

## Minutes of the meeting of State Health Society (Delhi) held on 13<sup>th</sup> May 2008.

A meeting of the State Health Society Delhi was held on 13<sup>th</sup> May 2008 at 11:00 AM in the Conference Room of Delhi Secretariat under the Chairman ship of Principal Secretary (H&FW), GNCTD. List of participants is annexed (Annexure-1)

Mission Director, Delhi State Health Mission (DSHM), Sh. S. Prakash initiated the proceedings by welcoming the participants. Mission Director informed that this is the third meeting of the State Health Society (SHS). Last meeting of the SHS was held on 27<sup>th</sup> July 2007. The primary purpose of this meeting was to apprise the members of the progress made by DSHM since the last meeting of the Society, to share the information regarding work done in 2007 - 08 and salient features of the state PIP 2008-09 submitted to Govt. of India. Dr M.K. Aggarwal, State Program Officer, DSHM was requested to present the summary of Agenda Items for the meeting. Information given to the house and decisions taken are given below:

### I. Action taken report on the minutes of previous SHS Meeting

II. **ASHA:** Chairman, SHS, enquired about recently launched ASHA Scheme. It was desired that a monitoring mechanism shall be in place to monitor the work of ASHA as well as to guide and solve day today problems of ASHA. Mission Director informed that there is plan to take services of retired senior Govt. doctors for the monitoring work and soon a system will be in place for this. Dr. Monika Rana, State Nodal Officer further informed that ANMs are the immediate supervisors of ASHA. It was also informed that mentor groups will be formed for guidance and facilitation of ASHA. On a query from one of the participants it was informed that a smooth mechanism exist at the level of unit for verification of work of ASHA on a daily basis and timely payment of incentive money to the ASHA. It was further informed that out of 49 units at present significant nos., 50% are in MCD Centers. MCD representatives were advised to actively monitor the units under their jurisdictional charge. Chairman emphasized that the responsibility for proper supervision and guidance of ASHAs will essentially be of the unit nodal officers. All unit nodal officers may be advised about the important role and responsibility for making the scheme a success. Mentor groups should also be in place within one month. **Action: Mission Director**

### III.

**MAMTA:** Dr. M.K. Aggarwal informed the participants about the launch of MAMTA, a scheme aimed to lower maternal mortality and infant death by increasing institutional deliveries among the vulnerable section of women. It was informed that at present 31 private nursing homes are empanelled under the scheme. Chairman SHS/ Pr. Secretary (H & FW) commented that this number is low when seen in context of registered nursing homes in Delhi. It was informed by Mission Director that a meeting of District MAMTA nodal officers was taken by him to take the feed back and shortly a meeting will be taken to have feed back from some Nursing Homes. It was informed that a cabinet note for revising the scheme can be moved thereafter to make it more

acceptable to the private partners as well as to improve the coverage of really needy and vulnerable. Dr. M.K. Aggarwal informed that most of the registrations/ deliveries till now are of SCs only as BPL certification is not available with majority of the targeted population. DCs informed that even income certification from SDMs may take not less than 30-45 days. The meeting was unanimous that, a self certification, like in LADLI Scheme may be a better option. Dr. D. K. Dewan, State MCH Officer, DFW suggested that a woman belonging to a slum address may be considered a BPL woman. Chairman, SHS agreed that such women giving self certification about income should not require BPL Certification from the Govt. authorities. These matters may be examined carefully and a note brought before the cabinet within June, 2008. Further an order may be issued linking ASHAs with MAMTA Firendly Hospitals and Maternity Homes to facilitate two way dialogue. **Action:** **Mission Director**

#### IV.

**JSY:** Performance under JSY Scheme was reviewed. State health Society noted with satisfaction that the number of beneficiaries under the scheme has increased considerably over the last year, from 248 in 2006-07 to 7185 in 2007-08. It was informed that this can also be attributed to the decisions of allowing BPL certification by public representative i.e. by Municipal Councilor and payment to the beneficiary in cash instead of cheque as recommended by Govt. of India. The target for 2008-09 is 12,000 beneficiaries.

#### V.

**Upgradation of Mty. Homes of MCD:** It was informed that, after the committee on upgradation of Mty. Homes of MCD submitted the report the staff recommended by it was approved and is going to be recruited soon. The equipments will be purchased and given to the Mty. Home by respective IDHS on RCs to be finalized by DHS. Chairman desired that Rs to be finalized quickly Regarding repair and other construction work it was desired that agencies like DTTDC or DSIIDC may be approached for estimates for one time repairs and maintenance and later on routine maintenance can be provided by the Engineering Dept. of the MCD. **Action: Mission Director/ DHS**

#### VI.

**GIS Mapping:** Chairman SHS desired that Maps generated by GIS Mapping shall be made available to CDMOs/ IDHSs as well as to SPMU for better planning. **Action: Mission Director**

#### VII.

**PUHC Standardization:** Dr. N. K. Yadav, MHO, MCD stated that there should be uniform staffing pattern for health facilities whether it belongs to MCD or Delhi Govt. It was informed by Dr. Monika Rana, SPO, DSHM that a committee is looking into PUHC standardization issues and this forms one of the reference points for the committee. MCD is represented on the committee. Chairman advised the committee to complete the report.

#### VIII.

**Procurement Issues:** Pr. Secretary (H & FW) enquired about the procurement issues and desired that any pending issues to be taken up with DHS should be dealt expeditiously, especially with regards to procurement of weighing scales. SHS was informed about purchases made by SPMU which included 2 computer note books, 1 fax cum printer, 2 printers, 1 scanner and 2

photocopier machine and furniture (worth Rs. 49,500/- only). **Action**  
SPMU/DHS

IX.

**PPP for Diagnostics:** It was informed that a committee has given the report on modalities for implementing the scheme and is under consideration for approval and scheme will be launched in next three months. **Action: Mission Director**

X.

**Recruitments:** It was informed that recruitments under NRHM Additionalities are going to be done very shortly. This includes staff of 14 categories numbering 611 in total and meant for Mty. Home up gradation, seed PUHCs, Mother Labs, Basic Labs For M & CW Centers, ASHA Units, Blood Storage units, District stores, district training and BCC units, MIS units etc. Security/ sanitation are to be outsourced. Recruitment for vacant and newly proposed posts in 2008 09 will be done separately later on along with recruitments under RCH. **Action: Mission Director**

XI.

**Seed PUHCs:** It was informed that in this year a total of 39 seed PUHCs will be made operational. The areas have already been identified in most of the districts except for 2 in north east district. Chairman, SHS desired this activity may be taken up in right earnest now as the IDHSs have been given liberty to hire the space in slums and unauthorized areas by forming the committees and fixing reasonable rates up to the limit of Rs. 10, 000/- PM. **Action: Chairman IDHS/ CDMOs**

XII.

**Facility Survey:** The society was informed that facility survey of 475 primary health care units belonging to MCD and Delhi Govt. has been done along with 32 Maternity Homes of MCD. Out of the 32 Mty Homes, 20 will be taken up for upgradation this year.

XIII.

**Provision of Neo-natal care:** Dr. Karuna Singh Project Director IPP VIII, MCD, Dr. M. Bhattacharya, NIHFW, Dr. M. K. Aggarwal, SPO, DSHM and Dr. D. K. Dewan raised the issue of referrals of sick neonate from Maternity Homes, district hospitals and MAMTA hospitals. It was pointed out that there is shortage of out born nursery/Neonatal ICU in Govt. hospitals including MCD. Dr. Aggarwal suggested creation of a State Task Force to recommend parameters and norms for the augmentation of this facility in Govt. Hospitals. Chairman, SHS agreed and desired that the Task Force may include Medical Superintendents of the hospitals also. He also desired that an order may be issued to govt. hospitals for taking in and providing care to all sick neo-nate referred from maternity homes or MAMTA Friendly Hospitals, clearly designating the referral hospital for each maternity Home and MAMTA Friendly Hospital. **Action: Mission Director/ DSHM**

XIV.

**Plan of Action 2008 -09: Key deliverables identified are:**

- a). Selection and placement of 2<sup>nd</sup> batch of 3000 ASHAs
- b). PPP for Diagnostics
- c). State Resource Center
- d). Identification of PUHCs and up gradation as per laid down standards
- e). Up gradation of 20 Mty. Homes of MCD
- f). Establishing 39 seed PUHCs in underserved areas
- g). Filling up of vacancies of SPMU/ DPMU and recruitment under RCH

h). Provision of Basic Labs in 50 M & CW Centers

XV.

**Convergence Issues With MCD:** It was informed by Additional MHO (M&CW), MCD that MCD had nodal officers in every IDHS for coordination between MCD and districts. It was pointed out by her that recently an order has been issued from the DFW that RCH ANMs can not be put on night duty which is creating problems for such work in Maternity Homes. Chairman, SHS asked Director Family Welfare to review this order in consultation with Mission Director. **Action: DFW/ Mission Director**

XVI.

**RCH SUB Account:** It was informed that SCOVA stands dissolved and from 01/04/08, no funds will be flowing in to SCOVA. Now the funds for RCH, Immunization and Pulse Polio will be received in main accounts of SHS, Delhi. Therefore it was proposed that a separate sub account for RCH including immunization and Pulse Polio may be opened for convenience of operations. Chairman SHS agreed in principle. Codal formalities to be worked out separately.

XVII.

**Feed back from Deputy Commissioners of Revenue Districts/ Chairman IDHSs:** All IDHSs are holding regular meetings of IDHSs. All the DCs were aware of the programs and schemes being implemented in their districts including seed PUHCs, MAMTA, ASHA, JSY etc.

XVIII.

**OTHER ISSUES:** There was discussion on slow Implementation of IDSP in Delhi. Participant from NICD pointed out that in many districts IT equipment is yet to be installed due to shortage of space. Dr. M.K. Aggarwal, SPO, DSHM replied that DSHM has requested G.O.I. for commercial rates for hiring the space for DPMUs, in PIP of 2008-09 and this problem will be solved soon. However, no decision could be arrived at regarding implementation of IDSP at revenue district level or MCD zonal level. Therefore it was decided to follow the present pattern of district level at present.

Dr. Sunila Garg, Professor, Community Medicine MAMC emphasized the need for focused IEC Plan and Information base for general population and ASHAs. It was informed that such plan exists and it shall be implemented this year in phased manner

**The meeting ended with vote of Thanks to the Chair.**