

All the State Programme Officers were also requested to start the task of preparing the PIP for 2007-08 accordingly in consultation with the CDMOs who have been designated as the District Mission Directors.

AGENDA # 4

Opening and operating of Bank Account of the State Health Society (Delhi)

For the funds flow to the individual programmes from the State Health Society, the option to have separate ledgers for each scheme under one main Society Account was approved as it will ensure overall integration of the health programmes while at the same time maintaining the individual identity of each programme.

It was also decided to open this account in Syndicate Bank branch of the Secretariat for reasons of convenience (as the Mission Directorate is located in the Secretariat also).

Each State Programme Officer would be required to keep separate account and submit Statement of Expenditures for the concerned programme. The State Programme Management Unit would ensure one integrated audit of the State Health Society (Delhi).

It was agreed that all funds under the NRHM programme be credited to the Society's account directly by the Ministry of Health & Family Welfare. While the funds for the NRHM flexi pool may flow into this account directly, for all other individual programmes, the Govt. of India be requested to release funds under the Delhi State Health Mission to the State Health Society (Delhi) (Sub Account -

Leprosy Control Programme, Blindness Control Programme, RCH Flexi-pool etc. as the case may be) which in turn would be channelized into the respective sub accounts to be of the programme in the Districts to be operated by the District Programme Officer of the concerned programme as discussed below.

At the district level also on the lines of state level set up while one main account would be opened in the name of the Integrated District Health Society (of the concerned district) sub accounts would be opened for each health programme. The fund would flow vertically from the state sub programme account to the district sub programme account under intimation to the CDMO (i.e. the District Mission Director). Each District Programme Officer would be required to maintain separate account and Statement of Expenditure (SOE) while the CDMO would ensure an integrated audit in respect of the Integrated District Health Society.

The funds under the NRHM flexi pool would be sent from the State Health Society (Main Account) directly to the District/Society (Main Account).

The Society decided the following officers be the cheque signing authority for release of funds at the state levels:

1. **For NRHM Flexi funds:** The State Mission Director /Member Secretary of the State Health Society (Delhi)
2. **For RCH- II Flexi funds:** The officer incharge of the RCH II Programme under the Director of Family Welfare
3. **For individual Health Programmes under the NRHM Programme:-**The concerned State Programme Officer

At the District level also, accordingly, the following officers be the cheque signing authority for release of funds at the district levels:

1. **NRHM Flexi Pool:** - The District Mission Director (CDMO)/Member Secretary the Integrated District Health Society (IDHS).
2. **For RCH-II Flexi Pool funds** The District Programme Officer
RCH-II
3. **For other National Health Programmes:** - The District Programme

Officer of the specific programme.

AGENDA # 5

Delegation of powers to Pr. Secretary (H&F M) to dispose of day-to-day matters of the Society

The society authorized the Principal Secretary (Health &FW) as the Chairman of the State Health Society (Delhi) to take executive decisions on behalf of the Governing Body as provided under By Law 5.3.12 of the Society Bye Laws.

AGENDA # 6

Inclusion of Representatives of Development Partners as members in the State Health Society (Delhi) in consultation with Govt. of India

The JS (Health & NRHM), GOI mentioned that normally the Govt. of India & States involves the Development Partners only in their State Resource Centers & not in the State Health Society & therefore it was decided that in Delhi also the same practice be adopted.

The meeting ended with a vote of thanks to the Chair.

19-12-2006 (1/1/2006-07)

Minutes of the first meeting of the State Health Society (Delhi) held on
December 19TH 2006 at Delhi Secretariat, ITO, New Delhi

The first meeting of the State Health Society (Delhi) was held on December 19th under the Chairmanship of Shri S. Negi, Principal Secretary (Health & FW) Govt of NCT of Delhi. It was attended amongst others (as per list annexed) by Sh Amarjeet Sinha, the Joint Secretary (Health & NRHM), Govt of India & Sh V. V. Bhatt, Principle Secretary (Finance), GNCTD. At the outset the Principal Secretary (Health) welcomed all the participants to the first meeting of the society and touched upon the status of NRHM at the State level and the agenda issues listed for the day, requesting everyone to give their best suggestions & inputs for making the State PIP & Management structures a practical & need based document.

The house then discussed the items listed in the agenda one by one and the decisions taken are as recorded hereunder against each item:

AGENDA # 1

Presentation on the State Health Mission (Delhi) under NRHM including preparation of the State Health Programme Implementation Programme (PIP) for 2006-07.

Dr Monica Rana Programme Officer (SPMU), made a presentation on the basic approach proposed to be adopted to implement the NRHM programme in Delhi & based on this also presented the draft PIP prepared for 2006-07. The presentation was appreciated by all the participants and approved by the Society unanimously. Dr. Desai MS (BHAS) suggested the inclusion of health care for the shelter less populations also as a group or support through the State NRHM. This suggestion was welcomed and he was requested to give his input immediately so that the same could be integrated into the State PIP. Sh Amarjeet Sinha mentioned that he would try and have the PIP listed for discussions in the coming review/appraisal on 22nd December at GOI level for considering its approval. The extract of the State PIP approved for 2006-07 involving an expenditure of Rs7.50 crore (approx) is at Annexure 2.

AGENDA # 2

Presentation of proposed set up of State Programme Management Unit & District Programme Management Units.

Dr DK Dewan Programme Officer (SPMU) made a presentation on the proposed set up of the State Programme Management Unit/ District Programme Management Units which was approved by the society. (Details at Annexure 3) After discussions it was agreed that recruitment for the SPMU/DPMU be done by

engaging an external agency who is well versed in recruitment of the personnel required for the set ups. It was also agreed that the working of the SPMU/DPMUs & the personnel recruited for them be managed initially by the State & District Mission directors rather than outsourcing this job, also to an outside agency. This decision was based on feedback shared by GOI about the practice adopted by the other states. On a suggestion from Dr Bhattacharya, NIHFV, it was agreed to add qualification of MPH while considering recruitment to the posts of Programme Managers at State and Distt. levels and for the Training coordinator at State level.

AGENDA #3

Vertical and Horizontal Integration of the on going programmes under the Delhi State health Mission

The proposal for vertical integration was approved for the vertical & horizontal integration of all ongoing health programmes of GOI. It was noted that all the state societies of individual programmes should be dissolved in Delhi upon the registration of the State Health Society (Delhi). The proposal to appoint the Member Secretaries of the erstwhile societies as State Programme Officers for the respective programmes was approved. They were requested to accordingly nominate District programme officers for each of the Districts in consultation with the DHS/DFW & the Chief District Medical Officers (CDMOs) and inform the names of such officers to the Mission Director.

Programme Officers of other health programmes, which are at present not a part of the NRHM such as HIV/AIDS, Cancer Control, Mental Health, etc. were also requested to put in place similar infrastructure at the District Levels so as to complete the process of integration.