, Benefits	Treatments	Learning Content, Resource Mgmt.
Student	✓			✓	✓
Citizens	✓			✓	✓
NGO		✓	✓	✓	✓
Asha Workers				✓	✓
Anganwadi Workers			✓	✓	
Hospital Superintendent				✓	
Doctors				✓	
Nurses				✓	
Lab Technicians				✓	
Head of School	✓				
Teachers	✓				
FPS Dealer		✓			
Food Distributor		✓			
Secretary H&FW	✓	✓	✓	✓	✓
Secretary Education	✓	✓	✓	✓	✓
Secretary Social Welfare	✓	✓	✓	✓	✓
Secretary FCS & CA	✓	✓	✓	✓	✓
District Medical Officer	✓			✓	✓
District Education Officer	✓				
Director H&FW				✓	
Director Education	✓				
Director Social Welfare			✓	✓	✓
Commissioner for person with disabilities	✓		✓		
Deputy Secretary FCS & CA				✓	
Under Secretary H&FW				✓	
Assistant Director H&FW				✓	
Assistant Director Education	✓				
Deputy Director Planning	✓	✓	✓	✓	✓

Table 38: Future State Application – Stakeholder Matrix

Above list showcases the coverage of systems as far as stakeholders are concerned.

## 5. Data Architecture

Data Architecture provides means for departments to consistently define their data. It will ensure sharing of information among various departments and external agencies thereby providing opportunities for improved efficiency and effectiveness in Governance. Further, it facilitates increased **collaboration** among departments/agencies and reduce the number of incompatible systems thereby contributing to Government-wide interoperability. It ensures that special attention is given to security and technical requirements of individual data elements so that they are implemented appropriately.

### The Objective of Data Architecture

- Improving the discovery, access and sharing of data among both internal (departments) as well as external stakeholders (citizens, businesses and developers);
- Minimizing the duplicative efforts by capturing the data only once in the system, capturing only the incremental data as and when required in the business process and auto-populating of the existing data, with due validations as required;
- Ensuring the accountability for the quality, consistency and security of data;
- Developing shared vocabularies for ensuring common understanding of data;
- Facilitating collaboration among departments at all levels of the Government;
- Reducing cost and impact on citizens and businesses because of redundant collection of citizen and/or business data;
- Identifying the technical and security requirements of different data assets;
- Ensuring that notified standards are adopted so that interoperability among applications is ensured.

## 5.1 Pillar Specific Principles

### 5.1.1 Principles

#### ✓ DP1 - Adherence to applicable data standards

Name	Adherence to applicable health data standards
<b>Statement</b>	System data design to adhere to national health data standards
<b>Scope</b>	Data design for health care services
<b>Rationale</b>	Data standards adherence would help seamless flow of information
<b>Implications</b>	All data to adhere to Metadata and Data Standards for Health (MDDS) and EHR standard developed by MoHFW

## 5.2 Current State Assessment

### 5.2.1 Current State Data Entities

Currently the systems in Human Development sector largely works independently without any data sharing. The department lacks any data governance processes and is at a risk owing to lack of availability of data retention, data back-up and data sharing policies.

Below is the list of existing data entities along with the system of origin and usage.

Data Entity	Key IT System	Stakeholder Usage
Patient	<ul style="list-style-type: none"> <li>e-Hospital</li> </ul>	<ul style="list-style-type: none"> <li>Citizen</li> <li>Healthcare Centres Officers</li> </ul>
Claim	<ul style="list-style-type: none"> <li>MHIS</li> </ul>	<ul style="list-style-type: none"> <li>Citizen</li> <li>Healthcare Centres Officers</li> </ul>
Health Facility	<ul style="list-style-type: none"> <li>e-Hospital</li> </ul>	<ul style="list-style-type: none"> <li>Healthcare Centres Officers</li> <li>H&amp;FW department Officers</li> </ul>
Doctors	<ul style="list-style-type: none"> <li>e-Hospital</li> </ul>	<ul style="list-style-type: none"> <li>Healthcare Centres Officers</li> <li>H&amp;FW department Officers</li> </ul>
Medical Record	<ul style="list-style-type: none"> <li>e-Hospital</li> </ul>	<ul style="list-style-type: none"> <li>Citizen</li> <li>Healthcare Centres Officers</li> <li>H&amp;FW department Officers</li> </ul>
Insurance	<ul style="list-style-type: none"> <li>MHIS</li> </ul>	<ul style="list-style-type: none"> <li>Citizen</li> <li>Healthcare Centres Officers</li> <li>H&amp;FW department Officers</li> </ul>
Students	<ul style="list-style-type: none"> <li>UDISE +</li> <li>Merit List ( MBBS/BDS)</li> <li>Mid-Day Meal Scheme</li> </ul>	<ul style="list-style-type: none"> <li>Student</li> <li>Education Department- DHS(MI)</li> <li>Techers</li> <li>Institutes</li> </ul>
School	<ul style="list-style-type: none"> <li>UDISE +</li> </ul>	<ul style="list-style-type: none"> <li>Student</li> <li>Education Department- DHS(MI)</li> <li>Techers</li> <li>Institutes</li> </ul>
Education Record	<ul style="list-style-type: none"> <li>UDISE +</li> <li>Merit List ( MBBS/BDS)</li> </ul>	<ul style="list-style-type: none"> <li>Student</li> <li>Education Department- DHS(MI)</li> <li>Institutes</li> </ul>
Teachers	<ul style="list-style-type: none"> <li>TIMS</li> </ul>	<ul style="list-style-type: none"> <li>Education Department- DHS(MI)</li> <li>Institutes</li> <li>Teachers</li> </ul>
Ration Card Holders	<ul style="list-style-type: none"> <li>ePDS</li> </ul>	<ul style="list-style-type: none"> <li>Food &amp; Civil Supplies Officer</li> <li>Ration Shop Dealers</li> <li>Other users</li> </ul>
Ration Dealers	<ul style="list-style-type: none"> <li>DCMS</li> </ul>	<ul style="list-style-type: none"> <li>Food &amp; Civil Supplies Officer</li> <li>Ration Shop Dealers</li> <li>Other users</li> </ul>
Bank	<ul style="list-style-type: none"> <li>PFMS</li> </ul>	<ul style="list-style-type: none"> <li>Student</li> <li>Education Department Officers</li> </ul>
Crime Report	<ul style="list-style-type: none"> <li>Track Child</li> </ul>	<ul style="list-style-type: none"> <li>Home(Police)</li> <li>Social Welfare Department Officers</li> <li>Citizens</li> </ul>

Data Entity	Key IT System	Stakeholder Usage
Schemes	<ul style="list-style-type: none"> <li>Various systems</li> </ul>	<ul style="list-style-type: none"> <li>Department stakeholders</li> </ul>

Table 39: Current State Data Entities

Currently, the above data is not integrated. The silos exist for different systems and don't have any integration with each other. There is no state-level system being used in Social Welfare department. The diagrammatical representation of the same is as below:

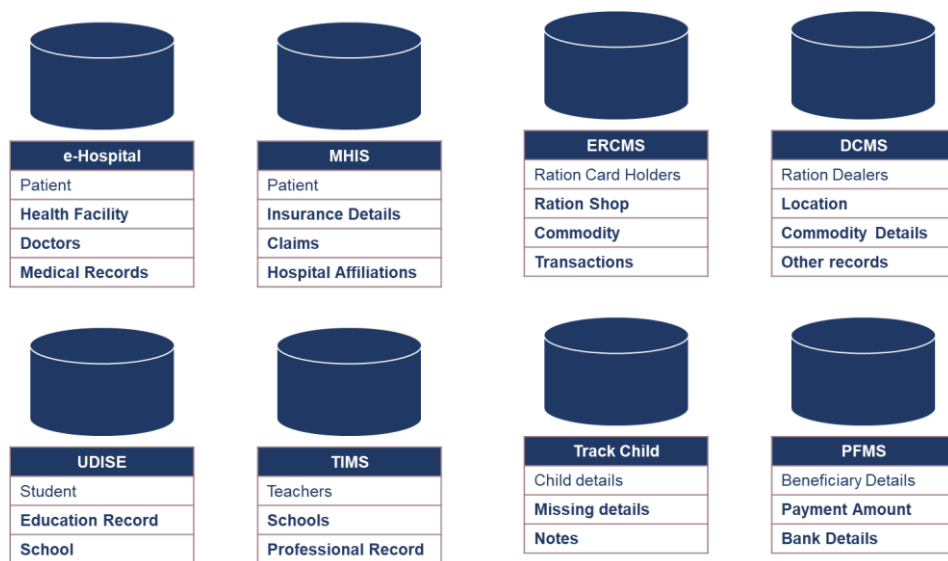


Figure 41: Current State Data Entities - System Map

## 5.3 Challenges and Pain Points

The challenges and pain points of data architecture is categorized as below:

### 5.3.1 Data Design

The data design for systems have issues with regards to :

- Data for multiple core data entities resides on different systems with no synchronization in education and health department. FCS & CA has a better data management approach.
- Unavailability of digital systems in Social Welfare leads to lack of storage of critical data.
- A normalization exercise at database level may be required to re-design the databases of TIMS (data model needs to be analysed)
- Historical data of student or patient stored in systems, does not have unique state digital ID
- The teachers, school/college details etc. are captured in several systems without a plan for synchronization, this would create duplication and data quality issues.
- The data is entered manually by the officer receiving the application form. This would lead to data quality issues because of data entry errors.
- The constraints are not defined in the database; thus, database has tables and data but no linkage to each other. This may lead to master data modification without the impact assessment and thereby making the data unusable.

### 5.3.2 Data Quality Management:

The data quality management involves key aspects of data such as correctness of data, metadata management, data profiling and monitoring quality of data through statistical procedures. Key issues identified are described below:

- Several systems report same data for students, teachers, patients, etc. This data does not synchronize with each other hence, there are several data quality issues
- Data profiling is missing, this leads to unavailability of knowledge related to what data is stored for which service.
- FCS & CA uses SECC 2011 database, as per stakeholder voice, the data quality is poor and needs correction ( please note data quality assessment on actual data has not been performed).
- Databases used for education and social welfare systems are disparately managed, while few service-related data resides in cloud ( Service plus), others resides in SDC. There is no integrated master data at state level
- Unavailability of process related to metadata management, data dictionary documentation, and documentation around data repository has created lacuna in system adoption.
- Data quality dashboard is not built, or no process exists to track quality of data used. This impacts causal analysis and error corrections.

### 5.3.3 Data Life-cycle Management:

The data life-cycle management is the process of managing business information throughout its lifecycle, from requirements through retirement. The lifecycle for data crosses different application systems, databases and storage media. The cycle is made up of phases of activity including create, use, share, update, archive, store and dispose.

- Data ownership or steward is not defined for any data entity; the relationship between departments and data does not exist. Health (MHIS) data is not owned or maintained by Health department rather is maintained by implementing vendor.
- Data entities are not mapped to services rather is coupled with systems. Thus, a business justification of data is weak. UDISE data, MHIS data and other key systems data is not shared or managed, leading to inability to leverage key data for decision making. As an exception, FCS data is well managed.
- The data attributes, data models, data dictionary and other related documentation does not exist. This has led to issues on management of data as seen in gathering SDG related statistics from Education or Health department.
- Data security requirement is not established, data classification does not exist. This creates a risk of data theft/ loss. SECC 2011 data is used and updated for multiple schemes, without much classification
- Data centre audit is not performed regularly hence, data storage risk assessment is not executed regularly.
- Disaster recovery site for the state does not exists, this is a key risk especially considering most of the Meghalaya (Shillong) is in a Seismic zone V. FCS, Health and Social Welfare department's data mostly reside in SDC
- Data archival process is not there.

## 5.4 SWOT Analysis of Data Architecture

Analysis Paradigm	Key Pointers	Target State
Strength	FCS & CA maintains citizen's master record through system	Leveraged
	Teacher's registration data along with school and location details are captured and available	Leveraged
	For education department, metadata of common data entities are mostly consistent as these are managed by a single IT vendor	Leveraged
	Data of commodity sold through ration shops are now getting digitized	Leveraged
Weakness	There is no state level master data for students, patients or service beneficiary citizens under social welfare	Recommended
	Data design has possibility of duplication as it may not follow Boyce-Codd normal form (BCNF)	Recommended
	Unavailability of Data warehouse system leads to delay and inefficiency in reporting	Eliminated
	Unavailability of business intelligence-based capability	Eliminated
Opportunity	Enhancement of data quality, data integration and data management to enhance reporting	Recommended
	Introduction of new capabilities – data analytics, data warehouse, data management	Recommended

Analysis Paradigm	Key Pointers	Target State
	Introduction of new data entities for digitization of manual processes	Realized
Threats	Duplication of data and inconsistent metadata	Addressed
	Reporting may be hampered due to poor data quality	Addressed
	Non availability of utilization of funds data and stock data under different schemes	Addressed

Table 40: SWOT Analysis of Data Architecture

## 5.5 Human Development Pillar Metadata

Refer MeghEA: Statewide Detailed Architecture Requirements for Metadata Standard Typology. Addition to the statewide standards, additionally following standards would be followed in Human Development Sector.

### Content Related Standards

Standard	Mandatory / Optional	Reference Link	Remarks
MDDS for Health Domain- MeiTY	Mandatory	<a href="https://main.mohfw.gov.in/sites/default/files/Parliament%20Overview%20Report%20Health%20MDDS.pdf">https://main.mohfw.gov.in/sites/default/files/Parliament%20Overview%20Report%20Health%20MDDS.pdf</a>	MDDS for health domain defines the Meta Data and Data Standards along with the Common Data Elements [CDE] provided in the common standardised vocabulary for various participants in the health system – centre and state
ISO/ TS 21526:2019	Optional	<a href="https://www.iso.org/standard/71041.html">https://www.iso.org/standard/71041.html</a>	Describes requirements for collections of metadata about data elements and their containing models and datasets in a healthcare environment

### Value Related Standards

Standard	Mandatory/ Optional	Reference Link	Remarks
VRA Core	Mandatory	DAM Directory – <a href="https://damdirectory.libguides.com/c.php?g=247270&amp;p=1647250">https://damdirectory.libguides.com/c.php?g=247270&amp;p=1647250</a>	The VRA Core is a data standard for the description of works of visual culture as well as the images that document them.

## 5.6 Data Transformation Plan

### 5.6.1 Future State Data Entities

There would be few new data entities created owing to development of new systems and digital implementation of services

Below is the list of existing data entities along with the system of origin and usage.

Data Entity	Key IT System	Stakeholder Usage
Scheme	<ul style="list-style-type: none"> <li>Human Development – Scheme Management</li> </ul>	<ul style="list-style-type: none"> <li>Department Officers</li> <li>Service Resolution officers</li> </ul>
Service	<ul style="list-style-type: none"> <li>Human Development</li> </ul>	<ul style="list-style-type: none"> <li>Citizen</li> <li>Department Officers</li> <li>Service Resolution officers</li> </ul>
Drugs & Medicines	<ul style="list-style-type: none"> <li>Human Development – Supply Chain</li> </ul>	<ul style="list-style-type: none"> <li>H&amp;FW Officers</li> <li>Medical Officers</li> <li>Vendors</li> </ul>
Medical Equipment	<ul style="list-style-type: none"> <li>Human Development – Supply Chain</li> </ul>	<ul style="list-style-type: none"> <li>H&amp;FW Officers</li> <li>Medical Officers</li> <li>Vendors</li> </ul>
Learning Course	<ul style="list-style-type: none"> <li>Human Development – Curriculum &amp; Training</li> </ul>	<ul style="list-style-type: none"> <li>Education department Officers</li> <li>Students</li> <li>Teachers</li> <li>Citizens</li> </ul>
Grants	<ul style="list-style-type: none"> <li>Human Development – Grants to Educational Institution</li> </ul>	<ul style="list-style-type: none"> <li>Education department Officers</li> <li>Institute Administration Officers</li> </ul>
Widows	<ul style="list-style-type: none"> <li>Human Development – Financial Assistance</li> </ul>	<ul style="list-style-type: none"> <li>Social Welfare Department Officer</li> <li>Citizen</li> </ul>
Person with disabilities	<ul style="list-style-type: none"> <li>Human Development – Financial Assistance</li> </ul>	<ul style="list-style-type: none"> <li>Social Welfare Department Officer</li> <li>Citizen</li> </ul>

Table 41: Data Entity - Stakeholder Matrix

### 5.6.2 Master Data Management and Data Warehouse

Human Development Sector Departments would play a significant role in the state master data management. Following are the key data entities that would be included as part of the State Master Data, along with the extraction methodology and frequency. The extracted data would be included in the Data Warehouse.

Data Entity	Data Store (System)	Data Extraction Tool	Master Data	Frequency (Recommended)
Patient	MHIS	API	✓	Daily
Claim	MHIS	ETL	✓	Weekly
Health Facility	e-Hospital	API	✓	Daily
Doctors	e-Hospital	API	✓	Daily
Medical Record	e-Hospital			
Insurance	MHIS	ETL	✓	Weekly
Students	UDISE +	API	✓	Weekly



Data Entity	Data Store (System)	Data Extraction Tool	Master Data	Frequency (Recommended)
School	UDISE +	API	✓	Monthly
Education Record	UDISE +	API	✓	Monthly
Teachers	TIMS	ETL	✓	Weekly
Ration Card Holders	ERCMS	ETL	✓	Weekly
Ration Dealers	DCMS	ETL	✓	Weekly
Bank	PFMS			
Crime Report	Track Child	ETL	✓	Weekly
Schemes	Various systems	ETL	✓	Weekly
Scheme	Human Development – Scheme Management			
Service	Human Development			
Drugs & Medicines	Human Development – Supply Chain			
Medical Equipment	Human Development – Supply Chain			
Learning Course	Human Development – Curriculum & Training			
Grants	Human Development – Grants to Educational Institution	ETL	✓	Weekly
Widows	Human Development Sector System	ETL	✓	Weekly
Person with disabilities	Human Development Sector system	ETL	✓	Weekly

Table 42: Master Data Management Requirements Matrix

The data warehouse would follow Enterprise Data Warehouse Model, with ETL used as data extraction tool and Business Intelligence used for visualization of data reports.

### 5.6.3 Data Governance in Human Development

All departments under Human Development would have a role to play in each of the stages of the Data Lifecycle for the Scheme (core data entity).

Data, being a key asset of the Government, must be correct, up-to-date, complete and secure (quality data). These requirements are managed by the following roles:

- Data owner

- Data Trustee
- Data Custodian
- Data Steward

For details on the above roles along with data governance responsibilities, please refer Statewide – Detailed Architecture Requirements document.

The Data Steward and Data Trustee for various key data entities are described below:

The Data Steward, Data Custodian and Data Owner for various key data entities are described below:

Data Entity	Data Trustee	Data Steward
Patient	Joint Secretary – H&FW - Directorate of Health Services, MI (Medical Institutions) Joint Secretary – H&FW - Directorate of Health Services, MCH and FW (Maternal and Child Health and Family Welfare)	HoD H&FW
Claim	Joint Secretary – H&FW - Directorate of Health Services, MI (Medical Institutions)	HoD H&FW
Health Facility	Joint Secretary – H&FW - Directorate of Health Services, MI (Medical Institutions)	HoD H&FW
Doctors	Joint Secretary – H&FW - Directorate of Health Services, MI (Medical Institutions) Joint Secretary – H&FW - Directorate of Health Services, MCH and FW (Maternal and Child Health and Family Welfare)	HoD H&FW
Medical Record	Joint Secretary – H&FW - Directorate of Health Services, MI (Medical Institutions) Joint Secretary – H&FW - Directorate of Health Services, MCH and FW (Maternal and Child Health and Family Welfare)	HoD H&FW
Insurance	Joint Secretary – H&FW - Directorate of Health Services, MI (Medical Institutions)	HoD H&FW
Students	Joint Secretary- Directorate of	HoD - Education

Data Entity	Data Trustee	Data Steward
	School Education and Literacy	
School	Joint Secretary- Directorate of School Education and Literacy	HoD - Education
Education Record	Joint Secretary- Directorate of School Education and Literacy Joint Secretary- Directorate of Higher & Technical Education	HoD - Education
Teachers	Joint Secretary- Directorate of School Education and Literacy Joint Secretary- Directorate of Higher & Technical Education	HoD - Education
Ration Card Holders	Joint Secretary – FCS	HoD - FCS
Ration Dealers	Joint Secretary – FCS	HoD - FCS
Bank	Joint Secretary – Social Welfare	HoD - Social Welfare
Crime Report	Joint Secretary – Social Welfare	HoD - Social Welfare
New Data Entities		
Scheme	Joint Secretary – H&FW - Directorate of Health Services, MCH and FW (Maternal and Child Health and Family Welfare)	HoD H&FW
Service	Joint Secretary – H&FW - Directorate of Health Services, MCH and FW (Maternal and Child Health and Family Welfare)	HoD H&FW
Drugs & Medicines	Joint Secretary – H&FW - Directorate of Health Services, MI (Medical Institutions)	HoD H&FW
Medical Equipment	Joint Secretary – H&FW - Directorate of Health Services, MI (Medical Institutions)	HoD H&FW
Learning Course	Joint Secretary –Education – Directorate of Educational Research & Training	HoD - Education
Grants	Joint Secretary – Social Welfare	HoD - Social Welfare
Widows	Joint Secretary – Social Welfare	HoD - Social Welfare

Data Entity	Data Trustee	Data Steward
Person with disabilities	Joint Secretary – Social Welfare	HoD - Social Welfare

Table 43: Data Entity Role Matrix

## 5.7 Future State

### 5.7.1 Human Development Data Architecture

MeghEA data architecture includes various core data entities. The core data entities are those which contain data elements that are most commonly used in the applications of several departments of the Meghalaya Government. The core data entities are listed below:

- Citizen
- Employee
- Things
- GIS
- Business
- Government Entities
- Schemes

Human Development Sector deals with all the core data entities.

Below diagram illustrates the Digital Registries applicable to Human Development Sector (highlighted). Please refer Statewide – Detailed Architecture Requirements document for details of the digital registries.

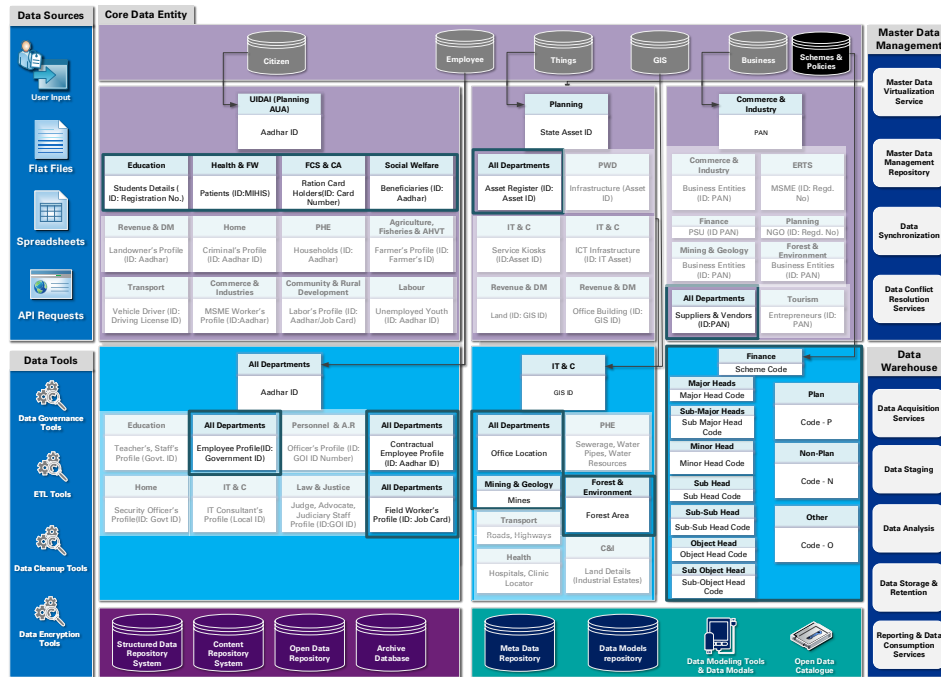


Figure 42: Human Development - Digital Registries and Data Tools

### 5.7.2 Conceptual Data Model

**Data Entities:** The data entity is the fundamental building block in the data structure design of the department. An Entity is an abstraction for a beneficiary, location, object, event, or concept described (or characterized) by common Attributes.

**Attributes:** An Attribute is a property or characteristic of an Entity. Different instances of an entity may have different values for an attribute.

**Digital Data Source:** A Digital Data Resource is a digital container of information. A Digital Data Resource may correspond to three types of data: “Structured Data Resource”, “Semi-Structured Data Resource”, and “Unstructured Data Resource”.

**Relationship:** Relationship defines the relation with other key entities.

S. No	Entity Name	Description	Attributes	Digital Data Source	Relationship
1	Patient	The data entity contains all information related to a patient admitted or registered in any of the health facilities	<ul style="list-style-type: none"> <li>• Patient State Digital ID</li> <li>• Patient (MHIS) ID</li> <li>• Patient demographic details</li> <li>• Patient admission or treatment details</li> <li>• Patient contact number</li> </ul>	MHIS	<ul style="list-style-type: none"> <li>• Medical Records</li> <li>• Health Facility</li> <li>• Doctors</li> </ul>
2	Claim	The insurance claim raised by the patient post treatment from affiliated facilities	<ul style="list-style-type: none"> <li>• Claim Number</li> <li>• Claim Amount</li> <li>• Coverage</li> <li>• Payment Details</li> </ul>	MHIS	<ul style="list-style-type: none"> <li>• Patient</li> </ul>
3	Health Facility	The primary/secondary/tertiary health care facilities provided by the State Government	<ul style="list-style-type: none"> <li>• Facility GIS ID</li> <li>• Facility details</li> <li>• Facility category</li> <li>• Facility status</li> </ul>	e-Hospital	<ul style="list-style-type: none"> <li>• Patient</li> <li>• Doctors</li> </ul>
4	Doctors	The medical practitioners posted in various State Government run health facilities	<ul style="list-style-type: none"> <li>• State Digital ID</li> <li>• Employee ID</li> <li>• Demographic details</li> <li>• Contact</li> <li>• Professional Details</li> </ul>	e-Hospital	<ul style="list-style-type: none"> <li>• Health Facilities</li> <li>• Patient</li> </ul>
5	Medical Record	Medical records of patients. This may be stored in central locker(digital)	<ul style="list-style-type: none"> <li>• Patient ID</li> <li>• Record entry ID</li> <li>• Disease details</li> <li>• Treatment details</li> <li>• Test results</li> </ul>	e-Hospital	<ul style="list-style-type: none"> <li>• Patient</li> <li>• Health Facility</li> </ul>
6	Insurance	The insurance cover applicable of citizens of Meghalaya as provided in Meghalaya Health Insurance Scheme	<ul style="list-style-type: none"> <li>• Insurance Type ID</li> <li>• Coverage</li> <li>• Procedures</li> </ul>	MHIS	<ul style="list-style-type: none"> <li>• Claim</li> <li>• Patient ID</li> </ul>
7	Students	The students pursuing any academic courses in any educational institution affiliated by State Government boards	<ul style="list-style-type: none"> <li>• Student State Digital ID</li> <li>• Registration Number</li> <li>• Academic Record</li> <li>• Institution</li> </ul>	UDISE +	<ul style="list-style-type: none"> <li>• School</li> <li>• Education Record</li> </ul>
8	School	Those schools aided by State Government or under purview of any boards run by State Government	<ul style="list-style-type: none"> <li>• School GIS ID</li> <li>• School details</li> <li>• Demographic location</li> <li>• Teachers</li> </ul>	UDISE +	<ul style="list-style-type: none"> <li>• Students</li> <li>• Teachers</li> </ul>
9	Education Record	Academic assessment results of students	<ul style="list-style-type: none"> <li>• Record Number</li> <li>• Record class</li> <li>• Subject</li> <li>• Assessment result</li> </ul>	UDISE +	<ul style="list-style-type: none"> <li>• Student</li> </ul>
10	Teachers	The teacher data repository for all teachers belonging to schools funded by State Government	<ul style="list-style-type: none"> <li>• State Digital ID</li> <li>• Demographic details</li> <li>• Contact details</li> <li>• Expertise</li> <li>• Service Record</li> </ul>	TIMS	<ul style="list-style-type: none"> <li>• School</li> </ul>

S. No	Entity Name	Description	Attributes	Digital Data Source	Relationship
11	Ration Card Holders	The various families that receive food part of public distribution system	<ul style="list-style-type: none"> <li>Ration Card Family ID</li> <li>Entitlement</li> <li>Transaction details</li> </ul>	ePDS	<ul style="list-style-type: none"> <li>Ration Dealer</li> </ul>
12	Ration Dealers	The registered ration shop dealer to sale and distribute food to citizens	<ul style="list-style-type: none"> <li>Dealer ID</li> </ul>	DCMS	<ul style="list-style-type: none"> <li>Ration Card Holders</li> </ul>
13	Bank	The bank details of social assistance beneficiaries	<ul style="list-style-type: none"> <li>State Digital ID</li> <li>Account Number</li> <li>Bank Code</li> </ul>	PFMS	<ul style="list-style-type: none"> <li>Citizen</li> </ul>
14	Crime Report	The report of missing child with details	<ul style="list-style-type: none"> <li>Report ID</li> </ul>	Track Child	
<b>New Data Entities</b>					
15	Scheme	The entity contains information related to schemes being offered.	<ul style="list-style-type: none"> <li>Scheme ID</li> <li>Service ID</li> <li>Scheme Funding</li> </ul>	Human Development – Scheme Management	<ul style="list-style-type: none"> <li>Service Register</li> <li>Service Request</li> </ul>
16	Service	The entity contains information related to services being offered.	<ul style="list-style-type: none"> <li>Service ID</li> <li>Service Name</li> <li>Service Eligibility</li> <li>Service Description</li> </ul>	Human Development	<ul style="list-style-type: none"> <li>Scheme Register</li> <li>Service Request</li> </ul>
17	Drugs & Medicines	Various drugs and medicines that needs to be procured from vendors in hospitals and health centres	<ul style="list-style-type: none"> <li>Drug ID</li> <li>Supply details</li> <li>Stock details</li> <li>Price</li> </ul>	Human Development – Supply Chain	<ul style="list-style-type: none"> <li>Health Facility</li> </ul>
18	Medical Equipment	Various equipment and instruments that needs to be procured from vendors in hospitals and health centres	<ul style="list-style-type: none"> <li>Equipment ID</li> <li>Supply details</li> <li>Stock details</li> <li>Price</li> </ul>	Human Development – Supply Chain	<ul style="list-style-type: none"> <li>Health Facility</li> </ul>
19	Learning Course	The curriculum and content of various academic courses of the department	<ul style="list-style-type: none"> <li>Course ID</li> <li>Course details</li> </ul>	Human Development – Curriculum & Training	<ul style="list-style-type: none"> <li>Teacher</li> <li>School</li> </ul>
20	Grants	The grants that are distributed by Social Welfare department	<ul style="list-style-type: none"> <li>Grant ID</li> <li>Grant Eligibility</li> <li>Grant details</li> </ul>	Human Development – Grants to Educational Institution	<ul style="list-style-type: none"> <li>Citizen</li> <li>Schemes</li> </ul>
21	Widows	Those which are eligible for pension or social assistance	<ul style="list-style-type: none"> <li>State Digital ID</li> <li>Demographic Details</li> </ul>	Human Development Sector System	<ul style="list-style-type: none"> <li>Citizen</li> <li>Bank</li> </ul>
22	Person with disabilities	Those which are eligible for pension or social assistance	<ul style="list-style-type: none"> <li>State Digital ID</li> <li>Demographic Details</li> </ul>	Human Development Sector system	<ul style="list-style-type: none"> <li></li> </ul>

Table 44: Human Development Sector – Conceptual Data Model



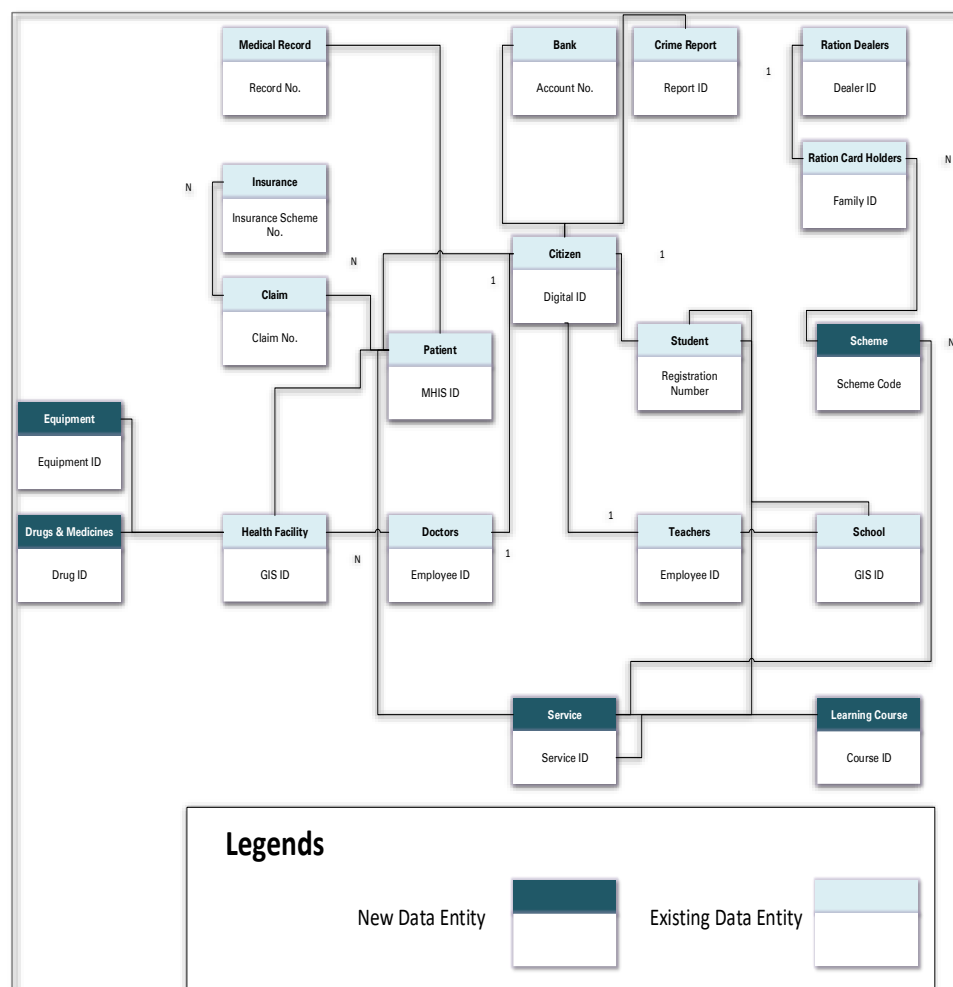


Figure 43: Human Development Conceptual Data Model

### 5.7.3 Logical Data Model

A logical data model is a holistic representation of the 'in scope' of business entities, their relationships, and their attributes. It is used to provide a detailed description of the data requirements and needs in support of the 'in-scope' business activities irrespective of the physical implementation environment or performance considerations.

The new data entities discussed above have been further detailed to include in Logical Data Model. It is also to be noted that the data entity detailing may change upon further analysis of the requirement.

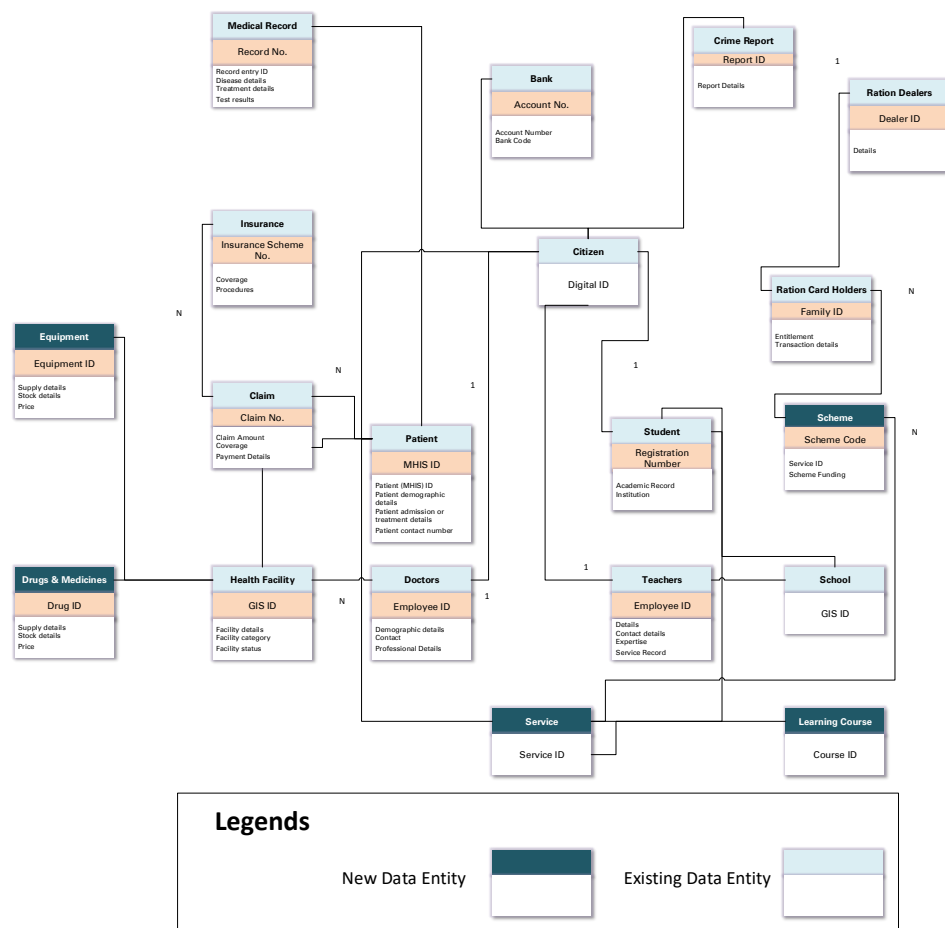


Figure 44: Logical Data Model

### 5.7.4 Service and Data Mapping

As we had observed in the earlier section, there are not many systems in Human Development Sector and hence, minimum data. These data are stored in system specific databases. As a part of the transformation, data entities need to be created and these data entities would be stored in new systems. It is imperative to understand the services that these new data entities would create. This would ensure establishment of a structure for data management and development of new systems.

Data Entity	Data Store (System)	Created By	Modified By	Used By
Patient	MHIS	Patient Administration Services	Patient Administration Services	Patient Administration Services

Data Entity	Data Store (System)	Created By	Modified By	Used By
Claim	MHIS	Patient Administration Services	Patient Administration Services	Patient Administration Services
Health Facility	e-Hospital	Health Administration Services	Health Administration Services	Health Administration Services
Doctors	e-Hospital	Patient Administration Services	Patient Administration Services	Patient Administration Services
Medical Record	e-Hospital	Patient Administration Services	Patient Administration Services	Patient Administration Services
Insurance	MHIS	Patient Administration Services	Patient Administration Services	Patient Administration Services
Students	UDISE +	Student Enrolment	School Education	Various services
School	UDISE +	Education Institution Management Service	Education Institution Management Service	Education Institution Management Service
Education Record	UDISE +	Examination & Associated Services	Examination & Associated Services	Various service
Teachers	TIMS	Teacher Management Services	Teacher Management Services	Teacher Management Services
Ration Card Holders	ERCMS	Beneficiary Management	Beneficiary Management	Beneficiary Management
Ration Dealers	DCMS	Supply Chain Management	Supply Chain Management	Supply Chain Management
Bank	PFMS	Financial Assistance	Financial Assistance	Financial Assistance
Crime Report	Track Child	Consumer Awareness & Grievance	Consumer Awareness & Grievance	Consumer Awareness & Grievance
Scheme	Human Development – Scheme Management	Various services	Various services	Various services
Service	Human Development	Various services	Various services	Various services
Drugs & Medicines	Human Development – Supply Chain	Drugs & Vaccines	Drugs & Vaccines	Drugs & Vaccines
Medical Equipment	Human Development – Supply Chain	Drugs & Vaccines	Drugs & Vaccines	Drugs & Vaccines

Data Entity	Data Store (System)	Created By	Modified By	Used By
Learning Course	Human Development – Curriculum & Training	Various services	Various services	Various services

*Table 45: Human Development Sector Service Data Mapping*

The above table shows data flow in Human Development Sector. A data flow is a path for data to move from one part of the IT system to another. The above is tentative and may be revised at time of implementation.

## 6. Technology Architecture

Technology Architecture depicts the layout of the technology foundation of ICT-based systems to be designed for delivery of identified business services. Technology Architecture lists all the components of the technology system on an end-to-end basis, including IT Infrastructure, Applications, Access Devices, Communication Systems and Service Delivery modes. It further defines the currently applicable open standards for all the solution building blocks and components and identifies the Open Source Products for each technology component.

### The Objective of Technology Architecture

- Guide designing of the Target Technology Architecture.
- Depict the logical and physical components of the Technology Architecture to support the Application Architecture and the Architecture Vision.
- Identify and describe the functionality of the Architecture Building Blocks, essentially required to implement the MeghEA Technology Architecture.
- Identify and list the Open Standards and Specifications of the components required for deployment of the Technology Architecture.
- Identify the Open Source Products wherever prudent and applicable.
- Provide a method for mapping the stakeholders' concerns to the Architectural Building Blocks and technology components.
- Define methods to ensure that the Technology Architecture has the essential attributes of Performance, Maintainability, Availability, Scalability and Security.

## 6.1 Principles

### 6.1.1 Pillar Specific Principles

Following are the principles defined for Technology Architecture and customized for Meghalaya Enterprise Architecture:

- ✓ **TP1 – Network and Connected devices at all service delivery centers**

Name	Network and Connected device at all service delivery centres
<b>Statement</b>	Network and Connected device at all service delivery centres
<b>Scope</b>	Healthcare centre, Educational institutions, Anganwadi Centre
<b>Rationale</b>	All healthcare workers and educational institutes would have access to connected digital devices
<b>Implications</b>	Manual processes such as registry entry, ad-hoc system management would be eliminated

## 6.2 Current State Assessment

Current state assessment is an important aspect to understand the infrastructure components available and can be used. The infrastructure available for Human Development Sector is assessed in further sections.

### 6.2.1 Environments and Locations

Environment and location components includes all the IT infrastructure needed for deployment with respect to production environment for as-is and future state.

The following table provide the current technology stack Human Development Sector applications already available:

Application Name	Application Platform	Operating System	Database	Software License Status
Teacher Information Management System	<i>Data not made available</i>	Ubuntu 18.04.3 LTS	PostgreSQL, Mongo DB	<i>Details not available</i>
MHIS	<i>Data not made available</i>	<i>Data not made available (Developed and Managed by Vendor)</i>	<i>Data not made available</i>	<i>Details not available</i>
FEAST	<i>Asp.Net with C#</i>	MS Windows Server 2012	SQL Server 2017	<i>Contact NIC Delhi for details</i>
ePDS	<i>JAVA Spring Hibernate</i>	Linux 6.7	Postgres 9.6	
TPDS	<i>Details not available</i>	<i>Details not available</i>	<i>Details not available</i>	<i>Details not available</i>
ERCMS	<i>Details not available</i>	<i>Details not available</i>	<i>Contact NIC Delhi for details</i>	<i>Contact NIC Delhi for details</i>
SIMS	<i>Details not available</i>	<i>Details not available</i>	<i>Contact NIC Delhi for details</i>	<i>Contact NIC Delhi for details</i>
DCMS	<i>Details not available</i>	<i>Details not available</i>	<i>Contact NIC Delhi for details</i>	<i>Contact NIC Delhi for details</i>
MBoSE	<i>Details not available</i>	<i>Details not available</i>	<i>Details not available</i>	<i>Details not available</i>

Table 46: Human Development Sector Current Technology Stack

### 6.2.2 IT Infrastructure

The systems defined in above section are hosted at the Meghalaya State Data Centre and NIC Data Centre. The existing infrastructure components and their locations are provided below:

Infrastructure ID	Infrastructure Component Type	Application/application component	Make, Model	Data Centre	Infrastructure Challenges
MSDC-WEB-05	Primary-Web Server	TIMS Web Server	IBM HS-22 Blade	Meghalaya SDC	End of Life
MSDC-APP-03	DB Server	TIMS DB Server	IBM HS-22 Blade	Meghalaya SDC	End of Life
Details not available	Details not available	ePDS	Details not available	Shastri Park New Delhi	Details not available
Details not available	Details not available	FEAST	Details not available	Shastri Park New Delhi	Details not available
Details not available	Details not available	MHIS	Details not available	Details not available	Developed by Vendor
Details not available	Details not available	ERCMS	Details not available	Details not available	Details not available
Details not available	Details not available	SIMS	Details not available	Details not available	Details not available
Details not available	Details not available	DCMS	Details not available	Details not available	Details not available
Details not available	Details not available	MBoSE	Details not available	Details not available	Details not available

Table 47: Existing Infrastructure Components

As a part of IT Education Programme in 100 Schools of Meghalaya, IT Department, Government of Meghalaya has distributed/ in the process of making IT infrastructure available at these schools

### 6.2.3 Network

The Human Development network for the service delivery centres is NICNET, the secondary network of Meghalaya State-wide Area Network is outdated and mostly non-operational. The network details for blocks are not available hence not included in the document.

## 6.3 SWOT Analysis of Technology Architecture

Analysis Paradigm	Key Pointers	Target State
Strength	Desktop availability in Districts and Block Education department, availability of mobile devices among health department workers in aspirational districts	Recommended for enhancement
	Availability of portable devices for block level health workers	Recommended for enhancement
	POS machines in few of the FPS	Recommended for expansion
	Education department systems are newly built hence, underlying technology is new	Leveraged
Weakness	Outdated infrastructure	Recommendations for infrastructure modernization

Analysis Paradigm	Key Pointers	Target State
	Availability of uninterrupted network in all offices	Recommendations Provided
	Ease in procurement of network from private vendors for all departments	Recommended provided
Opportunity	Utilization of network of field officers such as ASHA, Anganwadi workers by providing digital devices	Realized
	Availability of cloud platform procured the state government	Recommended to leverage



## 6.4 Challenges and Pain Points

The critical challenges and points have been captured under the following categories:

- **Unavailability/Outdated IT Infrastructure:** The tools and technologies that are missing and are required considering the reference technology model. The IT infrastructure that have crossed the end of life; and have issues related to support and maintenance.
- **Network:** The availability of uninterrupted primary and secondary network is critical for the working of departments under Human Development Sector. The key challenges with respect to network is discussed under this consideration.

### 6.4.1 Network Challenges

Network is a critical area and Meghalaya Government have several issues with respect to the network. Below are the key challenges Meghalaya is facing in terms of network.

#### Key Issues:

- Unavailability of network (Primary and Secondary) networks in many blocks.
- Unavailability of secondary network in some districts.
- Network audit is not carried out
- Network devices are not assessed, no inventory exists in the state data centre.

### 6.4.2 Consolidated Challenges

Below is a list of key challenges as observed in the Technology Architecture assessment phase

S. No	Challenges
1	Few critical hardware/software components have crossed end of life; hence, needs upgrade in near term.
2	Slow response by the Server & The Application throws Error on few occasions.
3	Unavailability of primary network in some blocks and secondary network at many places leads to severe impact in normal operations.
4	Department do not have proper back up database, data archival, database clustering, data management and there is no backup policy.
5	State lacks tools for monitoring of application and network. Tools for access rights, performance monitoring, and utilization monitoring are required.
6	State do not have proper IT asset Management, Software licenses management, access management, Asset management etc.
7	Notable errors/ issues have been observed in systems – the causal analysis for the same has not been performed.
8	Analytics capability is limited owing to unavailability of data analytics specialized software
9	The application tends to slow when the concurrent users increases.
10	While syncing data between applications, it takes a lot of time.
11	No consent from the data owner before sharing the data.
12	Data is accessible to all the persons without restrictions.

Table 48: Technology Architecture – Key Challenges

## 6.5 Future State

### 6.5.1 IT Infrastructure

- The State Government needs to revamp and upgrade its IT Infrastructure considering the end of life analysis.
- Primary and secondary network needs to be made available at all District, Block and Circle offices.
- Desktops, Printers, POS machines, Mobile devices need to be procured and distributed to the officers to perform their duties efficiently.

Below is proposed Technology Architecture in future state:

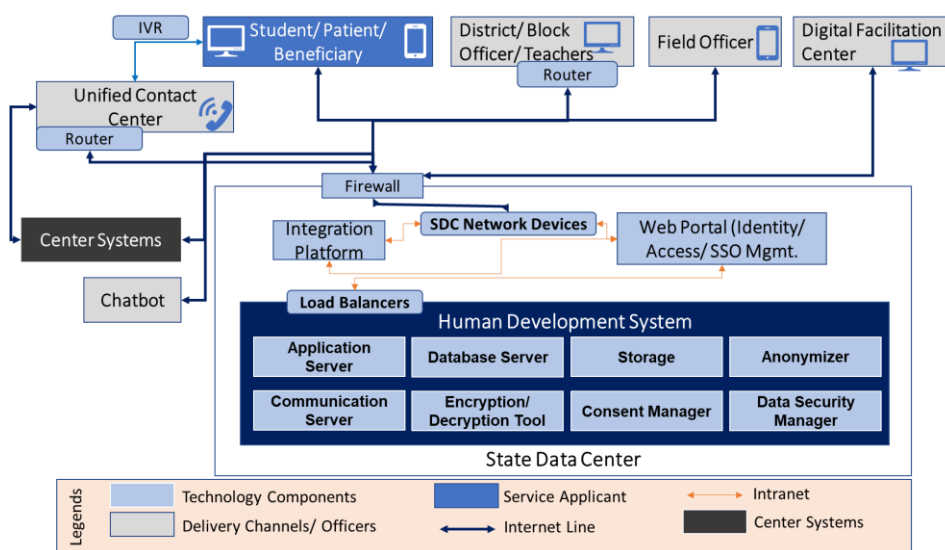


Figure 45: Future State Technology Architecture

As illustrative above, there would be requirement of Application Server, Database Server, Storage Server, Anonymizer, Communication Server, Encryption/Decryption Tool, Consent Manager and Data Security Manager. All these components are further detailed as below:

**Application Server:** An application server is a server specifically designed to run applications. The "server" includes both the hardware and software that provide an environment for programs to run.

**Database Server:** A database server is a server which uses a database application that provides database services to other computer programs or to computers, as defined by the client-server model.

**Storage Server:** A storage server is a type of server that is used to store, access, secure and manage digital data, files and services. It is a purpose-built server used for storing and accessing small to large amount of data over a shared network or through the Internet.

**Communication Server:** Communications servers are open, standards-based computing systems that operate as a carrier-grade common platform for a wide range of communications applications and allow equipment providers to add value at many levels of the system architecture.

**Encryption/Decryption Tool:** Encryption/Decryption tools are tools to encode information to protect from unauthorized access. The information is decode based on access rights and made available to the user. This is an important requirement in Human Development information as the information related to Health is sensitive personal data and should be accessed only with consent of the person involved and on need to know basis.

**Consent Manager:** Consent manager is another important requirement along with Encryption/Decryption of the information. The information related to the patient should only be accessed after consent from the person in question or from the Secondary owner of the information (patient attendant or registered family member).

**Data Security Manager:** Data security manager is required in Human Development pillar to restrict or regulate the data sharing. All records of data shared should be available with details like consent provided by, purpose of data sharing, amount of data shared, agencies/ persons data shared with along with dates and time to have a complete control over once own data.

**Anonymizer:** Anonymizer plays a major role in which after the consent is taken from data owner/ secondary data owner, the personal/ personal sensitive information from data is removed and the data is shared for reports, research and other important decisions by the government.

## 6.5.2 New System-Technology Matrix

System module to technology component matrix for new technology products are listed for logical components only.

Technology Component	System Name	System Component	Proposed Location
Integration Platform	State Service Bus	New	State Data Centre
Single Sign on Component	Identity and Access Management	New	State Data Centre
Encryption/ Decryption Tool	To be defined	New	State Data Centre
Consent Manager	To be defined	New	State Data Centre
Data Security Manager	To be defined	New	State Data Centre
Anonymizer	To be defined	New	State Data Centre
Data Warehouse	Darpan	Reports	State Data Centre/ Cloud

Table 49: System – Technology Matrix

### 6.5.3 New Requirement Specifications

The new technology component listed below along with High-level specifications based on number of users and volume of expected transactions.

Equipment / component /supply/works	Qty. at Primary Site	Qty. at DR Site	Remarks
Human Development System DB Server	1	1	LBS (Load Balancer Switch) & FOS (Fail Over Switch) at SDC (State Data Centre) between SDC & DR (Disaster Recovery), with licenses
Human Development Sector System App Server	1+1	1	LBS & FOS at SDC between SDC & DR, with licenses
IAM / WAM Software (including SSO and associated software components [e.g. application server, web server etc.] if any) with 40 Core perpetual license	1	1	-
Directory Service per Instance/Node basis	1	1	High Availability Scalability: High Scalability to store minimum 20 Million user records Support for 64-bit Architecture
Encryption/ Decryption Tool	1	1	High Availability Support for 64-bit Architecture
Consent Manager	1	1	High Availability Support for 64-bit Architecture
Data Security Manager	1	1	High Availability Support for 64-bit Architecture
Anonymizer	1	1	High Availability Support for 64-bit Architecture

Table 50: New Requirement Specifications

In addition to above, there will be infrastructure requirement based on the roles of the officers in Human Development Sector. Below are the tentative infrastructure requirements for each role:

Department Officers	Requirements	Ratio for Distribution
Doctors	Desktops would be required by the doctors to check appointments, manage patients, upload prescriptions/ diagnosis details.	2:1
Nurses	Desktops would be required by the nurses to enter day to day care details of the patients, upload schedule of medicines given etc. The desktops would be shared by the nurses.	4:1
Technical Staff at Hospitals	Desktops would be required for recording lab report results, diagnosis of various tests etc.	4:1
Asha Workers/ Anganwadi Workers	These are ground staff working in remote locations/ villages thus desktops would not serve the purpose. Tablets would be required to cater the needs to these workers to capture efficient data about the pregnant	1:1

Department Officers	Requirements	Ratio for Distribution
	ladies, births, conducting door to door surveys and getting periodic alerts about routine check-ups of the patients lying in their jurisdiction.	
Administrative Staff and Principals at Schools	It is assumed that the administrative staff takes care of all financial matters, file work, day to day activities and desktops would be required for all of them.	1:1
Teachers	Most of the teachers would be involved in classroom teaching with some online video sessions to the students for digital learning. It is assumed that desktops would be shared by the teachers in the schools.	5:1

Table 51: Infrastructure Requirements

**Key Changes**

- Deployment of Enterprise Service Bus and API gateway for effective integration. Re-architecture of systems to SOA/ MSA based architecture
- Re-architecture of MHIS, TIMS, MBoSE and ePDS portals to modern architecture. Development of Human Development Sector System accessible through common state portal.
- Implementation of data back-up and disaster recovery mechanism, implementation of DR drills.
- Implementation of analytics software.
- Server virtualization at SDC.
- Implementation of tools for access rights, consent management, data encryption/ decryption, anonymizer, data security manager, performance monitoring, and utilization monitoring.
- Implementation of SSO components.

**6.5.4 Consolidated Recommendations**

Technology standards catalogue is already listed in IndEA. Compliance with respect to the IndEA Technology standards catalogue are captured as below;

S. No	Challenges	Recommendations
1	Unavailability of modern integration methods.	Deployment of Enterprise Service Bus and API gateway for effective integration. Re-architecture of systems to SOA/ MSA based architecture
2	Few critical hardware/software components have crossed end of life; hence, needs upgrade in near term.	Upgrade existing IT infrastructure as per End of Life analysis
3	Unavailability of primary/ secondary network may lead to severe impact in normal operations.	Availability of primary/ secondary network in all district, block and circle offices.
4	Department do not have proper back up database, data archival, database clustering, data management and there is no backup policy.	Implementation of data back-up and disaster recovery mechanism, implementation of DR drills.
5	Department has deployed ICT infrastructure at a fast pace, however, there is a lack of	Implementation of IT infrastructure guidelines for procurement. Architecture

S. No	Challenges	Recommendations
	methodology for infrastructure design, procurement and support	review of new changes for study and analysis.
6	State lacks tools for monitoring of application and network. Tools for access rights, performance monitoring, and utilization monitoring are needed.	Implementation of tools for access rights, performance monitoring, and utilization monitoring.
7	State do not have proper IT asset Management, Software licenses management, access management, Asset management etc.	Implementation of IT Asset management system along with integrated software license management
8	Notable performance issues have been observed in few systems – the causal analysis for the same has not been performed.	Controlled performance monitoring and IT service desk for issue resolution.
9	Peak hours accessibility and availability is an issue owing to excess load. Virtualization of server is limited.	Server virtualization at SDC.
10	Analytics capability is limited owing to unavailability of data analytics specialized software.	Implementation of analytics software.
11	No consent from the data owner before sharing the data.	Implementation of Consent Management system.
12	Data is accessible to all the persons without restrictions.	Implementation of Data encryption/decryption tool along with Data Security Manager and Anonymizer.

Table 52: Technology Standards Catalogue

## 7. Security Architecture

Meghalaya state government has been planned its services online through web and mobile interfaces. This may open a boulevard for multiple threats to access the information, systems, and assets to be viewed and/or altered unauthorized to harm the services, applications or the departments. This points out the importance of defining and implementing policies, processes, controls for information security.

Security is not confined to a single level but needs to be addressed at business (defining security policies), infrastructure (appropriate configurations at the network, data center, and hardware), application (Application deployment, Operating System hardening) and data (storage, access) levels. It is least costly and most effective to plan for and implement security-specific elements in the To-Be Architecture as early as possible in the MeghEA development cycle to avoid costly retrofit or rework because of the required building blocks for security were not added or used during systems development and deployment.

### 7.1 Principles

#### 7.1.1 Pillar Specific Principles

Following are the principles defined for Security Architecture and customized for Meghalaya Enterprise Architecture:

✓ **SP1 – Anonymize Personal Health Record**

Name	Anonymize Personal Health Record
<b>Statement</b>	Anonymize personal health record before storing in Personal Health
<b>Scope</b>	Personal health records
<b>Rationale</b>	Aligned to National Digital Health Blueprint; all personal health record would be only stored in personal health locker (at National level)
<b>Implications</b>	Data related to personal health must be stored on personal health locker; these would lead to changes in design of existing systems

## 7.2 Current State Assessment, Challenges and Pain Points

There are no state Government specific applications and the usage of systems developed by Government of India is also very limited. The major challenges have been captured as below:

- There is no backup policy on the servers which are already out of warranty thus there is always threat of data loss in case of server failure.
- No defined anti-virus policy exists. Users laptops and devices are not covered under any anti-virus policy.
- Currently no domain policy exists in Meghalaya Government.
- Single-Sign-On and OAuth2 does not exists.
- Currently, Authentication and Authorization is system-role based. Hence, it is not uniform. Accounting of information actions is not captured.
- There is no session management policy in Human Development Sector departments.
- Absence of regular third-party auditing has created lacuna in security threat management. OWASP based security assessment are not carried out.
- Identity and Access management is implemented at data level.
- Data is currently not classified.
- No data recovery policy exists. DR Site is not operational.

## 7.3 SWOT Analysis of Security Architecture

Analysis Paradigm	Key Pointers	Target State
Strength	Availability of security reference architecture through National Digital Health Blueprint	Recommended to Leverage
	Availability of specific (Health) policy for data security of health data	Recommended to Leverage
	Use of MHIS ID in health department to provide insurance services	Recommended to Leverage
Weakness	System level security and user profiling; lack of availability of SSO	SSO recommended
	State Data Centre is non audit compliant	Recommendations Provided
Opportunity	Single-Sign-On	Recommended
	Data security strategy aligned to National Digital Health Blueprint	Recommended
	Use of Anonymizer, Data Security Manager, Consent Manager	Recommended
Threats	Vulnerability to security threats	Recommendations Provided in State-wide security architecture controls





## 7.4 Future State

### 7.4.1 Data Classification

The data related to Human Development Sector has been classified as per below:

Data Entity	Data Classification	Securing data at rest	Securing data in transit	Data encryption	Data quality	ETL Security	Data Loss Prevention
Patient	Private	✓	✓				✓
Claim	Private	✓	✓				✓
Health Facility	Public	✓					✓
Doctors	Public	✓	✓				✓
Medical Record	Prohibited	✓	✓	✓	✓	✓	✓
Insurance	Private	✓	✓				✓
Students	Private	✓	✓				✓
School	Public	✓	✓	✓	✓	✓	✓
Education Record	Private	✓	✓	✓	✓	✓	✓
Teachers	Public	✓	✓				✓
Ration Card Holders	Private	✓	✓	✓	✓	✓	✓
Ration Dealers	Official	✓	✓				✓
Bank	Private	✓	✓	✓	✓	✓	✓
Crime Report	Confidential	✓	✓				✓
Schemes	Public	✓	✓				✓
Service	Public	✓					✓
Drugs & Medicines	Public	✓					✓
Medical Equipment	Official	✓					✓
Learning Course	Public	✓					✓
Grants	Official	✓					✓
Widows	Private	✓					✓
Person with	Private	✓					✓

Data Entity	Data Classification	Securing data at rest	Securing data in transit	Data encryption	Data quality	ETL Security	Data Loss Prevention
disabilities							
Health Record Artefacts (Please refer NDHB for details)							
Patient Demographics Care Provider Details	Prohibited	✓	✓	✓	✓		
History, Problem & Diagnosis	Prohibited	✓	✓	✓	✓		
Vitals, Results, Assessments	Prohibited	✓	✓	✓	✓		
Adverse Event, Alert	Prohibited	✓	✓	✓	✓		
Medication / Wellness Lifestyle / Diet / Vision	Prohibited	✓	✓	✓	✓		
Procedure	Prohibited	✓	✓	✓	✓		
Admission / Discharge / Transfer / Referral	Prohibited	✓	✓	✓	✓		
Insurance	Prohibited	✓	✓	✓	✓		

Table 53: Human Development Sector Data Classification

Please refer to the main Architecture Requirement document for Single Sign-On strategy.

#### 7.4.2 Access Requirement

The various modules in Human Development would need varied accesses. Please follow the table below for the security requirement:

Module-> User	Admissions	Allowances	Awards & Recognition	Benefits	Certificate & Admit Card	Complaints & Grievances	Examinations & Assessments	Institution Administration
Students	✓	✓	✓	✓	✓	✓	✓	
Aspirants	✓	✓			✓	✓	✓	
Teachers	✓						✓	✓
Head of Institutions	✓	✓	✓	✓	✓	✓	✓	✓

Block Education Officer			✓	✓		✓		✓
District Education Officer			✓	✓		✓		✓
Education Dept. JS/PS/C&S		✓	✓	✓		✓		✓
Citizens	✓	✓	✓	✓		✓		
Module-> User	Food & Nutrition	Fund Management	Grants to NGO	Insurance	Learning Content & Training	Licenses	Procurement	Ration Card
Dept. Sec.	✓	✓	✓			✓		
Director	✓	✓	✓			✓	✓	
FCS – Superintendent Establishment	✓	✓	✓			✓	✓	
FCS- FPS Dealer						✓	✓	✓
Citizen	✓			✓		✓		✓
SW – Dept. Officers	✓	✓	✓		✓			
ASHA	✓			✓	✓			
Anganwadi workers	✓			✓	✓			
SW Field Officers	✓			✓	✓			
	Scholarships		Treatment		Workshops, Seminar & Exhibitions			
Student	✓				✓			
Patient			✓					
Doctors			✓					
Nurses			✓					
Hospital Administration			✓					
ASHA Workers			✓					
Head of School	✓							
Dept. Education – JS/PS/C&S/ Secretary	✓				✓			

### 7.4.3 Future State Security

India's health ministry has proposed a law to govern data security in the healthcare sector that would give individuals complete ownership of their health data. Individuals would have the absolute right to refuse or allow data to be generated, collected, accessed, transmitted or used. And data collectors such as hospitals would be prohibited from refusing treatment to those who do not want their data collected or used.

MoHFW had drafted a "Digital Information Security in Healthcare Act (DISHA Act)" with the objective to ensure data privacy, confidentiality, reliability and security of digital health data. This Ministry forwarded the draft legislation to Ministry of Electronics and Information Technology (MeitY) for seeking their inputs and guidance. In response, it was informed that MeitY is in process of enacting '**Data Protection Framework on Digital Information Privacy, Security & Confidentiality**' Act, which would be applicable in all domains including health. This act would provide the framework for Ministry to utilize the patient data in programs in a secured manner.

#### Confidentiality

Medical confidentiality is a set of rules that limits access to information discussed between a person and their healthcare practitioners. With only a few exceptions, anything that is discussed with patient and doctor must, by law, be kept private between the two and the organization they work

for. This is also known as doctor–patient confidentiality. The right to **confidentiality**, and the related duty, allows the sharing of information within a specified sphere. The person who initially shares the information can gain the benefit of this limited sharing without incurring the risk of the information becoming more generally known.

### Privacy

Privacy, as distinct from confidentiality, is viewed as the right of the individual client or patient to be let alone and to make decisions about how personal information is shared.

The table below describes the key points from the **Digital Information Security in Healthcare Act (DISHA)** and corresponding MeghEA security architecture actions or solutions

DISHA Act Key Pointers	Security Architecture Actions/ Solutions
<b>Data Ownership, Security and Standardization</b>	
An owner shall have the right to privacy, confidentiality, and security of their digital health data, which may be collected, stored and transmitted in such form and manner as may be prescribed under this Act.	Health Locker
An owner shall have the right to give or refuse consent for the generation and collection of digital health data by clinical establishments and entities, subject to the exceptions provided in Section 29 of this Act.	Consent Manager
An owner shall have the right to refuse consent to the access or disclosure of his or her digital health data, and if refused it shall not be disclosed, subject to the exceptions provided in Section 33 of the Act	Consent Manager
An owner of the digital health data shall have the right that the digital health data collected must be specific, relevant and not excessive in relation to the purpose or purposes for which it is sought	Anonymizer
An owner of the digital health data shall have the right to know the clinical establishments or entities which may have or has access to the digital health data, and the recipients to whom the data is transmitted or disclosed	Data Security Manager
The owner of the digital health data shall have a right to access their digital health data with details of consent given and data accessed by any Clinical Establishment/Entity	Health Locker
The owner of the digital health data shall have right to rectify without delay, from the respective clinical establishment or health information exchange or entity, any inaccurate or incomplete digital health data, in the prescribed form as may be notified by the National Electronic Health Authority	Data Security Manager
The owner of the digital health data shall have right to require their explicit prior permission for each instance of transmission or use of their digital health data in an identifiable form, through such means as may be prescribed by the Central Government	Consent Manager
The right to be notified every time their digital health data is accessed by any clinical establishment within the meaning of Section 34 of the Act	Data Security Manager
The right to ensure that in case of health emergency, the digital health data of the owner may be shared with their family members	Data Security Manager

DISHA Act Key Pointers	Security Architecture Actions/ Solutions
<b>Data Ownership, Security and Standardization</b>	
The right to prevent any transmission or disclosure of any sensitive health related data that is likely to cause damage or distress to the owner	Data Security Manager
The right not to be refused health service, if they refuse to consent to generation, collection, storage, transmission and disclosure of their health data	Consent Manager
The right to seek compensation for damages caused by a breach of digital health data	Data Security Manager

Table 54: DISHA - Adherence Plan

Basis above recommendations the security architecture of the Human Development pillar is specified below

#### **Key Components:**

##### **Health Locker<sup>1</sup>**

The Health Locker is a standards-based interoperability specification that can be implemented by multiple players to enable the creation of a Personal Health Record ecosystem. When a medical record needs to be issued, only a reference link is shared with the locker ecosystem. Small clinics / hospitals are expected to subscribe to the authorized repository providers who can integrate with the Health Locker to be able to participate in this ecosystem.

##### **Consent Manager**

The consent manager would be there to ensure that the citizen/ patient as the Data Principal, is in complete control of what data is collected, and how/with whom it is shared and for what purpose, and how it is processed.

##### **Anonymizer<sup>1</sup>**

The Anonymizer takes data from the Health Locker and/or other health data sets, removes all personally identifiable information to protect privacy and provides the anonymized data to the seeker. Tools available can anonymize both structured and un-structured data.

##### **Data Security Manager**

The data security manager stores information on what data is shared with whom, it also provides the information on the secondary owner of the health record in case of emergency

##### **Single-Sign-On**

The single sign-on capability (MeghEA core platform capability) provides access to all modules and systems as per rights through a single identification (using State Digital ID).

##### **Encryption and Decryption Tool**

The data flowing out from the secured system to GOI systems would be encrypted and a corresponding key would be shared with authorized entity to decrypt the data.

Based on the above requirement, the diagram below describes the future state security architecture

specific to Human Development.

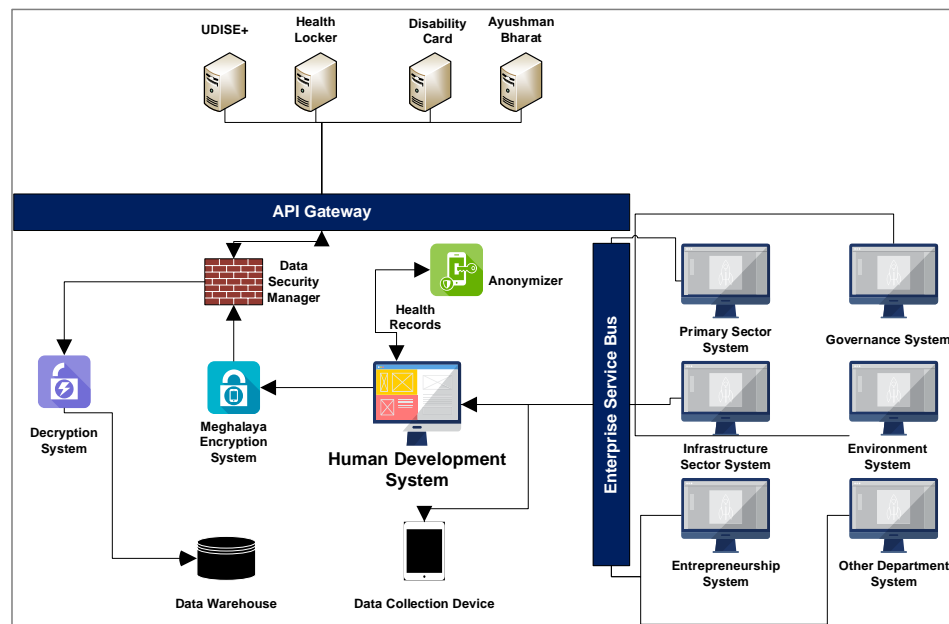


Figure 46: Future State Security Architecture

1 – National Digital Health Blueprint Report – Ministry of Health and Family Welfare

## 8. Architecture Realization

### 8.1 Service Realization Model

The sections above have described the services, processes within the service and the need for capability increment to enhance service delivery. The current section mainly covers the business use cases needed to support the service delivery, a business use case model is a model that describes the processes of a business and their interactions with external parties like beneficiaries and stakeholders.

Following sub-section describes the business use cases along with the key activities to be undertaken within the service and re-usable architecture building blocks. The prioritized services are explained below:

#### 8.1.1 Admission

- **Strategic Indicators:**
  - Improvement in Gross Enrolment in the State of Meghalaya
- **Use Case Steps:** Students applies for admission in State run schools, colleges and national technology institutes (reserved for NE).
  - **Key Activities:** Students applies through digital platform by providing various details.
  - **Architecture Building Blocks:** Admission.
- **Use Case Steps:** Transcripts are fetched from DigiLocker to validate student's score and qualification.
  - **Key Activities:** Merit list is prepared from assessment and published in the Admission section, post consent is provided by student
  - **Architecture Building Blocks:** Citizen Document Store, Consent Management, Workflow
- **Use Case Steps:** Publication of merit list.
  - **Key Activities:** Merit list is published for students and students are notified of the list through SMS
  - **Architecture Building Blocks:** Document Management, Content Management, Messaging
- **Use Case Steps:** Students pay required admission fee and get enrolled
  - **Key Activities:** Students logs in and pays admission fee from digital channel.
  - **Architecture Building Blocks:** Messaging, Payment, Financial Management.

#### 8.1.2 Awareness

- **Strategic Indicators:**
  - Dropout Rate at all level
  - Improvement in Gross Enrolment in the State of Meghalaya
  - Average Annual Drop-out rate at secondary level

**Use Case Steps:** ASHA and Anganwadi workers provided with service benefit awareness digital content



- **Key Activities:** Digital content is created through animation tools and workers are trained to promote and train service beneficiaries
- **Architecture Building Blocks:** Content Management

**Use Case Steps:** ASHA and Anganwadi workers reach out to families on benefit of education and enrolment process

- **Key Activities:** Digital content in the form of animated media are shown by the ASHA and Anganwadi workers to general public
- **Architecture Building Blocks:** Learning Content and Training

### 8.1.3 Certificates and Admit Cards

- **Use Case Steps:** Students get transcripts of marksheet through DigiLocker within 1 day of results declaration
  - **Key Activities:** All marksheet as transcripts are pushed to student's DigiLocker for effective sharing.
  - **Architecture Building Blocks:** Citizen Document Store.
- **Use Case Steps:** Students apply for duplicate certificates or marksheets from portal.
  - **Key Activities:** Students logs into portal through State Digital ID and applies for marksheet
  - **Architecture Building Blocks:** Workflow, Citizen Document Store.
- **Use Case Steps:** Students get transcripts of marksheet through DigiLocker within 1 day of service application
  - **Key Activities:** All marksheet as transcripts are pushed to student's DigiLocker for effective sharing.
  - **Architecture Building Blocks:** Workflow, Citizen Document Store.

Marksheets may or may not get delivered physically depending upon the student's choice

### 8.1.4 Curriculum

- **Strategic Indicators:**
  - Correct responses on Learning Outcomes in Language, Mathematics, Science and Social Science
  - Participation rate at Board Examinations & Pass Percentage
  - Dropout Rate at all level
  - Average Annual Drop-out rate at secondary level
- **Use Case Steps:** Teachers log into Learning & content – curriculum module
  - **Key Activities:** Teachers and experts logs into module to design curriculum
  - **Architecture Building Blocks:** Document Management, Communication and Collaboration, Messaging
- **Use Case Steps:** Post design of curriculum or audio/video content, the supervisor is assigned task for approval and comments
  - **Key Activities:** Curriculum design is crowd sourced from relevant authorities

- Architecture Building Blocks: Document Management, Communication and Collaboration, Messaging
- **Use Case Steps**: Curriculum is made in collaboration platform supported by digital capability
  - Key Activities: Teachers and experts finalize curriculum before publishing in portal.
  - Architecture Building Blocks: Document Management, Communication and Collaboration
  - Key Activities: All heads of institution are notified.
  - Architecture Building Blocks: Messaging

### 8.1.5 Examination and Assessments

- **Strategic Indicators**:
  - Correct responses on Learning Outcomes in Language, Mathematics, Science and Social Science
  - Participation rate at Board Examinations & Pass Percentage
- **Use Case Steps**: Publish model question papers, audio visual content and digital learning content
  - Key Activities: Teachers and experts logs into module to publish model question papers, audio visual content and digital learning content
  - Architecture Building Blocks: Content Management, Communication and Collaboration
  - Key Activities: Students are notified on new uploads
  - Architecture Building Blocks: Messaging

### 8.1.6 Financial Assistance and Benefits

#### Strategic Indicators:

- Literacy Rate Improvement for Meghalaya
- Improvement in Gross Enrolment in the State of Meghalaya
- Amount of scholarship expenditure per student eligible under all scholarship schemes
- Ratio of rural households covered under public distribution system to rural households where monthly income of highest-earning member is less than Rs.5,000
- Percentage of eligible households to have access to food security through National Food Security Act (NFSA) and the enhanced PDS system
- **Use Case Steps**: Beneficiary applies for service
  - Key Activities: Beneficiary applies for service using digital ID
  - Architecture Building Blocks: Digital ID, Digital Registry, Workflow
- **Use Case Steps**: Service request is reviewed by department officials
  - Key Activities: Competent authority review, verifies and approves service request
  - Architecture Building Blocks: Digital ID, Workflow
- **Use Case Steps**: Beneficiary is notified about progress in approval
  - Key Activities: System sends SMS and emails post approval or actions
  - Architecture Building Blocks: Digital ID, Messaging

- **Use Case Steps:** Benefits are transferred to bank accounts
  - **Key Activities:** Financial benefit is transferred using state direct benefit building block
  - **Architecture Building Blocks:** Digital ID, Direct Benefit, messaging
- **Use Case Steps:** Benefits are notified to delivery agencies
  - **Key Activities:** Benefit data is notified to FPS and relevant institutions
  - **Architecture Building Blocks:** Digital ID, Messaging, Integration Platform

### 8.1.7 Grants in-aid

#### Strategic Indicators:

- Percentage of government spending under following heads:
  - Social Welfare
  - Rural Development
  - Women benefiting schemes
- Education scholarships for minority/marginalized community
- Number of children referred to Child Welfare Committees and cases disposed-off
- **Use Case Steps:** NGOs and schools applies for funds
  - **Key Activities:** NGOs and schools applies for funds for relevant schemes
  - **Architecture Building Blocks:** Digital ID, Digital Registry, Workflow
- **Use Case Steps:** Verification and fund approval
  - **Key Activities:** Competent authority review, verifies and approves service request
  - **Architecture Building Blocks:** Digital ID, Digital Registry, Workflow
- **Use Case Steps:** Verification and fund approval
  - **Key Activities:** Financial benefit is transferred using state direct benefit building block
  - **Architecture Building Blocks:** Digital ID, Direct Benefit

### 8.1.8 HR Management

- **Use Case Steps:** Doctors and nurses are registered during the time of new entry
  - **Key Activities:** Registration of doctors and nurses
  - **Architecture Building Blocks:** HR Management
- **Use Case Steps:** Hospital superintendent provides demand for doctors and nurses through Institute Administration Demand entry
  - **Key Activities:** Demand is registered
  - **Architecture Building Blocks:** Institute administration
- **Use Case Steps:** Doctors, nurses, teachers are posted through system driven business rules
  - **Key Activities:** Business rules drive posting of doctors, teachers, nurses and other staffs
  - **Architecture Building Blocks:** HR Management
  - **Key Activities:** Attendance and rooster is managed by system rules
  - **Architecture Building Blocks:** Digital ID, Workflow

### 8.1.9 Infrastructure Support

**Strategic Indicators:**

- Ratio of rural households covered under public distribution system to rural households where monthly income of highest-earning member is less than Rs.5,000
- Percentage of eligible households to have access to food security through National Food Security Act (NFSA) and the enhanced PDS system
- **Use Case Steps:** Schools demand food grains for mid-day meals from FCS & CA department
  - **Key Activities:** School head requests food grain from stock management module of Human Development
  - **Architecture Building Blocks:** Stock Management
  - **Key Activities:** FCS&CA is notified on the requirement and basis approval they supply food grains
  - **Architecture Building Blocks:** Digital ID, Workflow, Stock Management

### 8.1.10 Learning

**Strategic Indicators:**

- Literacy Rate Improvement for Meghalaya
- **Use Case Steps:** Digital learning content is published in the portal for beneficiaries such as Out of School Children
  - **Key Activities:** Tailored digital content is published for training and education
  - **Architecture Building Blocks:** Content Management
  - **Key Activities:** Target beneficiaries can view contents
  - **Architecture Building Blocks:** Content Management, Mobile Device Management

### 8.1.11 Procurement

**Strategic Indicators:**

- Percentage of Children aged 3-6 years enrolled for non-formal pre-school education in Anganwadi Centers.
- Improvement in Gross Enrolment in the State of Meghalaya
- Adjusted Net Enrolment Ratio at Elementary (Class 1-8) and Secondary (Class 9-10) school

**Use Case Steps:** Schools request funding for mid-day meal related procurement

- **Key Activities:** School administration request for mid-day meal related procurement
- **Architecture Building Blocks:** Digital ID, Workflow
- **Key Activities:** Department approves and transfer funds
- **Architecture Building Blocks:** Workflow, Digital Billing

### 8.1.12 Teachers Training

**Strategic Indicators:**

Percentage of school teachers professionally qualified

- **Use Case Steps:** Digital learning content is published in the portal for teachers training
  - **Key Activities:** Tailored digital content is published for training and education

- **Architecture Building Blocks:** Content Management
- **Key Activities:** Teachers can view contents
- **Architecture Building Blocks:** Content Management, Mobile Device Management

### 8.1.13 Admission & Discharge, Billing

- **Strategic Indicators:**
  - Percentage of home births compared to total number of births
  - Reduce Neonatal mortality rate per Lakh
  - Percentage of pregnant women who have undertaken antenatal checkups as a total number of pregnant women in a time frame of a year
  - Number of AYUSH practitioners per 10000 of the population in rural and urban
  - Number of ASHA workers per 10000 of the population in rural and urban
  - No. Of ambulances per 10,000 population
  - Number of operational Blood Banks /Blood Storage Unit per 10,000 population
- **Use Case Steps:** Asha workers or patients register pregnant women through human development system.
  - **Key Activities:** ASHA workers register pregnant women using their State Digital ID
  - **Architecture Building Blocks:** Digital ID, Treatment (Registration).
- **Use Case Steps:** Citizens register for admission in hospitals
  - **Key Activities:** Citizens register themselves in portal for pre or post hospital entry.
  - **Architecture Building Blocks:** Digital ID, Treatment (Registration).
- **Use Case Steps:** Treatment is provided, and patient is discharged from hospital
  - **Key Activities:** Post treatment patient is discharged and marked in the system. All health records are stored in health locker post consent from citizen
  - **Architecture Building Blocks:** Treatment (Registration), Health Locker
- **Use Case Steps:** Patient is billed for treatment additionally insurance payment is considered
  - **Key Activities:** Patient's insurance is pre-fetched from digital ID and processed
  - **Architecture Building Blocks:** Treatment (Billing), Insurance, Digital ID

### 8.1.14 Blood Bank

- **Strategic Indicators:**
  - Percentage growth in number of deaths due to road accidents
- **Use Case Steps:** Patient blood group.
  - **Key Activities:** Doctors check patient's blood group for treatment OR fetches blood group from health locker
  - **Architecture Building Blocks:** Digital ID, Health Locker
- **Use Case Steps:** Blood stock is checked in hospitals and blood bank
  - **Key Activities:** Nearby blood banks stock is checked. Blood is procured accordingly
  - **Architecture Building Blocks:** Stock Management.

### 8.1.15 Certificate issuance

- **Use Case Steps:** Citizens register or undergoes institutional delivery of child.
  - **Key Activities:** Birth or death is registered in hospital system

- Architecture Building Blocks: Treatment (Registration).
- **Use Case Steps**: Data is shared with department for certificate. Certificate is delivered in requesting citizen's document store
  - Key Activities: Department issues automated digital certificates.
  - Architecture Building Blocks: Document Management, Citizen Document Store.
- **Use Case Steps**: Citizens apply for amendments or duplicate certificates.
  - Key Activities: Approve request basis details provided and deliver to citizen document store
  - Architecture Building Blocks: Workflow, Messaging, Citizen Document Store.

### 8.1.16 Food and Nutrition

- **Strategic Indicators**:
  - Ratio of rural households covered under public distribution system to rural households where monthly income of highest-earning member is less than Rs.5,000
  - Percentage of eligible households to have access to food security through National Food Security Act (NFSA) and the enhanced PDS system
  - Reduce Neonatal mortality rate per Lakh
  - Percentage of pregnant women who have undertaken antenatal checkups as a total number of pregnant women in a time frame of a year

**Use Case Steps**: ASHA workers register pregnant women.

- Key Activities: Pregnant women are registered
  - Architecture Building Blocks: Treatment (Registration). Digital ID
- **Use Case Steps**: Citizens chosen FPS dealer is notified for food delivery
  - Key Activities: Automated SMS is provided to FPS for delivery of food to eligible beneficiaries.
  - Architecture Building Blocks: Messaging.
- **Use Case Steps**: Citizens apply for food grain through the District administration office or they can apply online once the portal is open(portal under development stage)
  - Key Activities: Approve request basis details provided and enter in through point of sale machines
  - Architecture Building Blocks: Food & Nutrition.

### 8.1.17 Immunization

- **Strategic Indicators**:
  - Percentage of children aged 12-23 months fully immunized (BCG, Measles, and three doses of pentavalent vaccine)

**Use Case Steps**: System sends immunization schedule and notification as reminder to mothers.

- Key Activities: Post-delivery mothers are notified on immunization schedule
- Architecture Building Blocks: Treatment (Registration). Digital ID, Treatment (immunization schedule)

**Use Case Steps**: ASHA workers are notified on area wise immunization requirement and schedule.

- **Key Activities:** Immunization schedule and plan is notified to ASHA workers
- **Architecture Building Blocks:** Treatment (Registration). Digital ID, Treatment (immunization schedule), Messaging

#### 8.1.18 Insurance

- **Strategic Indicators:**
  - Percentage of families registered under Megha Health Insurance Scheme
- Use Case Steps:** Patients register for insurance.
  - **Key Activities:** ASHA workers, hospitals and staffs work towards registering patients for insurance
  - **Architecture Building Blocks:** State Digital ID, Insurance
- Use Case Steps:** Patients claim reimbursement for medical expense.
  - **Key Activities:** Patients logs into portal and claim for insurance
  - **Architecture Building Blocks:** State Digital ID, Insurance
- Use Case Steps:** Reimbursement amount is disbursed in patient's account.
  - **Key Activities:** Direct debit of amount
  - **Architecture Building Blocks:** State Digital ID, Direct Benefit Transfer

#### 8.1.19 License

- Use Case Steps:** Drug store and wholesaler requests for licenses.
  - **Key Activities:** Applies for licensing from portal
  - **Architecture Building Blocks:** State Digital ID, Licenses
- Use Case Steps:** Department review and approve requests.
  - **Key Activities:** Basis details provided department reviews and provides approval
  - **Architecture Building Blocks:** State Digital ID, Licenses, Workflow

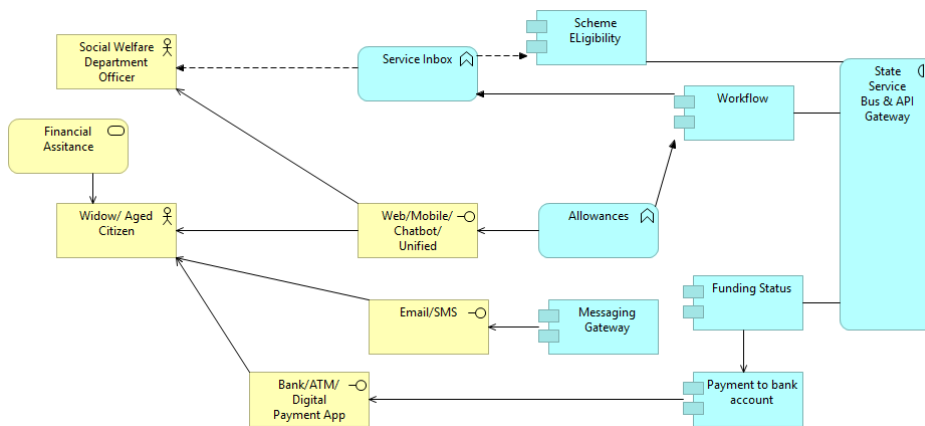
#### 8.1.20 Medical Assistance and Support, Special Allowance, Benefits, Scholarships, Stipend and Pension

- **Strategic Indicators:**
  - Various indicators
- Use Case Steps:** Citizens applies for financial assistance.
  - **Key Activities:** Applies for assistance from portal
  - **Architecture Building Blocks:** State Digital ID, Allowance
- Use Case Steps:** Department review and verifies requests.
  - **Key Activities:** Basis details provided department reviews and provides approval
  - **Architecture Building Blocks:** State Digital ID, Workflow
- Use Case Steps:** Department approves request and process for payment.
  - **Key Activities:** Approves request, bill is prepared and processed
  - **Architecture Building Blocks:** State Digital ID, Payment

## 8.2 Illustration of Use Case Realization:

### 8.2.1 Medical Assistance and Support, Special Allowance, Benefits, Scholarships, Stipend and Pension

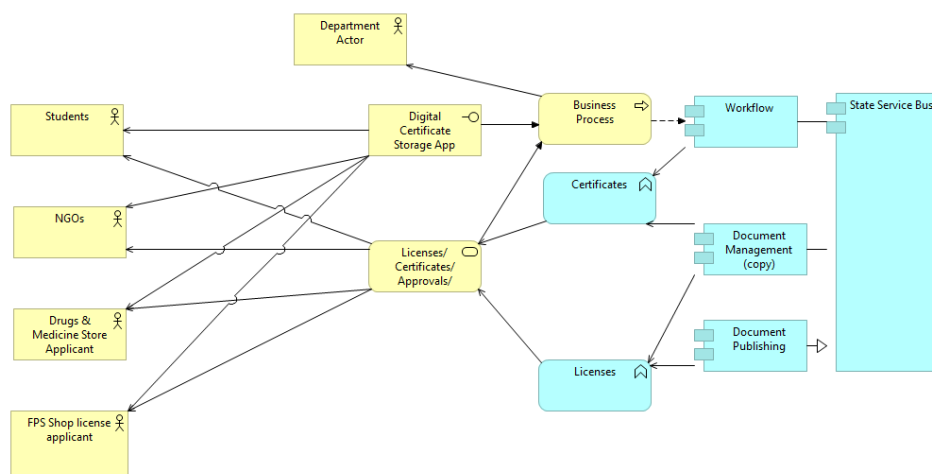
Social Protection forms an integral part of the pillar as evident from the As-Is service catalogue. As defined in previous section, the beneficiary applies for financial assistance and the request is routed to Department Official for verification of eligibility and necessary checks in the application. In many cases, the funds are disbursed through NGOs. The officer will be able to manage schemes and funds for schemes. On approval, the request will go to bank for transfer of funds to the applicant's bank account. The illustrative use case is as shown below:



### 8.2.2 Licenses/Certificates/Admit Cards/NoC

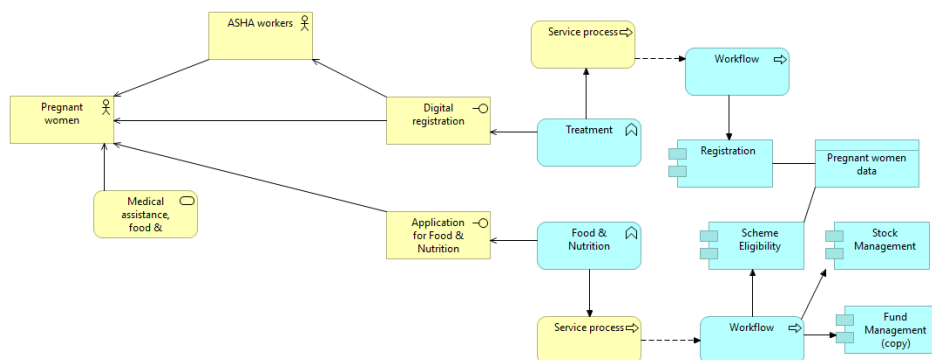
Various students, organizations apply for Issuance/ Renewal of various license/certificates other permission like for Fair price shop, stocking of drugs, setting up of Hospital/ educational institution etc. The request is forwarded to the concerned officer, the officer verifies the application and provides the approval. The certificate is forwarded to the Citizen document store and a physical copy is delivered. The illustrative use case is as shown below:





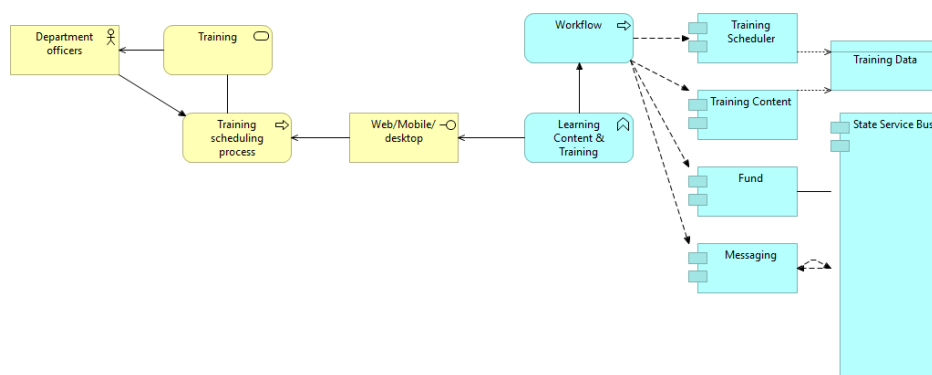
### 8.2.3 Immunization

To ensure newborn and infants are protected from diseases, the required immunization would be provided in a connected and integrated service



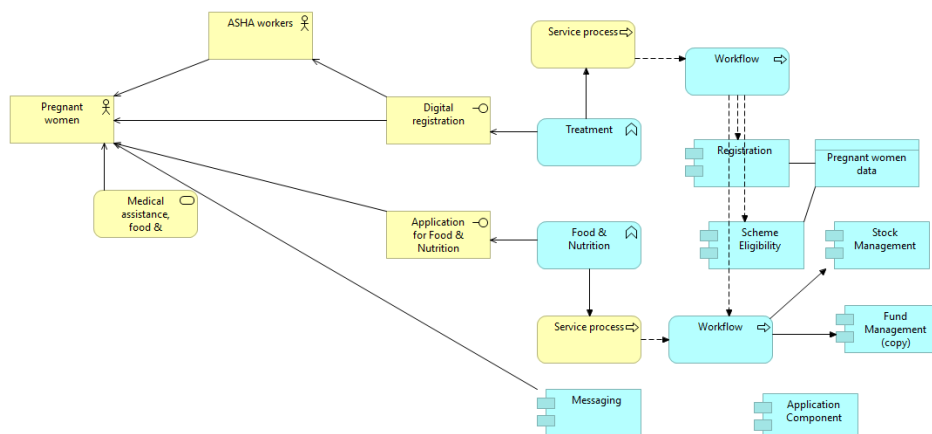
### 8.2.4 Training and Capacity Building

Under “Human Development” pillar training and Capacity Building is provided to various stakeholders like Teachers, Anganwadi workers and citizens. The illustrative use case for availing training is as shown below:



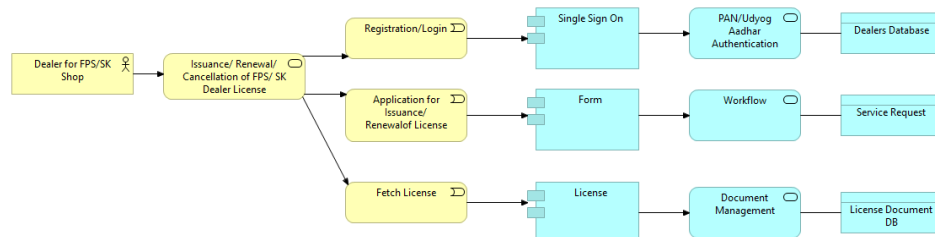
### 8.2.5 Integrated Services

Several service such as Financial Assistance and benefits to pregnant women, procurement of food grains from farmers and stock management interacts among themselves to deliver value to various stakeholders. Below is a graphical representation of the same



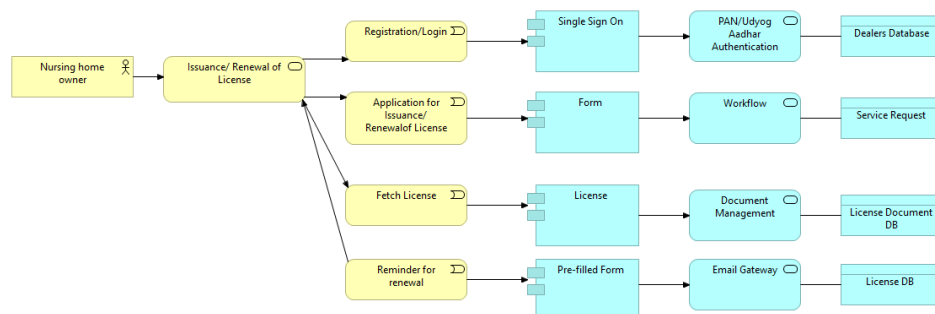
### 8.2.6 Issuance and Renewal FPS/ SK Dealer License

For License issuance and renewal below is a graphical illustration wherein users can apply license and fetch the license from systems on real-time



### 8.2.7 Issuance and Renewal Nursing Home License

For License issuance and renewal below is a graphical illustration wherein users can apply license and fetch the license from systems on real-time



## 8.3 Architecture Realization

Based on above analysis on services, a set of building blocks are required to be built to deliver the services in the desired manner. These building blocks can be built through key changes in each of the architecture layers.

### 8.3.1 Performance Architecture

Human Development Sector have been assigned certain strategic goals that are required to be achieved. These goals are planned to be measured through a certain indicator



Figure 47: Performance Architecture Overview

The Strategic Indicators are listed in [Annexure 9.2](#)

### 8.3.2 Business Architecture

The approach towards business architecture is service identification, rationalization of service, current state assessment including mapping to indicators and prioritization of services and business transformation requirements.

- Service Identification – **223** services have been entered as service in the MeghEA portal.
- Service Rationalization – **117** Services have been identified post rationalization.
- Service Prioritization – **60** Services have been prioritized based on detailed assessment.
- New Services – **16** New services have been identified for inclusion in future state service portfolio.

**Future Service Portfolio:** Human Development Sector would have future services enhanced and efficiently delivered. The future service portfolio would comprise of three sets of services:

- The prioritized set of **60** services;
- The non-prioritized set of **57** services;
- The newly introduced set of **16** services.

The key changes that are part of the recommendations in business architecture are listed as Business Transformation changes which includes Game Changes and identification of BPR opportunities.

The business architecture of the future state portfolio of Human Development Sector would include key business services grouped according to functional categorizations to suit user needs.

Commented [MT3]:

### 8.3.3 Application Architecture

The application architecture is a representation of the business aligned systems, the portfolio of the systems, the technology behind the systems, the information access methodology and the gaps around the systems – both functional and technical.

The application architecture approach consists of current state assessment. The current portfolio consists of Government of Meghalaya systems and external systems that are frequently used:

- **Internal State Government Systems:**

- i. Megha Health Insurance Scheme Portal
- ii. Teachers Information System
- iii. National Scholarship Portal
- iv. ePDS
- v. MegFEAST (Food & Essential Commodities Assurance & Security Target)
- vi. Meghalaya Board of School Education

- **External Systems (National Level Systems)**

- i. e-Hospital
- ii. Online Registration System
- iii. UDISE Plus
- iv. Mid-Day Meal Automated Reporting and Management System
- v. Rapid Reporting System of ICDS
- vi. Computerized Disability Certificates
- vii. TrackCHILD 3.0
- viii. Ngo Grants Online Application and Tracking System MSJE
- ix. Ngo Grants Online Application and Tracking System MoTA
- x. Stakeholder Identity Management System (SIMS)
- xi. Depot Code Management System (DCMS)
- xii. Anna Vitran
- xiii. Merit List of Students undergoing MBBS, BDS and other Allied Courses
- xiv. MHRD
- xv. NSAP

As a part of the analysis, a thorough analysis on existing business functions, IT maturity in each function, key gaps in the applications existing, data and technology standardization level, reliability and scalability aspects etc. has been conducted and a suitable EA model for Meghalaya has been developed, which could be a sustainable model to cater the requirements. Please refer section for details.

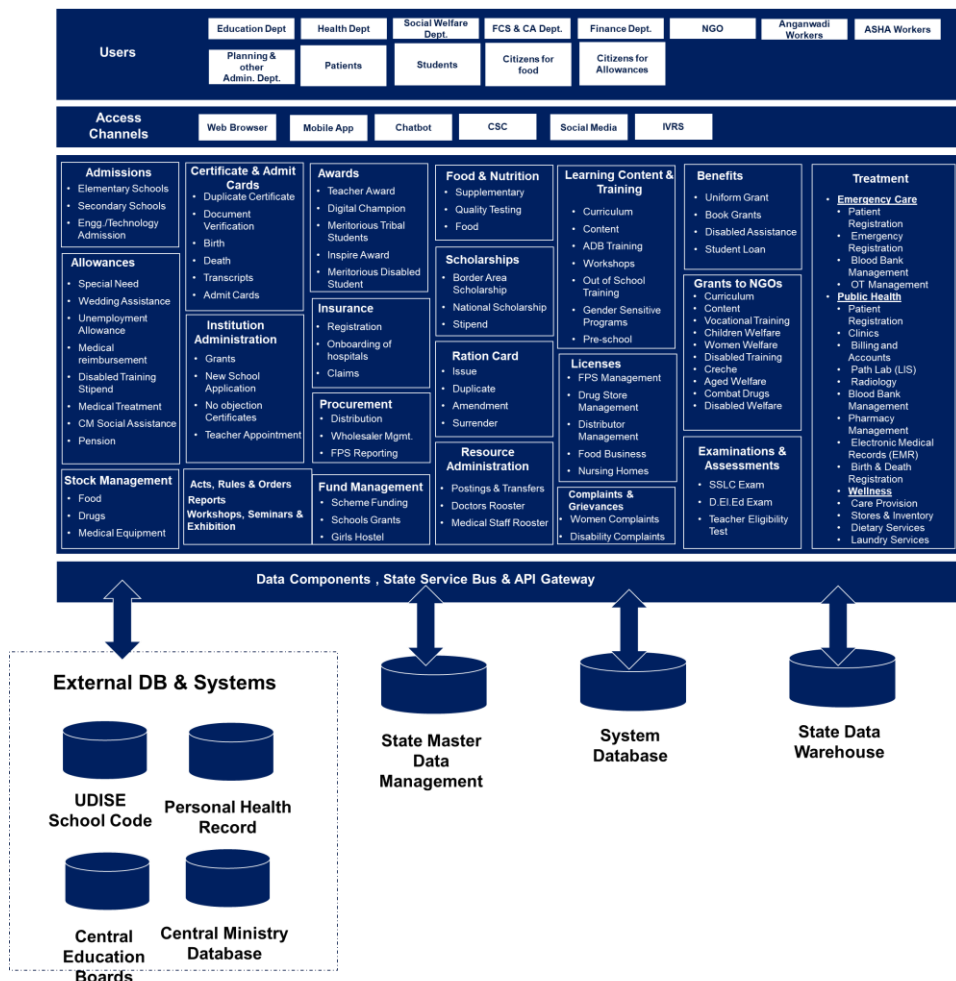


Figure 48: Application Architecture Overview

### 8.3.4 Data Architecture

Data architecture identifies the key aspects of information management – the key data that resides in the enterprise, how government can deliver services using the data, which are the stakeholders that accesses the data, how the data is managed through secured storage, access and the various forms in which the data is needed.

The **key** data entities (at conceptual level) are defined in two categories:

Existing data entities:

- Patient
- Claim
- Health Facility
- Doctors
- Medical Record
- Insurance
- Students
- School
- Education Record
- Teachers
- Ration Card Holders
- Ration Dealers
- Bank
- Crime Report
- Schemes
- **New data entities:**
  - Scheme
  - Service
  - Drugs & Medicines
  - Medical Equipment
  - Learning Course
  - Grants
  - Widows
  - Person with disabilities

The key interventions required in data architecture to align the data to support the business transformation plan is categorized as below:

- **Data Design:** The data design needs to be revamped to align the data architecture adhering to the data principles.
- **Data Governance:** Departments in Human Development Sector would have a role to play in each of the stages of the Data Lifecycle for the Scheme (core data entity). Data Trustee and data steward role has been defined for each data life-cycle management phases.
- **Data Tools:** To enable business transformation, the data portfolio requires few tools and technologies to support the plan.

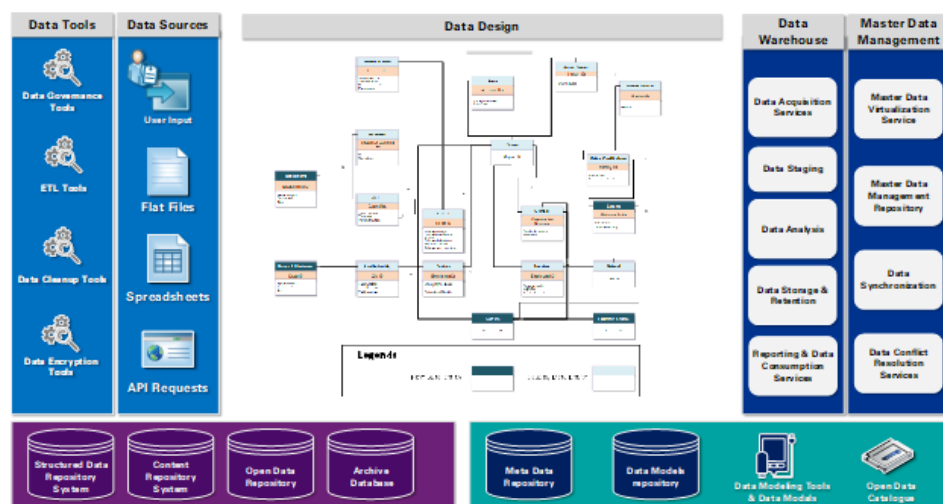


Figure 49: Future State Data Architecture

### 8.3.5 Technology Architecture

The technology architecture defines the infrastructure (IT) and their respective technical standards to enable better system integration and interoperability and align the application and data to deliver the required results to realize the business transformation objective.

Technology architecture section of the document illustrates the current state of the technology architecture for Human Development Sector, the gaps identified in the technology architecture and the future (proposed) requirements.

**Current State Assessment:** This includes the key infrastructure, system technology, devices and tools portfolio:

- **Environment & Locations:** The key infrastructure for different environments (development, production and testing) is illustrated in the section.
- **Network:** The section illustrates the primary and secondary network availability in the State of Meghalaya.
- **System-Technology List:** The list of systems along with the supporting technology is illustrated in this section.

Aligned to the transformation plan, a gap analysis was carried out to derive the future state of the technology architecture. The future state transformation plan is categorized under following:

- **State Data Centre Modernization:** Upgrade of infrastructure (systems) in the data center to modernize system technology landscape.
- **Network Availability:** Requirement for uninterrupted primary and secondary network to facilitate the planned business transformation.

The diagram below illustrates the future state deployment model for Human Development Sector:



### 8.3.6 Security Architecture

Security architecture illustrates the security details of the information storage, access and management. The security architecture has key transformation requirement to facilitate the realization of the business objectives:

- **Anonymizer, Data Security Manager and Encryption tool:** Anonymizer masks all personal digital health record, Data security manager stores data related to record of sharing of personal digital record and encryption tool encrypts classified data before transmission
- **Data Classification and Management:** The security architecture also illustrates the need for classification of data and rules governing each classified set of data.

The Architecture realization model comprises of key changes in each of the above layers. Below is the diagrammatic representation for the same.

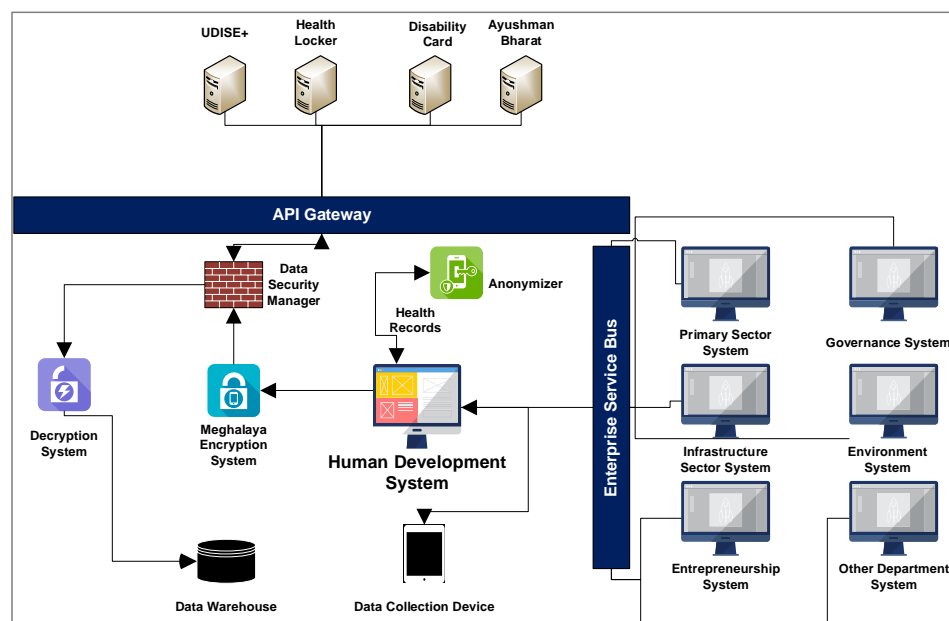


Figure 50: Security Architecture Overview

### 8.3.7 Summarized Business Transformation

Against the background elaborated in the previous section and challenges elaborated in section 3.3 it is necessary to bring about transformational changes in the Human Development Sector to make a significant impact on the population of Meghalaya and improve economy of the state as well as enhance the quality of the lives for its people. This transformation could be brought-in by introducing various reforms addressing the challenges discussed in this section. The proposed business transformation framework is illustrated below:

#### Beneficiary Identification

Currently, Meghalaya do not have a unique beneficiary identification number. The proposed **State Digital ID** would enable identify a beneficiary and facilitating service application without the need to provide commonly used details such as Name, demographic details, age, gender, etc. Following are the additional benefits:

- Integrated Ration Card would enable ease of Take-Home Ration (part of ICDS) to pregnant women once pregnancy is reported
- Medical Health Records stored in central health data vault would be referred for diagnosis, no need to maintain patient health record
- All social assistance (financial) would be delivered using digital ID with linked bank account
- Digital ID would be linked to education records

#### Digital Service Channels

Additional service delivery channels would be added to deliver digital services through:

- Megha: Chatbot with artificial intelligence capability
- Social Media based service delivery through integration with chatbot
- Mobile notification on immunization schedule
- Regulatory changes to mandate service response from all service delivery channel in pre-defined timeline

#### Digital Learning

Digital platform enabled learning for:

- Teachers and Anganwadi workers – pre-school training
- Digital content for health best practices
- Schools enabled by digital technology labs
- Tele-medicine through digital channels and mobile phones

#### Admission/ Appointments

- Admission to schools and colleges to be enabled by digital technology from a single platform

- Enrolment tracking integrated with infant database created in
- Online doctor appointment in all medical facilities
- Predictive drop out tracking of students

#### **Diagnosis/Assessment**

- Integrated digital health records with Nation Health Locker (Please refer National Digital Health Blueprint)
- Predictive outbreak (disease) tracking
- Online appointment for diagnosis

#### **Certificates**

- Digital Delivery of transcripts in DigiLocker
- Digital workflow for licenses for Fair Price Shops
- All licenses, certificates, NOC to be delivered through digital channels using secured technology solution

#### **Benefits**

- All financial benefits planned to be delivered through integrated bank transfer
- Benefits such as free textbooks, food, uniform, medical insurance and others would be enabled through digital workflow-based service delivery process
- New services such as Digital Champion award, Teachers award to be introduced
- Benefit delivery of Take-Home Ration for pregnant women from FCS & CA department enabled by data captured by health department during pregnancy reporting

#### **Food Security**

- Introduction of service to deliver fish, meat, nutritional pulses, SK Oil, vanaspati oil, etc. from Primary Sector to Fair Price Shops at Government defined rates
- Food quality testing through integrated labs
- Digital approval for new ration cards

Below is a diagrammatic representation of the transformation initiative through “**Wheel of Transformation**” of Human Development

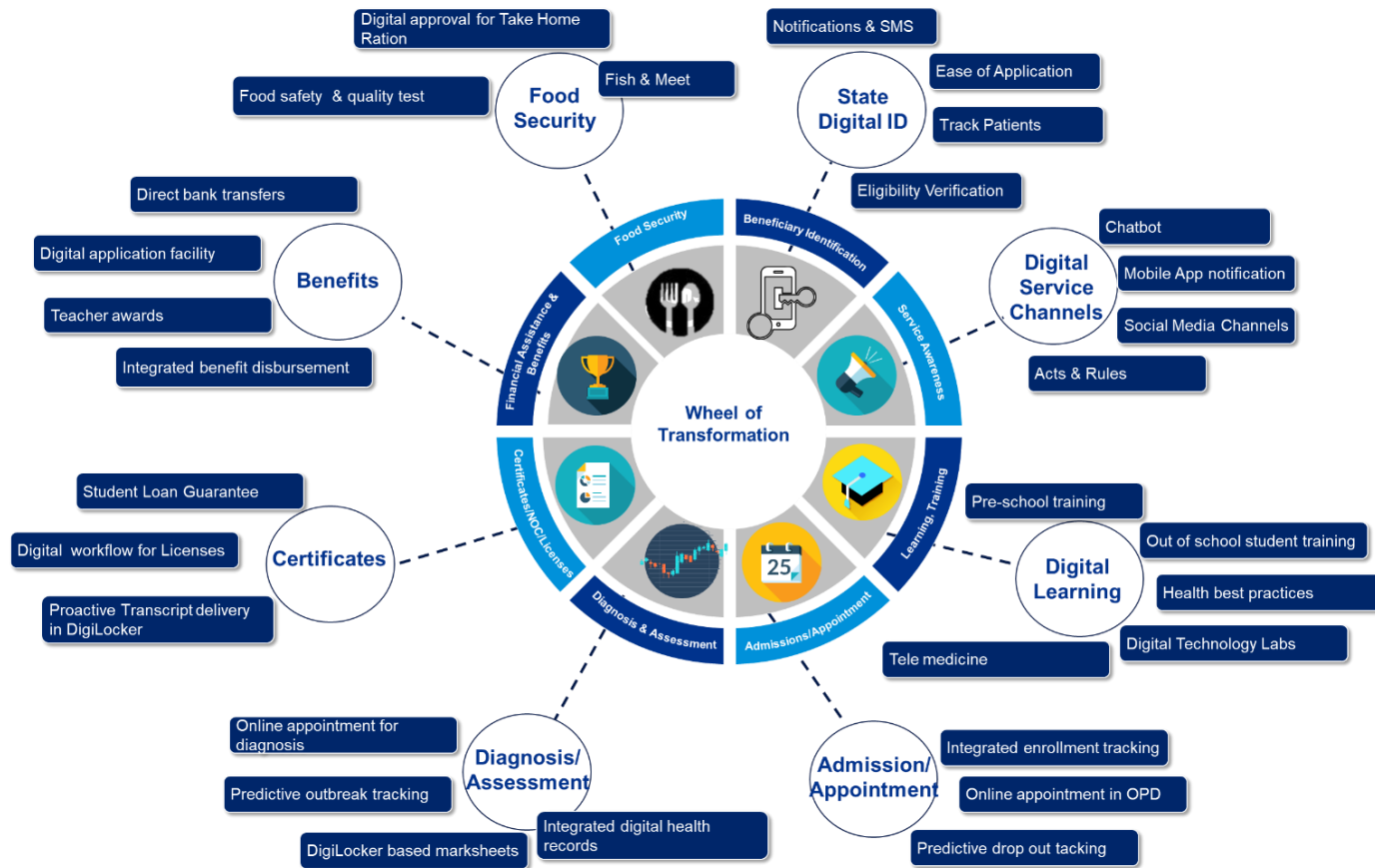


Figure 51: Wheel of Business Transformation

## 8.4 Architecture Initiatives

### 8.4.1 Connect

The section focuses on the initiatives to connect citizens, business and communities to the governance ecosystem through convenient channels leveraging modern technologies. Connect would also interlink the service providers with service beneficiaries in an open but secured manner. The following illustration represents the key proposed interventions and how “**Connect**” is essential for each one of them:

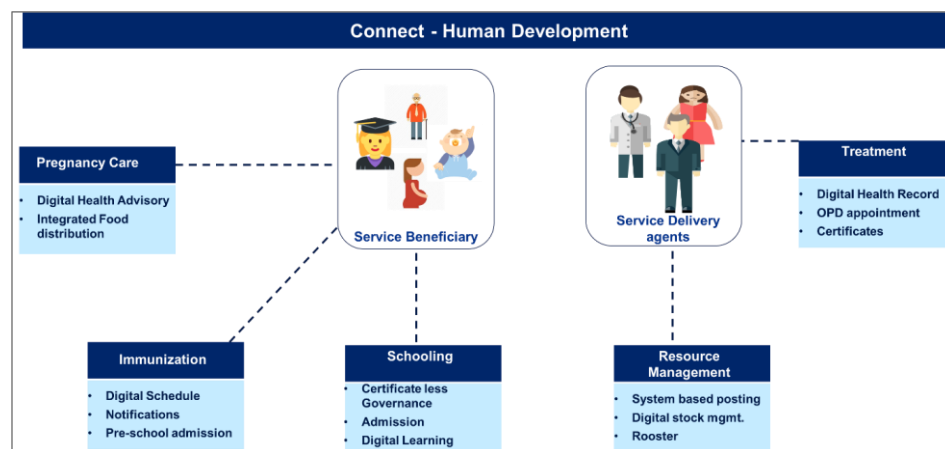


Figure 52: Connect - Human Development

In addition to above other components for connecting are as follows:

Module	Sub-Module
Admissions	Elementary Schools
	Secondary Schools
	Engg. /Technology Admission
	Special Need
	Wedding Assistance
	Unemployment Allowance
	Medical reimbursement
	Person with disability Training Stipend
	Medical Treatment
	CM Social Assistance
	Pension
Awards	Teacher Award
	Digital Champion
	Meritorious Tribal Students
	Inspire Award
Benefits	Meritorious Student with disabilities
	Uniform Grant
	Book Grants

Commented [DA4]: 4.Special needs Added twice  
5.Stock Management not included  
6.Act rules and order reports not available

Module	Sub-Module
Certificate & Admit Card	Person with disabilities Assistance
	Student Loan
	Duplicate Certificate
	Document Verification
	Birth and Death
	Transcripts
Complaints & Grievances	Admit Cards
	Women Complaints
Examinations & Assessments	Complaints from person with disability
	SSLC Exam
	D.El.Ed Exam
Food & Nutrition	Teacher Eligibility Test
	Supplementary
Fund Management	Quality Testing
	Food
	Girls Hostel
Grants to NGO	Scheme Funding
	Schools Grants
	Vocational Training
	Person with disability Training
	Children Welfare
	Women Welfare
	Person with disability Training
	Creche
	Aged Welfare
Institution Administration	Combat Drugs
	Person with disability Welfare
	Grants
	New School Application
Insurance	No objection Certificates
	Teachers Appointment
	Registration
Learning Content & Training	Onboarding of hospitals
	Claims
	Curriculum
	Content
	ADB Training
	Workshops
	Out of School Training
Licenses	Gender Sensitive Programs
	Pre-school
	FPS Management
	Drug Store Management
Procurement	Distributor Management
	Food Business
	Nursing Homes
	Wholesaler Management
	Distribution
	FPS Reporting

Commented [DA5]: Added new

Module	Sub-Module
<b>Ration Card</b>	Issuance/ Renewal/ Cancellation
	Duplicate
	Amendment
	Surrender
<b>Resource Administration</b>	Posting and Transfers
	Doctors Roaster
	Medical Staff Roaster
<b>Scholarships</b>	Border Area Scholarship
	National Scholarships
	Stipend
<b>Treatment</b>	<b>Emergency Care</b>
	<ul style="list-style-type: none"> <li>• Patient Registration</li> <li>• Emergency Registration</li> <li>• Blood Bank Management</li> <li>• OT Management</li> </ul>
	<b>Public Health</b>
	<ul style="list-style-type: none"> <li>• Patient Registration</li> <li>• Clinics</li> <li>• Billing and Accounts</li> <li>• Path Lab (LIS)</li> <li>• Radiology</li> <li>• Blood Bank Management</li> <li>• Pharmacy Management</li> <li>• Electronic Medical Records (EMR)</li> <li>• Birth &amp; Death Registration</li> </ul>
	<b>Wellness</b>
	<ul style="list-style-type: none"> <li>• Care Provision</li> <li>• Stores &amp; Inventory</li> <li>• Dietary Services</li> <li>• Laundry Services</li> </ul>
	Industry Orientation
	Investor Knowledge Community
	Career Exhibition
	Workshops, seminars and exhibitions
<b>Acts, Rules and orders report</b>	Food
<b>Stock Management</b>	Drugs
	Medical Equipment

Table 55: Human Development - Connect Details

### 8.4.2 Collaborate

Making government units cohesively work towards delivering value ensuring a single government experience to the stakeholders of the government. Collaborate would also orchestrate the activities of the government to enhance efficiency in functioning and citizen centric service delivery. The different APIs required to make this happen are described below (illustrative only):

API	Data Sharing Details	Source Application	Destination Application
Service Request ID	<ul style="list-style-type: none"> <li>Service ID (Number)</li> <li>Mobile Number (Number)</li> </ul>	Chatbot	Service Plus
Prepare Bill	<ul style="list-style-type: none"> <li>Scheme Code</li> <li>Bill Data</li> <li>Beneficiary Bank details</li> </ul>	Human Development	Integrated Finance
Transfer Fund	<ul style="list-style-type: none"> <li>Scheme Code</li> <li>Beneficiary Bank details</li> </ul>	Integrated Finance	State DBT
School Code	<ul style="list-style-type: none"> <li>School Code</li> </ul>	UDISE+	Human Development
Health Record	<ul style="list-style-type: none"> <li>State Digital ID</li> <li>Encrypted Health Record</li> </ul>	Human Development	Health Locker
Certificates	<ul style="list-style-type: none"> <li>State Digital ID</li> <li>Digital Certificate</li> </ul>	Human Development	DigiLocker

Table 56: Human Development - Collaborate Details

### 8.4.3 Empower

Creating opportunities and accessibility provided to citizens, to develop capabilities that are valuable to actively participate in the development and decision making of a community. It can be viewed in terms of knowledge and other aspects (such as digital inclusion) and affecting their everyday quality of life.

Program	Description
Digitization of Data	<p>Following data needs to be digitized:</p> <ul style="list-style-type: none"> <li>PDS data has already been digitised for NFSA.</li> <li>Other Schemes will be digitized soon by the department.</li> <li>GIS tagging will be done once the FPS Automation Project rolls out.</li> <li>Information relating to the officers of the Department, designation and posting needs to be updated in State HRMS</li> </ul>
Digital Service Training	<p>For the services to be digitized, the need for training and capacity building is at following levels:</p> <ul style="list-style-type: none"> <li>Officers on Service Plus</li> <li>Department Officers on Human Development System</li> <li>Beneficiaries to avail services (via digital content only)</li> <li>Potential applicants to avail services (via digital content only)</li> </ul>
Learning Management	The MeghEA learning Management System would enable to deliver learning lessons online. There is a training requirement of department officers on the usages of the system.



Program	Description
System	

Table 57: Human Development - Empower Details

## 9. Annexure

### 9.1 Human Development- Different concerned Government agencies and their function

Agency/ Directorate	Function
<b>Education Department</b>	<p>The function of the Department is to provide quality and affordable education and to help realize the state's human resource potential to its fullest in the Higher and Technical Education sector, with equity and inclusion. The following are the various objectives of the department:</p> <ul style="list-style-type: none"> <li>• To provide greater opportunities of access to Higher and Technical Education with equity to all the eligible persons and to the vulnerable sections.</li> <li>• To expand access by supporting existing institutions, establishing new institutions, aimed at removing imbalances that exist at present.</li> <li>• To initiate policies and programmes for strengthening research and innovations.</li> <li>• To promote the quality of Higher and Technical Education by investing in infrastructure and faculty, promoting academic reforms, improving governance and institutional restructuring</li> </ul>
<b>Directorate of Educational Research and Training (DERT)</b>	<p>The function of the Directorate is to undertake pre-Service &amp; in-service training of Teachers, prepare instruction materials for them, review and develop curriculum &amp; syllabus, undertake Research and Development etc. Monitoring of progress and activities of students' performance , in service training, teacher performance vis-a-vis student achievement Maintenance and capturing of proper data for training and programs conducted</p>
<b>Directorate of Higher &amp; Technical Education (DHTE)</b>	<p>All matters relating to higher education including scholarships, NCC and NSS are under the DHTE. The Directorate of Higher &amp; Technical Education plays a very important role in administration, governance and supervision of different activities relating to Higher Education including College &amp; University Education, Technical Education, Professional Education and Vocational Education in the State of Meghalaya. The activities are aimed at Human Resource Development and generation of technical manpower according to the need of the Society.</p>
<b>Directorate of School Education &amp; Literacy</b>	<p>All the Institutions at Lower Primary Level, Upper Primary Level, Secondary &amp; Higher Secondary Level are under this Directorate</p>

Agency/ Directorate	Function
<b>MBOSE: Meghalaya Board of School Education</b>	The functions of the Meghalaya Board of School Education are to act as an agency to conduct various examinations.
<b>Directorate of Health Services, MI (Medical Institutions)</b>	To provide comprehensive (preventive, curative, rehabilitative & promotive) health care to all citizens of the State through the Health Institutions - Hospitals, Community Health Centres, Primary Health Centres, Dispensaries & Sub-Centres
<b>DHS (MCH&amp;FW)</b>	Ensuring affordable, equitable & accessible health services to all. Achieve Universal Health Coverage including Financial Risk Protection, Access to Quality Essential Health Care Services, Medicines & Vaccines for all. Strengthening RMNCH+A & other national health programmes for ensuring preventive & curative health services along with promotion of health in community
<b>DHS (Research)</b>	<p>To support citizen, Health Institutions &amp; Government Organisations by providing accurate and timely scientific test on Specific discipline. To upgrade the institute to a teaching institute for paramedical sciences.</p> <p>Following are the newly added department in the Directorate.</p> <ul style="list-style-type: none"> <li>• Manufacturing unit- Alcohol Based Hand Sanitizers Started on the 02nd April 2020.</li> <li>• High End Equipment's Unit for testing Heavy metals &amp; Pesticides using ICPMS, LCMS_MS, GCMS_MS Started September 2020.</li> </ul>
<b>Commissionerate of Food Safety</b>	Build and implement an effective food regulatory and monitoring system for continued Food Safety & Standards and provide Science based information to the Consumers to make choices relating to food and to lead a healthy and productive life.
<b>Social Welfare Department/ Directorate of Social Welfare</b>	<p>The objectives and functions of the Department/ associated directorate are as follows:</p> <ul style="list-style-type: none"> <li>• To provide safe &amp; secured day-care services for the children in Crèches</li> <li>• To prevent and reduce stunting, wasting, under nutrition and anaemia among children (0-6 yrs.), adolescent girls and women in reproductive age and to provide non formal Early Childhood Care and Education for children in AWCs</li> <li>• To provide welfare services for ST, SC &amp; OBC.</li> <li>• To protect and enable older persons to live in dignity and honour</li> </ul>

Agency/ Directorate	Function
	<ul style="list-style-type: none"> <li>• To empower persons with disabilities; physically, economically and socially</li> <li>• To empower women physically, economically, socially and politically</li> <li>• To prevent and reduce incidence of crimes against women and children</li> <li>• To provide care and protection for children in need of care and protection and in conflict with law</li> </ul>
<b>Meghalaya State Commission for Women</b>	The objectives and functions of the Commission is to protect & safeguard the rights of women to empower them holistically to live a life of dignity
<b>Office of the Commissioner for Persons with Disabilities</b>	<ul style="list-style-type: none"> <li>• Identify, Suo-motu or otherwise, provision of any law or policy, programme and procedures, which are in consistent with this Act, and recommend necessary corrective steps;</li> <li>• Inquire, Suo motu or otherwise deprivation of rights of persons with disabilities and safeguards available to them in respect of matters for which the State Government is the appropriate Government and take up the matter with appropriate authorities for corrective action;</li> <li>• Review the safeguards provided by or under this Act or any other law for the time being in force for the protection of rights of persons with disabilities and recommend measures for their effective implementation;</li> <li>• Review the factors that inhibit the enjoyment of rights of persons with disabilities and recommend appropriate remedial measures. Undertake and promote research m. the field of the rights of persons with disabilities;</li> <li>• Promote awareness of the rights of persons with disabilities and the available for their protection</li> <li>• Monitor implementation of the provisions of this Act and schemes, programme meant for persons with disabilities</li> <li>• Monitor utilisation of funds disbursed by the State Government for The benefits of persons with disabilities; and</li> <li>• Perform such other functions as the State Government may assign</li> </ul>
<b>State Resource Centre for Women</b>	The objectives and functions of the Centre is to give focused attention to inter-sectoral issues affecting women by undertaking research, maintaining gender related data and engage in training and capacity building programs to enable greater understanding on

Agency/ Directorate	Function
	women's issues especially bringing the discourse on women belonging to vulnerable and marginalized communities on the forefront.
<b>The State Commission for Protection of Child Rights</b>	<p>To address the grievances relating to children below 18 years.</p> <p>Analyse existing law, policy and practice to assess compliance with the convention on the Rights of the Child, undertake inquiries and produce reports on any aspect of policy or practice affecting children and comment on proposed new legislation from a child rights perspective;</p> <p>Present to be State Government, annually and at such other intervals, as the commission may deem fit, reports upon working of those safeguards;</p> <p>Undertake formal investigations where concern has been expressed either by children themselves or by concerned persons on their behalf;</p> <p>Ensure that the work of the commission is directly informed by the views of children in order to reflect their priorities and perspectives;</p> <p>Promote, respect and give serious consideration to the views of children in its work;</p> <p>Produce and disseminate information about child rights;</p> <p>Compile and analyse data on children;</p> <p>Promote the incorporation of child rights into the school curriculum, teachers' training and training of personnel dealing with children.</p>
<b>Food Civil Supplies and Consumers Affairs Department</b>	<p>The primary function of the department is to run the Public Distribution System efficiently and ensure availability of food-grains to everyone and to ensure that it is at price affordable price for even the poorest in the State. The department is also entrusted with the responsibility of ensuring availability of essential commodities in the market at reasonable price and prevention of hoarding, black-marketing and artificial price hike.</p>

## 9.2 Goals and indicators mapped to “Human Development”

There are 235 indicators defined as part of the MeghEA Vision which are public service delivery centric and intended to measure the progress of the state in-terms of citizen centric service delivery. Out of these 235 indicators, 92 have been mapped to “Human Development”. Number of in-scope indicators are 89 since 3 of those indicators are from the departments that are not in the list of 19 priority departments. 61 out of the 89 indicators belongs to Human Development Departments i.e., Education, H&FW, Social Welfare and FCS&CA department. There are 3 indicators which belong to Human Development departments in other pillars. Thus, total applicable indicators for Human Development Pillar are 64.

### 9.2.1 Indicators Assigned to Human Development Pillar

SDG Goal	Indicator	Department
<b>Goal 1. End poverty in all its forms everywhere</b>	Proportion of the population (out of total eligible population) receiving total protection benefits under Maternity benefits	Health & Family Welfare
	Providing 100 days of employment for every desirous household under MGNREGA	Community & Rural Development
	100% coverage of eligible beneficiaries under pension/Social Security programs	Community & Rural Development
	Percentage of government expenditure in Education, Health and Social Protection	Planning
	Percentage of government spending under following heads: Social Welfare Rural Development Women benefiting schemes Education scholarships for minority/marginalized community	Planning
<b>Goal 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture</b>	Ratio of rural households covered under public distribution system to rural households where monthly income of highest-earning member is less than Rs.5,000	Food Civil Supplies & Consumer Affairs
	Children under age 5 years who are stunted	Health & Family Welfare and Social Welfare
	Children under age 5 years who are wasted	Health & Family Welfare and Social Welfare
	Pregnant women aged 15-49 years who are anemic (11.0 g/dl)	Health & Family Welfare and Social Welfare
	Percentage Reduction of children aged 6-59 months who are anemic.	Health & Family Welfare and Social Welfare

SDG Goal	Indicator	Department
<b>Goal 3. Ensure healthy lives and promote well-being for all at all ages</b>	Reduce maternal mortality ratio (MMR) per lakh	Health & Family Welfare
	Percentage of mothers receiving Antenatal Care	Health & Family Welfare
	Percentage of mothers receiving postnatal care	Health & Family Welfare
	Percentage of home births compared to total number of births (Proportion of Institutional Deliveries)	Health & Family Welfare
	Percentage of children aged 12-23 months fully immunized (BCG, Measles, and three doses of pentavalent vaccine)	Health & Family Welfare
	Reduce Neonatal mortality rate per Lakh	Health & Family Welfare
	Number of new HIV infections as a percentage of total population by sex, age and districts	Health & Family Welfare
	Annual notification of TB patient per lakh population	Health & Family Welfare
	Increase in Malaria infection cases as a percentage to last year	Health & Family Welfare
	Increase in Hepatitis B infection cases as a percentage to last year	Health & Family Welfare
	Increase in incidents of treatment for following diseases leprosy, lymphatic filariasis (LF), cysticercosis, and rabies (expressed as a percentage growth Y-o-Y)	Health & Family Welfare
	Mortality rate attributed to Cancer	Health & Family Welfare
	Mortality rate attributed to Diabetes	Health & Family Welfare
	Percentage growth of suicide deaths reported	Health & Family Welfare
	Mortality rate attributed to Cardiovascular diseases including stroke	Health & Family Welfare
	Percentage growth in per capita consumption of alcohol	Health & Family Welfare
	Number of persons treated in de-addiction centers	Health & Family Welfare
	Percentage growth in number of deaths due to road accidents	Transport
	Percentage of pregnant women who have undertaken antenatal checkups as a total number of pregnant women in a time frame of a year	Health & Family Welfare
	Percentage of pregnant women under 19 years	Health & Family Welfare
	Total physicians, nurses and midwives per 10000 population	Health & Family Welfare
	Percentage of families registered under Megha Health Insurance Scheme	Health & Family Welfare
	Percentage growth of death due to unintentional poisoning	Health & Family Welfare
	Age-standardized prevalence of current tobacco use among persons aged 15 years and older	Information & Public Relations
	Percentage of households with access to Jan Ausadhi Medical Store within 5 kms of residence	Health & Family Welfare
	Per capita medical R&D expenditure	Health & Family Welfare

SDG Goal	Indicator	Department
<b>Goal 3. Ensure healthy lives and promote well-being for all at all ages</b>	Number of qualified doctors per 10000 of the population in rural and urban	Health & Family Welfare
	Number of ASHA workers per 10000 of the population in rural and urban	Health & Family Welfare
	Number of AYUSH practioners per 10000 of the population in rural and urban	Health & Family Welfare
	No. Of ambulances per 10,000 population	Health & Family Welfare
	No. of persons covered in the training and mock drills	Health & Family Welfare
	Number of operational FRUs per 10,000 population	Health & Family Welfare
	Number of operational Blood banks /Blood Storage Unit per 10,000 population	Health & Family Welfare
	Percentage population trained in emergency response (by gender and age)	Health & Family Welfare
<b>Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all</b>	No. Of trained disaster response personnel	Health & Family Welfare
	Correct responses on Learning Outcomes in Language, Mathematics and EVS for Class 5 students	Education
	Dropout Rate at all level	Education
	Participation rate at Board Examinations & Pass Percentage	Education
	Correct responses on Learning Outcomes in Language, Mathematics, Science and Social Science for Class 8 students	Education
	Percentage correct responses on Learning Outcomes in Early Childhood Care, Education & Development institutes	Education
<b>Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all</b>	Percentage of Children aged 3-6 years enrolled for non-formal preschool education in Anganwadi Centers.	Education
	Children in the age group of 6-13 who are out of school	Education
	Average Annual Drop-out rate at secondary level	Education
	Number of Anganwadi Buildings for non-formal preschool education.	Social Welfare
	Number of trained Anganwadi Workers for preschool education.	Social Welfare
	Improvement in Gross Enrolment in the State of Meghalaya	Education
	Literacy Rate Improvement for Meghalaya	Education
	Percentage of population having primary schooling facilities within 2 kms of reach and secondary schooling facilities within 5 kms of reach	Education
	No. of ITI per 10,000 of population	Labour
	Ratio of male to female students at various levels of education	Education
	Percentage of primary and secondary schools with single-sex sanitation facilities	Education



SDG Goal	Indicator	Department
	Percentage of schools having access to safe drinking water facilities	Public Health Engineering
	Amount of scholarship expenditure per student eligible under all scholarship schemes	Education
	Percentage of elementary and secondary schools with Pupil-Teacher Ratio less than/equal to 30	Education
	Percentage of schoolteachers professionally qualified	Education
	Adjusted Net Enrolment Ratio at Elementary (Class 1-8) and Secondary (Class 9-10) school	Education
<b>Goal 5. Achieve gender equality and empower all women and girls</b>	Students male to female ratio in various levels of education	Education
	Ratio of Female Labour force participation to male Labour force participation rate	Labour
	Percentage of VEC (Village Employment Council) chaired by women	Community & Rural Development
<b>Goal 8: Decent work and economic growth</b>	Percentage growth of GSDP due to skill	Labour
	Average income (Salaried, self-employed, Skilled, unskilled)	Labour
	Average unemployment rate per 1000 persons for males and females	Labour
	Wages earned by male-female in regular / casual employment	Labour
	Number of persons with disabilities enrolled under Chief Minister Social Assistance Schemes	Social Welfare
	Number of employed persons with disabilities in public services	Social Welfare
	Number of youths trained in on-demand skills in the last year	Labour
	Total employment in tourism sector	Labour
	Number of youths trained and empowered for sustainable employment	Labour
<b>Goal 9. Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation</b>	Researchers (in full-time equivalent) per 10,000 inhabitants	Commerce & Industries
	Percentage share of expenditure in Industrial Research & Development to total GDP	Commerce & Industries
	Number of regional centers of excellence in each District	Commerce & Industries
	Share of GVA (Gross Value Add) of research and development related activities in total GVA	Commerce & Industries
	Share of GVA of Information and Computer related activities in total GVA of state	Commerce & Industries
<b>Goal 10. Reduce inequality within and among countries</b>	Palma ratio of Household Expenditure in Rural Meghalaya	Community & Rural Development
	Palma ratio of Household Expenditure in Urban Meghalaya	Planning

SDG Goal	Indicator	Department
	Percentage increase in State per capita income of marginalized and BPL families	Community & Rural Development
<b>Goal 10. Reduce inequality within and among countries</b>	Proportion of people living below 50 per cent of median household expenditure	Planning
	Percentage of financial assistance from Externally Aided funding institutions as a total of government expenditure (planned) in budget	Planning
<b>Goal 13. Take urgent action to combat climate change and its impacts[b]</b>	No. of State officials trained in climate adaptation planning	Forests & Environment
<b>Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels</b>	No. of Police training units/centers.	Home (Police)
	Nos. of Police personnel trained	Home (Police)
<b>Goal 17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development</b>	Number of science and/or technology cooperation agreements and programs between departments and international agencies/ institutes/etc.	Planning

### 9.2.2 Indicators under Human Development and Assigned to Departments under Human Development

Sl. No.	Indicator	Department	Baseline Data	Target Data
1	Proportion of the population (out of total eligible population) receiving total protection benefits under Maternity benefits	Health & Family Welfare	28	100
2	Ratio of rural households covered under public distribution system to rural households where monthly income of highest-earning member is less than Rs.5,000	Food Civil Supplies & Consumer Affairs	1.04	1.29
3	Children under age 5 years who are stunted	Health & Family Welfare and Social Welfare	40.4	2.5

Sl. No.	Indicator	Department	Baseline Data	Target Data
4	Children under age 5 years who are wasted	Health & Family Welfare and Social Welfare	40	25
5	Pregnant women aged 15-49 years who are anemic (11.0 g/dl)	Health & Family Welfare and Social Welfare	53.1	25.15
6	Percentage Reduction of children aged 6-59 months who are anemic.	Health & Family Welfare and Social Welfare	32.9	14
7	Reduce maternal mortality ratio (MMR) per lakh	Health & Family Welfare	Not Available	70
8	Percentage of mothers receiving Antenatal Care	Health & Family Welfare	50%	100%
9	Percentage of mothers receiving postnatal care	Health & Family Welfare	47.5%	100%
10	Percentage of home births compared to total number of births (Proportion of Institutional Deliveries)	Health & Family Welfare	47.5	100
11	Percentage of children aged 12-23 months fully immunized (BCG, Measles, and three doses of pentavalent vaccine)	Health & Family Welfare	62%	100%
12	Reduce Neonatal mortality rate per Lakh	Health & Family Welfare	4%	2.5%
13	Number of new HIV infections as a percentage of total population by sex, age and districts	Health & Family Welfare	0.06	0
14	Annual notification of TB patient per lakh population	Health & Family Welfare	139	0
15	Increase in Malaria infection cases as a percentage to last year	Health & Family Welfare		
16	Increase in Hepatitis B infection cases as a percentage to last year	Health & Family Welfare		
17	Increase in incidents of treatment for following diseases leprosy, lymphatic filariasis (LF), cysticercosis, and rabies (expressed as a percentage growth Y-o-Y)	Health & Family Welfare		
18	Mortality rate attributed to Cancer	Health & Family Welfare		

Sl. No.	Indicator	Department	Baseline Data	Target Data
19	Mortality rate attributed to Diabetes	Health & Family Welfare		
20	Percentage growth of suicide deaths reported	Health & Family Welfare		
21	Mortality rate attributed to Cardiovascular diseases including stroke	Health & Family Welfare		
22	Percentage growth in per capita consumption of alcohol	Health & Family Welfare		
23	Number of persons treated in de-addiction centers	Health & Family Welfare		
24	Percentage of pregnant women who have undertaken antenatal checkups as a total number of pregnant women in a time frame of a year	Health & Family Welfare	23.5%	100%
25	Percentage of pregnant women under 19 years	Health & Family Welfare		
26	Total physicians, nurses and midwives per 10000 population	Health & Family Welfare	28	45
27	Percentage of families registered under Megha Health Insurance Scheme	Health & Family Welfare		
28	Percentage growth of death due to unintentional poisoning	Health & Family Welfare		
29	Percentage of households with access to Jan Ausadhi Medical Store within 5 kms of residence	Health & Family Welfare		
30	Per capita medical R&D expenditure	Health & Family Welfare		
31	Number of qualified doctors per 10000 of the population in rural and urban	Health & Family Welfare		
32	Number of ASHA workers per 10000 of the population in rural and urban	Health & Family Welfare		
33	Number of AYUSH practioners per 10000 of the population in rural and urban	Health & Family Welfare		
34	No. Of ambulances per 10,000 population	Health & Family Welfare		
35	No. of persons covered in the training and mock drills	Health & Family Welfare		

Sl. No.	Indicator	Department	Baseline Data	Target Data
36	Number of operational FRUs per 10,000 population	Health & Family Welfare		
37	Number of operational Blood banks /Blood Storage Unit per 10,000 population	Health & Family Welfare		
38	Percentage population trained in emergency response (by gender and age)	Health & Family Welfare		
39	No. Of trained disaster response personnel	Health & Family Welfare		
40	Correct responses on Learning Outcomes in Language, Mathematics and EVS for Class 5 students	Education	45.33	67.89
41	Dropout Rate at all level	Education		
42	Participation rate at Board Examinations & Pass Percentage	Education		
43	Correct responses on Learning Outcomes in Language, Mathematics, Science and Social Science for Class 8 students	Education		
44	Percentage correct responses on Learning Outcomes in Early Childhood Care, Education & Development institutes	Education		
45	Percentage of Children aged 3-6 years enrolled for non-formal preschool education in Anganwadi Centers.	Education		
46	Children in the age group of 6-13 who are out of school	Education	2.9%	0.28%
47	Average Annual Drop-out rate at secondary level	Education	28.07%	10%
48	Number of Anganwadi Buildings for non-formal preschool education.	Social Welfare		
49	Number of trained Anganwadi Workers for preschool education.	Social Welfare		
50	Improvement in Gross Enrolment in the State of Meghalaya	Education		
51	Literacy Rate Improvement for Meghalaya	Education		
52	Percentage of population having primary schooling facilities within 2 kms of reach and secondary schooling facilities within 5 kms of reach	Education		
53	Ratio of male to female students at various levels of education	Education		
54	Percentage of primary and secondary schools with single-sex sanitation facilities	Education		
55	Amount of scholarship expenditure per student eligible under all scholarship schemes	Education		

Sl. No.	Indicator	Department	Baseline Data	Target Data
56	Percentage of elementary and secondary schools with Pupil-Teacher Ratio less than/equal to 30	Education	86.87	100
57	Percentage of schoolteachers professionally qualified	Education	30.47%	100%
58	Adjusted Net Enrolment Ratio at Elementary (Class 1-8) and Secondary (Class 9-10) school	Education	68.39	100
59	Students male to female ratio in various levels of education	Education		
60	Number of persons with disabilities enrolled under Chief Minister Social Assistance Schemes	Social Welfare		
61	Number of employed persons with disabilities in public services	Social Welfare		

### 9.2.3 Indicators under Human Development but marked to departments out of scope

Sl. No.	SDG Goal	Indicator	Department
1	Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels	No. of Police training units/centers.	Home (Police)
2		Nos. of Police personnel trained	Home (Police)
4	Goal 3. Ensure healthy lives and promote well-being for all at all ages	Age-standardized prevalence of current tobacco use among persons aged 15 years and older	Information & Public Relations

### 9.2.4 Indicators under Human Development but marked to departments in Other Pillars

Sl. No.	Indicator	Department
1	Providing 100 days of employment for every desirous household under MGNREGA	Community & Rural Development
2	100% coverage of eligible beneficiaries under pension/Social Security programs	Community & Rural Development
3	Percentage of government expenditure in Education, Health and Social Protection	Planning
4	Percentage of government spending under following heads: Social Welfare Rural Development Women benefiting schemes Education scholarships for minority/marginalized community	Planning

Sl. No.	Indicator	Department
5	Palma ratio of Household Expenditure in Rural Meghalaya	Community & Rural Development
6	Palma ratio of Household Expenditure in Urban Meghalaya	Planning
7	Percentage increase in State per capita income of marginalized and BPL families	Community & Rural Development
8	Proportion of people living below 50 per cent of median household expenditure	Planning
9	Percentage of financial assistance from Externally Aided funding institutions as a total of government expenditure (planned) in budget	Planning
10	No. of State officials trained in climate adaptation planning	Forests & Environment
11	No. of Police training units/centers.	Home (Police)
12	Nos. of Police personnel trained	Home (Police)
13	Number of science and/or technology cooperation agreements and programs between departments and international agencies/ institutes/etc.	Planning
14	Percentage growth in number of deaths due to road accidents	Transport
15	Age-standardized prevalence of current tobacco use among persons aged 15 years and older	Information & Public Relations
16	No. of ITI per 10,000 of population	Labour
17	Percentage of schools having access to safe drinking water facilities	Public Health Engineering
18	Ratio of Female Labour force participation to male Labour force participation rate	Labour
19	Percentage of VEC (Village Employment Council) chaired by women	Community & Rural Development
20	Percentage growth of GSDP due to skill	Labour
21	Average income (Salaried, self-employed, Skilled, unskilled)	Labour
22	Average unemployment rate per 1000 persons for males and females	Labour
23	Wages earned by male-female in regular / casual employment	Labour
24	Number of youths trained in on-demand skills in the last year	Labour
25	Total employment in tourism sector	Labour
26	Number of youths trained and empowered for sustainable employment	Labour
27	Researchers (in full-time equivalent) per 10,000 inhabitants	Commerce & Industries
28	Percentage share of expenditure in Industrial Research & Development to total GDP	Commerce & Industries
29	Number of regional centers of excellence in each District	Commerce & Industries
30	Share of GVA (Gross Value Add) of research and development related activities in total GVA	Commerce & Industries
31	Share of GVA of Information and Computer related activities in total GVA of state	Commerce & Industries

### 9.2.5 Indicators Assigned to Other Pillars with Responsibility Marked to Departments under Human Development

S. No	Key indicators	Primary Responsible Department	Pillar
1	Consumer Price Index variation measured in Q-o-Q	Food Civil Supplies & Consumer Affairs	Primary Sector
2	Percentage of eligible households to have access to food security through National Food Security Act (NFSA) and the enhanced PDS system	Food Civil Supplies & Consumer Affairs	Environment Sustainability
3	Proportion of children under 5 years of age whose births have been registered with a civil authority, by age	Health & Family Welfare	Governance for the people



## 9.2.6 Goals & Objectives Assigned by Departments under Human Development

S.No	Goals/Objectives	Department
1	To train In-Service Teachers in different areas of subject domains.	Education
2	To provide appropriate content and learning activities for teaching learning at different levels of school education	Education
3	To help the teachers as a guide in their teaching learning and instructional processes.	Education
4	To enable users to have access to relevant educational resources and information using digitized textbooks.	Education
5	To find out and train around 2750 best talent for teaching profession.	Education
6	Enhancement of Post Matric Scholarships	Education
7	Introduction of Vocational Courses in existing Polytechnics.	Education
8	Setting up new Polytechnics in unserved Districts	Education
9	NAAC Accreditation of all Colleges of Meghalaya by 2028	Education
10	Colleges/Universities/Professional Colleges/Polytechnics to be ranked under National Institutional Ranking Framework (NIRF) by 2030	Education
11	Accreditation under National Board of Accreditation (NBA) for Professional Colleges/Polytechnics by 2030	Education
12	To provide free and compulsory education for all children of age group 6-14.	Education
13	To eradicate dropouts.	Education
14	Ensure equitable access from primary to tertiary, technical and vocational education and training (TVET) and promote lifelong learning	Education
15	Improve outcomes and life chances for learners coming out of schools and the higher education system	Education
16	To enable students to become citizens of character with value-based knowledge	Education
17	Early detection and prompt treatment of all TB cases	Health & Family Welfare
18	Training and retraining of all staff involve in RNTCP	Health & Family Welfare
19	Maternal Death (MD) : 201 (2017-18) (Maternal Mortality Ratio 3.1.	Health & Family Welfare
20	Percentage of Delivery attended by Skilled Health Personnel / Safe Delivery : 53.8 % (NFHS 4)	Health & Family Welfare
21	Full Antenatal Coverage : 23.5 % (NFHS 4)	Health & Family Welfare
22	Blood Bank/ BSU functional unit : 8	Health & Family Welfare
23	Establishing First Referral Unit & making it functional : 6 FRU functional (2018-19)	Health & Family Welfare
24	Reduce home Delivery : 48.6 % (NFHS 4)	Health & Family Welfare
25	Percentage of Home Delivery attended by Skilled Health Personnel : 2.6 % (NFHS4)	Health & Family Welfare
26	Under-five mortality rate. 40 (NFHS-4)	Health & Family Welfare
27	Percentage of children aged 12-23 months Full Immunization Coverage (FIC) : 61.5 (NFHS 4)	Health & Family Welfare
28	By 2030, reduce by 1/3rd premature mortality from non- communicable diseases through prevention and treatment and promote mental health and wellbeing.	Health & Family Welfare

S.No	Goals/Objectives	Department
29	Functional Referral System: additional 108 GVK EMRI (Ambulance Services) / Govt. Hospital	Health & Family Welfare
30	Short term EMS programmes of 4 , 5 days duration should be provided in select institutions for MO's and nurses working in emergency rooms.	Health & Family Welfare
31	PPP: Neurologist & Specialized Orthopedics, Plastic Surgeons/ Super Specialty Hospital on PPP mode.	Health & Family Welfare
32	Coverage of essential health services RMNCH+A & NCD - Operationalization of Health and Wellness Centre	Health & Family Welfare
33	OOPE on Health: Free Drug Policy & Free Diagnostic Policy	Health & Family Welfare
34	Ambulance 108 Response time/ Facility Ambulance and Time Taken to reach health facility	Health & Family Welfare
35	NHM / State (regular) Health worker force rationalization amongst districts (High Priority/ Priority/ Normal Block)	Health & Family Welfare
36	Special incentives for High Risk Areas (HRA) posted health staffs amongst districts for NHM/ State staff.	Health & Family Welfare
37	Innovative Meghalaya Health Insurance Scheme.	Health & Family Welfare
38	Focus on Kitchen Gardens to ensure nutrition for mothers and children.	Health & Family Welfare
39	Promotion of wellness centers, linking local traditional herbal medicines with globally renowned Ayurveda (AYUSH).	Health & Family Welfare
40	To screen every unit of blood for blood transmitted diseases including HIV by NAT Methodology.	Health & Family Welfare
41	To provide safe & secured day-care services for the children in Crèches	Social Welfare
42	To provide welfare services for ST, SC & OBC.	Social Welfare
43	To prevent and reduce incidence of crimes against women and children.	Social Welfare
44	To empower persons with disabilities ; physically, economically and socially.	Social Welfare
45	To empower women physically, economically, socially and politically.	Social Welfare
46	To protect and enable older persons to live in dignity and Honour.	Social Welfare

Table 58: Department Goals, Objectives and Service Mapping

### 9.3 As-Is Service Catalogue

Service Code	Service Name	Service Description	Service Delivery Channels	Service Classification	Locations at which this service is being offered	How frequently does the applicant need to avail this service
FCS.01	New FPS/SK Oil Dealer License	The citizen applies for New FPS/SK Oil dealer License. Eligibility Criteria I. He/she should be a Resident of Meghalaya and should be a Resident in that Village/Area II. He/she should be a Literate person (Should be able to read and write) III. FPS/SKO dealers shall not be the Headman/Village Secretary including Members of the Executive Committee IV. Application Forms for FPS/SKO dealers can be obtained from respective Deputy Commissioner (Supply)/Subdivision (Supply) Office. Forms duly filled should include a) A Court Fee Stamp of Rs.14/- b) A copy of Schedule Tribe Certificate / Permanent Resident Certificate of Meghalaya, EPIC of Meghalaya, Bank Passbook, Mobile number c) 2 nos. recent Passport Photo	Partially automated	G2B	1. District HQ	Only Once
FCS.02	Online Allocation and Supply Chain Management-DFSO (DC Supply) Login	Allocation of food to District Wholesale centers	Automated	G2B	1. District HQ	Monthly
FCS.03	Transfer Ration Card	The beneficiary applies for transfer of ration card if he/she is migrating to another district or subdivision. The beneficiary must also surrender the ration card to the present office.	Partially automated	G2C	1. District HQ	Only Once
FCS.04	Ration Card Modification (FPS Change)	Beneficiary request for changing of FPS	Partially automated	G2C	1. District HQ	Only Once
FCS.05	Surrender FPS/SK Oil Dealer License	The FPS/SK Oil dealer applies for surrender of license	partially automated	G2B	1. District HQ	Only Once
FCS.06	Online Allocation- Director login	System activity for allocation of food to District Wholesale centers	fully Automated	G2G	1. District HQ	Monthly
FCS.07	New Ration Card	The citizen can apply for a new ration card. The citizen applies for new ration card under three schemes i.e. AAY, PHH, and Non-NFSA.	Partially automated.	G2C	1. District HQ	Only Once
FCS.08	Duplicate Ration Card	Citizen applies for duplicate ration card in case of lost	Partially automated	G2C	1. District HQ	Only Once

Service Code	Service Name	Service Description	Service Delivery Channels	Service Classification	Locations at which this service is being offered	How frequently does the applicant need to avail this service
FCS.09	Ration Card Modification (Member Deletion)	Beneficiary request for deletion of member	Partially automated	G2C	1. District HQ	As and when required
FCS.10	Ration Card Modification (Head of Family)	Beneficiary request for changing of head of family or just correction of the details of head of family	Partially automated	G2C	1. District HQ	As and when required
FCS.11	Ration Card Modification (Bank Account)	Beneficiary request for updating or correction in bank account details	Partially automated	G2C	1. District HQ	As and when required
FCS.12	Surrender Ration Card	Beneficiary surrenders the ration card because he/she does not need it or has two cards.	Partially automated	G2C	1. District HQ	As and when required
FCS.13	Ration Card Modification (Member Addition)	Beneficiary request for addition of member	Partially automated	G2C	1. District HQ	As and when required
FCS.14	Ration Card Modification (Address Change)	Beneficiary request for changing address	Partially automated	G2C	1. District HQ	As and when required
FCS.15	Ration Card Modification (Card Type Change)	Beneficiary request for changing of Card Type	Partially automated	G2C	1. District HQ	As and when required
FCS.16	Ration Card Modification (Member Details)	Beneficiary request for correction of members details like name, age, gender	Partially automated	G2C	1. District HQ	As and when required
FCS.17	Grievance Redressal Mechanism	Grievance acceptance and management through Calls, emails, physical letters, SMS	Calls/Email/WhatsApp/SMS	G2C	1. State HQ 2. Block Office 3. District HQ 4. Village	As and when required
FCS.18	Renew FPS/SK Oil Dealer License	The fair price shop or sk oil dealer renews their license annually ending on the 31st December every year.	Partially automated	G2B	1. District HQ	Annually
FCS.19	Surrendered Wholesaler	Plain Application Address DC/SDO	Partially Automated	G2B	1. District HQ	Annually
FCS.20	Duplicate FPS/SK Oil Dealer License	The FPS/SK Oil dealer wants to apply for a duplicate license	Partially automated	G2B	1. District HQ	Only Once

Service Code	Service Name	Service Description	Service Delivery Channels	Service Classification	Locations at which this service is being offered	How frequently does the applicant need to avail this service
FCS.21	Annapurna	Rice is distributed free of cost at the scale of 10 (ten) Kgs per month to each indigent Old Age Person who have attained the age of 65 years or above and not covered under the National Old Age Pension Scheme.	Manual	G2C	1. State HQ 2. District HQ	Annually
FCS.22	Appointment of New Wholesaler	The applicant applies for Wholesaler Vacancy Eligibility Criteria is defined specifically	Partially Automated	G2B	1. District HQ	Annually
FCS.23	Consumer Affairs	Redressal Consumer Disputes	Manual	G2C	1. State HQ 2. District HQ	As and when required
FCS.24	Allocation	Central Allocation is received from the Ministry of DoFPD and the Directorate of Food Civil Supplies and Consumer Affairs breaks the allocation into district and sub-division based on the data available in the mentioned link. The online allocation is generated as per the data available in the mentioned link. The allocation is generated online through FEAST application ( <a href="http://megfeast.gov.in/">http://megfeast.gov.in/</a> ) on a monthly basis for all District and Sub-division offices. The allocation is generated from the wholesale level to the FPS level. All the wholesalers are to update their stocks in the application and issue the food grains to the FPS through the application on a monthly basis. The allocation reports and the supply chain reports are available in the public domain and can be downloaded from the link mentioned above.	Online	G2G	1. State HQ	Monthly
FCS.25	Allocation under (Hostel and Welfare Institution)	The Head of the Institutions/Hostels writes application to the concern DCs/SDOs along with the details of the Institute/hostel and inmates.	Manual	G2C	1. School	Bi-annually
FCS.26	Allocation under NFSA, Non-NFSA	Central Allocation is received from the Ministry of DoFPD and the Directorate of Food Civil Supplies and Consumer Affairs breaks the allocation into district and sub-division based on the data available in the mentioned link <a href="http://164.100.128.97/MEGHALAYA_PDS/">http://164.100.128.97/MEGHALAYA_PDS/</a> . Allocation of Wheat is only for two districts,	Partially Automated	G2G	1. State HQ 2. District HQ	Annually

Service Code	Service Name	Service Description	Service Delivery Channels	Service Classification	Locations at which this service is being offered	How frequently does the applicant need to avail this service
		East Khasi hills Shillong and Ri-bhoi. The online allocation of rice is generated as per the data available in the mentioned link. The allocation is generated online through FEAST application ( <a href="http://megfeast.gov.in/">http://megfeast.gov.in/</a> ) for rice only on a monthly basis for all District and Sub-division offices. The allocation is generated from the wholesaler level to the FPS level. All the wholesalers are to update their stocks in the application and issue the food grains to the FPS through the application on a monthly basis. The allocation reports and the supply chain reports are available in the public domain and can be downloaded from the link mentioned above. Allocation of sugar and wheat is generated manually.				
HFW.01	Anti-Rabies Treatment/Animal Bite Treatment	Appraisal of animal bites and the consequent treatment and follow up	Anti-Rabies Vaccine (ARV) / Outpatient Department (OPD)	G2C	1. State HQ	As and when required
HFW.02	Microbiological testing	Human Clinical Samples analyzed for providing a diagnosis and treatment plan.	In person, Laboratory personnel.	G2C	1. Village HQ 2. District HQ 3. State HQ 4. PHC	As and when required
HFW.03	Medical Studies i.e. MBBS/BDS/BHMS/BAMS/BASLP against State Quota of seats in various Medical Institutions in India	Medical Studies i.e. MBBS/BDS/BHMS/BAMS/BASLP against State Quota of seats in various Medical Institutions in India for the citizen of Meghalaya. The eligibility criteria are 10+2 level candidate from a recognized university, Board of Authority in the subjects of physics, Chemistry, Biology, Biotechnology, English and qualified NEET-UG	Department of Health & Family Welfare	G2C	1. State HQ	Annually
HFW.04	Clinics	Comprehensive Clinic module leading to prescription generation	Hybrid	G2C	1. District HQ 2. State HQ 3. PHC	As and when required

Service Code	Service Name	Service Description	Service Delivery Channels	Service Classification	Locations at which this service is being offered	How frequently does the applicant need to avail this service
HFW.05	Stores and Inventory	This module handles Indent Generation, Indent verification, Purchase order Generation, MIS, etc. Besides, one important feature of this module is managing Inventory with reorder level.	Offline & Online	G2C	1. District HQ 2. State HQ 3. PHC	As and when required
HFW.06	Issuance of License to sell, stock or exhibit Homoeopathic medicines by retail	Service to issue the License to sell, stock or exhibit or offer for sale, or distribute Homoeopathic medicines by retail (FORM 20C)	Offline	G2B	1. District HQ 2. State HQ	As and when required
HFW.07	Pregnancy and related care	A major focus of the Health Centre system is medical care for pregnancy and childbirth in rural India. This is because people from rural India resist approaching doctors for pregnancy care which increases neonatal death. Hence, pregnancy care is a major focus area for the Health Centers	Offline	G2C	1. District HQ 2. State HQ 3. PHC	As and when required
HFW.08	Implementation and administration of the Food Safety & Standards act, 2006, Food safety & Standards Rules and Regulations, 2011	Licensing and Registration of Food Business Operators	On-line and Offline licensing and registration of Food Business Operators.	G2B	1. District HQ	Once in 5 yrs.
HFW.09	Blood Banking Services	Place where blood is collected from Donors, typed, tested, separated into components, stored to ensure availability of safe blood to the people	in person	G2C	1. State HQ	As and when required
HFW.10	Issuance of License to sell, stock or exhibit by retail drugs specified in Schedules C and C (1) excluding those specified in Schedule X	Service to issue the License to self, stock or exhibit or offer for sale, or distribute by retail drugs specified in Schedules C and C (1) excluding those specified in Schedule X (FORM 21)	Offline	G2B	1. District HQ 2. State HQ	Once in 5 yrs.
HFW.11	Appointment of Technical Staffs	Appointment of Pharmacist, Lab Technician, etc. in different Medical Health Institutions up to Sub- Center		G2C	1. State HQ	Once in a lifetime
HFW.12	PRADHAN MANTRI MATRU VANDANA YOJANA (PMMVY)	Providing partial compensation for the wage loss in term of cash incentives of Rs. 5000 so that the woman can take adequate rest before and after delivery of the first living child. Eligibility criteria- All eligible pregnant women and lactating mothers who have their pregnancy on or after 01.01.2017 for first child	Ministry of Women & Child Development - Directorate of Health Services (MCH&FW) - All Health Facilities	G2C	1. Village 2. District HQ 3. State HQ 4. Block	Only Once

Service Code	Service Name	Service Description	Service Delivery Channels	Service Classification	Locations at which this service is being offered	How frequently does the applicant need to avail this service
		in the family. Beneficiaries should fulfill the following conditionalities to be eligible to apply the Maternity Benefit Scheme. 1. Early registration of pregnancy 2. received at least one ANC 3. Childbirth is registered. Child must complete first cycle of immunization.			Office 5. PHC	
HFW.13	Issuance of Birth Certificate	Issue of Births Certificate to all the Births events occurred in the state irrespective of the place of residence.	Offline and online	G2C	1. District HQ 2. PHC	Once in a lifetime
HFW.14	Issuance of the renewal of a license to manufacture for sale of Ayurvedic/ Siddha or Unani drugs	Service to issue the renewal of a license to manufacture for sale of Ayurvedic, Siddha or Unani drugs (FORM 24D)	Offline	G2B		Once in a lifetime
HFW.15	Issuance of the renewal of a loan license to manufacture for sale Ayurvedic (including Siddha) or Unani Drugs	Service to issue the grant or renewal of a loan license to manufacture for sale Ayurvedic (including Siddha) or Unani Drugs (FORM 24E)	Offline	G2B		Once in a lifetime
HFW.16	Procurement of medicines	Method of procurement of medicines under the Directorate of Health Services (MI) Meghalaya Shillong & budgetary provision	Office of the Director of Health Services (MI)	G2G	1. State HQ	Quarterly
HFW.17	Issuance of approval order for Medical Treatment	The approval for medical checkup for Government employees	Office of the Director of Health Services (MI)	G2E	1. State HQ	As and when required
HFW.18	License to sell, stock, exhibit or offer for sale, or distribute drugs Issuance	Service to issue the license to sell, stock, exhibit or offer for sale, or distribute drugs specified in Schedule X (FORM 19 C)	Offline	G2B	1. District HQ 2. State HQ	As and when required
HFW.19	Issuance Death Certificate	Issuance of Death Certificate	Offline and Online	G2C	1. District HQ 2. PHC	Once in a lifetime
HFW.20	Issuance of Certificate of renewal of License to sell, stock or exhibit Homoeopathic medicines	Service to issue the Certificate of renewal of License to sell, stock or exhibit or offer for sale, or distribute Homoeopathic medicines	Offline	G2B	1. District HQ 2. State HQ	Once in 5 yrs.
HFW.21	Issuance of the renewal of a license to manufacture for sale or for distribution of drugs specified in Schedule X and not	Service to issue the renewal of a license to manufacture for sale or for distribution of drugs specified in Schedule X and not specified in Schedules C and C (1) (FORM 24F)	Offline	G2B		Once in a lifetime



Service Code	Service Name	Service Description	Service Delivery Channels	Service Classification	Locations at which this service is being offered	How frequently does the applicant need to avail this service
	specified in Schedules C and C (1)					
HF.W.22	Birth control programs	Services under the national birth control programs are dispensed through the Health Centres.	Offline	G2C	1. District HQ 2. State HQ 3. PHC	As and when required
HF.W.23	Issuance of License for License to sell, stock or exhibit wholesale drugs	Service to issue the License to sell, stock or exhibit or offer for sale, or distribute by wholesale, drugs	Offline	G2B	1. District HQ 2. State HQ	As and when required
HF.W.24	Reimbursement claims of medical bills	Claiming of medical bills on the approval order issued by DHS(MI)	Office of the Director of Health Services (MI)	G2E	1. State HQ	As and when required
HF.W.25	Recruitment of staff nurses, auxiliary nurse mid-wives	The recruitment of staff nurses, auxiliary nurse mid-wives to be placed in the different districts of the hospitals	Office of the Director of Health Services (MI)	G2C	1. State HQ	As and when required
HF.W.26	Procurement of Surgical & consumables items	Procurement of Surgical & consumables items for the different heads of medical institutions	Director of Health Services (MI)	G2G	1. State HQ	Quarterly
HF.W.27	Issuance of the renewal of a loan license to manufacture for sale or for distribution of drugs other than those specified in Schedules C and C (I) and X	Service to issue the grant or renewal of license to repack for sale or distribution of drugs, being drugs other than those specified in Schedules C and C (I) excluding those specified in Schedule X (FORM 24B)	Offline	G2B		Once in a lifetime
HF.W.28	Issuance of the renewal of a license to manufacture for sale or for distribution of Homoeopathic medicines or a license to manufacture potentized preparations from back potencies by licensees holding license in Form 20 C Drugs and Cosmetics Rules, 1945 203	Service to issue the grant or renewal of a license to manufacture for sale or for distribution of Homoeopathic medicines or a license to manufacture potentized preparations from back potencies by licensees holding license in Form 20 C Drugs and Cosmetics Rules, 1945 203 (FORM 24C)	Offline	G2B		Once in a life time
HF.W.29	Issuance of Loan license to manufacture for sale or for distribution of drugs other than those specified In Schedules C and C (1) and X	Service to issue the Loan license to manufacture for sale or for distribution of drugs other than those specified In Schedules C and C (1) and X (FORM 25A)	Offline	G2B		Once in a life time

Service Code	Service Name	Service Description	Service Delivery Channels	Service Classification	Locations at which this service is being offered	How frequently does the applicant need to avail this service
HFW.30	Integrated Disease Surveillance Project (IDSP)	surveillance for communicable and non-communicable diseases to strengthen the disease surveillance system so that early warning signals of outbreaks are recognized, and Appropriate timely follow up action is initiated	Offline	G2C		Once in a lifetime
HFW.31	Issuance of License to sell, stock or exhibit by retail drugs specified in Schedule C (1) excluding those specified in Schedule X for dealers who do not engage the services of a registered pharmacist	Service to issue the License to sell, stock or exhibit or offer for sale, or distribute by retail drugs specified in Schedule C (1) excluding those specified in Schedule X for dealers who do not engage the services of a registered pharmacist (FORM 21A)	Offline	G2B		Once in a lifetime
HFW.32	Issuance of License to sell, stock or exhibit by retail drugs specified in Schedule X	Service to issue the License to sell, stock or exhibit for sale or distribute by retail drugs specified in Schedule X (FORM 20F)	Offline	G2B	1. District HQ 2. State HQ	Daily
HFW.33	Quality Control Testing	Pyrogen Testing on Anticoagulant (Single/Double/Triple) Blood Bags	Blood Bags from Pasteur Institute, Shillong or through courier from Tura & Jowai Civil Hospital	G2G	1. District HQ 2. State HQ	As and when required
HFW.34	Births Certificate Issuance for Non- Institutional Events			G2C		Once in a lifetime
HFW.35	Licensing and Registration of Nursing Homes	Issue of License and Registration	Office of the Director of Health Services (MI)	G2B	1. State HQ	As and when required
HFW.36	MHIS Utilization of Services (Claims Benefits)	Utilization is the process when beneficiaries utilize the services of the scheme in eligible hospitals. The Registration Drive acted as a medium of awareness making beneficiaries confident in seeking benefits under the scheme as they already were in possession of the Golden Record/ E-Card.	Online	G2C	1. District HQ 2. State HQ 3. PHC	As and when required
HFW.37	MHIS Issuance of E-Card	During the registration, the Beneficiary need to bring Personal ID and Family ID for verification. The Scheme are eligible to all citizens of Meghalaya excluding State and Central Government Employees.	Partial Automated	G2C	1. Village HQ 2. District HQ 3. State HQ 4. Block	Only Once

Service Code	Service Name	Service Description	Service Delivery Channels	Service Classification	Locations at which this service is being offered	How frequently does the applicant need to avail this service
					Office 5. PHC	
HFW.38	Analysis of Food samples	Analysis of food samples for its purity or whether it is fit to consume is analyzed in the Food Testing Laboratory, Pasteur Hill, Shillong.	Analysis of the food samples done once they are received in the laboratory.	G2C	1. State HQ	Daily
HFW.39	Food and water testing	Food samples are analyzed to ascertain whether they would be fit for human consumption	Only through physical submission at Pasteur Institute, Shillong or can be handed over to the food safety officers at district	G2C	1. District HQ 2. State HQ	As and when required
HFW.40	Implementation and administration of the Food Safety & Standards act,2006, Food safety & Standards Rules and Regulations ,2011	In cases of Food poisoning 1. On receipt of complaints of food poisoning the Commissionerate of Food Safety deputed the Food Safety Officers to investigate the matter.	Investigation of food poisoning cases.	G2C	1. School 2. Post Office 3. Village 4. District HQ 5. State HQ 6. Block Office 7. PHC	As and when required
HFW.41	Approval of TA bills	the approval of TA bills for attending medical treatment	Directorate of Health Services (MI)	G2E	1. State HQ	As and when required
HFW.42	Patient Registration	This service covers all requisite aspects for a patient registration process, starting from appointment booking to a printout of a Registration Slip. This service takes care of New Patients as well as Re Visiting Patients very well.		G2C	1. District HQ 2. State HQ 3. PHC	As and when required
HFW.43	In Patient Department (Admission/Discharge/Transfer)	Admission service is designed to manage admission process seamlessly. Discharge service is designed to manage discharge process by notifying discharge and then finally discharge verification.	Hybrid	G2C	1. District HQ	As and when required
HFW.44	Reimbursement of medical bills for export facto approval	This service provides reimbursement of medical bills for treatment undertaken without prior approval of DHS(MI)	Office of the Director of Health Services (MI)	G2E	1. State HQ	As and when required

Service Code	Service Name	Service Description	Service Delivery Channels	Service Classification	Locations at which this service is being offered	How frequently does the applicant need to avail this service
HFW.45	Health Engineering Wing	Planning and delivering all construction projects for the Health & Family Welfare Department		G2G	1. State HQ	As and when required
HFW.46	Issuance of License to sell, stock or exhibit or offer for sale, or distribute by wholesale drugs specified in Schedules C and C (1) excluding those specified in Schedule X	Service to issue the License to sell, stock or exhibit or offer for sale, or distribute by wholesale drugs specified in Schedules C and C (1) excluding those specified in Schedule X (FORM 21B)	Offline	G2B		Once in a lifetime
HFW.47	Issuance of the renewal of a license to manufacture for sale or for distribution of drugs other than those specified in Schedules C and C (1) and X	Service to issue the License to sell, stock or exhibit or offer for sale, or distribute by wholesale drugs specified in Schedules C and C (1) excluding those specified in Schedule X (FORM 21B)	Offline	G2B		Once in a lifetime
HFW.48	Issuance of the renewal of a loan license to manufacture for sale or for distribution of drugs other than those specified in Schedules C and C (I) and X	Service to issue the grant or renewal of a loan license to manufacture for sale or for distribution of drugs other than those specified in Schedules C and C (I) and X (FORM 24A)	Offline	G2B		Once in a lifetime
HFW.49	license to sell, stock, exhibit drugs Issuance	Service to issue the license to sell, stock, exhibit or offer for sale, or distribute drugs	Offline	G2B	1. District HQ 2. State HQ	As and when required
HFW.50	Restricted license to sell, stock or exhibit drugs Issuance	Service to issue the restricted license to sell, stock or exhibit or offer for sale, or distribute drugs	Offline	G2B	1. District HQ 2. State HQ	As and when required
HFW.51	License to sell, stock or exhibit Homoeopathic Medicines Issuance	Service to issue the license to sell, stock or exhibit or offer for sale, or distribute Homoeopathic Medicines	Offline	G2B	1. District HQ 2. State HQ	Daily
HFW.52	Issuance of License to sell, stock or exhibit Homoeopathic medicines by wholesale	Service to issue the License to sell, stock or exhibit or offer for sale, or distribute Homoeopathic medicines by wholesale (FORM 20D)	Offline	G2B	1. District HQ 2. State HQ	As and when required
HFW.53	Issuance of License to manufacture for sale or for distribution of drugs other than	Service to issue the License to manufacture for sale or for distribution of drugs other than those specified in Schedules C and C(I) and X (FORM 25)	Offline	G2B		Once in a lifetime

Service Code	Service Name	Service Description	Service Delivery Channels	Service Classification	Locations at which this service is being offered	How frequently does the applicant need to avail this service
	those specified in Schedules C and C(I) and X					
HFW.54	Path Lab (LIS)	This module handles Sample Collection, Sample Quality Status, Observation Entry, Observation Verification, Observation Report, MIS, etc. Besides, one important feature of this module is creating templates for a customized laboratory process.	Offline	G2C	1. District HQ 2. State HQ 3. PHC	As and when required
HFW.55	Billing and Accounts	This module facilitates cashier and billing operators for different categories of patients like Outpatient, Inpatient and Referral. It provides automatic posting of charges related to different services like bed charges, lab tests conducted, medicines issued, consultants fee, food, beverage, etc.	Hybrid	G2C		As and when required
HFW.56	Anti-epidemic programs	The Health Centres act as the primary epidemic diagnostic and control Centres for the rural India. Whenever a local epidemic breaks out, the systems doctors are trained for diagnosis. They identify suspected cases and refer for further treatment	Offline	G2C		As and when required
HFW.57	Medical emergencies	All the Health Centres store drugs for medical emergencies which could be expected in rural areas. For example, antivenoms for snake bites, rabies vaccinations, etc.	Offline	G2C	1. District HQ 2. State HQ 3. PHC	As and when required
HFW.58	Radiology/Imaging (RIS)	Imaging and PACS: This module handles Scheduling, Observation Entry, PACS View, MIS, etc. This module can manage online study no for captured Image from PACS server.	Offline	G2C	1. District HQ 2. State HQ	As and when required
HFW.59	License to sell, stock or exhibit or offer for sale, or distribute drugs by retail Issuance	Service to issue the License to sell, stock or exhibit or offer for sale, or distribute drugs by retail other than those specified in Schedules C, C (1) and X (FORM 20)	Offline	G2B	1. District HQ 2. State HQ	As and when required
HFW.60	Emergency Casualty module take care all activities about Emergency Services	Emergency Casualty module take care all activities about Emergency Services		G2C	1. District HQ 2. State HQ 3. PHC	As and when required

Service Code	Service Name	Service Description	Service Delivery Channels	Service Classification	Locations at which this service is being offered	How frequently does the applicant need to avail this service
HFW.61	Infant immunization programs	Immunization for newborns under the national immunization program is dispensed through the Health Centres. This program is fully subsidized	Offline	G2C		As and when required
HFW.62	Homeopathic & Ayurvedic Drugs Testing	Testing of Drugs to Ascertain whether they are Standard or of Sub-Standard Quality	Service can be provided through Drug Inspector of the State	G2G	1. District HQ 2. State HQ	As and when required
HFW.63	Issuance of Restricted License to sell, stock or exhibit or offer for sale, or distribute drugs by retail other than those specified in Schedules C, C (1) and X for dealers who do not engage the services of a registered pharmacies	Service to issue the Restricted License to sell, stock or exhibit or offer for sale, or distribute drugs by retail other than those specified in Schedules C, C (1) and X for dealers who do not engage the services of a registered pharmacist (FORM 20A)	Offline	G2B	1. District HQ 2. State HQ	Once in 5 yrs.
HFW.64	Drug Testing	Testing of Drugs to ascertain whether they are standard or of sub- standard quality.	Sample delivered by Drug Inspectors of the State.	G2G	1. District HQ 2. State HQ	Daily
HFW.65	Implementation and administration of the Food Safety & Standards act,2006, Food safety & Standards Rules and Regulations ,2011	1.Administration of the Food Safety & Standards act,2006, Food safety & Standards Rules and Regulations ,2011 in the state with a view to provide safe and wholesome food to the consumers. 2.Initiate legal actions against the Food Business Operators for noncompliance. 3.Prohibit in the interest of the consumers the manufacture, distribution, sale storage of any food items which are unsafe for a period of one year. 4.		-1	1. District HQ 2. State HQ	Annually
HFW.66	Biochemical Testing	Analysis of blood, urine, pleural fluid, ascitic fluid & Cerebra Spinal Fluid (CSF)	In person, laboratory personnel	G2C	1. School 2. Village 3. District HQ 4. State HQ 5. Block Office 6. PHC	As and when required

Service Code	Service Name	Service Description	Service Delivery Channels	Service Classification	Locations at which this service is being offered	How frequently does the applicant need to avail this service
HFV.67	Intensified Pulse Polio Immunization (IPPI) Programme	Poliomyelitis is a viral disease, which can cripple a child for life and has no cure. However, it can be prevented through regular and timely immunization with Oral Polio Vaccine drops. All children below 5 years of age will be given oral polio drops and all efforts must be made to ensure that no child is left unimmunized.	All Children below 5 years of Age	G2C	1. School 2. Village 3. District HQ 4. State HQ 5. Block Office 6. PHC	Annually
HFV.68	Rearing and Supply of laboratory animals	Rearing of laboratory animals for biomedical research and microbiological laboratory test	Service can be provided at Pasteur Institute, Shillong in person	G2C	1. District HQ 2. State HQ	As and when required
HFV.69	Pathological Services	Determined the course and nature of diseases by examining testing body tissues and bodily fluids	OPD	G2C	1. State HQ	As and when required
HFV.70	Inspection of Food business operators to ensure compliance under provisions of 2006, Food safety & Standards act 2006, Food safety & Standards Rules and Regulations, 2011	A complaint is received in writing for undertaking inspections. Government of its own also undertakes inspections to ensure compliance.	Written complaints are received at the office of 1. Commissioner, Food safety 2. Assistant Commissioner, Food safety at the district level	G2C	1. District HQ 2. State HQ	As and when required
HFV.71	Issuance of approval order for medical checkups/reviews	issuing the approval order for review based on the previous approval for State Government employees	Office of the Director of Health Services (Medical Institution)	G2E	1. State HQ	As and when required
HFV.72	Issuance of License to sell, stock or exhibit by wholesale drugs specified in Schedule X	Service to issue the License to sell, stock or exhibit by wholesale drugs specified in Schedule X	Offline	G2B	1. District HQ 2. State HQ	Daily
ED.1	Textbook Design and Selection	All students affiliated to MBOSE	Printed Copy	G2C	1. School	Annually
ED.2	Allocation of seats for Diploma Course and Agriculture	Allocation of seats for students pursuing studies outside the state: Diploma Course and Agriculture	Offline	G2C	1. State HQ	Only Once
ED.3	Indian Red Cross Society	The Meghalaya State Junior Red Cross Society comes under the purview of Directorate of School Education and literacy for Financial Grant and Assistance	Offline	G2C	1. School	As and when required

Service Code	Service Name	Service Description	Service Delivery Channels	Service Classification	Locations at which this service is being offered	How frequently does the applicant need to avail this service
ED.4	Module on Early Childhood Education	Development of Module on Early Childhood Education for short term training of Pre-school Teachers	In Person	G2E	1. School	Only Once
ED.5	Conduct of SSLC and HSSLC Examination	Selection Examination Passed students of Class X and Class XII	Blank and Printed Examination Forms	G2C	1. School	Once in a lifetime
ED.6	Cook_cum_helpers Honorarium	Honorarium to Cook_cum_helpers working in Government and Government Aided School under Mid-Day Meal Scheme	Offline	G2E	1. School	Monthly
ED.7	Border Area Scholarship	Consequent upon the partition of India in 1947, the people inhabiting the Indo-Bangladesh Border suffered acute economic distress due to closure of normal trade channels with our neighboring country. The people of those areas have been experiencing great difficulty to give proper education of their children on account of economic hardship, many students from Border Areas have given up their studies after the lower primary stage on account of their parent's economic difficulties. Obviously, most of the students hailing from those areas are handicapped and cannot catch up with those living in non-border areas. With a view to removing this handicap, a scheme for giving financial assistance to the border area students procuring their studies in L.P./M.E./High Schools and Colleges up to Degree level are given this Border stipend under rules and regulation given below: - 1. The subsidy/scholarships will be awarded year-wise based on promotion examinations. 2. Both Father and Mother Income from all sources must be derived from Border Area. 3. Govt. Service is not eligible for subsidy/scholarships. 4. B.Ed./Ph.D./M.Phil. are not entitled for subsidy/scholarship. 5. Scholarship/subsidy will be awarded to students whose villages included in the notified border areas villages given by Border Area Department. 6. The scholar is warned that her/his participant in any Govt. Political Activities/ Demonstration will	Offline	G2C	1. School	Only Once



Service Code	Service Name	Service Description	Service Delivery Channels	Service Classification	Locations at which this service is being offered	How frequently does the applicant need to avail this service
		entail loss of scholarship. 7. The scholarship is tenable on the usual conditions of good conduct, regular in attendance and satisfactory progress, the scholarship will be suspended if any scholar leave his/her studies before completion of the course of study. 8. The scholarship holder under this scheme can enjoy with any other scholarship as this scheme is a grant/subsidy only. List of Notified Border Area Villages, available in the office of the DHTE (General Branch)				
ED.8	Fund teachers training through NIOS by Samagra Shiksha Abhiyan	Provide fund to Directorate of Educational research and training for training of untrained teachers through NIOS by Samagra Shiksha Abhiyan	Offline	G2E	1. State HQ	Once in a lifetime
ED.9	Training for Pre-school Teachers	Training for Pre-school Teachers on Early Childhood Education.	In person	G2C	1. State HQ	Annually
ED.10	Free Studentship	Free Studentship is awarded to students based on the prescribed rate of tuition fee and other fees as are being compensated by Post Matric Scholarship Scheme from time to time. Eligibility: 1. The student should be a permanent resident of Meghalaya. 2. Hershel belongs to SC/ST Community of the State of Meghalaya. 3. He/She is pursuing a regular course of studies in any recognized institution. 4. His/her guardian/parents are citizens of India. 5. He/she is not enjoying scholarship within the purview of the Government of India Post Matric Scholarship to SC/ST and other Scholarship scheme of the Central and State Government. 6. That He/she is not employed in any service under the Government or any Non-Government establishment. 7. He/she is not a repeater in the same class for more than once. Application in prescribe forms should be submitted through the Head of Institution where He or She is pursuing studies. Prescribed application forms are obtained from the colleges in which the student is studying. Students reading in the	Offline	G2C	1. State HQ	Only Once

Service Code	Service Name	Service Description	Service Delivery Channels	Service Classification	Locations at which this service is being offered	How frequently does the applicant need to avail this service
		institution outside the State may collect the forms from the Office of the D.H.T.E. on request.				
ED.11	Non-Govt. Institution Grant in aid Disbursement	Release of grant in aid to Non-Govt. Institutions on a quarterly basis and allotment of fund to Govt. Institutions on quarterly basis	Offline	G2B	1. State HQ	Quarterly
ED.12	Issue of Duplicate Reg. Card, Admit Card, Marksheet and Certificate	SSLC and HSSLC Passed out Candidate		G2C	1. State HQ	As and when required
ED.13	D.El.Ed Programme Scholarship	1. To attract the best talent to teaching profession through pre-service training of teachers (Elementary). 2. Through Entrance Test and Counselling.	Banks	G2C	1. District HQ	Once in a life time
ED.14	National Talent Search Scholarship	Conduct of National Talent Search Scholarship at the State Level	NCERT, New Delhi	G2C	1. School	Annually
ED.15	Cooking cost Fund for mid-day meals	Cooking Cost for procurement of cooking ingredients for cooked Mid-Day Meal which is being released to the Government and Government Aided Schools.	Offline	G2G	1. School	Quarterly
ED.16	Kasturba Gandhi Balika Vidyalaya (KGBV) under Samagra Shiksha Abhiyan	Kasturba Gandhi Balika Vidyalaya or KGBV is a residential girl's secondary school for the weaker sections approved by Govt of India and implemented by Samagra Shiksha Abhiyan.	Offline	G2C		Once in a lifetime
ED.17	National Achievement Survey	National Achievement Survey in Schools selected by NCERT	email, Postal delivery	G2C	1. School	Once in 3 yrs.
ED.18	EDUSAT Network	School Broadcast Programme.	Satellite Interactive Terminal.	G2C	1. School	Daily
ED.19	National Scheme for Incentive to Girls in Secondary Education (NSIGSE)	A Centrally Sponsored Scheme which is an Incentive to Girls for Secondary Education	Offline	G2C		Once in a lifetime
ED.20	Training for Supporting Human Capital Development (ADB)	Training of 3500 Secondary and Higher Secondary Teachers	Offline	G2E	1. District HQ	Only Once
ED.21	Meghalaya School Improvement Programme	Provision of Meghalaya School Improvement Programme in all Govt and Govt aided schools	Offline	G2E	1. School	Annually
ED.22	Teachers In service trainings under Samagra Shiksha Abhiyan.	Provide training to teachers annually who are already in service of Govt (including SSA) and Govt aided at Block and Cluster Level	Offline	G2E	1. Block Office	Annually

Service Code	Service Name	Service Description	Service Delivery Channels	Service Classification	Locations at which this service is being offered	How frequently does the applicant need to avail this service
ED.23	Elementary Schools Students Free Uniform under Samagra Shiksha Abhiyan.	Provide free Uniform to Govt (including SSA) and Govt Aided students in elementary schools through School Managing Committee.	Offline	G2C	1. School	Annually
ED.24	Elementary Schools Students Free Textbooks under Samagra Shiksha Abhiyan	Provide free Textbooks to Govt (including SSA) and Govt Aided students in elementary schools through Block Level	Offline	G2C	1. School	Annually
ED.25	National Means cum Merit Scholarship (NMMS)	National Means cum Merit Scholarship (NMMS) Examination for Class VIII students. 231 students are selected and will be awarded incentives in the form of scholarship for continuing their studies up to class XII provided they are qualified.	Online, Post, E-Mail	G2C	1. School	Only Once
ED.26	Schools Opening permission under DSEL	Opening Permission for LP & UP Schools under the purview of RTE and Secondary & Higher Secondary schools with DSEO issued certificate.	Offline	G2B	1. District HQ	Once in a lifetime
ED.27	District & State Level Science activities for Students under DSEL	Organizing a District & State Level Science, Mathematics and Environmental Exhibition, Seminar, Eastern India Science Fair for Students every year	Offline	G2C	1. State HQ	Annually
ED.28	Aids and appliances, Assessment camps and imparting Homebased education to Children with Special Needs under Samagra Shiksha Abhiyan	Provide Escort allowance, aids and appliances, Assessment camps and imparting Homebased education to identified Children with Special Needs in all districts.	Offline	G2C	1. Block Office	Annually
ED.29	Information and Communication technology (ICT) under Samagra Shiksha Abhiyan	Provide Information and Communication technology (ICT) to Govt, Govt aided Secondary Schools	Offline	G2C	1. School	Only Once
ED.30	ICT, Furniture and Digital Library for schools under Supporting Human Capital Development, DB	Provide ICT (Computer and its peripherals), Furniture and Digital Library in 117 Govt aided schools under ADB.	Offline	G2C	1. School	Only Once
ED.31	Transport escort allowances for CWSN	Provide Transport escort allowances were provided directly to the Children with Special Needs	Offline	G2C	1. State HQ	Annually
ED.32	University / College NOC Issuance	To administer, regulate and run all Institutions in the statewide Issuing No objection	Offline	G2B	1. State HQ	Only Once

Service Code	Service Name	Service Description	Service Delivery Channels	Service Classification	Locations at which this service is being offered	How frequently does the applicant need to avail this service
		Certificates to the Colleges, Universities including colleges for professional education				
ED.33	Bharat Scouts and Guides	The Meghalaya Bharat Scouts and Guides comes under the purview of Directorate of School Education and literacy for Financial Grant and Assistance	Offline	G2C	1. School	Annually
ED.34	Revision of School Curriculum	Revision of Curriculum and Syllabus for school education	Offline	G2C	1. School	Once in a lifetime
ED.35	Sensitization and Training on Guidance and Counseling for Teachers	Short Term Training for elementary and Secondary School Teachers on need and importance of Guidance and Counseling.	In person	G2E	1. State HQ	Annually
ED.36	Model Question Papers, Test Items, Preparation and Use of Audio-Visual equipment Workshops	To conduct workshops for preparation of Model Question Papers, Test Items, Preparation and Use of Audio-Visual equipment, etc.	Offline	G2E		Once in a lifetime
ED.37	MBOSE Online Submission for Documents Verification	Govt. Department, Govt. Agencies, Institutions, Private Firms.	www.mbose.in	G2G	1. State HQ	As and when required
ED.38	Reading corner and supplementary materials under Samagra Shiksha Abhiyan.	Provide Reading corner and supplementary materials to Govt (including SSA) and Govt aided schools	Offline	G2C	1. School	Only Once
ED.39	Engineering Seat Allocation through CSAB	Allocation of seats to the students of Meghalaya: Govt. of India reserves a few seats in Engineering/Technology/Architecture/Pharmacy courses in AICTE approved institutes across the country. These seats are reserved because these states and UTs do not have engineering colleges/polytechnics or have lack of facilities for education in the specific field of technical education To have the maximum possible participation of eligible students, MHRD has taken a decision of conducting seat allotment on such seats through a Centralized Seat Allotment Board for North Eastern States and Union Territories (CSAB NEUT). The minimum requirement that a candidate should attain are:- Students are desirous to pursue B.E/B. Tech course should have passed class 12th with Physics and Mathematics as major subjects	Offline	G2C	1. State HQ	Only Once

Service Code	Service Name	Service Description	Service Delivery Channels	Service Classification	Locations at which this service is being offered	How frequently does the applicant need to avail this service
		with one of the Chemistry/Biotechnology/Biology/Technical Vocational Subject and should have obtained at least 75% marks in class 12. (65% in case of SC/ST Category). For B. Arch, students should have studied Physics, Chemistry, and Mathematics as core subjects in class 12 and scored 75% aggregate marks. Also, the candidates appearing for B.Arch. can be asked about their NATA score so they should inquire the institution whether they demand any such additional qualification or not. For B. Planning, Mathematics is a compulsory subject in class 12 and a score of minimum 75% marks in class 12. Equivalent Qualification Recognized by CSAB Candidates appearing for CSAB NEUT Counselling must have completed 10+2 or equivalent qualification recognized as per CSAB. The qualifications considered equivalent to 10+2 by CSAB is listed below. Candidates should have passed an intermediate or 2-year pre-University examination conducted by a recognized Board/University. Final Examination of a 2-year course of the Joint Services Wing of the National Defense Academy. Senior secondary examination conducted by the National Institute of Open Schooling with at least 5 subjects. Any Public School/Board/University examination in India or any foreign country recognized as equivalent to the 10+2 system by the Association of Indian Universities (AIU).				
ED.40	Service Book Maintenance of staff of DHTE	Managing Service book Information, including leave, training etc	Offline	G2E	1. State HQ	As and when required
ED.41	Meghalaya Teacher Eligibility Test	Meghalaya Teacher Eligibility Test at the Elementary level.	Offline	G2C	1. School	As and when required

Service Code	Service Name	Service Description	Service Delivery Channels	Service Classification	Locations at which this service is being offered	How frequently does the applicant need to avail this service
ED.42	Module for Activity Based Methods of Teaching	Developing Module for Training programme on Activity based method of teaching for primary school teachers.	Offline	G2C	1. School	Once in a lifetime
ED.43	Merit scholarship for LP and UP school	Directorate of School Education and Literacy provides fund for the merit scholarship to the selected students of LP & UP school through respective SDSEOs after examination has been conducted by Directorate of Educational Research and Training	Offline	G2C	1. District HQ	Annually
ED.44	Activity Based Training Programme	10 Days Training Programme on Activity based method of teaching for Primary school Teachers	Through experts	G2E	1. State HQ	Once in a lifetime
ED.45	Approval for appointment of Teachers and staff in Deficit Grant in Aid Colleges	Matters relating to recruitment of teachers and staff in Deficit Grant in Aid Colleges	Deficit Grant in Aid Colleges	G2C		Only Once
ED.46	Upgradation of Schools under DSEL	No Objection Certificate is issued by DSEL for upgradation from Upper Primary to Secondary and Secondary to Higher Secondary after examination and recommendation by the SDSEO and DSEO	Offline	G2G	1. District HQ	Once in a lifetime
ED.47	Food grains to Govt and Govt aided schools	Provide food grains to the to Government and Government Aided schools as per Gol Approval through FCI under the Supervision of Deputy Commissioner Supply	Offline	G2G	1. School	Monthly
ED.48	Award for Meritorious Tribal students of Meghalaya in the HSSLC Exam Science Stream	Award for Meritorious Tribal students of Meghalaya in the HSSLC Exam (Science).70 students from the 11 Districts of Meghalaya are awarded incentives.	Bank, email	G2C	1. School	Once in a lifetime
ED.49	Foundation Course	Foundation Course on Special Education through Distance Education	In person	G2G	1. State HQ	Once in a lifetime
ED.50	Vocational Education Under Samagra Shiksha Abhiyan	Provide Vocational Education to Govt Secondary & Higher Secondary Schools.	Offline	G2C	1. School	Annually
ED.51	INSPIRE AWARD Manak Scheme	A centrally Sponsored scheme for Class 6 to Class10 students for innovation and ideas through exhibition at the National, State and District level	Online	G2C	1. School	Annually
ED.52	MDM Convergence	Convergence with PHE department for drinking water and toilet facilities, Health Department for conducting School Health Programme and	Offline	G2G	1. School	Monthly

Service Code	Service Name	Service Description	Service Delivery Channels	Service Classification	Locations at which this service is being offered	How frequently does the applicant need to avail this service
		to provide micronutrients Vitamin A, De worming tablets and issue of Health Card, measuring of Height and weight of school children, Eye Checkup and distribution of free spectacles				
ED.53	Fund for Procurement of kitchen devices	Provide fund to Government and Government Aided schools for procurement of kitchen devices through Sub Divisional School Education office of the District	Offline	G2G	1. School	Once in 5 yrs.
ED.54	Management Funds for district/subdivision school education Office	Management Funds for State, Districts and Sub-Division for Management and Monitoring of Mid-Day Meal Scheme	Offline	G2G	1. State HQ	Quarterly
ED.55	Fund for construction of Kitchen sheds	Provide fund to Government and Government Aided schools for construction of Kitchen shed under Mid-Day Meals through Sub Divisional School Education office of the District	Offline	G2G	1. School	Only Once
ED.56	Payment to FCI for food grains	Payment for Food grain Supplied from FCI for implementation of Mid-day Meal Scheme in School	Offline	G2G	1. State HQ	Quarterly
ED.57	Orientation of in-service Teachers	Orientation programmed for Math and Science for enhancement of learning outcome	Face to face programs to teachers	G2E	1. State HQ	As and when required
ED.58	Vocational/Career Guidance to Students	Career exhibition-cum-conference for Higher and Secondary School Students of Meghalaya	Offline	G2C	1. School	Once in a lifetime
ED.59	Samagra Shiksha Abhiyan (Teacher Education)	Implementation of programmes and activities.	Banking.	G2E	1. State HQ	Quarterly
ED.60	State Merit Scholarship	To provide opportunities to meritorious students studying in Educational institutions in the State for prosecution studies in Higher Education Eligibility: A student must have:- (a) Satisfactorily completed the prescribed course of study in a recognized school/college of Meghalaya (b) Been regular in his/her attendance and has passed the examination in the first attempt. (c) Not migrated from one institution to another within two years preceding the Pre-University examination or within the course of study except under authority duly give in accordance with any	Offline	G2C	1. State HQ	Only Once

Service Code	Service Name	Service Description	Service Delivery Channels	Service Classification	Locations at which this service is being offered	How frequently does the applicant need to avail this service
		provision of Rule for the time being in force. (d) Candidates who have passed qualifying examinations in a year prior to the year award of scholarship will not be eligible. The scholarship is of the following grade: - (i) Junior 25 nos. @ Rs. 65/- p.m. (ii) Senior 25 nos. @ Rs. 90/- p.m. (iii) Postgraduate 5 nos. @ Rs. 120/- p.m. (iv) Research 20 nos. @ Rs. 600/- p.m. The number and value of the scholarship may be changed by the Department at any time. The scholarship holder under these rules shall not receive any other regular scholarship or stipend.				
ED.61	Engineering / Diploma Student Stipend Processing	Providing the Stipend to the Engineering and diploma students.	Offline	G2C	1. State HQ	Once in a lifetime
ED.62	Midday meal food grain transportation charges	Payment to Deputy Commissioners Supply Office for transportation of Food grain under Mid-Day Meal	Offline	G2G	1. State HQ	Quarterly
ED.63	cook_cum helpers training	Provide training to cook_cum helpers working in Government and Government Aided Schools under Mid-Day Meal Scheme	Offline	G2E	1. Block Office	Annually
ED.64	Midday meals Awareness programmes	Awareness programmes conducted at different levels about importance of MDM, balanced and nutritious meal, safety and hygiene measures being taken, community participation etc	Offline	G2E	1. School	Quarterly
ED.65	State Talent Search Examination	State Talent Search Examination is conducted to award Scholarship to the meritorious tribal students of Meghalaya at the close of Upper Primary stage.	Applications invited via schools; scholarship reimbursed through DBT	G2C	1. School	Annually
ED.66	Scholarship Examination for both Primary and Upper Primary Students of the State	Scholarship Examination for both Primary and Upper Primary Students of the State.	through schools	G2C	1. School	Annually
ED.67	KAP study	Knowledge, attitudes and practices- A study on school improvement	Post, E-mail	G2G	NA	NA
ED.68	Certification for Professional Development	Continuous professional development for heads of schools and aspiring heads Eligibility- Head of schools and aspiring heads of schools	Blended (Contact and on the job training)	G2E	1. School	Only Once



Service Code	Service Name	Service Description	Service Delivery Channels	Service Classification	Locations at which this service is being offered	How frequently does the applicant need to avail this service
ED.69	Scholarship for students of Meghalaya (Online through National Scholarship Portal)	Post Matric Scholarship for ST students - Umbrella Scheme (MOTA, GoI) Post Matric Scholarship for SC students - Umbrella Scheme(MOTA, GoI) Pre Matric Scholarship for ST students (Class IX & X) - Umbrella Scheme(MOTA, GoI) Pre Matric Scholarship for SC students(Class IX & X) - Umbrella Scheme(MOTA, GoI) Pre Matric Scholarship for Minority Community(Class I-X)-(MOMA, GoI) Post Matric Scholarship for Minority Community-(MOMA, GoI) Merit cum Means based Scholarship for Minority Community-(MOMA, GoI)	<a href="https://scholarships.gov.in/">https://scholarships.gov.in/</a>	G2C	1. School	Annually
ED.70	Special Training for Out of School Children under Samagra Shiksha Abhiyan	With the emergence of the Right to Education Act (RTE) 2009, every child in the age group of 6-14 years has been granted Right to Free and Compulsory Education, especially those belonging to disadvantaged communities The Act also makes a specific provision for what is called Special Training for age appropriate admission for out of school children and such children shall continue to be provided free and compulsory Elementary Education even after they cross 14 years of age.	Offline	G2C	1. Block Office 2. Village	Once in a lifetime
SW.1	Chief Minister Scheme for Wedding Assistance for Orphaned Girls	To provide financial assistance to the orphaned girls of marriageable aged belonging to marginal section of the society. 18 years of Aged	Offline	G2C	1. District HQ	Once in a lifetime
SW.2	Token Grant under Vocational Training for Person with Disabilities- through NGOs	A Token Grant of Rs.5000, is provided to the passed-out PW trainees for purchase of machines, tools, raw materials to enable them to start self-employment venture.	Offline	G2C	1. District HQ	Once in a lifetime
SW.3	Complaints and Redressals by the women commission	Women can file complaints with the women commission	Offline	G2C		Once in a lifetime
SW.4	Medical assistance and support to women affected by violence.	To provide Medical assistance and support to women affected by violence.	Offline	G2C	1. District HQ	Annually
SW.5	Security and support to women affected by violence	To provide Police assistance and support to women affected by violence	Offline	G2C	1. District HQ	As and when required

Service Code	Service Name	Service Description	Service Delivery Channels	Service Classification	Locations at which this service is being offered	How frequently does the applicant need to avail this service
SW.6	Grievances and complaints Redressal	Redressal of Complaints received from Persons with Disabilities facing problem / issues	Offline	G2C	1. State HQ	As and when required
SW.7	After Care (Under ICPS)	Provision of Support to person who have attained the age of 18 but not completed the age of 21 years	Offline	G2C	1. District HQ	Only Once
SW.8	Foster Care (Under ICPS)	Alternative Care	Offline	G2E	1. District HQ	As and when required
SW.9	Awareness Generation on the Rights of Persons with Disabilities and other related programmes for Persons with Disabilities	To sensitize Govt. officials, Rehabilitation Professionals, NGOs, Parents and Persons with Disabilities on the rights, provisions and entitlements	Offline	G2G	1. Village	As and when required
SW.10	Monitoring of implementation of schemes and programmes for Persons with Disabilities	Ensuring compliance of the provisions of the Rights of Persons with Disabilities Act, 2016	Offline	G2G	1. State HQ	As and when required
SW.11	Pre matric Scholarship for Students with Disabilities	Pre matric Students with disabilities may avail the scholarship	Online	G2C	1. State HQ	Annually
SW.12	Supplementary Nutrition Programme	Nutrition is provided as per Government of India Norms. 1. Take home Ration to Children 7 months to 3 years, PM&NM. 2. Morning Snacks and Hot Cooked meal to children 3 to 6 years, AWW/AWH	Offline	G2B	1. Village	Daily
SW.13	Cash Award to Meritorious Students with disabilities	Give Cash Award to Meritorious Students with disabilities	Offline	G2C	1. District HQ	Annually
SW.14	Uniform Grant for Person with Disabilities	Provide Uniform Grant for Person with Disabilities	Offline	G2C	1. District HQ	As and when required
SW.15	Unemployment Allowance for Person with Disabilities	Provide Unemployment Allowance for Person with Disabilities	Offline	G2C	1. District HQ	As and when required
SW.16	Vocational Training Centre for Disabled NGOs Financial assistance	Provide financial assistance to NGOs who have Vocational Training Centre for Disabled	Offline	G2B	1. District HQ	As and when required
SW.17	Recommendation for financial assistance under National Creche Scheme to NGOS	NGOs apply for the scheme to provide day care & Nutrition facilities for children of working women. Objective To improve nutrition and health status of children to promote physical	Hybrid	G2B	1. District HQ	Annually

Service Code	Service Name	Service Description	Service Delivery Channels	Service Classification	Locations at which this service is being offered	How frequently does the applicant need to avail this service
		cognition, social and emotional development of children. To educate and empower parents, care giver for better childcare				
SW.18	Grant in Aid for NGOs for the welfare of Children	Financial assistance is provided to the Voluntary Organizations, NGOs working in the field Child welfare to conduct vocational training, awareness and sensitization programmes etc.	Offline	G2B	1. District HQ	Annually
SW.19	Grant in Aid for NGOs for the welfare of Women	Financial assistance is provided to the Voluntary Organizations, NGOs working in the field Women welfare to conduct vocational training, awareness and sensitization programmes etc.	Offline	G2B	1. District HQ	Once in a lifetime
SW.20	Medical reimbursement for the Person with disabilities	Application form for Medical Treatment for the Person with disabilities having more than 40% disability (maximum ceiling 15000) belonging to BPL category as per C&RD list	Offline	G2C	1. District HQ	As and when required
SW.21	Book Grant for Person with Disabilities	Provide Book Grant for PwD	Offline	G2C	1. District HQ	As and when required
SW.22	Grant-in-aid to NGOs to Sponsor Vocational Training for person with disabilities	Vocational training is imparted to the Persons with Disabilities through Voluntary Organizations in different trades.	Offline	G2B	1. District HQ	Annually
SW.23	Financial assistance to Creche NGOs	Financial assistance to NGOs to run the Creche for children of State Government Employees	Offline	G2B	1. Village	Annually
SW.24	Grant in Aid for NGOs for the welfare of Aged	Financial assistance is provided to the Voluntary Organizations, NGOs working in the field welfare of the Aged to conduct vocational training, awareness and sensitization programmes etc.	Offline	G2B	1. District HQ	Annually
SW.25	Child Care Institution Under ICPS	Children Home, open shelter, observation home, special home, place of safety, Specialized Adoption Agency and a fit facility recognized under the Juvenile Justice (Care and Protection of Children) Act 2015 for providing care and protection to children, who need such services	Offline	G2B	1. District HQ	Once in a lifetime
SW.26	Adoption under Non-Institutional Care (ICPS)	Adoption: A Process Where a child adopted is permanently separated from the biological	Online	G2B	1. District HQ	Only Once

Service Code	Service Name	Service Description	Service Delivery Channels	Service Classification	Locations at which this service is being offered	How frequently does the applicant need to avail this service
		parents and becomes the lawful child of the adoptive parents.				
SW.27	Renewal of Scholarships for Top Class Education for students with disabilities	Post graduate degree, diploma students studding in notified institutes of excellence and having disabilities may avail the scholarship	Online	G2B	1. State HQ	Annually
SW.28	Renewal of Post matric Scholarship for Students with Disabilities	Post matric Students with disabilities may avail the scholarship	Online	G2B	1. State HQ	Annually
SW.29	Scholarships for Top Class Education for students with disabilities	Post graduate degree, diploma students studying in notified institutes of excellence and having disabilities may avail the scholarship	Online	G2B	1. State HQ	Annually
SW.30	Grants in aid for construction of girl's hostel	Apply for grants in aid for construction of girls hostel as per recommendation of the DC and implemented by DRDA	Offline	G2B	1. District HQ	As and when required
SW.31	Psychosocial support/counseling and support to women affected by violence	To provide Psychosocial support, counseling and support to women affected by violence	Offline	G2C	1. District HQ	As and when required
SW.32	Grants in aid for Multi Sectoral Development Programme	Apply for grant-in-aid for Multi Sectoral Development Programme as per recommendation of the DC and implemented by DRDA	Offline	G2B	1. District HQ	As and when required
SW.33	Temporary shelter and support to women affected by violence	To provide Temporary shelter and support to women affected by violence	Offline	G2C	1. District HQ	As and when required
SW.34	Stipend under Vocational Training Persons with Person with disabilities	One-year Vocational training is imparted to the Persons with Disabilities through Voluntary Organizations. During the training period a stipend Rs.1500, each per month is provided.	Offline	G2B	1. District HQ	Monthly
SW.35	Grant in Aid for NGOs for Combating of Drugs	Financial assistance is provided to the Voluntary Organizations, NGOs working in combating to conducting drug abuse for vocational training, awareness and sensitization programmes etc.	Offline	G2B	1. District HQ	Annually
SW.36	Grant in Aid for NGOs for the welfare of person with disabilities	Financial assistance is provided to the Voluntary Organizations, NGOs working in the field PwDs welfare to conduct vocational training, awareness and sensitization programmes etc.	Offline	G2B	1. District HQ	Annually

Service Code	Service Name	Service Description	Service Delivery Channels	Service Classification	Locations at which this service is being offered	How frequently does the applicant need to avail this service
SW.37	Financial assistance to NGOs for Vocational Training in tribal areas	Under the Scheme, financial assistance is provided to NGOs for running the Vocational Training to tribal youth	Online	G2B	1. District HQ	As and when required
SW.38	Renewal of Pre matric Scholarship for Students with Disabilities	Pre matric Students with disabilities may avail the scholarship	Online	G2B	1. State HQ	Annually
SW.39	Legal aid/counseling and support to women affected by violence	To provide Legal aid, counseling and support to women affected by violence	Offline	G2C	1. District HQ	As and when required
SW.40	Sponsorship Under ICPS	Provision of Supplementary Support, financial or otherwise to the families to meet the medical, educational and development needs of the child below 18 years a) Children, of the age of 0 to 18 years b) Children staying in child care institutions for more than six months continuously, who can be restored to their families, with financial support c) The total income of the family should not be more than Rs. 24,000 per year. d) Priority shall be given to: • Children of a single mother/widow • Children of Leprosy patients/HIV infected parent • Children whose parent/bread earner is in jail	Offline	G2C	1. District HQ	Only Once
SW.41	Training and Capacity building- Orientation and Sensitization	Work towards implementing gender sensitive programmes laws and Schemes through inter sectoral convergence. Act as a technical support to Beti Bachao Beti Padhao (BBBP) and District Level Centre for Women- Mahila Shakti Kendra (DLCW-MSK). Engage in training and capacity building programmes to enable greater understanding on women's issues.	Offline	G2C	1. State HQ	As and when required
SW.42	Monitoring ADIP	Aids and appliances are being supplied free of cost to the needy Persons with Disabilities like Wheelchairs, Hearing aids, Crutches, White cane, Artificial limbs, Calipers, braces, splints	Offline	G2C		Once in a life time
SW.43	Financial assistance for Medical Treatment for Aged	Financial assistance is provided to Senior Citizen who are above 60 years for female and 65 years for male are provided as one-time grant @ of Rs.2200, for medical treatment for	Offline	G2C	1. District HQ	Once in a life time

Service Code	Service Name	Service Description	Service Delivery Channels	Service Classification	Locations at which this service is being offered	How frequently does the applicant need to avail this service
		beneficiaries whose annual income is less than Rs.36000, per annum.				
SW.44	Monitoring for Skill & Entrepreneurial Development of PwD	The objective is to assist Persons with Disabilities in setting up small business in Service, Trading Sector, agricultural activities, purchase of vehicle and Micro credit scheme for Parents Association for the Mentally Retarded persons	Offline	G2C		Once in a lifetime
SW.45	Accessible Government websites	Creation of Person with disabilities Friendly Government Website	Online	G2G		Once in a lifetime
SW.46	Post matric Scholarship for Students with Disabilities	Post matric Students with disabilities may avail the scholarship	Online	G2B	1. State HQ	Annually
SW.47	Grant in aid to NGOs for welfare of Schedule Tribes	NGOs working for welfare of Schedule Tribes Apply for Grant in aid. Under the Scheme financial assistance is provided to viable NGOs for implementation of various projects.	Online	G2B	1. District HQ	As and when required
SW.48	Recommend financial assistance under Swadhar Greh to NGOs	NGOs apply for Swadhar Greh scheme for women in difficult circumstance who need institutional support for rehabilitation so that they could lead their life with dignity.	Online	G2B	1. District HQ	Annually
SW.49	Research Documentation and Publication	Undertake research studies on the subject concerning women and maintaining gender related data. Publish and send research and regular reports on the operations of the project in the State and contribute to the national repository.	Offline	G2C	1. State HQ	Annually
SW.50	Chief Minister Social Assistance Scheme for Person with Disability	Chief Minister's Scheme for Social Assistance to the Person with Disability with 40% disability, 2012, No age limit	Offline	G2C	1. Block Office	Monthly
SW.51	Recommend financial assistance to NGOs under Prevention of Alcoholism and Substance Abuse	Under the Scheme the NGOs received financial assistance from Ministry of Social Justice and Empowerment for working in the field of alcoholism and drug abuse for treatment, counseling, rehabilitation and social integration.	Online	G2B	1. District HQ	As and when required
SW.52	Recommend Financial Assistance to NGOs under Deen Dayal Rehabilitation Scheme	The Scheme is implemented through NGOs for the benefit of the Persons with Disabilities	Online	G2B		Once in a life time

Service Code	Service Name	Service Description	Service Delivery Channels	Service Classification	Locations at which this service is being offered	How frequently does the applicant need to avail this service
SW.53	Complaints and Redressal by the Women Commission	Take up the grievances/complaints submitted by women, summoning both parties (Complainant and Respondent); inquire into the complaint and take necessary action.	Hybrid	G2C	1. State HQ	As and when required
SW.54	Early Childhood care and Education / Pre-school Non-formal Education	Non formal preschool education for children 3-6 years is one of the most important components of ICDS. It aims at providing sustained activities through joyful play way method that will help the child to be ready for regular schooling. ECCE services at the AWC: - The non-formal education session is followed by Supplementary Nutrition, Growth Monitoring and other related interventions	Offline	G2C	1. State HQ	Annually
SW.55	Pension under Chief Minister Social Assistance Scheme for the infirm & Single Mother	Pension Under Chief Minister's Scheme for Social Assistance to infirm @500 per Month Eligibility criteria: Age Limit of Infirm: Female 58 years, Male 60 years, must belong to marginalized families and with an income not exceeding 36,000 annually, Must possess a certificate or document showing Bonafede residence i.e. EPIC or Caste Certificate from the Competent Authority. For Single mother Death certificate of the Husband, Divorce Certificate, Verification Certification of the Headman and an income certificate not exceeding 36000 annually	offline	G2B	1. Block Office	Monthly

## 9.4 Rationalized Service Catalogue

Service Code	Service Name	Service Classification	Domain	Sub-domain	Rationalized (To be marked for rationalized Service)	Merged with Service No	Modified Service Name	Rationalization Remarks
FCS.01	New FPS/SK Oil Dealer License	G2B	License Management	New License	No	FCS.05, 18, 20	Issuance/ Renewal/ Cancellation of FPS/ SK Dealer License	All License Related services of FPS are merged together
FCS.02	Online Allocation and Supply Chain Management-DFSO (DC Supply) Login	G2B	Supply Chain	Allocation	Yes	FCS.24		
FCS.03	Transfer Ration Card	G2C	Ration Card	Transfer	Yes	FCS.07		
FCS.04	Ration Card Modification (FPS Change)	G2C	Ration Card	Modification	Yes	FCS.07		
FCS.05	Surrender FPS/SK Oil Dealer License	G2B	License Management	Surrender	Yes	FCS.01		
FCS.06	Online Allocation- Director login	G2G	Supply Chain	Allocation	Yes	FCS.24		
FCS.07	New Ration Card	G2C	Ration Card	New Issuance	No	FCS.03, 04, 08, 09, 10, 11, 12, 13, 14, 15, 16	Issuance/ Transfer/ Modification/ Cancellation of Ration Card	All Ration Card Related services are merged together.
FCS.08	Duplicate Ration Card	G2C	Ration Card	Duplicate	Yes	FCS.07		
FCS.09	Ration Card Modification (Member Deletion)	G2C	Ration Card	Modification	Yes	FCS.07		
FCS.10	Ration Card Modification (Head of Family)	G2C	Ration Card	Modification	Yes	FCS.07		
FCS.11	Ration Card Modification (Bank Account)	G2C	Ration Card	Modification	Yes	FCS.07		
FCS.12	Surrender Ration Card	G2C	Ration Card	Surrender	Yes	FCS.07		
FCS.13	Ration Card Modification (Member Addition)	G2C	Ration Card	Modification	Yes	FCS.07		
FCS.14	Ration Card Modification (Address Change)	G2C	Ration Card	Modification	Yes	FCS.07		
FCS.15	Ration Card Modification (Card Type Change)	G2C	Ration Card	Modification	Yes	FCS.07		
FCS.16	Ration Card Modification (Member Details)	G2C	Ration Card	Modification	Yes	FCS.07		
FCS.17	Grievance Redressal Mechanism	G2C	Grievance		No			



Service Code	Service Name	Service Classification	Domain	Sub-domain	Rationalized (To be marked for rationalized Service)	Merged with Service No	Modified Service Name	Rationalization Remarks
FCS.18	Renew FPS/SK Oil Dealer License	G2B	License Management	Renew	Yes	FCS.01		
FCS.19	Surrendered Wholesaler	G2B	License Management	Wholesale Surrender	Yes	FCS.22		
FCS.20	Duplicate FPS/SK Oil Dealer License	G2B	License Management	Duplicate	Yes	FCS.01		
FCS.21	Annapurna	G2C	Financial Assistance & Benefits	Rice Distribution	No		Distribution of Rice to Old Age Persons (65 Years and above) not covered under National Old Age Pension Scheme	
FCS.22	Appointment of New Wholesaler	G2B	License Management	Wholesaler License	No	FCS.19	Appointment/ Cancellation of Wholesaler	Wholesaler License related services are merged together
FCS.23	Consumer Affairs	G2C	Grievance	Consumer Affairs	No			
FCS.24	Allocation	G2G	Supply Chain	Allocation	No	FCS.02, 06, 25, 26	Online Allocation and Supply Chain Management	Services related to allocation of Food Grains are merged.
FCS.25	Allocation under (Hostel and Welfare Institution)	G2C	Supply Chain	Allocation	Yes	FCS.24		
FCS.26	Allocation under NFSA, Non-NFSA and Sugar	G2G	Supply Chain	Allocation	Yes	FCS.24		
HFW.01	Anti-Rabies Treatment/Animal Bite Treatment	G2C	Treatment	Animal Bite	No	HFW.07, 17, 22, 42, 56, 57, 71	Medical Treatment services including Animal Bite, Medical Emergencies, Pregnancy, Birth Control, HIV etc.	
HFW.02	Microbiological testing	G2C	Testing	Microbiological	Yes	HFW.69		
HFW.03	Medical Studies i.e. MBBS/BDS/BHMS/BAMS/BASLP against State Quota of seats in	G2C	Admission, Discharge, Transfer	Medical Studies	No			

Service Code	Service Name	Service Classification	Domain	Sub-domain	Rationalized (To be marked for rationalized Service)	Merged with Service No	Modified Service Name	Rationalization Remarks
	various Medical Institutions in India							
HFW.04	Clinics	G2C	Treatment		Yes			Internal Process
HFW.05	Stores and Inventory	G2C	Procurement	Inventory	Yes	HFW.16		
HFW.06	Issuance of License to sell, stock or exhibit Homoeopathic medicines by retail	G2B	License Management	Retail Homoeopathic	No	HFW.10, 14, 15, 18, 20, 21, 23, 27, 28, 29, 31, 32, 46, 47, 48, 49, 50, 51, 52, 53, 59, 63, 72	Issuance/ Renewal of License (Retail, Wholesale, Loan) for Drugs/ Homoeopathic/ Ayurvedic Medicines	All License Issuance services has been merged together.
HFW.07	Pregnancy and related care	G2C	Treatment	Pregnancy	Yes	HFW.01		
HFW.08	Implementation and administration of the Food Safety & Standards act,2006, Food safety & Standards Rules and Regulations ,2011	G2B	License Management	Licensing and Registration of Food Business Operators	No		Licensing and Registration of Food Business Operators	
HFW.09	Blood Banking Services	G2C	Blood Bank		No			
HFW.10	Issuance of License to sell, stock or exhibit by retail drugs specified in Schedules C and C (1) excluding those specified in Schedule X	G2B	License Management	Retail Drugs	Yes	HFW.06		
HFW.11	Appointment of Technical Staffs	G2C	Human Resource Management	Technical Staff	No	HFW.25	Appointment of Staffs (Technical/ Doctors/ Nurses/ Mid-Wives)	
HFW.12	PRADHAN MANTRI MATRU VANDANA YOJANA (PMMVY)	G2C	Financial Assistance & Benefits	Pregnancy	No			
HFW.13	Issuance of Birth Certificate	G2C	Certificate Issuance	Birth	No	HFW.19, 34	Issuance of Birth/ Death Certificate	Birth Death certificate issuance services are merged.
HFW.14	Issuance of the renewal of a license to manufacture for sale of Ayurvedic/ Siddha or Unani drugs	G2B	License Management	Renewal of License for Manufacture Ayurvedic drugs	Yes	HFW.06		

Service Code	Service Name	Service Classification	Domain	Sub-domain	Rationalized (To be marked for rationalized Service)	Merged with Service No	Modified Service Name	Rationalization Remarks
HFW.15	Issuance of the renewal of a loan license to manufacture for sale Ayurvedic (including Siddha) or Unani Drugs	G2B	License Management	Renewal of Loan License for Manufacture Ayurvedic drugs	Yes	HFW.06		
HFW.16	Procurement of medicines	G2G	Procurement	Medicines	No	HFW.05, 26	Procurement of medicines, Surgical & consumables items, Ambulances	
HFW.17	Issuance of approval order for Medical Treatment	G2E	Treatment	Medical Checkup	Yes	HFW.01		
HFW.18	License to sell, stock, exhibit or offer for sale, or distribute drugs Issuance	G2B	License Management	Sell, Stock, Exhibit, Distribute Drugs	Yes	HFW.06		
HFW.19	Issuance Death Certificate	G2C	Certificate Issuance	Death	Yes	HFW.13		
HFW.20	Issuance of Certificate of renewal of License to sell, stock or exhibit Homoeopathic medicines	G2B	License Management	Renewal for Sell, Stock, Exhibit, Distribute Drugs	Yes	HFW.06		
HFW.21	Issuance of the renewal of a license to manufacture for sale or for distribution of drugs specified in Schedule X and not specified in Schedules C and C (1)	G2B	License Management	Renewal for Manufacture of drugs	Yes	HFW.06		
HFW.22	Birth control programs	G2C	Treatment	Birth Control	Yes	HFW.01		
HFW.23	Issuance of License for License to sell, stock or exhibit wholesale drugs	birth	License Management	Sell, Stock, Exhibit, Wholesale Drugs	Yes	HFW.06		
HFW.24	Reimbursement claims of medical bills	G2E	Reimbursement	Medical Claims	No	HFW.41, 44	Reimbursement of Claims (Medical, TA etc.)	

Service Code	Service Name	Service Classification	Domain	Sub-domain	Rationalized (To be marked for rationalized Service)	Merged with Service No	Modified Service Name	Rationalization Remarks
HFW.25	Recruitment of staff nurses, auxiliary nurse mid-wives	G2C	Human Resource Management	Staff Nurses, Mid-Wives	Yes	HFW.11		
HFW.26	Procurement of Surgical & consumables items	G2G	Procurement	Surgical & Consumable Items	Yes	HFW.16		
HFW.27	Issuance of the renewal of a loan license to manufacture for sale or for distribution of drugs other than those specified in Schedules C and C (I) and X	G2B	License Management	Renewal of Loan License for Manufacture for sale of drugs	Yes	HFW.06		
HFW.28	Issuance of the renewal of a license to manufacture for sale or for distribution of Homoeopathic medicines or a license to manufacture potentized preparations from back potencies by licensees holding license in Form 20 C Drugs and Cosmetics Rules, 1945 203	G2B	License Management	Renewal of License for Manufacture for sale of homoeopathic medicines	Yes	HFW.06		
HFW.29	Issuance of Loan license to manufacture for sale or for distribution of drugs other than those specified In Schedules C and C (1) and X	G2B	License Management	Loan License for Manufacture for sale of drugs	Yes	HFW.06		
HFW.30	Integrated Disease Surveillance Project (IDSP)	G2C	Monitoring	Disease Monitoring	No			
HFW.31	Issuance of License to sell, stock or exhibit by retail drugs specified in Schedule C (1) excluding those specified in Schedule X for dealers who do not engage the services of a registered pharmacist	G2B	License Management	Sell, Stock, Exhibit Retail Drugs	Yes	HFW.06		
HFW.32	Issuance of License to sell, stock or exhibit by retail drugs specified in Schedule X	G2B	License Management	Sell, Stock, Exhibit Retail Drugs	Yes	HFW.06		

Service Code	Service Name	Service Classification	Domain	Sub-domain	Rationalized (To be marked for rationalized Service)	Merged with Service No	Modified Service Name	Rationalization Remarks
HFW.33	Quality Control Testing	G2G	Testing	Quality Control	No	HFW.38, 39	Food, Water and Quality Control Testing	Services related to quality and contamination in food/ water are merged.
HFW.34	Births Certificate Issuance for Non- Institutional Events	G2C	Certificate Issuance	Birth Non-Institutional	Yes	HFW.13		
HFW.35	Licensing and Registration of Nursing Homes	G2B	License Management	Nursing Homes	No			
HFW.36	MHIS Utilization of Services (Claims Benefits)	G2C	Insurance	Utilization	No			
HFW.37	MHIS Issuance of E-Card	G2C	Insurance	Card Issuance	No			
HFW.38	Analysis of Food samples	G2C	Testing	Food Samples	Yes	HFW.33		
HFW.39	Food and water testing	G2C	Testing	Food and Water	Yes	HFW.33		
HFW.40	Implementation and administration of the Food Safety & Standards act,2006, Food safety & Standards Rules and Regulations ,2011	G2C	Food Safety	Investigation	No		Complaint for Food Poisoning	
HFW.41	Approval of TA bills	G2E	Reimbursement	TA Bills	Yes	HFW.24		
HFW.42	Patient OPD Services	G2C	Treatment	OPD Services	Yes	HFW.01		
HFW.43	In Patient Department (Admission/Discharge/Transfer)	G2C	Admission, Discharge, Transfer	In Patient Department	No			
HFW.44	Reimbursement of medical bills for ex post facto approval	G2E	Reimbursement	Medical Claims	Yes	HFW.24		
HFW.45	Health Engineering Wing	G2G	Infrastructure Support		Yes			Internal Process
HFW.46	Issuance of License to sell, stock or exhibit or offer for sale, or distribute by wholesale drugs specified in Schedules C and C (1) excluding those specified in Schedule X	G2B	License Management	License to sell, stock, exhibit by wholesale drugs	Yes	HFW.06		
HFW.47	Issuance of the renewal of a license to manufacture for sale or for distribution of drugs other than those specified in Schedules C and C (1) and X	G2B	License Management	Renewal of License to Manufacture for Sale	Yes	HFW.06		

Service Code	Service Name	Service Classification	Domain	Sub-domain	Rationalized (To be marked for rationalized Service)	Merged with Service No	Modified Service Name	Rationalization Remarks
HFW.48	Issuance of the renewal of a loan license to manufacture for sale or for distribution of drugs other than those specified in Schedules C and C (I) and X	G2B	License Management	Renewal of Loan License to Manufacture for Sale	Yes	HFW.06		
HFW.49	license to sell, stock, exhibit drugs Issuance	G2B	License Management	License to sell, stock or exhibit drugs	Yes	HFW.06		
HFW.50	Restricted license to sell, stock or exhibit drugs Issuance	G2B	License Management	Restricted License to sell, stock or exhibit drugs	Yes	HFW.06		
HFW.51	License to sell, stock or exhibit Homoeopathic Medicines Issuance	G2B	License Management	License to sell, stock or exhibit Homoeopathic Medicines	Yes	HFW.06		
HFW.52	Issuance of License to sell, stock or exhibit Homoeopathic medicines by wholesale	G2B	License Management	License to sell, stock or exhibit Homoeopathic Medicines by Wholesale	Yes	HFW.06		
HFW.53	Issuance of License to manufacture for sale or for distribution of drugs other than those specified in Schedules C and C(I) and X	G2B	License Management	License to Manufacture for Sale	Yes	HFW.06		
HFW.54	Path Lab (LIS)	G2C	Testing	Laboratory Process	Yes	HFW.69		
HFW.55	Billing and Accounts	G2C	Billing	Charges Calculations and Accounting	Yes			Internal Process
HFW.56	Anti-epidemic programs	G2C	Treatment	Anti-epidemic	Yes	HFW.01		
HFW.57	Medical emergencies	G2C	Treatment	Medical Emergencies	Yes	HFW.01		
HFW.58	Radiology/Imaging (RIS)	G2C	Testing	Radiology/ Imaging	Yes	HFW.69		
HFW.59	License to sell, stock or exhibit or offer for sale, or distribute drugs by retail Issuance	G2B	License Management	License to sell, stock or exhibit drugs by Retail	Yes	HFW.06		

Service Code	Service Name	Service Classification	Domain	Sub-domain	Rationalized (To be marked for rationalized Service)	Merged with Service No	Modified Service Name	Rationalization Remarks
HFW.60	Emergency Casualty module take care all activities about Emergency Services	G2C	Treatment	Emergency Casualties	Yes			It's a system module rather than a service.
HFW.61	Infant immunization programs	G2C	Immunization	Infant	No			
HFW.62	Homeopathic & Ayurvedic Drugs Testing	G2G	Testing	Homeopathic & Ayurvedic Drugs	No	HFW.64, 66	Allopathic, Homeopathic, Ayurvedic Drugs & Biochemical Testing	Services related to drugs/ chemical testing are merged.
HFW.63	Issuance of Restricted License to sell, stock or exhibit or offer for sale, or distribute drugs by retail other than those specified in Schedules C, C (1) and X for dealers who do not engage the services of a registered pharmacies	G2B	License Management	Restricted License to sell, stock or exhibit drugs by retail	Yes	HFW.06		
HFW.64	Drug Testing	G2G	Testing	Drug	Yes	HFW.62		
HFW.65	Implementation and administration of the Food Safety & Standards act, 2006, Food safety & Standards Rules and Regulations, 2011	-1	Food Safety		Yes			Internal Process
HFW.66	Biochemical Testing	G2C	Testing	Biochemical	Yes	HFW.62		
HFW.67	Intensified Pulse Polio Immunization (IPPI) Programme	G2C	Immunization	Pulse Polio	No			
HFW.68	Rearing and Supply of laboratory animals	G2C	Supply Chain	Laboratory Animals	No			
HFW.69	Pathological Services	G2C	Testing	Pathological Services	No	HFW.02, 54, 58	Microbiological, Pathological, Radiology and Imaging Testing Services	
HFW.70	Inspection of Food business operators to ensure compliance under provisions of 2006, Food safety & Standards act 2006, Food safety & Standards Rules and Regulations, 2011	G2C	Food Safety	Inspection	No		Inspection of Food business operators	
HFW.71	Issuance of approval order for medical checkups/reviews	G2E	Treatment	Medical Checkup	Yes	HFW.01		

Service Code	Service Name	Service Classification	Domain	Sub-domain	Rationalized (To be marked for rationalized Service)	Merged with Service No	Modified Service Name	Rationalization Remarks
HFW.72	Issuance of License to sell, stock or exhibit by wholesale drugs specified in Schedule X	G2B	License Management	License to sell, stock or exhibit by wholesale drugs	Yes	HFW.06		
ED.1	Textbook Design and Selection	G2C	Examination & Assessment		No			
ED.2	Allocation of seats for Diploma Course and Agriculture	G2C	Admission		No			
ED.3	Indian Red Cross Society	G2C	Grants in-aid		No			
ED.4	Module on Early Childhood Education	G2E	Teachers Training		No			
ED.5	Conduct of SSLC and HSSLC Examination	G2C	Examination & Assessment		No			
ED.6	Cook_cum_helpers Honorarium	G2E	Procurement		Yes	ED.54		
ED.7	Border Area Scholarship	G2C	Financial Assistance & Benefits		No		Scholarships, Stipends & Fee waivers	
ED.8	Fund teachers training through NIOS by Samagra Shiksha Abhiyan	G2E	Teachers Training		Yes	ED.20	Teachers Training	
ED.9	Training for Pre-school Teachers	G2C	Teachers Training		Yes	ED.4		
ED.10	Free Studentship	G2C	Financial Assistance & Benefits		Yes	ED.7		
ED.11	Non-Govt. Institution Grant in aid Disbursement	G2B	Grants in-aid		No			
ED.12	Issue of Duplicate Reg. Card, Admit Card, Marksheet and Certificate	G2C	Certificate & Admit Card		No			
ED.13	D.El.Ed Programme Scholarship	G2C	Teachers Training		No			
ED.14	National Talent Search Scholarship	G2C	Financial Assistance & Benefits		Yes	ED.7		
ED.15	Cooking cost Fund for mid-day meals	G2G	Procurement		Yes	ED.54		
ED.16	Kasturba Gandhi Balika Vidyalaya (KGBV) under Samagra Shiksha Abhiyan	G2C	School Administration		Yes	Not a Service		Service must have a definite outcome
ED.17	National Achievement Survey	G2C	Survey		No			



Service Code	Service Name	Service Classification	Domain	Sub-domain	Rationalized (To be marked for rationalized Service)	Merged with Service No	Modified Service Name	Rationalization Remarks
ED.18	EDUSAT Network	G2C	Learning		No			
ED.19	National Scheme for Incentive to Girls in Secondary Education (NSIGSE)	G2C	Financial Assistance & Benefits		Yes	ED.7		
ED.20	Training for Supporting Human Capital Development (ADB)	G2E	Teachers Training		No			
ED.21	Meghalaya School Improvement Programme	G2E	School Administration		Yes	Not a Service		Service must have a definite outcome
ED.22	Teachers In service trainings under Samagra Shiksha Abhiyan.	G2E	Teachers Training		Yes	ED.20		
ED.23	Elementary Schools Students Free Uniform under Samagra Shiksha Abhiyan.	G2C	Financial Assistance & Benefits		No			
ED.24	Elementary Schools Students Free Textbooks under Samagra Shiksha Abhiyan	G2C	Financial Assistance & Benefits		No			
ED.25	National Means cum Merit Scholarship (NMMS)	G2C	Financial Assistance & Benefits		Yes	ED.7		
ED.26	Schools Opening permission under DSEL	G2B	New School Application		No			
ED.27	District & State Level Science activities for Students under DSEL	G2C	Learning		No			
ED.28	Aids and appliances, Assessment camps and imparting Homebased education to Children with Special Needs under Samagra Shiksha Abhiyan	G2C	Financial Assistance & Benefits		No			
ED.29	Information and Communication technology (ICT) under Samagra Shiksha Abhiyan	G2C	Technology Support		No			
ED.30	ICT, Furniture and Digital Library for schools under Supporting Human Capital Development, ADB	G2C	Infrastructure Support		No			

Service Code	Service Name	Service Classification	Domain	Sub-domain	Rationalized (To be marked for rationalized Service)	Merged with Service No	Modified Service Name	Rationalization Remarks
ED.31	Transport escort allowances for CWSN	G2C	Financial Assistance & Benefits		No			
ED.32	University / College NOC Issuance	G2B	Certificate & Admit Card		No			
ED.33	Bharat Scouts and Guides	G2C	Grants in-aid		No			
ED.34	Revision of School Curriculum	G2C	Curriculum		Yes	ED.1		
ED.35	Sensitization and Training on Guidance and Counseling for Teachers	G2E	Teachers Training		Yes	ED.20		
ED.36	Model Question Papers, Test Items, Preparation and Use of Audio-Visual equipment Workshops	G2E	Examination & Assessment		No			
ED.37	MBOSE Online Submission for Documents Verification	G2G	Certificate & Admit Card		No			
ED.38	Reading corner and supplementary materials under Samagra Shiksha Abhiyan.	G2C	Infrastructure Support		No			
ED.39	Engineering Seat Allocation through CSAB	G2C	Admission		No			
ED.40	Service Book Maintenance of staff of DHTE	G2E	Human Resource Mgmt		Yes			
ED.41	Meghalaya Teacher Eligibility Test	G2C	Examination & Assessment		No			
ED.42	Module for Activity Based Methods of Teaching	G2C	Teachers Training		Yes	ED.20		
ED.43	Merit scholarship for LP and UP school	G2C	Financial Assistance & Benefits		Yes	ED.7		
ED.44	Activity Based Training Programme	G2E	Teachers Training		Yes	ED.20		
ED.45	Approval for appointment of Teachers and staff in Deficit Grant in Aid Colleges	G2C	Human Resource Mgmt		No			
ED.46	Upgradation of Schools under DSEL	G2G	Certificate & Admit Card		No			
ED.47	Food grains to Govt and Govt aided schools	G2G	Infrastructure Support		No			

Service Code	Service Name	Service Classification	Domain	Sub-domain	Rationalized (To be marked for rationalized Service)	Merged with Service No	Modified Service Name	Rationalization Remarks
ED.48	Award for Meritorious Tribal students of Meghalaya in the HSSLC Exam Science Stream	G2C	Financial Assistance & Benefits		No			
ED.49	Foundation Course	G2G	Learning		No			
ED.50	Vocational Education Under Samagra Shiksha Abhiyan	G2C	Learning		No			
ED.51	INSPIRE AWARD Manak Scheme	G2C	Financial Assistance & Benefits		No			
ED.52	MDM Convergence	G2G	Infrastructure Support		No			
ED.53	Fund for Procurement of kitchen devices	G2G	Procurement		Yes	ED.54		
ED.54	Management Funds for district/subdivision school education Office	G2G	Procurement		Yes	ED.54	Mid-Day Meal Procurement and Management	
ED.55	Fund for construction of Kitchen sheds	G2G	Procurement		Yes	ED.54		
ED.56	Payment to FCI for food grains	G2G	Procurement		Yes	ED.54		
ED.57	Orientation of in-service Teachers	G2E	Teachers Training		Yes	ED.20		
ED.58	Vocational/Career Guidance to Students	G2C	Career Assistance		No			
ED.59	Samagra Shiksha Abhiyan (Teacher Education)	G2E	Teachers Training		Yes	ED.20		
ED.60	State Merit Scholarship	G2C	Financial Assistance & Benefits		Yes	ED.7		
ED.61	Engineering / Diploma Student Stipend Processing	G2C	Financial Assistance & Benefits		Yes	ED.7		
ED.62	Midday meal food grain transportation charges	G2G	Procurement		Yes	ED.54		
ED.63	cook_cum helpers training	G2E	Procurement		Yes	ED.54		
ED.64	Midday meals Awareness programmes	G2E	Awareness		No			
ED.65	State Talent Search Examination	G2C	Examination & Assessment		No			
ED.66	Scholarship Examination for both Primary and Upper Primary Students of the State	G2C	Financial Assistance & Benefits		Yes	ED.7		

Service Code	Service Name	Service Classification	Domain	Sub-domain	Rationalized (To be marked for rationalized Service)	Merged with Service No	Modified Service Name	Rationalization Remarks
ED.67	KAP study	G2G	Research & Development		No			
ED.68	Certification for Professional Development	G2E	Teachers Training		Yes	ED.20		
ED.69	Scholarship for students of Meghalaya (Online through National Scholarship Portal)	G2C	Financial Assistance & Benefits		Yes	ED.7		
ED.70	Special Training for Out of School Children under Samagra Shiksha Abhiyan	G2C	Learning		No			
SW.1	Chief Minister Scheme for Wedding Assistance for Orphaned Girls	G2C	Special Allowances		No			
SW.2	Token Grant under Vocational Training for Person with Disabilities- through NGOs	G2C	Disability Assistance		No			
SW.3	Complaints and Redressals by the women commission	G2C	Grievance		No			
SW.4	Medical assistance and support to women affected by violence.	G2C	Medical Assistance & Support		No			
SW.5	Security and support to women affected by violence	G2C	Security Assistance		Yes	SW.33		
SW.6	Grievances and complaints Redressal	G2C	Grievance		No			
SW.7	After Care (Under ICPS)	G2C	Child Care		Yes			
SW.8	Foster Care (Under ICPS)	G2E	Child Care		No			
SW.9	Awareness Generation on the Rights of Persons with Disabilities and other related programmes for Persons with Disabilities	G2G	Awareness		No			
SW.10	Monitoring of implementation of schemes and programmes for Persons with Disabilities	G2G	Monitoring & Evaluation		No			
SW.11	Pre matric Scholarship for Students with Disabilities	G2C	Scholarships		No			
SW.12	Supplementary Nutrition Programme	G2B	Benefits		No			
SW.13	Cash Award to Meritorious Students with disabilities	G2C	Disability Assistance		No			

Service Code	Service Name	Service Classification	Domain	Sub-domain	Rationalized (To be marked for rationalized Service)	Merged with Service No	Modified Service Name	Rationalization Remarks
SW.14	Uniform Grant for Person with Disabilities	G2C	Disability Assistance		No			
SW.15	Unemployment Allowance for Person with Disabilities	G2C	Special Allowances		No			
SW.16	Vocational Training Centre for Disabled NGOs Financial assistance	G2B	Grants in-aid		No			
SW.17	Recommendation for financial assistance under National Creche Scheme to NGOS	G2B	Grants in-aid		No			
SW.18	Grant in Aid for NGOs for the welfare of Children	G2B	Grants in-aid		No			
SW.19	Grant in Aid for NGOs for the welfare of Women	G2B	Grants in-aid		No			
SW.20	Medical reimbursement for the Person with disabilities	G2C	Disability Assistance		Yes			Service deleted as requested by department
SW.21	Book Grant for Person with Disabilities	G2C	Benefits		No			
SW.22	Grant-in-aid to NGOs to Sponsor Vocational Training for person with disabilities	G2B	Grants in-aid		No			
SW.23	Financial assistance to Creche NGOs	G2B	Child Care		No			
SW.24	Grant in Aid for NGOs for the welfare of Aged	G2B	Grants in-aid		No			
SW.25	Child Care Institution Under ICPS	G2B	Child Care		No			
SW.26	Adoption under Non-Institutional Care (ICPS)	G2B	Child Care		No			
SW.27	Renewal of Scholarships for Top Class Education for students with disabilities	G2B	Scholarships		No			
SW.28	Renewal of Post matric Scholarship for Students with Disabilities	G2B	Scholarships		No			
SW.29	Scholarships for Top Class Education for students with disabilities	G2B	Scholarships		No			
SW.30	Grants in aid for construction of girl's hostel	G2B	Grants in-aid		No			

Service Code	Service Name	Service Classification	Domain	Sub-domain	Rationalized (To be marked for rationalized Service)	Merged with Service No	Modified Service Name	Rationalization Remarks
SW.31	Psycho social support/counseling and support to women affected by violence	G2C	Medical Assistance & Support		No			
SW.32	Grants in aid for Multi Sectoral Development Programme	G2B	Grants in-aid		No			
SW.33	Temporary shelter and support to women affected by violence	G2C	Medical Assistance & Support		Yes	SW.33		
SW.34	Stipend under Vocational Training Persons with disabilities	G2B	Stipend		No			
SW.35	Grant in Aid for NGOs for Combating of Drugs	G2B	Grants in-aid		No		Grant in Aid for NGOs for Combating of Drugs, Prevention of Alcoholism and Substance Abuse	
SW.36	Grant in Aid for NGOs for the welfare of person with disabilities	G2B	Grants in-aid		No			
SW.37	Financial assistance to NGOs for Vocational Training in tribal areas	G2B	Grants in-aid		No			
SW.38	Renewal of Pre matric Scholarship for Students with Disabilities	G2B	Scholarships		No			
SW.39	Legal aid/counseling and support to women affected by violence	G2C	Medical Assistance & Support		Yes	SW.33		
SW.40	Sponsorship Under ICPS	G2C	Child Care		No			
SW.41	Training and Capacity building- Orientation and Sensitization	G2C	Training & Capacity Building		No			
SW.42	Monitoring ADIP	G2C	Monitoring & Evaluation		No			
SW.43	Financial assistance for Medical Treatment for Aged	G2C	Medical Assistance & Support		No			

Service Code	Service Name	Service Classification	Domain	Sub-domain	Rationalized (To be marked for rationalized Service)	Merged with Service No	Modified Service Name	Rationalization Remarks
SW.44	Monitoring for Skill & Entrepreneurial Development of PwD	G2C	Monitoring & Evaluation		No			
SW.45	Accessible Government websites	G2G			Yes	Not a service		
SW.46	Post matric Scholarship for Students with Disabilities	G2B	Scholarships		No			
SW.47	Grant in aid to NGOs for welfare of Schedule Tribes	G2B	Grants in-aid		No			
SW.48	Recommend financial assistance under Swadhar Greh to NGOs	G2B	Grants in-aid		No			
SW.49	Research Documentation and Publication	G2C	Research & Development		No			
SW.50	Chief Minister Social Assistance Scheme for Person with Disability	G2C	Disability Assistance		No			
SW.51	Recommend financial assistance to NGOs under Prevention of Alcoholism and Substance Abuse	G2B	Grants in-aid		Yes	SW.35		
SW.52	Recommend Financial Assistance to NGOs under Deen Dayal Rehabilitation Scheme	G2B	Grants in-aid		Yes	SW.36		
SW.53	Complaints and Redressal by the Women Commission	G2C	Grievance		No			
SW.54	Early Childhood care and Education / Pre-school Non-formal Education	G2C	Pre-school Education & Care		No			
SW.55	Pension under Chief Minister Social Assistance Scheme for the infirm & Single Mother	G2B	Pension		No			

## 9.5 Future State Service Catalogue

Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
FCS.01	Issuance/ Renewal/ Cancellation of FPS/ SK Dealer License	The citizen applies for New FPS/SK Oil dealer License. Basis eligibility criteria and details provided, department approves licensing or renew license	License Management	G2B	Only Once	Digital	Service will be delivered in <b>5 days</b>	Prioritized
FCS.07	Issuance/ Transfer/ Modification/ Cancellation of Ration Card	The citizen can apply for a new ration card or modify existing ration card basis eligibility criteria and documents required	Ration Card	G2C	Only Once	Digital	Service will be delivered in <b>5 days</b>	Prioritized
FCS.17	Grievance Redressal Mechanism	Grievance management including registration of grievance from all channels, prompt action is provided and feedback for resolution is also recorded	Grievance	G2C	As and when required	Digital	Service will be delivered in <b>3 days</b>	Prioritized
FCS.21	Distribution of Rice to Old Age Persons (65 Years and above) not covered under National Old Age Pension Scheme	Rice is distributed free of cost at the scale of 10 (ten) Kgs per month to each indigent Old Age Person who have attained the age of 65 years or above and not covered under the National Old Age Pension Scheme.	Distribution	G2C	Annually	FPS	Service will be delivered in <b>15 days</b>	Prioritized
FCS.22	Appointment/ Cancellation of Wholesaler	The applicant applies for Wholesaler Vacancy. Department approves basis business rules	License Management	G2B	Annually	Digital	Service will be delivered in <b>5 days</b>	Prioritized
FCS.23	Consumer Affairs	Redressal of Consumer Disputes	Consumer Affairs	G2C	As and when required	Digital	Service will be delivered in <b>3 days</b>	Prioritized
FCS.24	Online Allocation and Supply Chain Management	Central Allocation is received from the Ministry of DoFPD and the Directorate of Food Civil Supplies and Consumer Affairs breaks the allocation into district and sub-division based on the data available in the mentioned link. The online	Supply Chain	G2G	Annually	Digital	Service will be delivered in <b>5 days</b>	Prioritized



Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
		allocation is generated as per the data available in the HD Stock Management module						
FCS.27	Deliver Fish and Meat	The service is about delivering fish and meat to all eligible families to ensure proper protein intake of the citizens	Food & Nutrition	G2C	Weekly	Physical	The FPS would distribute packaged fish and meat to ensure proper dietary intake	New
HF.01	Medical Treatment services including Animal Bite, Medical Emergencies, Pregnancy, Birth Control, HIV etc.	Appraisal of animal bites and the consequent treatment and follow up	Treatment	G2C	As and when required	Physical	Immediate on Arrival of Patient Response time would be <b>15 minutes</b> from arrival basis Ayushman Bharat Protocol	Prioritized
HF.03	Medical Studies i.e. MBBS/BDS/BHMS/BAMS/BASLP against State Quota of seats in various Medical Institutions in India	Medical Studies i.e. MBBS/BDS/BHMS/BAMS/BASLP against State Quota of seats in various Medical Institutions in India for the citizen of Meghalaya. The eligibility criteria are 10+2 level candidate from a recognized university, Board of Authority in the subjects of physics, Chemistry, Biology, Biotechnology, English and qualified NEET-UG	Learning Content & Training	G2C	Ongoing	Physical & Digital	Not Applicable	Not Prioritized
HF.06	Issuance/ Renewal of License (Retail, Wholesale, Loan) for Drugs/ Homoeopathic/ Ayurvedic Medicines	Service to issue the License to sell, stock or exhibit or offer for sale, or distribute Homoeopathic medicines by retail (FORM 20C)	License Management	G2B	As and when required	Digital	Service will be delivered in <b>15 days</b>	Prioritized
HF.08	Licensing and Registration of Food Business Operators	Licensing and Registration of Food Business Operators	License Management	G2B	Once in 5 yrs.	Digital	Service will be delivered in <b>15 days</b>	Prioritized
HF.09	Blood Banking Services	Blood Bank collects blood from Donors, typed, tested, separated into components,	Blood Bank	G2C	As and when required	Digital	Information is updated within <b>15</b>	Prioritized

Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
		stored to ensure availability of safe blood to the people. The Service deals with availability of information on stock of blood in each bank					<b>minutes</b> from stock addition	
HF.W. 11	Appointment of Staffs (Technical/ Doctors/ Nurses/ Mid-Wives)	Appointment of Pharmacist, Lab Technician, etc. in different Medical Health Institutions up to Sub-Center	Appointment	G2C	Once in a lifetime	Digital	As per requirement	Not Prioritized
HF.W. 12	Pradhan Mantri Matru Vandana Yojana (PMMVY)	Providing partial compensation for the wage loss in term of cash incentives of Rs. 5000 so that the woman can take adequate rest before and after delivery of the first living child. Eligibility criteria- All eligible pregnant women and lactating mothers who have their pregnancy on or after 01.01.2017 for first child in the family.	Financial Assistance	G2C	Only Once	Digital	Service will be delivered in <b>7 days</b>	Prioritized
HF.W. 13	Issuance of Birth/ Death Certificate	Issue of Births Certificate to all the Births events occurred in the state irrespective of the place of residence.	Certificate Issuance	G2C	Once in a lifetime	Digital	Service will be delivered in <b>5 days</b>	Prioritized
HF.W. 16	Procurement of medicines, Surgical & consumables items, Ambulances	Method of procurement of medicines under the Directorate of Health Services (MI) Meghalaya Shillong & budgetary provision	Procurement	G2G	Quarterly	Digital	As and when required	Not Prioritized
HF.W. 24	Reimbursement of Claims (Medical, TA etc.)	Claiming of medical bills on the approval order issued by DHS(MI)	Reimbursement	G2E	As and when required	Digital	Service will be delivered in <b>5 days</b>	Not Prioritized
HF.W. 30	Integrated Disease Surveillance Project (IDSP)	Surveillance for communicable and non-communicable diseases. To strengthen the disease surveillance system so that	Monitoring	G2C	As and when required	Digital	All centers to provide data within 4 hours of reporting or testing	Not Prioritized

Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
		early warning signals of outbreaks are recognized, and Appropriate timely follow up action is initiated						
HF.W. 33	Food, Water and Quality Control Testing	Pyrogen Testing on Anticoagulant (Single/Double/Triple) Blood Bags	Testing	G2G	As and when required	Digital	Service will be delivered in <b>5 days</b> from sample collection	Not Prioritized
HF.W. 35	Licensing and Registration of Nursing Homes	Issue of License and Registration	License Management	G2B	As and when required	Digital	Service will be delivered in <b>15 days</b>	Prioritized
HF.W. 36	MHIS Utilization of Services (Claims Benefits)	Utilization is the process when beneficiaries utilize the services of the scheme in eligible hospitals. The Registration Drive acted as a medium of awareness making beneficiaries confident in seeking benefits under the scheme as they already were in possession of the Golden Record/ E-Card.	Insurance	G2C	As and when required	Digital	To be defined in second phase of Implementation	Not Prioritized
HF.W. 37	MHIS Issuance of E-Card	Issuance of E-Cards to citizens for health insurance.	Insurance	G2C	Only Once	Digital	Service will be delivered in <b>7 days</b>	Prioritized
HF.W. 40	Complaint for Food Poisoning	In cases of Food poisoning - On receipt of complaints of food poisoning the Commissionerate of Food Safety deputes the Food Safety Officers to investigate the matter.	Food Safety	G2C	As and when required	Physical Test	Service will be delivered in <b>3 days</b>	Not Prioritized
HF.W. 43	In Patient Department (Admission/Discharge/Transfer)	Admission service is designed to manage admission process seamlessly. Discharge service is designed to manage discharge process by notifying discharge and then finally discharge verification.	Admission, Discharge, Transfer	G2C	As and when required	Physical	Admission Service will be delivered in <b>3 hours</b> from arrival	Not Prioritized

Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
HF.W. 61	Infant immunization programs	Immunization for newborns under the national immunization program is dispensed through the Health Centres. This program is fully subsidized	Immunization	G2C	As and when required	Physical	Admission Service will be delivered in <b>3 days</b> from registration	Not Prioritized
HF.W. 62	Allopathic, Homeopathic, Ayurvedic Drugs & Biochemical Testing	Testing of Drugs to Ascertain whether they are Standard or of Sub-Standard Quality	Testing	G2G	As and when required	Physical	Service will be delivered in <b>3 days</b> from registration	Not Prioritized
HF.W. 67	Intensified Pulse Polio Immunization (IPPI) Programme	Poliomyelitis is a viral disease, which can cripple a child for life and has no cure. Prevention through regular and timely immunization with Oral Polio Vaccine drops. All children below 5 years of age will be given oral polio drops and all efforts must be made to ensure that no child is left unimmunized.	Immunization	G2C	Annually	Physical	Service will be delivered to <b>all</b> newborns in 4 phases as per WHO recommendations	Not Prioritized
HF.W. 68	Rearing and Supply of laboratory animals	Rearing of laboratory animals for biomedical research and microbiological laboratory test	Supply Chain	G2C	As and when required	Physical	Not applicable	Not Prioritized
HF.W. 69	Microbiological, Pathological, Radiology and Imaging Testing Services	Determined the course and nature of diseases by examining testing body tissues and bodily fluids	Testing	G2C	As and when required	Physical	Not applicable	Not Prioritized
HF.W. 70	Inspection of Food business operators	Inspections of food operators, Mid-day meals and others based on complaints through Grievance Portal	Food Safety	G2C	As and when required	Physical	All school's Mid-day meals tested <b>at least once in a year</b> All complaints food tested within <b>7 days</b> from complaint	Not Prioritized
HF.W. 73	Health Practices Training	Video based learning content for ASHA workers to share best practices with citizens through digital devices and community created learning content	Learning Content & Training	G2C	NA	Digital	Learning content would be created at community level within <b>14 days</b> of request	New

Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
							from district level H&FW officer	
HF. 74	Free Medical Service to all Pregnant Women	All pregnant women in the state, falling under certain eligibility criteria, may undergo free medical services in Government as well as private hospitals.	Treatment	G2C	As and when required	Physical	Applying pregnant women would be granted benefits within <b>7 day</b> from raising service request	New
HF. 75	Take Home Rations (THR) under the ICDS Scheme	Under the current ICDS scheme, the pregnant mother and the newborn child is entitled to receive THR worth Rs 7125/- over a 45 month period or averaging out it works out to Rs 158 per month <sup>1</sup> . All FPS points would be notified with ration card numbers of beneficiary for effective distribution	Food & Nutrition	G2C	As and when required	Physical	Post registration of pregnant women; all ration dealers would be notified with pregnant women ration card numbers for THR distribution within <b>1 day</b>	New
HF. 76	Institutional Delivery Benefit Service	This service is to promote institutional delivery of birth, it would provide food through FPS for all women who goes through institutional delivery in government facilities	Treatment	G2C	Every month for a defined period	Physical	The service would provide food to all women who goes through institutional delivery in government facilities. The FPS dealer would be notified within <b>1 day</b> of birth	New
HF. 77	Compensation for Sterilization	The service would provide compensation in the form of one-time financial benefit to all individuals who undertakes sterilization to facilitate birth control	Allowances	G2C	Once in a lifetime	Physical	Compensation amount would be debited to beneficiary account within <b>1 day</b> from medical procedure completion	New
HF. 78	Integrated immunization	All infants registered at the time of birth would be tracked for immunization history and provided	Treatment	G2C	Basis schedule	Digital	Notification would be provided <b>at least 7 days</b> in advance of planned	New

Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
		automated notifications basis immunization schedule					immunization procedure	
HFV. 79	Day care for children of working women in Anganwadi buildings	Aligned with the objective of all family members to be productive, children of working women would be facilitated with day care centers in Anganwadi buildings. These day care centers would be monitored by Anganwadi workers	Admission	G2C	Every working day of the week	Physical	Post application in nearest day care center, the admission would be provided within <b>7 days</b>	New
ED.1	Textbook Design and Selection	All students affiliated to MBOSE	Examination & Assessment	G2C	Annually	Physical	Service will be delivered in <b>30 days</b>	Prioritized
ED.2	Allocation of seats for Diploma Course and Agriculture	Allocation of seats for students pursuing studies outside the state: Diploma Course and Agriculture basis online or offline application	Admission	G2C	Only Once	All Channels	Response of registration to be provided within <b>1 day</b>	Not Prioritized
ED.3	Indian Red Cross Society	The Meghalaya State Junior Red Cross Society comes under the purview of Directorate of School Education and literacy for Financial Grant and Assistance	Grants in-aid	G2C	As and when required	Digital	Grant if approved to be provided within <b>1 day</b>	Not Prioritized
ED.4	Module on Early Childhood Education	Development of Module on Early Childhood Education for short term training of Pre-school Teachers	Teachers Training	G2E	Only Once	Digital	Service will be delivered in <b>30 days</b> from schedule fixation	Prioritized
ED.5	Conduct of SSLC and HSSLC Examination	Selection Examination Passed students of Class X and Class XII	Examination & Assessment	G2C	Once in a lifetime	Digital	Post examination transcripts would be delivered in <b>7 days</b>	Prioritized
ED.7	Scholarships, Stipends & Fee waivers	Financial assistance to the border area students procuring their studies in L.P./M.E./High Schools and Colleges up to Degree level are given this Border stipend under rules and regulations defined	Financial Assistance & Benefits	G2C	Only Once	Digital	Service will be delivered in <b>7 days</b>	Prioritized

Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
ED.11	Non-Govt. Institution Grant in aid Disbursement	Release of grant in aid to Non-Govt. Institutions on a quarterly basis and allotment of fund to Govt. Institutions on quarterly basis	Grants in-aid	G2B	Quarterly	Digital	Service will be delivered in <b>first 2 days of every month</b>	Prioritized
ED.12	Issue of Duplicate Reg. Card, Admit Card, Marksheet and Certificate	SSLC and HSSLC Passed out Candidate	Certificate & Admit Card	G2C	As and when required	Digital	Service will be delivered in <b>1 days</b> as transcripts	Prioritized
ED.13	D.El.Ed Programme Scholarship	Service to attract the best talent to teaching profession through pre-service training of teachers (Elementary) through Entrance Test and Counselling.	Teachers Training	G2C	Once in a lifetime	Digital	Service will be delivered in <b>7 days</b>	Prioritized
ED.17	National Achievement Survey	National Achievement Survey in Schools selected by NCERT	Survey	G2C	Once in 3 yrs.	All Channels	Not Applicable	Not Prioritized
ED.18	EDUSAT Network	School Broadcast Programme.	Learning	G2C	Daily	All Channels	Not Applicable	Not Prioritized
ED.20	Training for Supporting Human Capital Development (ADB)	Training of 3500 Secondary and Higher Secondary Teachers	Teachers Training	G2E	Only Once	Digital	Service will be delivered in <b>30 days</b> from program finalization	Prioritized
ED.23	Elementary Schools Students Free Uniform under Samagra Shiksha Abhiyan.	Provide free Uniform to Govt (including SSA) and Govt Aided students in elementary schools through School Managing Committee.	Financial Assistance & Benefits	G2C	Annually	Digital	Service will be delivered in <b>10 days</b> from application	Not Prioritized
ED.24	Elementary Schools Students Free Textbooks under Samagra Shiksha Abhiyan	Provide free Textbooks to Govt( including SSA) and Govt Aided students in elementary schools through Block Level	Financial Assistance & Benefits	G2C	Annually	Digital	Service will be delivered in <b>10 days</b> from application	Not Prioritized
ED.26	Schools Opening permission under DSEL	Opening Permission for LP & UP Schools under the purview of RTE and Secondary & Higher Secondary schools with DSEO issued certificate.	New School Application	G2B	Once in a life time	Digital	Service will be delivered in <b>7 days</b>	Prioritized

Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
ED.27	District & State Level Science activities for Students under DSEL	Organizing a District & State Level Science, Mathematics and Environmental Exhibition, Seminar, Eastern India Science Fair for Students every year	Learning	G2C	Annually	Digital	Not Applicable	Not Prioritized
ED.28	Aids and appliances, Assessment camps and imparting Homebased education to Children with Special Needs under Samagra Shiksha Abhiyan	Provide Escort allowance, aids and appliances, Assessment camps and imparting Homebased education to identified Children with Special Needs in all districts.	Financial Assistance & Benefits	G2C	Annually	Digital	Service will be delivered in <b>7 days</b> from application	Prioritized
ED.29	Information and Communication technology (ICT) under Samagra Shiksha Abhiyan	Provide Information and Communication technology (ICT) to Govt, Govt aided Secondary Schools	Technology Support	G2C	Only Once	Physical	Not Applicable	Not Prioritized
ED.30	ICT, Furniture and Digital Library for schools under Supporting Human Capital Development, ADB	Provide ICT (Computer and its peripherals), Furniture and Digital Library in 117 Govt aided schools under ADB.	Infrastructure Support	G2C	Only Once	Physical	Not Applicable	Not Prioritized
ED.31	Transport escort allowances for CWSN	Provide Transport escort allowances were provided directly to the Children with Special Needs	Financial Assistance & Benefits	G2C	Annually	Digital	Service will be delivered in <b>7 days</b>	Prioritized
ED.32	University / College NOC Issuance	To administer, regulate and run all Institutions in the state .i.e Issuing No objection Certificates to the Colleges, Universities including colleges for professional education	Certificate & Admit Card	G2B	Only Once	Digital	Service will be delivered in <b>7 days</b>	Prioritized
ED.33	Bharat Scouts and Guides	The Meghalaya Bharat Scouts and Guides comes under the purview of Directorate of School Education and literacy for Financial Grant and Assistance	Grants in-aid	G2C	Annually	Digital	Service will be delivered in <b>7 days</b> of application	Not Prioritized
ED.36	Model Question Papers, Test Items, Preparation and Use of	To conduct workshops for preparation of Model Question Papers, Test Items,	Examination & Assessment	G2E	Once in a lifetime	Digital	Service will be delivered in <b>7 days</b>	Prioritized



Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
	Audio-Visual equipment Workshops	Preparation and Use of Audio-Visual equipment, etc.						
ED.37	MBOSE Online Submission for Documents Verification	Govt. Department, Govt. Agencies, Institutions, Private Firms.	Certificate & Admit Card	G2G	As and when required	Digital	Service will be delivered in <b>1 day</b>	Prioritized
ED.38	Reading corner and supplementary materials under Samagra Shiksha Abhiyan.	Provide Reading corner and supplementary materials to Govt(including SSA) and Govt aided schools	Infrastructure Support	G2C	Only Once	Digital	Real-time for all digital content	Not Prioritized
ED.39	Engineering Seat Allocation through CSAB	Allocation of seats to the students of Meghalaya: Govt. of India reserves a few seats in Engineering/ Technology/Architecture/Pharmacy courses in AICTE approved institutes across the country	Admission	G2C	Only Once	Digital	Service will be delivered in <b>7 days</b>	Prioritized
ED.41	Meghalaya Teacher Eligibility Test	Meghalaya Teacher Eligibility Test at the Elementary level.	Examination & Assessment	G2C	As and when required	Digital	Service will be delivered in <b>30 days</b>	Prioritized
ED.45	Approval for appointment of Teachers and staff in Deficit Grant in Aid Colleges	Matters relating to recruitment of teachers and staff in Deficit Grant in Aid Colleges	Human Resource Mgmt	G2C	Only Once	Digital	Service will be delivered in <b>30 days</b>	Prioritized
ED.46	Upgradation of Schools under DSEL	No Objection Certificate is issued by DSEL for upgradation from Upper Primary to Secondary and Secondary to Higher Secondary after examination and recommendation by the SDSEO and DSEO	Certificate & Admit Card	G2G	Once in a lifetime	Digital	Service will be delivered in <b>7 days</b>	Not Prioritized
ED.47	Food grains to Govt and Govt aided schools	Provide food grains to the Government and Government Aided schools as per GoI Approval through FCI under the Supervision of Deputy Commissioner Supply	Infrastructure Support	G2G	Monthly	Digital	Service will be delivered in <b>7 days</b>	Not Prioritized
ED.48	Award for Meritorious Tribal students of Meghalaya in the HSSLC Exam Science Stream	Award for Meritorious Tribal students of Meghalaya in the HSSLC Exam (Science).70 students from the 11	Financial Assistance & Benefits	G2C	Annual	Digital	Service will be delivered in <b>7 days</b> of result declaration	Prioritized

Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
		Districts of Meghalaya are awarded incentives.						
ED.49	Foundation Course	Foundation Course on Special Education through Distance Education	Learning	G2G	Ongoing	Digital	Service will be delivered in <b>7 days</b> from initiation	Prioritized
ED.50	Vocational Education Under Samagra Shiksha Abhiyan	Provide Vocational Education to Govt Secondary & Higher Secondary Schools.	Learning	G2C	Annually	Digital	Not Applicable	Not Prioritized
ED.51	INSPIRE AWARD Manak Scheme	A centrally Sponsored scheme for Class 6 to Class10 students for innovation and ideas through exhibition at the National, State and District level	Financial Assistance & Benefits	G2C	Annually	Digital	Service will be delivered in <b>7 days</b> of exhibition	Prioritized
ED.52	MDM Convergence	Convergence with PHE department for drinking water and toilet facilities, Health Department for conducting School Health Programme and to provide micro nutrients Vitamin A, De worming tablets and issue of Health Card, measuring of Height and weight of school children, Eye Check-up and distribution of free spectacles	Infrastructure Support	G2G	Monthly	Digital	Once in a year for every schools	Not Prioritized
ED.58	Vocational/Career Guidance to Students	Career exhibition-cum-conference for Higher and Secondary School Students of Meghalaya	Career Assistance	G2C	Once in a lifetime	Physical	Service will be delivered in <b>7 days</b> from request	Prioritized
ED.64	Midday meals Awareness programmes	Awareness programmes conducted at different levels about importance of MDM, balanced and nutritious meal, safety and hygiene measures being taken, community participation etc	Awareness	G2E	Quarterly	Digital	Not Applicable	Not Prioritized

Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
ED.65	State Talent Search Examination	State Talent Search Examination is conducted to award Scholarship to the meritorious tribal students of Meghalaya at the close of Upper Primary stage.	Examination & Assessment	G2C	Annually	Digital	Not Applicable	Not Prioritized
ED.67	KAP study	Knowledge, attitudes and practices- A study on school improvement	Research & Development	G2G	-1	Digital	Not Applicable	Not Prioritized
ED.70	Special Training for Out of School Children under Samagra Shiksha Abhiyan	With the emergence of the Right to Education Act (RTE) 2009, every child in the age group of 6-14 years has been granted Right to Free and Compulsory Education, especially those belonging to disadvantaged communities. The Act also makes a specific provision for what is called Special Training for age appropriate admission for out of school children and such children shall continue to be provided free and compulsory Elementary Education even after they cross 14 years of age.	Learning	G2C	Once in a life time	Digital	Not Applicable	Prioritized
ED.73	Girl student incentive	This service provides incentive to female students as a one-time fund post completion of 5th Standard and 10th standard	Financial Assistance & Benefits	G2C	Twice in lifetime	Digital	The fund would be transferred within <b>7 days</b> from result declaration	New
ED.74	Block level teacher award	The teacher rendering outstanding meritorious service are given public recognition by conferring national award by the state Government	Financial Assistance & Benefits	G2E	Annually	Physical	Teachers from each block would be awarded basis criteria set by Education department. Assessment would be done by District level Education officers post completion	New

Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
							of academic year. Award would be given within 1 month from end of academic year	
ED.75	Mid-day meal quality testing	Food testing would be executed for all schools at least once in a year basis random sampling	Financial Assistance & Benefits	G2G	Regularly	Physical	Schedule prepared would be followed for testing. Test samples to be gathered <b>within 2 days</b> of scheduled test	New
ED.76	Online Transcripts	Marksheet of students would be delivered in DigiLocker proactively	Certificates	G2C	Every board level examination	Digital	Marksheet as transcripts would be delivered in DigiLocker within <b>1 day</b> of results publication without the need of any application	New
ED.77	Students loan for higher education	Government act as a guarantee for highly meritorious students keen to pursue higher education premier Indian institutes and foreign universities	Financial Assistance & Benefits	G2C	As and when required	Digital	Post application of students, government verifies admit in specified institutes and provides guarantee letter to eligible students within <b>7 days</b>	New
ED.78	Industry leadership sessions	Interactive sessions with successful Entrepreneurs of the country to learn and interact on best practices, lesson learnt and common pitfalls of entrepreneurship	Workshops, Seminar & Exhibitions	G2C	Once in a quarter	Digital	A session would be conducted by successful Entrepreneurs for every interested student <b>at least once</b> in a year	New
ED.79	Venture Capitalists and angel investor community	Department would form a committee of Venture Capitalists and angel investors to facilitate investment in proposed	Workshops, Seminar & Exhibitions	G2C	As and when required	Digital	The community formed would interact among themselves through effective	New

Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
		startups of undergraduate students					coordination and intervention from education department	
SW.1	Chief Minister Scheme for Wedding Assistance for Orphaned Girls	To provide financial assistance to the orphaned girls of marriageable aged belonging to marginal section of the society. 18 years of Aged	Special Allowances	G2C	Once in a lifetime	Digital	Service will be delivered in <b>30 days</b>	Prioritized
SW.2	Token Grant under Vocational Training for Person with Disabilities- through NGOs	A Token Grant of Rs.5000, is provided to the passed out PwD trainees for purchase of machines, tools, raw materials to enable them to start self-employment venture.	Disability Assistance	G2B	Once in a lifetime	Digital	Service will be delivered after the release of fund from State Government	Prioritized
SW.3	Complaints and Redressals by the women commission	Women can file complaints with the women commission	Grievance	G2C	As and when required	Digital	Service will be delivered after completion of hearing	Prioritized
SW.4	Medical assistance and support to women affected by violence.	To provide Medical assistance and support to women affected by violence.	Medical Assistance & Support	G2C	As and when required	Digital	Service will be delivered in <b>7 days</b>	Not Prioritized
SW.6	Grievances and complaints Redressal	Redressal of Complaints received from Persons with Disabilities facing problem / issues	Grievance	G2C	As and when required	Digital	Service level would depend on the nature of complain	Prioritized
SW.8	Foster Care (Under ICPS)	Alternative Care for ICPS children	Child Care	G2E	As and when required	Digital	Service will be delivered after approval of CWC	Not Prioritized
SW.9	Awareness Generation on the Rights of Persons with Disabilities and other related programmes for Persons with Disabilities	To sensitize Govt. officials, Rehabilitation Professionals, NGOs, Parents and Persons with Disabilities on the rights, provisions and entitlements	Awareness	G2G	As and when required	Digital	Not Applicable	Not Prioritized
SW.10	Monitoring of implementation of schemes and programmes for Persons with Disabilities	Ensuring compliance of the provisions of the Rights of Persons with Disabilities Act, 2016	Monitoring & Evaluation	G2G	As and when required	Digital	Service will be delivered after completion of monitoring	Not Prioritized

Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
SW.1 1	Pre matric Scholarship for Students with Disabilities	Pre matric Students with disabilities may avail the scholarship	Scholarships	G2C	Annually	Digital	Service will be delivered after online verification	Not Prioritized
SW.1 2	Supplementary Nutrition Programme	Nutrition is provided as per Government of India Norms. 1. Take home Ration to Children 7 months to 3 years, PM&NM. 2. Morning Snacks and Hot Cooked meal to children 3 to 6 years, AWW/AWH	Benefits	G2C	Daily	Digital	1. Take Home Service will be delivered weekly 2. Morning snacks G2C Daily Prioritized and hot cooked meal service will be delivered daily for 6 days a week.	Prioritized
SW.1 3	Cash Award to Meritorious Students with disabilities	Give Cash Award to Meritorious Students with disabilities	Disability Assistance	G2C	Annually	Digital	Service will be delivered after the release of fund from State Government	Prioritized
SW.1 4	Uniform Grant for Person with Disabilities	Provide Uniform Grant for Person with Disabilities	Disability Assistance	G2C	Annually	Digital	Service will be delivered after the release of fund from State Government	Prioritized
SW.1 5	Unemployment Allowance for Person with Disabilities	Provide Unemployment Allowance for Person with Disabilities	Special Allowances	G2C	Annually	Digital	Service will be delivered after the release of fund from State Government	Prioritized
SW.1 6	Vocational Training Centre for Disabled NGOs Financial assistance	Provide financial assistance to NGOs who have Vocational Training Centre for Person with disabilities	Grants in-aid	G2C	Annually	Digital	Service will be delivered after the release of fund from State Government	Prioritized
SW.1 7	Recommendation for financial assistance under National Creche Scheme to NGOS	NGOs apply for the scheme to provide day care & Nutrition facilities for children of working women. Objective To improve nutrition and health status of children to promote physical cognition, social and emotional development of children. To educate and	Grants in-aid	G2B	Annually	Digital	Service will be delivered after the release of fund from GOI/ State Government	Not Prioritized

Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
		empower parents, care giver for better child care						
SW.18	Grant in Aid for NGOs for the welfare of Children	Financial assistance is provided to the Voluntary Organizations, NGOs working in the field Child welfare to conduct vocational training, awareness and sensitization programmes etc.	Grants in-aid	G2B	Annually	Digital	Service will be delivered after the release of fund from GOI/ State Government	Prioritized
SW.19	Grant in Aid for NGOs for the welfare of Women	Financial assistance is provided to the Voluntary Organizations, NGOs working in the field Women welfare to conduct vocational training, awareness and sensitization programmes etc.	Grants in-aid	G2B	Annually	Digital	Service will be delivered after the release of fund from GOI/ State Government	Prioritized
SW.20	Medical reimbursement for the Person with disabilities	Application form for Medical Treatment for the Person with disabilities having more than 40% disability (maximum ceiling 15000) belonging to BPL category as per C&RD list	Disability Assistance	G2C	As and when required	Digital	Service will be delivered after the release of fund from State Government	Prioritized
SW.21	Book Grant for Person with Disabilities	Provide Book Grant for PwD	Benefits	G2C	Annually	Digital	Service will be delivered after the release of fund from State Government	Prioritized
SW.22	Grant-in-aid to NGOs to Sponsor Vocational Training for person with disabilities	Vocational training is imparted to the Persons with Disabilities through Voluntary Organizations in different trades.	Grants in-aid	G2B	Annually	Digital	Service will be delivered after the release of fund from State Government	Prioritized
SW.23	Financial assistance to Creche NGOs	Financial assistance to NGOs to run the Creche for children of State Government Employees	Child Care	G2B	Annually	Digital	Service will be delivered after the release of fund from GOI/ State Government	Prioritized
SW.24	Grant in Aid for NGOs for the welfare of Aged	Financial assistance is provided to the Voluntary Organizations, NGOs	Grants in-aid	G2B	Annually	Digital	Service will be delivered after the release of fund	Prioritized

Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
		working in the field welfare of the Aged to conduct vocational training, awareness and sensitization programmes etc.					from State Government	
SW.25	Child Care Institution Under ICPS	Children Home, open shelter, observation home, special home, place of safety, Specialized Adoption Agency and a fit facility recognized under the Juvenile Justice(Care and Protection of Children) Act 2015 for providing care and protection to children, who need such services	Child Care	G2B	Annually	Digital	Service will be delivered after the release of fund from GoI/ State Government	Not Prioritized
SW.26	Adoption under Non-Institutional Care (ICPS)	Adoption: A Process Where a child adopted is permanently separated from the biological parents and becomes the lawful child of the adoptive parents.	Child Care	G2C	As and when required	Digital	Service will be delivered after completion of CARA/SARA guidelines	Not Prioritized
SW.27	Renewal of Scholarships for Top Class Education for students with disabilities	Post graduate degree, diploma students studying in notified institutes of excellence and having disabilities may avail the scholarship	Scholarships	G2C	Annually	Digital	Service will be delivered after online verification	Not Prioritized
SW.28	Renewal of Post matric Scholarship for Students with Disabilities	Post matric Students with disabilities may avail the scholarship	Scholarships	G2C	Annually	Digital	Service will be delivered after online verification	Not Prioritized
SW.29	Scholarships for Top Class Education for students with disabilities	Post graduate degree, diploma students studying in notified institutes of excellence and having disabilities may avail the scholarship	Scholarships	G2C	Annually	Digital	Service will be delivered after online verification	Not Prioritized
SW.30	Grants in aid for construction of girl's hostel	Apply for grants in aid for construction of girls hostel as per recommendation of the DC and implemented by DRDA	Grants in-aid	G2B	As and when required	Digital	Service will be delivered after the release of fund from GoI/ State Government	Prioritized



Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
SW.3 1	Psycho social support/counseling and support to women affected by violence	To provide Psycho social support, counseling and support to women affected by violence	Medical Assistance & Support	G2C	As and when required	Digital	Service will be delivered in <b>7 days</b>	Not Prioritized
SW.3 2	Grants in aid for Multi Sectoral Development Programme	Apply for grant-in-aid for Multi Sectoral Development Programme as per recommendation of the DC and implemented by DRDA	Grants in-aid	G2B	Annually	Digital	Service will be delivered after the release of fund from Gol/ State Government	Not Prioritized
SW.3 4	Stipend under Vocational Training Persons with Disabilities	One-year Vocational training is imparted to the Persons with Disabilities through Voluntary Organizations. During the training period a stipend Rs.1500, each per month is provided.	Stipend	G2B	Monthly	Digital	Service will be delivered after the release of fund from State Government	Prioritized
SW.3 5	Grant in Aid for NGOs for Combating of Drugs, Prevention of Alcoholism and Substance Abuse	Financial assistance is provided to the Voluntary Organizations, NGOs working in combating to conducting drug abuse for vocational training, awareness and sensitization programmes etc.	Grants in-aid	G2B	Annually	Digital	Service will be delivered after the release of fund from State Government	Prioritized
SW.3 6	Grant in Aid for NGOs for the welfare of person with disabilities	Financial assistance is provided to the Voluntary Organizations, NGOs working in the field PwDs welfare to conduct vocational training, awareness and sensitization programmes etc.	Grants in-aid	G2B	Annually	Digital	Service will be delivered after the release of fund from State Government	Prioritized
SW.3 7	Financial assistance to NGOs for Vocational Training in tribal areas	Under the Scheme, financial assistance is provided to NGOs for running the Vocational Training to tribal youth	Grants in-aid	G2B	Annually	Digital	Service will be delivered after the release of fund from Gol/State Government	Not Prioritized
SW.3 8	Renewal of Pre matric Scholarship for Students with Disabilities	Pre matric Students with disabilities may avail the scholarship	Scholarships	G2C	Annually	Digital	Service will be delivered after online verification	Not Prioritized
SW.4 0	Sponsorship Under ICPS	Provision of Supplementary Support, financial or otherwise to the families to	Child Care	G2C	Monthly	Digital	Service will be delivered after completion of	Prioritized

Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
		meet the medical, educational and development needs of the child below 18 years a) Children, of the age of 0 to 18 years b) Children staying in child care institutions for more than six months continuously, who can be restored to their families, with financial support c) The total income of the family should not be more than Rs. 24,000 per year. d) Priority shall be given to: • Children of a single mother/widow • Children of Leprosy patients/HIV infected parent • Children whose parent/bread earner is in jail					necessary verification	
SW.4 1	Training and Capacity building- Orientation and Sensitization	Work towards implementing gender sensitive programmes laws and Schemes through inter sectoral convergence. Act as a technical support to Beti Bachao Beti Padhao (BBBP) and District Level Centre for Women- Mahila Shakti Kendra (DLCW-MSK). Engage in training and capacity building programmes to enable greater understanding on women's issues.	Training & Capacity Building	G2C	As and when required	Digital	Not Applicable	Prioritized
SW.4 2	Monitoring ADIP	Aids and appliances are being supplied free of cost to the needy Persons with Disabilities like Wheelchairs, Hearing aids, Crutches, White cane, Artificial limbs, Calipers, braces, splints	Monitoring & Evaluation	G2C	As and when required	Physical	Not Applicable	Not Prioritized

Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
SW.4 3	Financial assistance for Medical Treatment for Aged	Financial assistance is provided to Senior Citizen who are above 60 years for female and 65 years for male are provided as one-time grant @ of Rs.2200, for medical treatment for beneficiaries whose annual income is less than Rs.36000, per annum.	Medical Assistance & Support	G2C	Once in a life time	Digital	Service will be delivered after the release of fund from State Government	Prioritized
SW.4 4	Monitoring for Skill & Entrepreneurial Development of PwD	The objective is to assist Persons with Disabilities in setting up small business in Service, Trading Sector, agricultural activities, purchase of vehicle and Micro credit scheme for Parents Association for the Mentally Retarded persons	Monitoring & Evaluation	G2C	As and when required	Digital	Not Applicable	Prioritized
SW.4 6	Post matric Scholarship for Students with Disabilities	Post matric Students with disabilities may avail the scholarship	Scholarships	G2C	Annually	Digital	Service will be delivered after online verification	Not Prioritized
SW.4 7	Grant in aid to NGOs for welfare of Schedule Tribes	NGOs working for welfare of Schedule Tribes Apply for Grant in aid. Under the Scheme financial assistance is provided to viable NGOs for implementation of various projects.	Grants in-aid	G2B	Annually	Digital	Service will be delivered after the release of fund from State Government	Not Prioritized
SW.4 8	Recommend financial assistance under Swadhar Greh to NGOs	NGOs apply for Swadhar Greh scheme for women in difficult circumstance who need institutional support for rehabilitation so that they could lead their life with dignity.	Grants in-aid	G2B	Annually	Digital	Service will be delivered after the release of fund from State Government	Not Prioritized
SW.4 9	Research Documentation and Publication	Undertake research studies on the subject concerning women and maintaining gender related data. Publish and send research and regular reports on the operations of the project in	Research & Development	G2B	As and when required	Digital	Service will be delivered after the release of fund from State Government	Not Prioritized

Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
		the State and contribute to the national repository.						
SW.50	Chief Minister Social Assistance Scheme for Person with Disability	Chief Minister's Scheme for Social Assistance to the Person with Disability with 40% disability, 2012, No age limit	Disability Assistance	G2C	Monthly	Digital	Service will be delivered monthly	Prioritized
SW.53	Complaints and Redressal by the Women Commission	Take up the grievances/complaints submitted by women, summoning both parties (Complainant and Respondent); inquire into the complaint and take necessary action.	Grievance	G2C	As and when required	Digital	Service will be delivered after hearing	Not Prioritized
SW.54	Early Childhood care and Education / Pre-school Non-formal Education	Non formal preschool education for children 3-6 years is one of the most important components of ICDS. It aims at providing sustained activities through joyful play way method that will help the child to be ready for regular schooling. ECCE services at the AWC: - The non-formal education session is followed by Supplementary Nutrition, Growth Monitoring and other related interventions	Pre-school Education & Care	G2C	ECC- daily Pre-school education – 6 days a week	Physical	ECC- daily Pre-school education – 6 days a week	Prioritized
SW.55	Pension under Chief Minister Social Assistance Scheme for the infirm & Single Mother	Pension Under Chief Minister's Scheme for Social Assistance to infirm @500 per Month Eligibility criteria: Age Limit of Infirm: Female 58 years, Male 60 years, must belong to marginalized families and with an income not exceeding 36,000 annually, Must possess a certificate or document showing bonafide residence i.e EPIC or Caste Certificate from the Competent	Pension	G2C	Monthly	Digital	Services will be delivered monthly.	Prioritized

Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
		Authority. For Single mother Death certificate of the Husband, Divorce Certificate, Verification Certification of the Headman and an income certificate not exceeding 36000 annually						

## 9.6 Department-wise Future State Service Catalogue

### 9.6.1 Future state service catalogue – Education Department

Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
ED.1	Textbook Design and Selection	All students affiliated to MBOSE	Examination & Assessment	G2C	Annually	Physical	Service will be delivered in <b>30 days</b>	Prioritized
ED.2	Allocation of seats for Diploma Course and Agriculture	Allocation of seats for students pursuing studies outside the state: Diploma Course and Agriculture basis online or offline application	Admission	G2C	Only Once	All Channels	Response of registration to be provided within <b>1 day</b>	Not Prioritized
ED.3	Indian Red Cross Society	The Meghalaya State Junior Red Cross Society comes under the purview of Directorate of School Education and literacy for Financial Grant and Assistance	Grants in-aid	G2C	As and when required	Digital	Grant if approved to be provided within <b>1 day</b>	Not Prioritized
ED.4	Module on Early Childhood Education	Development of Module on Early Childhood Education for short term training of Pre-school Teachers	Teachers Training	G2E	Only Once	Digital	Service will be delivered in <b>30 days</b> from schedule fixation	Prioritized
ED.5	Conduct of SSLC and HSSLC Examination	Selection Examination Passed students of Class X and Class XII	Examination & Assessment	G2C	Once in a lifetime	Digital	Post examination transcripts would be delivered in <b>7 days</b>	Prioritized
ED.7	Scholarships, Stipends & Fee waivers	Financial assistance to the border area students procuring their studies in L.P./M.E./High Schools and Colleges up to Degree level are given this Border stipend under rules and regulations defined	Financial Assistance & Benefits	G2C	Only Once	Digital	Service will be delivered in <b>7 days</b>	Prioritized
ED.11	Non-Govt. Institution Grant in aid Disbursement	Release of grant in aid to Non-Govt. Institutions on a quarterly basis and allotment of fund to Govt. Institutions on quarterly basis	Grants in-aid	G2B	Quarterly	Digital	Service will be delivered in <b>first 2 days of every month</b>	Prioritized

Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
ED.12	Issue of Duplicate Reg. Card, Admit Card, Marksheet and Certificate	SSLC and HSSLC Passed out Candidate	Certificate & Admit Card	G2C	As and when required	Digital	Service will be delivered in <b>1 days</b> as transcripts	Prioritized
ED.13	D.El.Ed Programme Scholarship	Service to attract the best talent to teaching profession through pre-service training of teachers (Elementary) through Entrance Test and Counselling.	Teachers Training	G2C	Once in a lifetime	Digital	Service will be delivered in <b>7 days</b>	Prioritized
ED.17	National Achievement Survey	National Achievement Survey in Schools selected by NCERT	Survey	G2C	Once in 3 yrs.	All Channels	Not Applicable	Not Prioritized
ED.18	EDUSAT Network	School Broadcast Programme.	Learning	G2C	Daily	All Channels	Not Applicable	Not Prioritized
ED.20	Training for Supporting Human Capital Development (ADB)	Training of 3500 Secondary and Higher Secondary Teachers	Teachers Training	G2E	Only Once	Digital	Service will be delivered in <b>30 days</b> from program finalization	Prioritized
ED.23	Elementary Schools Students Free Uniform under Samagra Shiksha Abhiyan.	Provide free Uniform to Govt (including SSA) and Govt Aided students in elementary schools through School Managing Committee.	Financial Assistance & Benefits	G2C	Annually	Digital	Service will be delivered in <b>10 days</b> from application	Not Prioritized
ED.24	Elementary Schools Students Free Textbooks under Samagra Shiksha Abhiyan	Provide free Textbooks to Govt( including SSA) and Govt Aided students in elementary schools through Block Level	Financial Assistance & Benefits	G2C	Annually	Digital	Service will be delivered in <b>10 days</b> from application	Not Prioritized
ED.26	Schools Opening permission under DSEL	Opening Permission for LP & UP Schools under the purview of RTE and Secondary & Higher Secondary schools with DSEO issued certificate.	New School Application	G2B	Once in a life time	Digital	Service will be delivered in <b>7 days</b>	Prioritized
ED.27	District & State Level Science activities for Students under DSEL	Organizing a District & State Level Science, Mathematics and Environmental Exhibition, Seminar, Eastern India Science Fair for Students every year	Learning	G2C	Annually	Digital	Not Applicable	Not Prioritized

Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
ED.28	Aids and appliances, Assessment camps and imparting Homebased education to Children with Special Needs under Samagra Shiksha Abhiyan	Provide Escort allowance, aids and appliances, Assessment camps and imparting Homebased education to identified Children with Special Needs in all districts.	Financial Assistance & Benefits	G2C	Annually	Digital	Service will be delivered in <b>7 days</b> from application	Prioritized
ED.29	Information and Communication technology (ICT) under Samagra Shiksha Abhiyan	Provide Information and Communication technology (ICT) to Govt, Govt aided Secondary Schools	Technology Support	G2C	Only Once	Physical	Not Applicable	Not Prioritized
ED.30	ICT, Furniture and Digital Library for schools under Supporting Human Capital Development, ADB	Provide ICT (Computer and its peripherals), Furniture and Digital Library in 117 Govt aided schools under ADB.	Infrastructure Support	G2C	Only Once	Physical	Not Applicable	Not Prioritized
ED.31	Transport escort allowances for CWSN	Provide Transport escort allowances were provided directly to the Children with Special Needs	Financial Assistance & Benefits	G2C	Annually	Digital	Service will be delivered in <b>7 days</b>	Prioritized
ED.32	University / College NOC Issuance	To administer, regulate and run all Institutions in the state .i.e Issuing No objection Certificates to the Colleges, Universities including colleges for professional education	Certificate & Admit Card	G2B	Only Once	Digital	Service will be delivered in <b>7 days</b>	Prioritized
ED.33	Bharat Scouts and Guides	The Meghalaya Bharat Scouts and Guides comes under the purview of Directorate of School Education and literacy for Financial Grant and Assistance	Grants in-aid	G2C	Annually	Digital	Service will be delivered in <b>7 days</b> of application	Not Prioritized
ED.36	Model Question Papers, Test Items, Preparation and Use of Audio-Visual equipment Workshops	To conduct workshops for preparation of Model Question Papers, Test Items, Preparation and Use of Audio-Visual equipment, etc.	Examination & Assessment	G2E	Once in a lifetime	Digital	Service will be delivered in <b>7 days</b>	Prioritized
ED.37	MBOSE Online Submission for Documents Verification	Govt. Department, Govt. Agencies, Institutions, Private Firms.	Certificate & Admit Card	G2G	As and when required	Digital	Service will be delivered in <b>1 day</b>	Prioritized



Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
ED.38	Reading corner and supplementary materials under Samagra Shiksha Abhiyan.	Provide Reading corner and supplementary materials to Govt(including SSA) and Govt aided schools	Infrastructure Support	G2C	Only Once	Digital	Real-time for all digital content	Not Prioritized
ED.39	Engineering Seat Allocation through CSAB	Allocation of seats to the students of Meghalaya: Govt. of India reserves a few seats in Engineering/ Technology/Architecture/Pharmacy courses in AICTE approved institutes across the country	Admission	G2C	Only Once	Digital	Service will be delivered in <b>7 days</b>	Prioritized
ED.41	Meghalaya Teacher Eligibility Test	Meghalaya Teacher Eligibility Test at the Elementary level.	Examination & Assessment	G2C	As and when required	Digital	Service will be delivered in <b>30 days</b>	Prioritized
ED.45	Approval for appointment of Teachers and staff in Deficit Grant in Aid Colleges	Matters relating to recruitment of teachers and staff in Deficit Grant in Aid Colleges	Human Resource Mgmt	G2C	Only Once	Digital	Service will be delivered in <b>30 days</b>	Prioritized
ED.46	Upgradation of Schools under DSEL	No Objection Certificate is issued by DSEL for upgradation from Upper Primary to Secondary and Secondary to Higher Secondary after examination and recommendation by the SDSEO and DSEO	Certificate & Admit Card	G2G	Once in a lifetime	Digital	Service will be delivered in <b>7 days</b>	Not Prioritized
ED.47	Food grains to Govt and Govt aided schools	Provide food grains to the to Government and Government Aided schools as per GoI Approval through FCI under the Supervision of Deputy Commissioner Supply	Infrastructure Support	G2G	Monthly	Digital	Service will be delivered in <b>7 days</b>	Not Prioritized
ED.48	Award for Meritorious Tribal students of Meghalaya in the HSSLC Exam Science Stream	Award for Meritorious Tribal students of Meghalaya in the HSSLC Exam (Science).70 students from the 11 Districts of Meghalaya are awarded incentives.	Financial Assistance & Benefits	G2C	Annual	Digital	Service will be delivered in <b>7 days</b> of result declaration	Prioritized
ED.49	Foundation Course	Foundation Course on Special Education through Distance Education	Learning	G2G	Ongoing	Digital	Service will be delivered in <b>7</b>	Prioritized

Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
							days from initiation	
ED.50	Vocational Education Under Samagra Shiksha Abhiyan	Provide Vocational Education to Govt Secondary & Higher Secondary Schools.	Learning	G2C	Annually	Digital	Not Applicable	Not Prioritized
ED.51	INSPIRE AWARD Manak Scheme	A centrally Sponsored scheme for Class 6 to Class10 students for innovation and ideas through exhibition at the National, State and District level	Financial Assistance & Benefits	G2C	Annually	Digital	Service will be delivered in 7 days of exhibition	Prioritized
ED.52	MDM Convergence	Convergence with PHE department for drinking water and toilet facilities, Health Department for conducting School Health Programme and to provide micro nutrients Vitamin A, De worming tablets and issue of Health Card, measuring of Height and weight of school children, Eye Check-up and distribution of free spectacles	Infrastructure Support	G2G	Monthly	Digital	Once in a year for every schools	Not Prioritized
ED.58	Vocational/Career Guidance to Students	Career exhibition-cum-conference for Higher and Secondary School Students of Meghalaya	Career Assistance	G2C	Once in a lifetime	Physical	Service will be delivered in 7 days from request	Prioritized
ED.64	Midday meals Awareness programmes	Awareness programmes conducted at different levels about importance of MDM, balanced and nutritious meal, safety and hygiene measures being taken, community participation etc	Awareness	G2E	Quarterly	Digital	Not Applicable	Not Prioritized
ED.65	State Talent Search Examination	State Talent Search Examination is conducted to award Scholarship to the meritorious tribal students	Examination & Assessment	G2C	Annually	Digital	Not Applicable	Not Prioritized

Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
		of Meghalaya at the close of Upper Primary stage.						
ED.67	KAP study	Knowledge, attitudes and practices- A study on school improvement	Research & Development	G2G	-1	Digital	Not Applicable	Not Prioritized
ED.70	Special Training for Out of School Children under Samagra Shiksha Abhiyan	With the emergence of the Right to Education Act (RTE) 2009, every child in the age group of 6-14 years has been granted Right to Free and Compulsory Education, especially those belonging to disadvantaged communities. The Act also makes a specific provision for what is called Special Training for age appropriate admission for out of school children and such children shall continue to be provided free and compulsory Elementary Education even after they cross 14 years of age.	Learning	G2C	Once in a life time	Digital	Not Applicable	Prioritized
ED.73	Girl student incentive	This service provides incentive to female students as a one-time fund post completion of 5th Standard and 10th standard	Financial Assistance & Benefits	G2C	Twice in lifetime	Digital	The fund would be transferred within <b>7 days</b> from result declaration	New
ED.74	Block level teacher award	The teacher rendering outstanding meritorious service are given public recognition by conferring national award by the state Government	Financial Assistance & Benefits	G2E	Annually	Physical	Teachers from each block would be awarded basis criteria set by Education department. Assessment would be done by District level Education officers post completion of academic year.	New

Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
							Award would be given within 1 month from end of academic year	
ED.75	Mid-day meal quality testing	Food testing would be executed for all schools at least once in a year basis random sampling	Financial Assistance & Benefits	G2G	Regularly	Physical	Schedule prepared would be followed for testing. Test samples to be gathered <b>within 2 days</b> of scheduled test	New
ED.76	Online Transcripts	Marksheet of students would be delivered in DigiLocker proactively	Certificates	G2C	Every board level examination	Digital	Marksheet as transcripts would be delivered in DigiLocker within <b>1 day</b> of results publication without the need of any application	New
ED.77	Students loan for higher education	Government act as a guarantee for highly meritorious students keen to pursue higher education premier Indian institutes and foreign universities	Financial Assistance & Benefits	G2C	As and when required	Digital	Post application of students, government verifies admit in specified institutes and provides guarantee letter to eligible students within <b>7 days</b>	New
ED.78	Industry leadership sessions	Interactive sessions with successful Entrepreneurs of the country to learn and interact on best practices, lesson learnt and common pitfalls of entrepreneurship	Workshops, Seminar & Exhibitions	G2C	Once in a quarter	Digital	A session would be conducted by successful Entrepreneurs for every interested student <b>at least once</b> in a year	New
ED.79	Venture Capitalists and angel investor community	Department would form a committee of Venture Capitalists and angel investors to facilitate investment in proposed	Workshops, Seminar & Exhibitions	G2C	As and when required	Digital	The community formed would interact among themselves through effective coordination and	New

Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
		startups of undergraduate students					intervention from education department	
ED.80	Digital Champions School Labs	Service to promote digital learning among secondary students through infrastructure support in building 1 lab in each school. This lab will comprise of equipment necessary to build live solution in following technologies: Artificial intelligence Robotics Renewable energy	Financial Assistance & Benefits	G2C	As and when required	Physical	The schools would be provided a target of demonstrating at least ONE live project for qualification on any seminars/ exhibitions every year	New

### 9.6.2 Future state service catalogue – Health & Family Welfare

Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
HFW.01	Medical Treatment services including Animal Bite, Medical Emergencies, Pregnancy, Birth Control, HIV etc.	Appraisal of animal bites and the consequent treatment and follow up	Treatment	G2C	As and when required	Physical	Immediate on Arrival of Patient Response time would be <b>15 minutes</b> from arrival basis Ayushman Bharat Protocol	Prioritized
HFW.03	Medical Studies i.e. MBBS/BDS/BHMS/BAMS/BAS LP against State Quota of seats in various Medical Institutions in India	Medical Studies i.e. MBBS/BDS/BHMS/BAMS/BA SLP against State Quota of seats in various Medical Institutions in India for the citizen of Meghalaya. The eligibility criteria are 10+2 level candidate from a recognized university, Board of Authority in the subjects of physics, Chemistry, Biology, Biotechnology,	Learning Content & Training	G2C	Ongoing	Physical & Digital	Not Applicable	Not Prioritized

Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
		English and qualified NEET-UG						
HFW.06	Issuance/ Renewal of License (Retail, Wholesale, Loan) for Drugs/ Homoeopathic/ Ayurvedic Medicines	Service to issue the License to sell, stock or exhibit or offer for sale, or distribute Homoeopathic medicines by retail (FORM 20C)	License Management	G2B	As and when required	Digital	Service will be delivered in <b>15 days</b>	Prioritized
HFW.08	Licensing and Registration of Food Business Operators	Licensing and Registration of Food Business Operators	License Management	G2B	Once in 5 yrs.	Digital	Service will be delivered in <b>15 days</b>	Prioritized
HFW.09	Blood Banking Services	Blood Bank collects blood from Donors, typed, tested, separated into components, stored to ensure availability of safe blood to the people. The Service deals with availability of information on stock of blood in each bank	Blood Bank	G2C	As and when required	Digital	Information is updated within <b>15 minutes</b> from stock addition	Prioritized
HFW.11	Appointment of Staffs (Technical/ Doctors/ Nurses/ Mid-Wives)	Appointment of Pharmacist, Lab Technician, etc. in different Medical Health Institutions up to Sub-Center	Human Resource Management	G2C	Once in a lifetime	Digital	As per requirement	Not Prioritized
HFW.12	Pradhan Mantri Matru Vandana Yojana (PMMVY)	Providing partial compensation for the wage loss in term of cash incentives of Rs. 5000 so that the woman can take adequate rest before and after delivery of the first living child. Eligibility criteria- All eligible pregnant women and lactating mothers who have their pregnancy on or after 01.01.2017 for first child in the family.	Financial Assistance	G2C	Only Once	Digital	Service will be delivered in <b>7 days</b>	Prioritized
HFW.13	Issuance of Birth/ Death Certificate	Issue of Births Certificate to all the Births events occurred in the state irrespective of the place of residence.	Certificate Issuance	G2C	Once in a lifetime	Digital	Service will be delivered in <b>5 days</b>	Prioritized

Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
HFW.16	Procurement of medicines, Surgical & consumables items, Ambulances	Method of procurement of medicines under the Directorate of Health Services (MI) Meghalaya Shillong & budgetary provision	Procurement	G2G	Quarterly	Digital	As and when required	Not Prioritized
HFW.24	Reimbursement of Claims (Medical, TA etc.)	Claiming of medical bills on the approval order issued by DHS(MI)	Reimbursement	G2E	As and when required	Digital	Service will be delivered in <b>5 days</b>	Not Prioritized
HFW.30	Integrated Disease Surveillance Project (IDSP)	Surveillance for communicable and non-communicable diseases. To strengthen the disease surveillance system so that early warning signals of outbreaks are recognized, and Appropriate timely follow up action is initiated	Monitoring	G2C	As and when required	Digital	All centers to provide data within 4 hours of reporting or testing	Not Prioritized
HFW.33	Food, Water and Quality Control Testing	Pyrogen Testing on Anticoagulant (Single/Double/Triple) Blood Bags	Testing	G2G	As and when required	Digital	Service will be delivered in <b>5 days</b> from sample collection	Not Prioritized
HFW.35	Licensing and Registration of Nursing Homes	Issue of License and Registration	License Management	G2B	As and when required	Digital	Service will be delivered in <b>15 days</b>	Prioritized
HFW.36	MHIS Utilization of Services (Claims Benefits)	Utilization is the process when beneficiaries utilize the services of the scheme in eligible hospitals. The Registration Drive acted as a medium of awareness making beneficiaries confident in seeking benefits under the scheme as they already were in possession of the Golden Record/ E-Card.	Insurance	G2C	As and when required	Digital	To be defined in second phase of Implementation	Not Prioritized
HFW.37	MHIS Issuance of E-Card	Issuance of E-Cards to citizens for health insurance.	Insurance	G2C	Only Once	Digital	Service will be delivered in <b>7 days</b>	Prioritized
HFW.40	Complaint for Food Poisoning	In cases of Food poisoning - On receipt of complaints of food poisoning the	Food Safety	G2C	As and when required	Physical Test	Service will be delivered in <b>3 days</b>	Not Prioritized

Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
		Commissionerate of Food Safety deputes the Food Safety Officers to investigate the matter.						
HFW.43	In Patient Department (Admission/Discharge/Transfer)	Admission service is designed to manage admission process seamlessly. Discharge service is designed to manage discharge process by notifying discharge and then finally discharge verification.	Admission, Discharge, Transfer	G2C	As and when required	Physical	Admission Service will be delivered in <b>3 hours</b> from arrival	Not Prioritized
HFW.61	Infant immunization programs	Immunization for newborns under the national immunization program is dispensed through the Health Centres. This program is fully subsidized	Immunization	G2C	As and when required	Physical	Admission Service will be delivered in <b>3 days</b> from registration	Not Prioritized
HFW.62	Allopathic, Homeopathic, Ayurvedic Drugs & Biochemical Testing	Testing of Drugs to Ascertain whether they are Standard or of Sub-Standard Quality	Testing	G2G	As and when required	Physical	Service will be delivered in <b>3 days</b> from registration	Not Prioritized
HFW.67	Intensified Pulse Polio Immunization (IPPI) Programme	Poliomyelitis is a viral disease, which can cripple a child for life and has no cure. Prevention through regular and timely immunization with Oral Polio Vaccine drops. All children below 5 years of age will be given oral polio drops and all efforts must be made to ensure that no child is left unimmunized.	Immunization	G2C	Annually	Physical	Service will be delivered to <b>all</b> newborns in 4 phases as per WHO recommendations	Not Prioritized
HFW.68	Rearing and Supply of laboratory animals	Rearing of laboratory animals for biomedical research and microbiological laboratory test	Supply Chain	G2C	As and when required	Physical	Not applicable	Not Prioritized
HFW.69	Microbiological, Pathological, Radiology and Imaging Testing Services	Determined the course and nature of diseases by examining testing body tissues and bodily fluids	Testing	G2C	As and when required	Physical	Not applicable	Not Prioritized



Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
HFW.70	Inspection of Food business operators	Inspections of food operators, Mid-day meals and others based on complaints through Grievance Portal	Food Safety	G2C	As and when required	Physical	All school's Mid-day meals tested <b>at least once in a year</b> All complaints food tested within <b>7 days</b> from complaint	Not Prioritized
HFW.73	Health Practices Training	Video based learning content for ASHA workers to share best practices with citizens through digital devices and community created learning content	Learning Content & Training	G2C	NA	Digital	Learning content would be created at community level within <b>14 days</b> of request from district level H&FW officer	New
HFW.74	Free Medical Service to all Pregnant Women	All pregnant women in the state, falling under certain eligibility criteria, may undergo free medical services in Government as well as private hospitals.	Treatment	G2C	As and when required	Physical	Applying pregnant women would be granted benefits within <b>7 day</b> from raising service request	New
HFW.75	Take Home Rations (THR) under the ICDS Scheme	Under the current ICDS scheme, the pregnant mother and the newborn child is entitled to receive THR worth Rs 7125/- over a 45 month period or averaging out it works out to Rs 158 per month <sup>1</sup> . All FPS points would be notified with ration card numbers of beneficiary for effective distribution	Food & Nutrition	G2C	As and when required	Physical	Post registration of pregnant women; all ration dealers would be notified with pregnant women ration card numbers for THR distribution within <b>1 day</b>	New
HFW.76	Institutional Delivery Benefit Service	This service is to promote institutional delivery of birth, it would provide food through FPS for all women who goes through institutional delivery in government facilities	Treatment	G2C	Every month for a defined period	Physical	The service would provide food to all women who goes through institutional delivery in government facilities. The FPS dealer would be notified within <b>1 day</b> of birth	New

Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
HFW.77	Compensation for Sterilization	The service would provide compensation in the form of one-time financial benefit to all individuals who undertakes sterilization to facilitate birth control	Allowances	G2C	Once in a lifetime	Physical	Compensation amount would be debited to beneficiary account within <b>1 day</b> from medical procedure completion	New
HFW.78	Integrated immunization	All infants registered at the time of birth would be tracked for immunization history and provided automated notifications basis immunization schedule	Treatment	G2C	Basis schedule	Digital	Notification would be provided <b>at least 7 days</b> in advance of planned immunization procedure	New
HFW.79	Day care for children of working women in Anganwadi buildings	Aligned with the objective of all family members to be productive, children of working women would be facilitated with day care centers in Anganwadi buildings. These day care centers would be monitored by Anganwadi workers	Admission	G2C	Every working day of the week	Physical	Post application in nearest day care center, the admission would be provided within <b>7 days</b>	New

### 9.6.3 Future state service catalogue – Social Welfare Department

Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
SW.1	Chief Minister Scheme for Wedding Assistance for Orphaned Girls	To provide financial assistance to the orphaned girls of marriageable aged belonging to marginal section of the society. 18 years of Aged	Special Allowances	G2C	Once in a lifetime	Digital	Service will be delivered in <b>30 days</b>	Prioritized

Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
SW.2	Token Grant under Vocational Training for Person with Disabilities- through NGOs	A Token Grant of Rs.5000, is provided to the passed out PwD trainees for purchase of machines, tools, raw materials to enable them to start self-employment venture.	Disability Assistance	G2B	Once in a lifetime	Digital	Service will be delivered after the release of fund from State Government	Prioritized
SW.3	Complaints and Redressals by the women commission	Women can file complaints with the women commission	Grievance	G2C	As and when required	Digital	Service will be delivered after completion of hearing	Prioritized
SW.4	Medical assistance and support to women affected by violence.	To provide Medical assistance and support to women affected by violence.	Medical Assistance & Support	G2C	As and when required	Digital	Service will be delivered in <b>7 days</b>	Not Prioritized
SW.6	Grievances and complaints Redressal	Redressal of Complaints received from Persons with Disabilities facing problem / issues	Grievance	G2C	As and when required	Digital	Service level would depend on the nature of complain	Prioritized
SW.8	Foster Care (Under ICPS)	Alternative Care for ICPS children	Child Care	G2E	As and when required	Digital	Service will be delivered after approval of CWC	Not Prioritized
SW.9	Awareness Generation on the Rights of Persons with Disabilities and other related programmes for Persons with Disabilities	To sensitize Govt. officials, Rehabilitation Professionals, NGOs, Parents and Persons with Disabilities on the rights, provisions and entitlements	Awareness	G2G	As and when required	Digital	Not Applicable	Not Prioritized
SW.10	Monitoring of implementation of schemes and programmes for Persons with Disabilities	Ensuring compliance of the provisions of the Rights of Persons with Disabilities Act, 2016	Monitoring & Evaluation	G2G	As and when required	Digital	Service will be delivered after completion of monitoring	Not Prioritized
SW.11	Pre matric Scholarship for Students with Disabilities	Pre matric Students with disabilities may avail the scholarship	Scholarships	G2C	Annually	Digital	Service will be delivered after online verification	Not Prioritized
SW.12	Supplementary Nutrition Programme	Nutrition is provided as per Government of India Norms. 1. Take home Ration to Children 7 months to 3 years, PM&NM. 2. Morning Snacks and Hot Cooked meal to children 3 to 6 years, AWW/AWH	Benefits	G2C	Daily	Digital	1. Take Home Service will be delivered weekly 2. Morning snacks G2C Daily Prioritized and hot cooked	Prioritized

Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
							meal service will be delivered daily for 6 days a week.	
SW.13	Cash Award to Meritorious Students with disabilities	Give Cash Award to Meritorious Students with disabilities	Disability Assistance	G2C	Annually	Digital	Service will be delivered after the release of fund from State Government	Prioritized
SW.14	Uniform Grant for Person with Disabilities	Provide Uniform Grant for Person with Disabilities	Disability Assistance	G2C	Annually	Digital	Service will be delivered after the release of fund from State Government	Prioritized
SW.15	Unemployment Allowance for Person with Disabilities	Provide Unemployment Allowance for Person with Disabilities	Special Allowances	G2C	Annually	Digital	Service will be delivered after the release of fund from State Government	Prioritized
SW.16	Vocational Training Centre for Disabled NGOs Financial assistance	Provide financial assistance to NGOs who have Vocational Training Centre for Person with disabilities	Grants in-aid	G2C	Annually	Digital	Service will be delivered after the release of fund from State Government	Prioritized
SW.17	Recommendation for financial assistance under National Creche Scheme to NGOS	NGOs apply for the scheme to provide day care & Nutrition facilities for children of working women. Objective To improve nutrition and health status of children to promote physical cognition, social and emotional development of children. To educate and empower parents, care giver for better child care	Grants in-aid	G2B	Annually	Digital	Service will be delivered after the release of fund from GOI/ State Government	Not Prioritized
SW.18	Grant in Aid for NGOs for the welfare of Children	Financial assistance is provided to the Voluntary Organizations, NGOs working in the field Child welfare to conduct vocational training, awareness and sensitization programmes etc.	Grants in-aid	G2B	Annually	Digital	Service will be delivered after the release of fund from GOI/ State Government	Prioritized

Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
SW.19	Grant in Aid for NGOs for the welfare of Women	Financial assistance is provided to the Voluntary Organizations, NGOs working in the field Women welfare to conduct vocational training, awareness and sensitization programmes etc.	Grants in-aid	G2B	Annually	Digital	Service will be delivered after the release of fund from GOI/ State Government	Prioritized
SW.20	Medical reimbursement for the Person with disabilities	Application form for Medical Treatment for the Person with disabilities having more than 40% disability (maximum ceiling 15000) belonging to BPL category as per C&RD list	Disability Assistance	G2C	As and when required	Digital	Service will be delivered after the release of fund from State Government	Prioritized
SW.21	Book Grant for Person with Disabilities	Provide Book Grant for PwD	Benefits	G2C	Annually	Digital	Service will be delivered after the release of fund from State Government	Prioritized
SW.22	Grant-in-aid to NGOs to Sponsor Vocational Training for person with disabilities	Vocational training is imparted to the Persons with Disabilities through Voluntary Organizations in different trades.	Grants in-aid	G2B	Annually	Digital	Service will be delivered after the release of fund from State Government	Prioritized
SW.23	Financial assistance to Creche NGOs	Financial assistance to NGOs to run the Creche for children of State Government Employees	Child Care	G2B	Annually	Digital	Service will be delivered after the release of fund from GOI/ State Government	Prioritized
SW.24	Grant in Aid for NGOs for the welfare of Aged	Financial assistance is provided to the Voluntary Organizations, NGOs working in the field welfare of the Aged to conduct vocational training, awareness and sensitization programmes etc.	Grants in-aid	G2B	Annually	Digital	Service will be delivered after the release of fund from State Government	Prioritized
SW.25	Child Care Institution Under ICPS	Children Home, open shelter, observation home, special home, place of safety, Specialized Adoption Agency and a fit facility	Child Care	G2B	Annually	Digital	Service will be delivered after the release of fund from GOI/ State Government	Not Prioritized

Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
		recognized under the Juvenile Justice(Care and Protection of Children) Act 2015 for providing care and protection to children, who need such services						
SW.2 6	Adoption under Non-Institutional Care (ICPS)	Adoption: A Process Where a child adopted is permanently separated from the biological parents and becomes the lawful child of the adoptive parents.	Child Care	G2C	As and when required	Digital	Service will be delivered after completion of CARA/SARA guidelines	Not Prioritized
SW.2 7	Renewal of Scholarships for Top Class Education for students with disabilities	Post graduate degree, diploma students studying in notified institutes of excellence and having disabilities may avail the scholarship	Scholarships	G2C	Annually	Digital	Service will be delivered after online verification	Not Prioritized
SW.2 8	Renewal of Post matric Scholarship for Students with Disabilities	Post matric Students with disabilities may avail the scholarship	Scholarships	G2C	Annually	Digital	Service will be delivered after online verification	Not Prioritized
SW.2 9	Scholarships for Top Class Education for students with disabilities	Post graduate degree, diploma students studying in notified institutes of excellence and having disabilities may avail the scholarship	Scholarships	G2C	Annually	Digital	Service will be delivered after online verification	Not Prioritized
SW.3 0	Grants in aid for construction of girl's hostel	Apply for grants in aid for construction of girls hostel as per recommendation of the DC and implemented by DRDA	Grants in-aid	G2B	As and when required	Digital	Service will be delivered after the release of fund from Gol/ State Government	Prioritized
SW.3 1	Psycho social support/counseling and support to women affected by violence	To provide Psycho social support, counseling and support to women affected by violence	Medical Assistance & Support	G2C	As and when required	Digital	Service will be delivered in <b>7 days</b>	Not Prioritized
SW.3 2	Grants in aid for Multi Sectoral Development Programme	Apply for grant-in-aid for Multi Sectoral Development Programme as per recommendation of the DC and implemented by DRDA	Grants in-aid	G2B	Annually	Digital	Service will be delivered after the release of fund from Gol/ State Government	Not Prioritized
SW.3 4	Stipend under Vocational Training Persons with Disabilities	One-year Vocational training is imparted to the Persons	Stipend	G2B	Monthly	Digital	Service will be delivered after the	Prioritized

Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
		with Disabilities through Voluntary Organizations. During the training period a stipend Rs.1500, each per month is provided.					release of fund from State Government	
SW.3 5	Grant in Aid for NGOs for Combating of Drugs, Prevention of Alcoholism and Substance Abuse	Financial assistance is provided to the Voluntary Organizations, NGOs working in combating to conducting drug abuse for vocational training, awareness and sensitization programmes etc.	Grants in-aid	G2B	Annually	Digital	Service will be delivered after the release of fund from State Government	Prioritized
SW.3 6	Grant in Aid for NGOs for the welfare of person with disabilities	Financial assistance is provided to the Voluntary Organizations, NGOs working in the field PwDs welfare to conduct vocational training, awareness and sensitization programmes etc.	Grants in-aid	G2B	Annually	Digital	Service will be delivered after the release of fund from State Government	Prioritized
SW.3 7	Financial assistance to NGOs for Vocational Training in tribal areas	Under the Scheme, financial assistance is provided to NGOs for running the Vocational Training to tribal youth	Grants in-aid	G2B	Annually	Digital	Service will be delivered after the release of fund from Gol/State Government	Not Prioritized
SW.3 8	Renewal of Pre matric Scholarship for Students with Disabilities	Pre matric Students with disabilities may avail the scholarship	Scholarships	G2C	Annually	Digital	Service will be delivered after online verification	Not Prioritized
SW.4 0	Sponsorship Under ICPS	Provision of Supplementary Support, financial or otherwise to the families to meet the medical, educational and development needs of the child below 18 years a) Children, of the age of 0 to 18 years b) Children staying in child care institutions for more than six months continuously, who can be restored to their families, with financial support c) The total income of the family	Child Care	G2C	Monthly	Digital	Service will be delivered after completion of necessary verification	Prioritized

Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
		should not be more than Rs. 24,000 per year. d) Priority shall be given to: <ul style="list-style-type: none"> <li>Children of a single mother/widow</li> <li>Children of Leprosy patients/HIV infected parent</li> <li>Children whose parent/bread earner is in jail</li> </ul>						
SW.4 1	Training and Capacity building- Orientation and Sensitization	Work towards implementing gender sensitive programmes laws and Schemes through inter sectoral convergence. Act as a technical support to Beti Bachao Beti Padhao (BBBP) and District Level Centre for Women- Mahila Shakti Kendra (DLCW-MSK). Engage in training and capacity building programmes to enable greater understanding on women's issues.	Training & Capacity Building	G2C	As and when required	Digital	Not Applicable	Prioritized
SW.4 2	Monitoring ADIP	Aids and appliances are being supplied free of cost to the needy Persons with Disabilities like Wheelchairs, Hearing aids, Crutches, White cane, Artificial limbs, Calipers, braces, splints	Monitoring & Evaluation	G2C	As and when required	Physical	Not Applicable	Not Prioritized
SW.4 3	Financial assistance for Medical Treatment for Aged	Financial assistance is provided to Senior Citizen who are above 60 years for female and 65 years for male are provided as one-time grant @ of Rs.2200, for medical treatment for beneficiaries whose annual income is less than Rs.36000, per annum.	Medical Assistance & Support	G2C	Once in a life time	Digital	Service will be delivered after the release of fund from State Government	Prioritized
SW.4 4	Monitoring for Skill & Entrepreneurial Development of PwD	The objective is to assist Persons with Disabilities in setting up small business in	Monitoring & Evaluation	G2C	As and when required	Digital	Not Applicable	Prioritized



Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
		Service, Trading Sector, agricultural activities, purchase of vehicle and Micro credit scheme for Parents Association for the Mentally Retarded persons						
SW.4 6	Post matric Scholarship for Students with Disabilities	Post matric Students with disabilities may avail the scholarship	Scholarships	G2C	Annually	Digital	Service will be delivered after online verification	Not Prioritized
SW.4 7	Grant in aid to NGOs for welfare of Schedule Tribes	NGOs working for welfare of Schedule Tribes Apply for Grant in aid. Under the Scheme financial assistance is provided to viable NGOs for implementation of various projects.	Grants in-aid	G2B	Annually	Digital	Service will be delivered after the release of fund from State Government	Not Prioritized
SW.4 8	Recommend financial assistance under Swadhar Greh to NGOs	NGOs apply for Swadhar Greh scheme for women in difficult circumstance who need institutional support for rehabilitation so that they could lead their life with dignity.	Grants in-aid	G2B	Annually	Digital	Service will be delivered after the release of fund from State Government	Not Prioritized
SW.4 9	Research Documentation and Publication	Undertake research studies on the subject concerning women and maintaining gender related data. Publish and send research and regular reports on the operations of the project in the State and contribute to the national repository.	Research & Development	G2B	As and when required	Digital	Service will be delivered after the release of fund from State Government	Not Prioritized
SW.5 0	Chief Minister Social Assistance Scheme for Person with Disability	Chief Minister's Scheme for Social Assistance to the Person with Disability with 40% disability, 2012, No age limit	Disability Assistance	G2C	Monthly	Digital	Service will be delivered monthly	Prioritized
SW.5 3	Complaints and Redressal by the Women Commission	Take up the grievances/complaints submitted by women, summoning both parties (Complainant and Respondent); inquire into	Grievance	G2C	As and when required	Digital	Service will be delivered after hearing	Not Prioritized

Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
		the complaint and take necessary action.						
SW.5 4	Early Childhood care and Education / Pre-school Non-formal Education	Non formal preschool education for children 3-6 years is one of the most important components of ICDS. It aims at providing sustained activities through joyful play way method that will help the child to be ready for regular schooling. ECCE services at the AWC: - The non-formal education session is followed by Supplementary Nutrition, Growth Monitoring and other related interventions	Pre-school Education & Care	G2C	ECC- daily Pre-school education – 6 days a week	Physical	ECC- daily Pre-school education – 6 days a week	Prioritized
SW.5 5	Pension under Chief Minister Social Assistance Scheme for the infirm & Single Mother	Pension Under Chief Minister's Scheme for Social Assistance to infirm @500 per Month Eligibility criteria: Age Limit of Infirm: Female 58 years, Male 60 years, must belong to marginalized families and with an income not exceeding 36,000 annually, Must possess a certificate or document showing bonafide residence i.e EPIC or Caste Certificate from the Competent Authority. For Single mother Death certificate of the Husband, Divorce Certificate, Verification Certification of the Headman and an income certificate not exceeding 36000 annually	Pension	G2C	Monthly	Digital	Services will be delivered monthly.	Prioritized

## 9.6.4 Future State Service Catalogue – Food &amp; Civil Supplies Department

Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
FCS.01	Issuance/ Renewal/ Cancellation of FPS/ SK Dealer License	The citizen applies for New FPS/SK Oil dealer License. Basis eligibility criteria and details provided, department approves licensing or renew license	License Management	G2B	Only Once	Digital	Service will be delivered in <b>5 days</b>	Prioritized
FCS.07	Issuance/ Transfer/ Modification/ Cancellation of Ration Card	The citizen can apply for a new ration card or modify existing ration card basis eligibility criteria and documents required	Ration Card	G2C	Only Once	Digital	Service will be delivered in <b>5 days</b>	Prioritized
FCS.17	Grievance Redressal Mechanism	Grievance management including registration of grievance from all channels, prompt action is provided and feedback for resolution is also recorded	Grievance	G2C	As and when required	Digital	Service will be delivered in <b>3 days</b>	Prioritized
FCS.21	Distribution of Rice to Old Age Persons (65 Years and above) not covered under National Old Age Pension Scheme	Rice is distributed free of cost at the scale of 10 (ten) Kgs per month to each indigent Old Age Person who have attained the age of 65 years or above and not covered under the National Old Age Pension Scheme.	Distribution	G2C	Annually	FPS	Service will be delivered in <b>15 days</b>	Prioritized
FCS.22	Appointment/ Cancellation of Wholesaler	The applicant applies for Wholesaler Vacancy. Department approves basis business rules	License Management	G2B	Annually	Digital	Service will be delivered in <b>5 days</b>	Prioritized
FCS.23	Consumer Affairs	Redressal of Consumer Disputes	Consumer Affairs	G2C	As and when required	Digital	Service will be delivered in <b>3 days</b>	Prioritized
FCS.24	Online Allocation and Supply Chain Management	Central Allocation is received from the Ministry of DoFPD and the Directorate of Food Civil Supplies and Consumer Affairs breaks the allocation into district and sub-division based on the data available in the mentioned link. The online	Supply Chain	G2G	Annually	Digital	Service will be delivered in <b>5 days</b>	Prioritized

Service Code	Service Name	Description	Service Domain	Service Type	Service Frequency	Service Delivery Channel	Service Level (Days)	Status
		allocation is generated as per the data available in the HD Stock Management module						
FCS.27	Deliver Food grains, SK Oil.	The service is about delivering fish and meat to all eligible families to ensure proper protein intake of the citizens	Food & Nutrition	G2C	Weekly	Physical	The FPS would distribute packaged fish and meat to ensure proper dietary intake	New

## 9.7 Service Indicator Mapping

SI No	Indicator	Service No	Service Name
1	Children under age 5 years who are stunted	HFW.73	Health Practices Training
		HFW.75	Take Home Rations (THR) under the ICDS Scheme
		SW.12	Supplementary Nutrition Programme
		SW.40	Sponsorship Under ICPS
2	Percentage Reduction of children aged 6-59 months who are anemic.	HFW.73	Health Practices Training
		SW.12	Supplementary Nutrition Programme
		SW.40	Sponsorship Under ICPS
3	Children under age 5 years who are wasted	HFW.73	Health Practices Training
		SW.12	Supplementary Nutrition Programme
		SW.40	Sponsorship Under ICPS
4	Pregnant women aged 15-49 years who are anemic (11.0 g/dl)	HFW.73	Survey through Asha Workers for Identifying Children/ women who are stunted, anemic, wasted and provide proactive recommendations/ care.
		HFW.74	Free Medical Service to all Pregnant Women
		SW.12	Supplementary Nutrition Programme
5	Reduce maternal mortality ratio (MMR) per lakh	HFW.12	PRADHAN MANTRI MATRU VANDANA YOJANA (PMMVY)
		HFW.74	Free Medical Service to all Pregnant Women
		HFW.43	In Patient Department(Admission/Discharge/Transfer)
6	Percentage of mothers receiving antenatal care	HFW.12	PRADHAN MANTRI MATRU VANDANA YOJANA (PMMVY)
7	Percentage of mothers receiving postnatal care	HFW.12	PRADHAN MANTRI MATRU VANDANA YOJANA (PMMVY)
		HFW.67	Intensified Pulse Polio Immunization (IPPI) Programme

SI No	Indicator	Service No	Service Name
8	Percentage of home births compared to total number of births	HFW.76	Institutional Delivery Benefit Service
9	Percentage of children aged 12-23 months fully immunized (BCG, Measles, and three doses of pentavalent vaccine)	HFW.61	Infant immunization programs
		HFW.78	Integrated immunization
		HFW.67	Intensified Pulse Polio Immunization (IPPI) Programme
10	Reduce Neonatal mortality rate per Lakh	HFW.73	Health Practices Training
		HFW.76	Institutional Delivery Benefit Service
		HFW.75	Take Home Rations (THR) under the ICDS Scheme
11	Number of new HIV infections as a percentage of total population by sex, age and districts	HFW.01	Medical Treatment services including Animal Bite, Medical Emergencies, Pregnancy, Birth Control, HIV etc.
		HFW.30	Integrated Disease Surveillance Project (IDSP)
12	Annual notification of TB patient per lakh population	HFW.01	Medical Treatment services including Animal Bite, Medical Emergencies, Pregnancy, Birth Control, HIV etc.
		HFW.30	Integrated Disease Surveillance Project (IDSP)
13	Increase in Malaria infection cases as a percentage to last year	HFW.01	Medical Treatment services including Animal Bite, Medical Emergencies, Pregnancy, Birth Control, HIV etc.
		HFW.30	Integrated Disease Surveillance Project (IDSP)
14	Increase in Hepatitis B infection cases as a percentage to last year	HFW.01	Medical Treatment services including Animal Bite, Medical Emergencies, Pregnancy, Birth Control, HIV etc.
		HFW.30	Integrated Disease Surveillance Project (IDSP)
15	Increase in incidents of treatment for following diseases leprosy, lymphatic filariasis (LF), cysticercosis, and rabies (expressed as a percentage growth Y-o-Y)	HFW.01	Medical Treatment services including Animal Bite, Medical Emergencies, Pregnancy, Birth Control, HIV etc.
		HFW.30	Integrated Disease Surveillance Project (IDSP)

SI No	Indicator	Service No	Service Name
16	Mortality rate attributed to Cancer	HFW.01	Medical Treatment services including Animal Bite, Medical Emergencies, Pregnancy, Birth Control, HIV etc.
17	Percentage growth of suicide deaths reported	HFW.13	Issuance of Birth/ Death Certificate
18	Number of persons treated in de-addiction centers	HFW.30	Integrated Disease Surveillance Project (IDSP)
19	Percentage growth in per capita consumption of alcohol	SW.35	Grant in Aid for NGOs for Combating of Drugs, Prevention of Alcoholism and Substance Abuse
20	Percentage of pregnant women who have undertaken antenatal checkups as a total number of pregnant women in a time frame of a year	HFW.01	Medical Treatment services including Animal Bite, Medical Emergencies, Pregnancy, Birth Control, HIV etc.
21	Percentage of pregnant women under 19 years	HFW.01	Medical Treatment services including Animal Bite, Medical Emergencies, Pregnancy, Birth Control, HIV etc.
22	Total physicians, nurses and midwives per 10000 population	HFW.11	Appointment of Staffs (Technical/ Doctors/ Nurses/ Mid-Wives)
23	Percentage of families registered under Megha Health Insurance Scheme	HFW.36	MHIS Utilization of Services (Claims Benefits)
		HFW.37	MHIS Issuance of E-Card
24	Percentage growth of death due to unintentional poisoning	HFW.40	Complaint for Food Poisoning
		HFW.33	Food, Water and Quality Control Testing
		ED.75	Mid-day meal quality testing
		HFW.01	Medical Treatment services including Animal Bite, Medical Emergencies, Pregnancy, Birth Control, HIV etc.
25	Percentage of households with access to Jan Ausadhi Medical Store within 5 kms of residence	HFW.06	Issuance/ Renewal of License (Retail, Wholesale, Loan) for Drugs/ Homoeopathic/ Ayurvedic Medicines

SI No	Indicator	Service No	Service Name
26	Per capita medical R&D expenditure	HFW.68	Rearing and Supply of laboratory animals
27	Number of qualified doctors per 10000 of the population in rural and urban	HFW.11	Appointment of Staffs (Technical/ Doctors/ Nurses/ Mid-Wives)
28	Number of AYUSH practioners per 10000 of the population in rural and urban	HFW.11	Appointment of Staffs (Technical/ Doctors/ Nurses/ Mid-Wives)
29	Number of ASHA workers per 10000 of the population in rural and urban	HFW.11	Appointment of Staffs (Technical/ Doctors/ Nurses/ Mid-Wives)
30	No. Of ambulances per 10,000 population	HFW.16	Procurement of medicines, Surgical & consumables items, Ambulances
31	No. Of trained disaster response personnel	HFW.73	Health Practices Training
32	No. of persons covered in the training and mock drills	HFW.73	Health Practices Training
33	Number of operational FRUs per 10,000 population	HFW.35	Licensing and Registration of Nursing Homes
34	Number of operational Blood Banks /Blood Storage Unit per 10,000 population	HFW.09	Blood Banking Services
35	Percentage population trained in emergency response (by gender and age)	HFW.73	Health Practices Training
36	Proportion of the population (out of total eligible population) receiving total protection benefits under Maternity benefits	HFW.12	PRADHAN MANTRI MATRU VANDANA YOJANA (PMMVY)
37	Mortality rate attributed to Diabetes	HFW.01	Medical Treatment services including Animal Bite, Medical Emergencies, Pregnancy, Birth Control, HIV etc.
38	Mortality rate attributed to Cardiovascular diseases including stroke	HFW.01	Medical Treatment services including Animal Bite, Medical Emergencies, Pregnancy, Birth Control, HIV etc.



SI No	Indicator	Service No	Service Name
39	Proportion of children under 5 years of age whose births have been registered with a civil authority, by age	HFW.13	Issuance of Birth/ Death Certificate
		HFW.01	Medical Treatment services including Animal Bite, Medical Emergencies, Pregnancy, Birth Control, HIV etc.
40	Ratio of rural households covered under public distribution system to rural households where monthly income of highest-earning member is less than Rs.5,000	FCS.07	Issuance/ Transfer/ Modification/ Cancellation of Ration Card
41	Consumer Price Index variation measured in Q-o-Q	FCS.27	Weekly Price Information on various Commodities (Averaged Quarterly)
42	Percentage of eligible households to have access to food security through National Food Security Act (NFSA) and the enhanced PDS system	FCS.07	Issuance/ Transfer/ Modification/ Cancellation of Ration Card
		FCS.21	Distribution of Rice to Old Age Persons (65 Years and above) not covered under National Old Age Pension Scheme
43	Correct responses on Learning Outcomes in Language, Mathematics and EVS for Class 5 students	ED.1	Textbook Design and Selection
44	Dropout Rate at all level	ED.47	Food grains to Govt and Govt aided schools
		ED.64	Midday meals Awareness programmes
45	Participation rate at Board Examinations & Pass Percentage	ED.36	Model Question Papers, Test Items, Preparation and Use of Audio-Visual equipment Workshops
46	Percentage correct responses on Learning Outcomes in Early Childhood Care, Education & Development institutes	-	-
47	Literacy Rate Improvement for Meghalaya	ED.1	Textbook Design and Selection
		ED.3	Indian Red Cross Society

SI No	Indicator	Service No	Service Name
		ED.23	Elementary Schools Students Free Uniform under Samagra Shiksha Abhiyan.
		ED.24	Elementary Schools Students Free Textbooks under Samagra Shiksha Abhiyan
		ED.28	Aids and appliances, Assessment camps and imparting Homebased education to Children with Special Needs under Samagra Shiksha Abhiyan
		ED.29	Information and Communication technology( ICT) under Samagra Shiksha Abhiyan
		ED.38	Reading corner and supplementary materials under Samagra Shiksha Abhiyan.
		ED.50	Vocational Education Under Samagra Shiksha Abhiyan
48	Percentage of Children aged 3-6 years enrolled for non-formal preschool education in Anganwadi Centers.	ED.4	Module on Early Childhood Education
		SW.17	Recommendation for financial assistance under National Creche Scheme to NGOS
		SW.8	Foster Care (Under ICPS)
49	Percentage of population having primary schooling facilities within 2 kms of reach and secondary schooling facilities within 5 kms of reach	ED.26	Schools Opening permission under DSEL
		ED.46	Upgradation of Schools under DSEL
		ED.52	MDM Convergence
50	Improvement in Gross Enrolment in the State of Meghalaya	ED.18	EDUSAT Network
		ED.23	Elementary Schools Students Free Uniform under Samagra Shiksha Abhiyan.
		ED.24	Elementary Schools Students Free Textbooks under Samagra Shiksha Abhiyan

SI No	Indicator	Service No	Service Name
		ED.47	Food grains to Govt and Govt aided schools
		ED.64	Midday meals Awareness programmes
51	Ratio of male to female students at various levels of education	HFW.03	Medical Studies i.e. MBBS/BDS/BHMS/BAMS/BASLP against State Quota of seats in various Medical Institutions in India
		SW.41	Training and Capacity building- Orientation and Sensitization
		ED.73	Girl student incentive
52	Correct responses on Learning Outcomes in Language, Mathematics, Science and Social Science for Class 8 students	ED.1	Textbook Design and Selection
		ED.27	District & State Level Science activities for Students under DSEL
53	Percentage of primary and secondary schools with single-sex sanitation facilities	-	-
54	Percentage of schoolteachers professionally qualified	ED.13	D.El.Ed Programme Scholarship
		ED.20	Training for Supporting Human Capital Development(ADB)
		ED.41	Meghalaya Teacher Eligibility Test
		ED.74	Block level teacher award
		ED.49	Foundation Course
55	Amount of scholarship expenditure per student eligible under all scholarship schemes	ED.7	Border Area Scholarship
		ED.31	Transport escort allowances for CWSN
		ED.48	Award for Meritorious Tribal students of Meghalaya in the HSSLC Exam Science Stream
		ED.51	INSPIRE AWARD Manak Scheme
		ED.65	State Talent Search Examination
		ED.77	Students loan for higher education

SI No	Indicator	Service No	Service Name
		ED.2	Allocation of seats for Diploma Course in Agriculture
		SW.13	Cash Award to Meritorious Students with disabilities
		SW.27	Renewal of Scholarships for Top Class Education for students with disabilities
		SW.29	Scholarships for Top Class Education for students with disabilities
		SW.46	Post matric Scholarship for Students with Disabilities
56	Percentage of elementary and secondary schools with Pupil-Teacher Ratio less than/equal to 30	ED.11	Non-Govt. Institution Grant in aid Disbursement
		ED.45	Approval for appointment of Teachers and staff in Deficit Grant in Aid Colleges
57	Students male to female ratio in various levels of education	ED.73	Girl student incentive
58	Adjusted Net Enrolment Ratio at Elementary (Class 1-8) and Secondary (Class 9-10) school	-	-
59	Children in the age group of 6-13 who are out of school	-	
60	Average Annual Drop-out rate at secondary level	ED.47	Food grains to Govt and Govt aided schools
		ED.64	Midday meals Awareness programmes
61	Number of Anganwadi Buildings for non-formal preschool education.	SW.54	Early Childhood care and Education / Pre-school Non-formal Education
62	Number of employed persons with disabilities in public services	SW.2	Token Grant under Vocational Training for Person with Disabilities- through NGOs
		SW.9	Awareness Generation on the Rights of Persons with Disabilities and other related programmes for Persons with

SI No	Indicator	Service No	Service Name
			Disabilities
		SW.10	Monitoring of implementation of schemes and programmes for Persons with Disabilities
		SW.11	Pre matric Scholarship for Students with Disabilities
		SW.13	Cash Award to Meritorious Students with disabilities
		SW.14	Uniform Grant for Person with Disabilities
		SW.15	Unemployment Allowance for Person with Disabilities
		SW.16	Vocational Training Centre for Disabled NGOs Financial assistance
		SW.20	Medical reimbursement for the Person with disabilities
		SW.21	Book Grant for Person with Disabilities
		SW.22	Grant-in-aid to NGOs to Sponsor Vocational Training for person with disabilities
		SW.27	Renewal of Scholarships for Top Class Education for students with disabilities
		SW.28	Renewal of Post matric Scholarship for Students with Disabilities
		SW.29	Scholarships for Top Class Education for students with disabilities
		SW.34	Stipend under Vocational Training Persons with Disabilities
		SW.36	Grant in Aid for NGOs for the welfare of person with disabilities
		SW.38	Renewal of Pre matric Scholarship for Students with Disabilities

SI No	Indicator	Service No	Service Name
		SW.46	Post matric Scholarship for Students with Disabilities
		SW.50	Chief Minister Social Assistance Scheme for Person with Disability
63	Number of trained Anganwadi Workers for preschool education.	SW.23	Financial assistance to Creche NGOs
64	Number of persons with disabilities enrolled under Chief Minister Social Assistance Schemes	SW.50	Chief Minister Social Assistance Scheme for Person with Disability
		SW.55	Pension under Chief Minister Social Assistance Scheme for the infirm & Single Mother
		SW.42	Monitoring ADIP

### 9.7.1 Goals & Objectives Assigned by Departments under Human Development

S.No	Goals/Objectives	Services	Department
1	To train In-Service Teachers in different areas of subject domains.	Training for Supporting Human Capital Development (ADB)	Education
2	To provide appropriate content and learning activities for teaching learning at different levels of school education	Training for Supporting Human Capital Development (ADB)	Education
3	To help the teachers as a guide in their teaching learning and instructional processes.		Education
4	To enable users to have access to relevant educational resources and information using digitized textbooks.	EDUSAT Network	Education
5		Information and Communication technology (ICT) under Samagra Shiksha Abhiyan	Education
6		Reading corner and supplementary materials under Samagra Shiksha Abhiyan.	Education
7		ICT, Furniture and Digital Library for schools under Supporting Human Capital Development, ADB	Education
8	To find out and train around 2750 best talent for teaching profession.	Meghalaya Teacher Eligibility Test	Education

S.No	Goals/Objectives	Services	Department
9	Enhancement of Post Matric Scholarships	Approval for appointment of Teachers and staff in Deficit Grant in Aid Colleges	Education
10		Scholarships, Stipends & Fee waivers	Education
11		Award for Meritorious Tribal students of Meghalaya in the HSSLC Exam Science Stream	Education
12		Vocational/Career Guidance to Students	Education
13	Introduction of Vocational Courses in existing Polytechnics.	Vocational Education Under Samagra Shiksha Abhiyan	Education
14	Setting up new Polytechnics in unserved Districts	University / College NOC Issuance	Education
15	NAAC Accreditation of all Colleges of Meghalaya by 2028	University / College NOC Issuance	Education
16	Colleges/Universities/Professional Colleges/Polytechnics to be ranked under National Institutional Ranking Framework (NIRF) by 2030		Education
17	Accreditation under National Board of Accreditation (NBA) for Professional Colleges/Polytechnics by 2030		Education
18	To provide free and compulsory education for all children of age group 6-14.	INSPIRE AWARD Manak Scheme	Education
19		Scholarships, Stipends & Fee waivers	Education
20		Special Training for Out of School Children under Samagra Shiksha Abhiyan	Education
21		Module on Early Childhood Education	Education
22	To eradicate dropouts.	Elementary Schools Students Free Textbooks under Samagra Shiksha Abhiyan	Education
23		Elementary Schools Students Free Uniform under Samagra Shiksha Abhiyan.	Education
24		Scholarships, Stipends & Fee waivers	Education
25		Module on Early Childhood Education	Education
26	Ensure equitable access from primary to tertiary, technical and vocational education and training (TVET) and promote lifelong learning	Scholarships, Stipends & Fee waivers	Education
27		Foundation Course	Education
28		Special Training for Out of School Children under Samagra Shiksha Abhiyan	Education
29		Venture Capitalists and angel investor community	Education
30	To enable students to become citizens of character with value-based knowledge		Education
31	Early detection and prompt treatment of all TB cases	Integrated Disease Surveillance Project (IDSP)	Health & Family Welfare
32	Training and retraining of all staff involve in RNTCP	Appointment of Staffs (Technical/ Doctors/ Nurses/ Mid-Wives)	Health & Family Welfare
33	Maternal Death (MD) : 201 (2017-18) (Maternal Mortality Ratio 3.1.	Free Medical Service to all Pregnant Women	Health & Family Welfare
34		Pradhan Mantri Matru Vandana Yojana (PMMVY)	Health & Family Welfare
35	Percentage of Delivery attended by Skilled Health Personnel / Safe Delivery : 53.8 % (NFHS 4)	Institutional Delivery Benefit Service	Health & Family Welfare
36	Full Antenatal Coverage : 23.5 % (NFHS 4)	Institutional Delivery Benefit Service	Health & Family Welfare
37	Blood Bank/ BSU functional unit : 8	Blood Banking Services	Health & Family Welfare

S.No	Goals/Objectives	Services	Department
38	Establishing First Referral Unit & making it functional : 6 FRU functional (2018-19)	In Patient Department - FRU (Admission/Discharge/Transfer)	Health & Family Welfare
39	Reduce home Delivery : 48.6 % (NFHS 4)	Free Medical Service to all Pregnant Women	Health & Family Welfare
40	Percentage of Home Delivery attended by Skilled Health Personnel : 2.6 % (NFHS4)	Free Medical Service to all Pregnant Women	Health & Family Welfare
41	Under-five mortality rate. 40 (NFHS-4)	Infant immunization programs	Health & Family Welfare
42		In Patient Department (Admission/Discharge/Transfer)	Health & Family Welfare
43		Integrated immunization	Health & Family Welfare
44	Percentage of children aged 12-23 months Full Immunization Coverage (FIC) : 61.5 (NFHS 4)	Integrated immunization	Health & Family Welfare
45		Infant immunization programs	Health & Family Welfare
46	By 2030, reduce by 1/3rd premature mortality from non- communicable diseases through prevention and treatment and promote mental health and wellbeing.	Integrated Disease Surveillance Project (IDSP)	Health & Family Welfare
47	Functional Referral System: additional 108 GVK EMRI (Ambulance Services) / Govt. Hospita	Medical Treatment services including Animal Bite, Medical Emergencies, Pregnancy, Birth Control, HIV etc.	Health & Family Welfare
48	Short term EMS programmes of 4 , 5 days duration should be provide in select institutions for MO's and nurses working in emergency rooms.	Health Practices Training	Health & Family Welfare
49	PPP: Neurologist & Specialized Orthopaedics, Plastic Surgeons/ Super Specialty Hospital on PPP mode.	In Patient Department (Admission/Discharge/Transfer)	Health & Family Welfare
50		Appointment of Staffs (Technical/ Doctors/ Nurses/ Mid-Wives)	Health & Family Welfare
51	Coverage of essential health services RMNCH+A & NCD - Operationalization of Health and Wellness Centre	Allopathic, Homeopathic, Ayurvedic Drugs & Biochemical Testing	Health & Family Welfare
52	OOPE on Health: Free Drug Policy & Free Diagnostic Policy	In Patient Department (Admission/Discharge/Transfer)	Health & Family Welfare
53	Ambulance 108 Response time/ Facility Ambulance and Time Taken to reach health facility	Procurement of medicines, Surgical & consumables items, Ambulances	Health & Family Welfare
54	NHM / State (regular) Health worker force rationalization amongst districts (High Priority/ Priority/ Normal Block)	Appointment of Staffs (Technical/ Doctors/ Nurses/ Mid-Wives)	Health & Family Welfare
55	Special incentives for High Risk Areas (HRA) posted health staffs amongst districts for NHM/ State staff.	Appointment of Staffs (Technical/ Doctors/ Nurses/ Mid-Wives)	Health & Family Welfare
56	Innovative Meghalaya Health Insurance Scheme.	MHIS Utilization of Services (Claims Benefits)	Health & Family Welfare
57	Focus on Kitchen Gardens to ensure nutrition for mothers and children.	Midday meals Awareness programmes	Health & Family Welfare
58		Day care for children of working women in Anganwadi buildings	Health & Family Welfare
59	Promotion of wellness centers, linking local traditional herbal medicines with globally renowned Ayurveda (AYUSH).	Allopathic, Homeopathic, Ayurvedic Drugs & Biochemical Testing	Health & Family Welfare
60	To screen every unit of blood for blood transmitted diseases including HIV by NAT Methodology.	Blood Banking Services	Health & Family Welfare
61	To provide safe & secured day-care services for the children in Crèches	Foster Care (Under ICPS)	Social Welfare
62		Financial assistance to Creche NGOs	Social Welfare



S.No	Goals/Objectives	Services	Department
63		Recommendation for financial assistance under National Creche Scheme to NGOS	Social Welfare
64	To provide welfare services for ST, SC & OBC.	Grant in aid to NGOs for welfare of Schedule Tribes	Social Welfare
65	To prevent and reduce incidence of crimes against women and children.	Psycho social support/counseling and support to women affected by violence	Social Welfare
66	To empower persons with disabilities ; physically, economically and socially.	Awareness Generation on the Rights of Persons with Disabilities and other related programmes for Persons with Disabilities	Social Welfare
67		Uniform Grant for Person with Disabilities	Social Welfare
68		Unemployment Allowance for Person with Disabilities	Social Welfare
69		Medical reimbursement for the Person with disabilities	Social Welfare
70		Grant-in-aid to NGOs to Sponsor Vocational Training for person with disabilities	Social Welfare
71		Renewal of Post matric Scholarship for Students with Disabilities	Social Welfare
72		Scholarships for Top Class Education for students with disabilities	Social Welfare
73		Book Grant for Person with Disabilities	Social Welfare
74		Cash Award to Meritorious Students with disabilities	Social Welfare
75		Pre matric Scholarship for Students with Disabilities	Social Welfare
76		Monitoring of implementation of schemes and programmes for Persons with Disabilities	Social Welfare
77	No. of buildings/ Institutions accessible to Persons with Disabilities	Monitoring of implementation of schemes and programmes for Persons with Disabilities	Social Welfare, Health & Family Welfare department & Public Works Department
78	To empower women physically, economically, socially and politically.	Psycho social support/counseling and support to women affected by violence	Social Welfare
79	To protect and enable older persons to live in dignity and Honour.	Grant in Aid for NGOs for the welfare of Aged	Social Welfare
80		Financial assistance for Medical Treatment for Aged	Social Welfare

Table 59: Department Goals, Objectives and Service Mapping

## 9.8 Prioritized Services Catalogue

Service Code	Service Name	Service Assessment Value as per DSS	Service Implementation Complexity	Value to Stakeholders	Prioritization Classification
FCS.01	Issuance/ Renewal/ Cancellation of FPS/ SK Dealer License	Medium	Low	High	Prioritized
FCS.07	Issuance/ Transfer/ Modification/ Cancellation of Ration Card	Medium	Low	High	Prioritized
FCS.17	Grievance Redressal Mechanism	Low	Low	High	Not Prioritized
FCS.21	Distribution of Rice to Old Age Persons (65 Years and above) not covered under National Old Age Pension Scheme	Low	High	High	Not Prioritized
FCS.22	Appointment/ Cancellation of Wholesaler	Low	Low	High	Prioritized
FCS.23	Consumer Affairs	Low	Low	High	Prioritized
FCS.24	Online Allocation and Supply Chain Management	Medium	High	High	Not Prioritized
HFW.01	Medical Treatment services including Animal Bite, Medical Emergencies, Pregnancy, Birth Control, HIV etc.	Low	Medium	High	Prioritized
HFW.03	Medical Studies i.e. MBBS/BDS/BHMS/BAMS/BASLP against State Quota of seats in various Medical Institutions in India	Low	High	High	Not Prioritized
HFW.06	Issuance/ Renewal of License (Retail, Wholesale, Loan) for Drugs/ Homoeopathic/ Ayurvedic Medicines	Low	Low	High	Prioritized
HFW.08	Licensing and Registration of Food Business Operators	Low	Medium	High	Prioritized
HFW.09	Blood Banking Services	Low	Medium	High	Prioritized
HFW.11	Appointment of Staffs (Technical/ Doctors/ Nurses/ Mid-Wives)	Low	High	High	Not Prioritized
HFW.12	PRADHAN MANTRI MATRU VANDANA YOJANA (PMMVY)	Low	Medium	High	Prioritized
HFW.13	Issuance of Birth/ Death Certificate	Medium	Low	High	Prioritized
HFW.16	Procurement of medicines, Surgical & consumables items, Ambulances	Low	High	High	Not Prioritized
HFW.24	Reimbursement of Claims (Medical, TA etc.)	Low	Medium	High	Not Prioritized
HFW.30	Integrated Disease Surveillance Project (IDSP)	Low	High	High	Not Prioritized
HFW.33	Food, Water and Quality Control Testing	Low	High	High	Not Prioritized
HFW.35	Licensing and Registration of Nursing Homes	Low	Low	High	Prioritized
HFW.36	MHIS Utilization of Services (Claims Benefits)	Low	Medium	Medium	Not Prioritized

Service Code	Service Name	Service Assessment Value as per DSS	Service Implementation Complexity	Value to Stakeholders	Prioritization Classification
HFW.37	MHIS Issuance of E-Card	Low	Low	High	Prioritized
HFW.40	Complaint for Food Poisoning	Low	High	High	Not Prioritized
HFW.43	In Patient Department(Admission/Discharge/Transfer)	Low	Medium	Medium	Not Prioritized
HFW.61	Infant immunization programs	Low	High	High	Not Prioritized
HFW.62	Allopathic, Homeopathic, Ayurvedic Drugs & Biochemical Testing	Low	High	High	Not Prioritized
HFW.67	Intensified Pulse Polio Immunization (IPPI) Programme	Low	High	High	Not Prioritized
HFW.68	Rearing and Supply of laboratory animals	Low	High	High	Not Prioritized
HFW.69	Microbiological, Pathological, Radiology and Imaging Testing Services	Low	High	High	Not Prioritized
HFW.70	Inspection of Food business operators	Low	High	High	Not Prioritized
ED.1	Textbook Design and Selection	Low	Low	High	Prioritized
ED.2	Allocation of seats for Diploma Course and Agriculture	Low	High	Medium	Not Prioritized
ED.3	Indian Red Cross Society	Low	Medium	Low	Not Prioritized
ED.4	Module on Early Childhood Education	Low	Low	High	Prioritized
ED.5	Conduct of SSLC and HSSLC Examination	Low	Low	High	Prioritized
ED.7	Border Area Scholarship	Low	Low	High	Prioritized
ED.11	Non-Govt. Institution Grant in aid Disbursement	Low	Low	High	Prioritized
ED.12	Issue of Duplicate Reg. Card, Admit Card, Marksheet and Certificate	Low	Low	High	Prioritized
ED.13	D.El.Ed Programme Scholarship	Low	Low	High	Prioritized
ED.17	National Achievement Survey	Medium	High	Low	Not Prioritized
ED.18	EDUSAT Network		Medium	Low	Not Prioritized
ED.20	Training for Supporting Human Capital Development(ADB)	Medium	Complex	High	Prioritized
ED.23	Elementary Schools Students Free Uniform under Samagra Shiksha Abhiyan.	Low	High	Medium	Not Prioritized
ED.24	Elementary Schools Students Free Textbooks under Samagra Shiksha Abhiyan	Low	Medium	Low	Not Prioritized
ED.26	Schools Opening permission under DSEL	Low	Low	High	Prioritized
ED.27	District & State Level Science activities for Students under DSEL	Low	High	Medium	Not Prioritized
ED.28	Aids and appliances, Assessment camps and imparting Homebased education to Children with Special Needs under	Low	High	High	Prioritized

Service Code	Service Name	Service Assessment Value as per DSS	Service Implementation Complexity	Value to Stakeholders	Prioritization Classification
	Samagra Shiksha Abhiyan				
ED.29	Information and Communication technology( ICT) under Samagra Shiksha Abhiyan	Low	High	Medium	Not Prioritized
ED.30	ICT, Furniture and Digital Library for schools under Supporting Human Capital Development, ADB	Low	Medium	Low	Not Prioritized
ED.31	Transport escort allowances for CWSN	Low	Low	High	Prioritized
ED.32	University / College NOC Issuance	Low	Low	High	Prioritized
ED.33	Bharat Scouts and Guides	Low	Low	Low	Not Prioritized
ED.36	Model Question Papers, Test Items, Preparation and Use of Audio-Visual equipment Workshops	Low	Low	High	Prioritized
ED.37	MBOSE Online Submission for Documents Verification	Medium	Low	High	Prioritized
ED.38	Reading corner and supplementary materials under Samagra Shiksha Abhiyan.	Low	High	Medium	Not Prioritized
ED.39	Engineering Seat Allocation through CSAB	Low	Medium	High	Prioritized
ED.41	Meghalaya Teacher Eligibility Test	Low	Low	High	Prioritized
ED.45	Approval for appointment of Teachers and staff in Deficit Grant in Aid Colleges	Low	Low	High	Prioritized
ED.46	Upgradation of Schools under DSEL	Low	Low	Low	Not Prioritized
ED.47	Food grains to Govt and Govt aided schools	Low	Low	Low	Not Prioritized
ED.48	Award for Meritorious Tribal students of Meghalaya in the HSSLC Exam Science Stream	Low	Low	High	Prioritized
ED.49	Foundation Course	Low	Low	High	Prioritized
ED.50	Vocational Education Under Samagra Shiksha Abhiyan	Low	High	Medium	Not Prioritized
ED.51	INSPIRE AWARD Manak Scheme	Medium	Complex	High	Prioritized
ED.52	MDM Convergence	Low	High	Medium	Not Prioritized
ED.58	Vocational/Career Guidance to Students (Extension )	Low	Low	High	Prioritized
ED.64	Midday meals Awareness programmes	Low	Low	Low	Not Prioritized
ED.65	State Talent Search Examination	Low	Low	Medium	Not Prioritized
ED.67	KAP study	Low	Low	Medium	Not Prioritized
ED.70	Special Training for Out of School Children under Samagra Shiksha Abhiyan	Low	Low	High	Prioritized
SW.1	Chief Minister Scheme for Wedding Assistance for Orphaned Girls	Low	Low	High	Prioritized

Service Code	Service Name	Service Assessment Value as per DSS	Service Implementation Complexity	Value to Stakeholders	Prioritization Classification
SW.2	Token Grant under Vocational Training for Person with Disabilities- through NGOs	Low	Low	High	Prioritized
SW.3	Complaints and Redressals by the women commission	Low	Low	High	Prioritized
SW.4	Medical assistance and support to women affected by violence.	Low	High	Medium	Not Prioritized
SW.6	Grievances and complaints Redressal	Low	Low	High	Prioritized
SW.8	Foster Care (Under ICPS)	Low	Medium	Low	Not Prioritized
SW.9	Awareness Generation on the Rights of Persons with Disabilities and other related programmes for Persons with Disabilities	Low	Medium	Medium	Not Prioritized
SW.10	Monitoring of implementation of schemes and programmes for Persons with Disabilities	Low	High	Medium	Not Prioritized
SW.11	Pre matric Scholarship for Students with Disabilities	Medium	Low	Medium	Not Prioritized
SW.12	Supplementary Nutrition Programme	Low	Low	High	Prioritized
SW.13	Cash Award to Meritorious Students with disabilities	Low	Low	High	Prioritized
SW.14	Uniform Grant for Person with Disabilities	Low	Low	High	Prioritized
SW.15	Unemployment Allowance for Person with Disabilities	Low	Low	High	Prioritized
SW.16	Vocational Training Centre for Disabled NGOs Financial assistance	Low	Low	High	Prioritized
SW.17	Recommendation for financial assistance under National Creche Scheme to NGOS	Medium	Medium	Medium	Not Prioritized
SW.18	Grant in Aid for NGOs for the welfare of Children	Low	Low	High	Prioritized
SW.19	Grant in Aid for NGOs for the welfare of Women	Low	Low	High	Prioritized
SW.20	Medical reimbursement for the Person with disabilities	Low	Low	High	Prioritized
SW.21	Book Grant for Person with Disabilities	Low	Low	High	Prioritized
SW.22	Grant-in-aid to NGOs to Sponsor Vocational Training for person with disabilities	Low	Low	High	Prioritized
SW.23	Financial assistance to Creche NGOs	Low	Low	High	Prioritized
SW.24	Grant in Aid for NGOs for the welfare of Aged	Low	Low	High	Prioritized
SW.25	Child Care Institution Under ICPS	Low	Medium	Medium	Not Prioritized
SW.26	Adoption under Non-Institutional Care (ICPS)	Medium	Medium	Medium	Not Prioritized

Service Code	Service Name	Service Assessment Value as per DSS	Service Implementation Complexity	Value to Stakeholders	Prioritization Classification
SW.27	Renewal of Scholarships for Top Class Education for students with disabilities	Medium	Low	High	Not Prioritized
SW.28	Renewal of Post matric Scholarship for Students with Disabilities	Medium	Low	High	Not Prioritized
SW.29	Scholarships for Top Class Education for students with disabilities	Medium	Low	High	Not Prioritized
SW.30	Grants in aid for construction of girl's hostel	Low	Low	High	Prioritized
SW.31	Psycho social support/counseling and support to women affected by violence	Low	High	Medium	Not Prioritized
SW.32	Grants in aid for Multi Sectoral Development Programme	Low	High	Medium	Not Prioritized
SW.34	Stipend under Vocational Training Persons with Disabilities	Low	Low	High	Prioritized
SW.35	Grant in Aid for NGOs for Combating of Drugs	Low	Low	High	Prioritized
SW.36	Grant in Aid for NGOs for the welfare of person with disabilities	Low	Low	High	Prioritized
SW.37	Financial assistance to NGOs for Vocational Training in tribal areas	Medium	Low	Medium	Not Prioritized
SW.38	Renewal of Pre matric Scholarship for Students with Disabilities	Medium	Low	High	Not Prioritized
SW.40	Sponsorship Under ICPS	Low	High	Medium	Not Prioritized
SW.41	Training and Capacity building- Orientation and Sensitization	Low	Medium	High	Prioritized
SW.42	Monitoring ADIP	Low	High	Medium	Not Prioritized
SW.43	Financial assistance for Medical Treatment for Aged	Low	Low	High	Prioritized
SW.44	Monitoring for Skill & Entrepreneurial Development of PwD	Low	Low	High	Prioritized
SW.46	Post matric Scholarship for Students with Disabilities	Medium	Low	Medium	Not Prioritized
SW.47	Grant in aid to NGOs for welfare of Schedule Tribes	Medium	Low	Medium	Not Prioritized
SW.48	Recommend financial assistance under Swadhar Greh to NGOs	Medium	Low	Medium	Not Prioritized
SW.49	Research Documentation and Publication	Low	High	Medium	Not Prioritized
SW.50	Chief Minister Social Assistance Scheme for Person with Disability	Low	Low	High	Prioritized
SW.53	Complaints and Redressal by the Women Commission	Medium	Low	Medium	Not Prioritized
SW.54	Early Childhood care and Education / Pre-	Low	Medium	High	Prioritized

Service Code	Service Name	Service Assessment Value as per DSS	Service Implementation Complexity	Value to Stakeholders	Prioritization Classification
	school Non-formal Education				
SW.55	Pension under Chief Minister Social Assistance Scheme for the infirm & Single Mother	Low	Low	High	Prioritized

## 9.9 Current State Business Interaction Matrix (Consuming)

Providing Business Services	Consuming Business Services			
	Education	Health & Family Welfare	Social Welfare	FCS&CA
Agriculture & Farmers' Welfare	NA	NA	NA	Supply of food grains
Animal Husbandry & Veterinary	NA	Samples for laboratory testing	NA	NA
Commerce and Industry	Supply of equipment & consumables	Supply of equipment, medicines & other consumables	NA	NA
Community and Rural Development	NA	NA	NA	NA
Education		NA	NA	NA
Excise Registration Taxation and Stamps	Land Registration/ Lease	Land Registration/ Lease	Land Registration/ Lease	NA
Finance	1. Funds for Implementation of Schemes 2. Sanctions of Funds 3. LOA	1. Funds for Implementation of Schemes 2. Sanctions of Funds 3. LOA	1. Funds for Implementation of Schemes 2. Sanctions of Funds 3. LOA	NA
Fisheries	NA	NA	NA	NA
Food Civil Supplies and Consumers Affairs	Supply of rations to hostels	NA	NA	
Forest and Environment	NA	NA	NA	NA
Health and Family Welfare	NA		NA	NA
Labour	Supply of Lab technicians & other skilled staff	Supply of Medical technicians & other staff	Supply of skilled technicians & other care givers	Supply of manpower involved in handling & transportation of ration
Mining and Geology	NA	NA	NA	NA
Planning	1. Scheme monitoring and Evaluation 2. Sectoral strategy and Planning 3. Scheme Approval	1. Scheme monitoring and Evaluation 2. Sectoral strategy and Planning 3. Scheme Approval	1. Scheme monitoring and Evaluation 2. Sectoral strategy and Planning 3. Scheme Approval	1. Scheme monitoring and Evaluation 2. Sectoral strategy and Planning 3. Scheme Approval

Providing Business Services	Consuming Business Services			
	Education	Health & Family Welfare	Social Welfare	FCS&CA
Public Health Engineering	Sanitation in schools	NA	NA	NA
Social Welfare	Supply of food grains to NGOs other and social institutions	NA		NA
Tourism	NA	NA	NA	NA
Transport	NA	NA	NA	NA
Sericulture	NA	NA	NA	NA
Other (like IT)	IT systems & connectivity	IT systems & connectivity	IT systems & connectivity	IT systems & connectivity



## 9.10 Current State Business Interaction Matrix (Providing)

Consuming Business Services	Providing Business Services			FCS & CA
	Education	Health & Family Welfare	Social Welfare	
Agriculture & Farmers' Welfare	NA	NA	NA	NA
Animal Husbandry & Veterinary	NA	NA	NA	NA
Fisheries	NA	NA	NA	NA
Commerce and Industry	Trained manpower for industrial growth	Overall wellbeing leads in industrial growth	NA	NA
Community and Rural Development	NA	NA	NA	Helps in poverty alleviation by providing subsidized ration
Education		Ecosystem for growth of educational institutes in the state.	NA	Supply of food grains to hostels
Excise Registration Taxation and Stamps	Educated manpower	NA	NA	NA
Finance	Educated manpower	NA	NA	NA
Food Civil Supplies and Consumers Affairs	Educated manpower	NA	NA	
Forest and Environment	Environment protection training	NA	NA	NA
Health and Family Welfare	Educated manpower		NA	NA
Labour	Skilled manpower	NA	NA	NA
Mining and Geology	Skilled manpower	NA	NA	NA
Planning	NA	NA	NA	NA
Public Health Engineering	NA	NA	NA	NA
Social Welfare	NA	NA		Supply of food grains to NGOs other and social institutions
Tourism	Trained manpower for hospitality industry	NA	NA	NA
Transport	NA	NA	NA	NA
Sericulture	NA	NA	NA	NA

## 9.11 Future State Business Interaction Matrix

Providing Business Services	Consuming Business Services					
	Primary	Human Development	Infrastructure Development	Environment	Entrepreneurship	Governance
Primary		1. Food grain, meat & fish from farm produce 2. Registered farmers for health insurance 3. Food samples for food safety testing 4. Stipend/ scholarship in higher studies in Agri/veterinary fields				
Human Development	1. Social Security schemes related to Farmers 2. Health Insurance to Farmers 3. Capacity building of Farmers 4. Food contamination points in the supply chain 5. Demand for farm produce in FCS&CA		1. Procurement order for food in FCS 2. Building construction fund 3. Trained manpower for industries 4. Health insurance for private transport operators	1. Scholarships to local student for higher studies in Mining, Geology, Environment protection etc. 2. Health checkups for mining workers	1. Verification of educational qualification 2. Supply of trained work force	1. Utilization of funds 2. Progress of schemes 3. Care for orphan child 4. Rehab of drug addicts 5. De-addiction programs

Infrastructure Development		<ol style="list-style-type: none"> <li>1. Power to institutes, hospitals</li> <li>2. Building development for schools and hospitals</li> <li>3. Road connectivity to schools and hospitals</li> <li>4. Air-ambulance</li> <li>5. Licenses for food transportation</li> <li>6. Permits for FCS&amp;CA goods</li> <li>7. Infrastructure for Anganwadi center</li> </ol>				
Environment		<ol style="list-style-type: none"> <li>1. Recreational and educational tourism spots, zoo and parks</li> </ol>				
Entrepreneurship		<ol style="list-style-type: none"> <li>1. Skill demand in job market</li> </ol>				
Governance		<ol style="list-style-type: none"> <li>1. Financial regulations</li> <li>2. Scheme Funding</li> <li>3. Sanction of Funds</li> <li>4. Approval on Scheme Annual Action Plan</li> <li>5. Issuance of LOA</li> <li>6. Scheme monitoring and Evaluation</li> <li>7. Sectoral Strategy and Planning</li> </ol>				

## 9.12 MeghEA Meta Model

The MeghEA Meta Model describes the types of entities described in various architecture domains and the relationships between them. Entities are key subject areas that every reference model in IndEA framework focuses on (example: Business architecture focuses on Business services entities). The model illustrates the different types of entities, which are described by the MeghEA architecture domain such as entity types (the types of information described by the architecture domain example – Application), Relationships (connection between entity types within and across layers).

**What to achieve:** The **Goals** of the State-Sustainable Development Goals and its **indicator**, defined in the State SDG has been used to measure success of the service delivery in terms of measurable, smart and actionable goals. As a part of the **transformation** plan, it is important to measure success through real-time data measurement using a state-level **Monitoring & Evaluation (M&E)** dashboard.

**How to achieve:** The goals of the department would be realized by delivery of enhanced **services**. The services are grouped into types of output, termed as **service domains**. These services comprise of **process** steps which are executed by **stakeholders**. As a part of the **transformation** plan, it is imperative to transform the service through efficient and lean service processes, this change is termed as Business Process Re-engineering. As a critical impact, a **change management** needs to be carried out to ensure the planned transformation is smooth.

**The Enablers:** The above business services would be enabled by **application service** to deliver services, **department applications** and **common applications** facilitated by core platform would enable service delivery. As a part of the transformation plan, it is required to develop new **System** or **Modify** to enable the service delivery.

**Where to store and how to retrieve Information:** The applications facilitate processing of data, these data is designed as per the **Metadata**, that defines the **data entity type**. The State **Digital Registry** would enable identification of service beneficiary. The transformation plan includes a three-fold approach – enhancement of existing **data quality**, efficient **data life-cycle** management and planned **storage** along with efficient **retrieval**

**The infrastructure:** The applications and data would necessarily reside in the **IT infrastructure** in the state data center or cloud. To enable the above business transformation, it is necessary that infrastructure is modernized or **revamped**, and **network** is made available till the last mile

**Building Block:** An **architecture building block** is a package of functionality defined to meet business needs, in simple terms it is the transformation requirement. A **solution building block** is a component within the architecture building that represents a part or complete solution to the requirement

The diagram below illustrated the above explanation in a graphical manner:

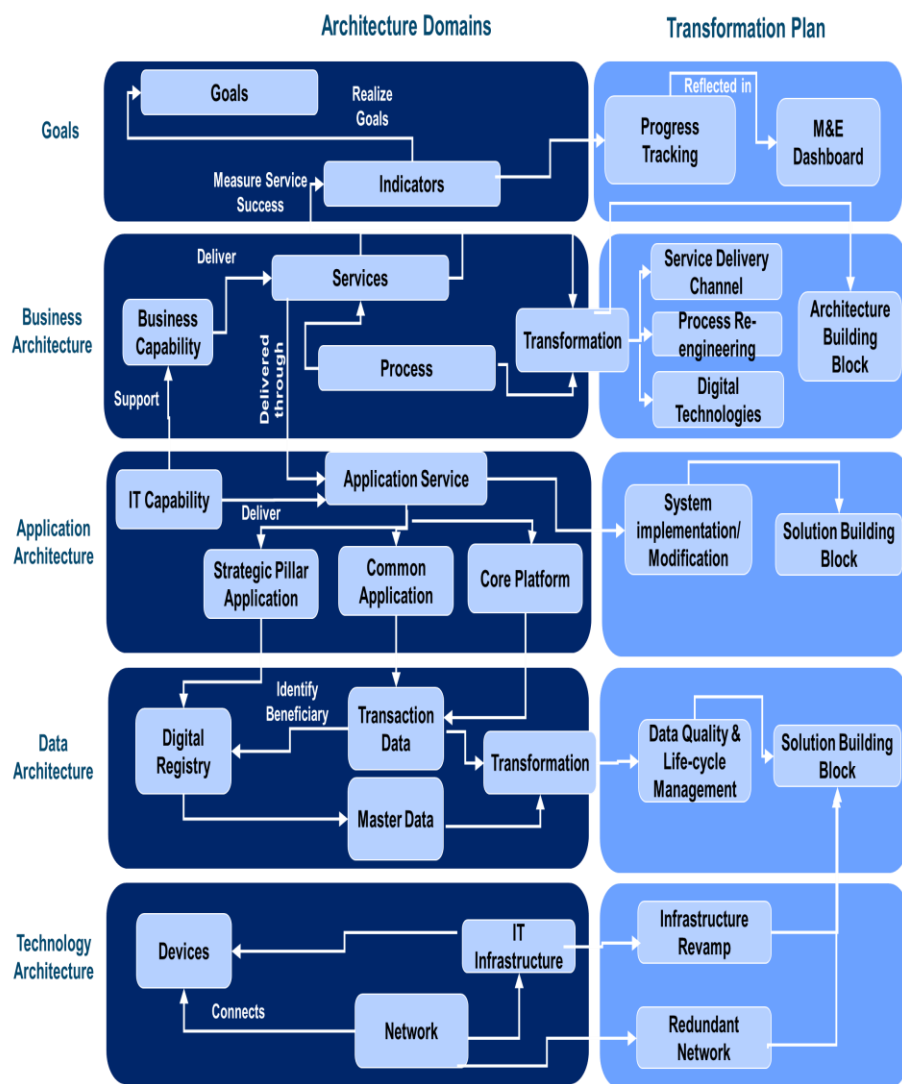


Figure 53: MeghEA Metamodel

The above business content meta model has been explained in below example for Human Development Pillar:

**Goal:**

- **Goal 3.** Ensure healthy lives and promote well-being for all at all ages.

**Indicator:**

- Reduce maternal mortality ratio (MMR) per lakh.
- Reduce Neonatal mortality rate per Lakh
- Percentage Reduction of children aged 6-59 months who are anemic.
- Percentage of mothers receiving antenatal care
- Percentage of mothers receiving postnatal care
- Percentage of home births compared to total number of births
- Reduce Neonatal mortality rate per Lakh

**Business Capability:**

- Beneficiary Identification
- Food Distribution
- Medicine Distribution

**Service:**

- Pradhan Mantri Matru Vandana Yojana (PMMVY)
- Free Medical Service to all Pregnant Women
- Take Home Rations (THR) under the ICDS Scheme
- Institutional Delivery Benefit Service

**Service Description:**

Providing compensation for wage loss under (PMMVY), free medicine to pregnant women and Take-home ration under ICDS scheme for 45 months (per month average of Rs.158/-)

**Service Process:**

Pregnant women/ASHA workers register pregnant women in State portal under treatment module of Human Development. Post registration the women are provided free medication and check-ups as per eligibility. Women are provided incentive through financial bank transfer and notified under registered FPS to deliver take home ration for 45 months

**IT Capability:**

- Digital ID
- Digital Registry
- Direct Benefit Transfer
- Food & Nutrition Distribution

**Application Service:**

State Portal -> Human Development -> Treatment-> Institutional Delivery Benefit Service.

**Core, Common, Pillar Application:**

State Portal, Human Development Pillar Portal, DigiLocker, Service Plus, Direct Benefit Transfer, Digital Billing

**Digital Registry:**

Citizen ID/ Business ID, FPS ID.

**Master Data:**

Citizen Database, FPS Master, Medicine Master Database

**Devices:**

Mobile Phones, Desktops.

**IT Infrastructure:**

In premise/ Cloud Deployment Server.

**Network:**

Uninterrupted Primary and Secondary network connectivity for officials and Internet for ASHA workers, Citizens, FPS and hospitals.

### 9.13 Service Stakeholder Matrix

Service Code	Service Name	Service Status	Citizen / Businesses	FCS & CA	Hospital/ Blood Banks	Health Dept.	Social Welfare	Health Workers	Education Department	Teachers
FCS.01	Issuance/ Renewal/ Cancellation of FPS/ SK Dealer License	Prioritized	Applies	Approves or Rejects (District. Level)						
FCS.07	Issuance/ Transfer/ Modification/ Cancellation of Ration Card	Prioritized		Approves or Rejects (District. Level)						
FCS.22	Appointment/ Cancellation of Wholesaler	Prioritized		Approves or Rejects (District. Level)						
HFW.01	Medical Treatment services including Animal Bite, Medical Emergencies, Pregnancy, Birth Control, HIV etc.	Prioritized	Applies for Admission		Admits					
HFW.06	Issuance/ Renewal of License (Retail, Wholesale, Loan) for Drugs/ Homoeopathic/ Ayurvedic Medicines	Prioritized				Approves or Rejects (Dir. Level)				
HFW.08	Licensing and Registration of Food Business Operators	Prioritized	Applies			Approves or Rejects (Dir. Level)				
HFW.09	Blood Banking Services	Prioritized	Applies		Coordinates					
HFW.12	Pradhan Mantri Matru Vandana Yojana (PMMVY)	Prioritized				Provides THR	Provides THR	Creates awareness		
HFW.13	Issuance of Birth/ Death Certificate	Prioritized	Applies			Approves/ Rejects				
HFW.35	Licensing and Registration of Nursing Homes	Prioritized	Applies			Approves/ Rejects				
HFW.73	Health Practices Training	New				Provides Training		Receives training		
HFW.74	Free Medical Service to all Pregnant Women	New	Applies			Provides Services		Creates awareness		
HFW.75	Take Home Rations (THR) under the ICDS Scheme	New	Applies			Provides Services	Provides THR	Creates awareness		
HFW.76	Institutional Delivery Benefit Service	New	Applies			Provides Services		Creates awareness		



Service Code	Service Name	Service Status	Citizen / Businesses	FCS & CA	Hospital/ Blood Banks	Health Dept.	Social Welfare	Health Workers	Education Department	Teachers
HF7.77	Compensation for Sterilization	New	Applies			Provides Services		Creates awareness		
HF7.78	Integrated immunization	New	Applies					Creates awareness		
HF7.79	Day care for children of working women in Anganwadi buildings	New	Applies				Provides services			
ED.73	Girl student incentive	New					Provides services			
ED.74	Block level teacher award	New					Provides services			
ED.75	Mid-day meal quality testing	New				Provides services				
ED.76	Online Transcripts	New	Applies						Provides services (Board level)	
ED.77	Students loan for higher education	New	Applies						Provides services (Dir. Level)	
ED.78	Industry leadership sessions	New	Applies						Provides services (District/Block Level)	
ED.79	Venture Capitalists and angel investor community	New	Applies						Provides services (District/Block Level)	
ED.80	Digital Champions School Labs	New	Applies							
FCS.27	Deliver Food grains, SK Oil.	New	Applies							
ED.1	Textbook Design and Selection	Prioritized							Provides services (Dir. Level)	
ED.4	Module on Early Childhood Education	Prioritized							Provides services (Dir. Level)	
ED.5	Conduct of SSLC and HSSLC Examination	Prioritized							Provides services (Dir. Level)	
ED.7	Scholarships, Stipends & Fee waivers	Prioritized	Applies						Provides services (Dir. Level)	
ED.11	Non-Govt. Institution Grant in aid Disbursement	Prioritized	Applies						Provides services (Dir. Level)	

Service Code	Service Name	Service Status	Citizen / Businesses	FCS & CA	Hospital/ Blood Banks	Health Dept.	Social Welfare	Health Workers	Education Department	Teachers
ED.12	Issue of Duplicate Reg. Card, Admit Card, Marksheet and Certificate	Prioritized	Applies						Provides services (Dir. Level)	
ED.13	D.El.Ed Programme Scholarship	Prioritized	Applies						Provides services (Dir. Level)	
ED.20	Training for Supporting Human Capital Development (ADB)	Prioritized							Provides services (Dir. Level)	Avails Services
ED.26	Schools Opening permission under DSEL	Prioritized	Applies						Provides services (Dir. Level)	
ED.28	Aids and appliances, Assessment camps and imparting Homebased education to Children with Special Needs under Samagra Shiksha Abhiyan	Prioritized	Applies						Provides services (Dir. Level)	
ED.31	Transport escort allowances for CWSN	Prioritized	Applies						Provides services (Dir. Level)	
ED.32	University / College NOC Issuance	Prioritized	Applies						Provides services (Dir. Level)	
ED.36	Model Question Papers, Test Items, Preparation and Use of Audio-Visual equipment Workshops	Prioritized	Applies						Provides services (Dir. Level)	
ED.37	MBOSE Online Submission for Documents Verification	Prioritized	Applies						Provides services (Dir. Level)	
ED.39	Engineering Seat Allocation through CSAB	Prioritized	Applies						Provides services (Dir. Level)	
ED.41	Meghalaya Teacher Eligibility Test	Prioritized							Provides services (Dept. Level)	Applies
ED.45	Approval for appointment of Teachers and staff in Deficit Grant in Aid Colleges	Prioritized							Provides services (Dept. Level)	Applies
ED.48	Award for Meritorious Tribal students of Meghalaya in the HSSLC Exam Science Stream	Prioritized	Applies						Provides services (Dept. Level)	

Service Code	Service Name	Service Status	Citizen / Businesses	FCS & CA	Hospital/ Blood Banks	Health Dept.	Social Welfare	Health Workers	Education Department	Teachers
ED.49	Foundation Course	Prioritized	Applies						Provides services (Dept. Level)	
ED.51	INSPIRE AWARD Manak Scheme	Prioritized	Applies						Provides services (Dept. Level)	
ED.58	Vocational/Career Guidance to Students	Prioritized	Applies						Provides services (Dept. Level)	
ED.70	Special Training for Out of School Children under Samagra Shiksha Abhiyan	Prioritized	Applies						Provides services (Dept. Level)	
SW.1	Chief Minister Scheme for Wedding Assistance for Orphaned Girls	Prioritized	Applies				Provides services (Dept. Level)			
SW.2	Token Grant under Vocational Training for Person with Disabilities- through NGOs	Prioritized	Applies				Provides services (Dept. Level)			
SW.3	Complaints and Redressals by the women commission	Prioritized	Applies				Provides services (Dept. Level)			
SW.6	Grievances and complaints Redressal	Prioritized	Applies				Provides services (Dept. Level)			
SW.12	Supplementary Nutrition Programme	Prioritized	Applies				Provides services (Dept. Level)			
SW.13	Cash Award to Meritorious Students with disabilities	Prioritized	Applies				Provides services (Dept. Level)			
SW.14	Uniform Grant for Person with Disabilities	Prioritized	Applies				Provides services (Dept. Level)			
SW.15	Unemployment Allowance for Person with Disabilities	Prioritized	Applies				Provides services			

Service Code	Service Name	Service Status	Citizen / Businesses	FCS & CA	Hospital/ Blood Banks	Health Dept.	Social Welfare	Health Workers	Education Department	Teachers
SW.16	Vocational Training Centre for Disabled NGOs Financial assistance	Prioritized	Applies				Provides services			
SW.18	Grant in Aid for NGOs for the welfare of Children	Prioritized	Applies				Provides services			
SW.19	Grant in Aid for NGOs for the welfare of Women	Prioritized	Applies				Provides services			
SW.20	Medical reimbursement for the Person with disabilities	Prioritized	Applies				Provides services			
SW.21	Book Grant for Person with Disabilities	Prioritized	Applies				Provides services			
SW.22	Grant-in-aid to NGOs to Sponsor Vocational Training for person with disabilities	Prioritized	Applies				Provides services			
SW.23	Financial assistance to Creche NGOs	Prioritized	Applies				Provides services			
SW.24	Grant in Aid for NGOs for the welfare of Aged	Prioritized	Applies				Provides services			
SW.30	Grants in aid for construction of girl's hostel	Prioritized	Applies				Provides services			
SW.34	Stipend under Vocational Training Persons with Disabilities	Prioritized	Applies				Provides services			
SW.35	Grant in Aid for NGOs for Combating of Drugs, Prevention of Alcoholism and Substance Abuse	Prioritized	Applies				Provides services			
SW.36	Grant in Aid for NGOs for the welfare of person with disabilities	Prioritized	Applies				Provides services			
SW.41	Training and Capacity building-Orientation and Sensitization	Prioritized	Applies				Provides services			
SW.43	Financial assistance for Medical Treatment for Aged	Prioritized	Applies				Provides services			
SW.44	Monitoring for Skill & Entrepreneurial Development of PwD	Prioritized	Applies				Provides services			
SW.50	Chief Minister Social Assistance Scheme for Person with Disability	Prioritized	Applies				Provides services			
SW.54	Early Childhood care and Education / Pre-school Non-formal Education	Prioritized	Applies				Provides services			
SW.55	Pension under Chief Minister Social Assistance Scheme for the infirm & Single Mother	Prioritized	Applies				Provides services			