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- 1. Pr. Secretary (H&FW) / Chairman, SHS (Delhi) – for information.
- 2. Divisional Commissioner (Co-Chairperson), Govt. of NCT of Delhi.
- 3. Pr. Secretary (Finance), Govt. of NCT of Delhi with the request to nominate an officer for the meeting.
- 4. Pr. Secretary (Planning), Govt. of NCT of Delhi with the request to nominate an officer for the meeting.
- 5. Pr. Secretary (UD), Govt. of NCT of Delhi with the request to nominate an officer for the meeting.
- 6. Joint Secretary (NRHM), Ministry of Health & Family Welfare, Govt. of India.
- 7. Secretary-cum-Director (Social Welfare), Govt. of NCT of Delhi.
- 8. Director (ISM & H), Govt. of NCT of Delhi.
- 9. Director (Education), Govt. of NCT of Delhi.
- 10. Secretary (NDMC), New Delhi Municipal Council.
- 11. Additional Commissioner (Health), Municipal Corporation of Delhi.
- 12. Additional Commissioner (Slums), Municipal Corporation of Delhi.
- 13. Additional Commissioner (Deptt. of Environmental Sanitation), Municipal Corporation of Delhi.
- 14. Director (CHEB), representative of Directorate General of Health Services, Govt. of India.
- 15. Director, Directorate of Health Services, Govt. of NCT of Delhi.
- 16. Director, Directorate of Family Welfare, Govt. of NCT of Delhi.

Copy to:

F. No.F10/Estt./MOSHS (D)/178/DSHM/11-12/9603-9665 Dated: 05/10/2012

State Program Officer
(Dr. Nutan Mundeja)


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5/10/2012

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I am directed to forward the minutes of the meeting of State Health Society (Delhi) held under the Chairmanship of Pr. Secretary (H&FW) at Delhi Sachivalaya on 25.09.2012 at 11.00 A.M.

SUBJECT: MINUTES OF THE MEETING

F. No.F10/Estt./MOSHS (D)/178/DSHM/11-12/ Dated:

 <p>NATIONAL RURAL HEALTH MISSION</p>	<p>STATE PROGRAM MANAGEMENT UNIT DELHI STATE HEALTH MISSION GOVT. OF NCT DELHI 6th Floor, 'A' & 'B'-Wing, Vikas Bhawan-II Near Metcalf House, Civil Lines, Delhi-110054 Phone No. 011-23812903,23812904 MailId:dshmspnu@gmail.com</p>
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(Dr. Nutan Mundeja)
State Program Officer

Mdks
5/10/2012

17. Upan, Maulana Azad Medical College, New Delhi.
18. Chief Executive Officer, Delhi Cantonment Board.
19. Municipal Health Officer, Municipal Corporation of Delhi.
20. Director Health Administration, Municipal Corporation of Delhi.
21. MOH Hospital, New Delhi Municipal Council.
22. MOH Family Welfare, New Delhi Municipal Council.
23. Chief Executive Officer, Delhi Jal Board.
24. Director / Head of the Department, Community Health Department,
25. Director / Head of the Department, Community Health Department,
26. Director, National Institute of Communicable Diseases, or his nominee.
27. Director (Medical), Employees State Insurance Corporation.
28. Additional Director (HQ), Central Govt. Health Scheme, Govt. of India.
29. Representative of Department of Health & Family Welfare, GOI
30. Project Director, Delhi State AIDS Control Society.
31. All State Programme Officers (RCH-II including immunization, TB, Leprosy, Cancer Control, Blindness Control, Deafness Control, Iodine Deficiency, Mental Health Programmes, Diarrhea Control, Vector Control Programmes (Malaria, Filariasis, Dengue, Japanese B encephalitis etc.), and Integrated Disease Surveillance Project)
32. NGO - SOSVA
33. NGO - UHRC
34. All CDMOs (Special Invitees)
35. Project Director, CATS (Special Invitees)
36. Director, IHBAS, Mobile Mental Hospital Unit (Special Invitees)
37. Principal / Director, MAIDS (Special Invitees)

SHS Minutes of the Meeting held on 25-09-2012

1. Meeting of the State Health Society (Delhi) was held on 25/09/2012 under the Chairmanship of Principal Secretary. List of participants is annexed.

2. State Health Society (Delhi) was informed about total available envelop for the State under NRHM and the approvals received till date. It was informed that a cushion of Rs. 90 Crores still available to the State.

3. Principal Secretary taking stock of the expenditure incurred under the various programmes, asked the officers to develop roadmap and ensure that targets envisaged in the approved PIP 2012-13 are achieved and the expenditure figures register proportionate levels. Director, Health Services (DHS) shall monitor the implementation of National Disease Control Programs and utilization of funds under those programs. Utilization under RCH flexible pool was low. Director, Family Welfare (DFW) informed that utilization under Janani Shishu Suraksha Karyakram (JSSK) was not because of these services being not available in our hospitals but it is because of the low state funds being utilized by the Hospitals for providing Maternal and Child Care. This calls for correction and DFW informed that draft for a new Government Order (G.O.), which addresses these issues will be proposed shortly, which will be discussed with Medical Superintendents of hospitals before issue. Principal Secretary reminded that a revised plan for reducing IMR and MMR ought to be submitted within 4 days. DFW was asked to submit a plan of strategies to reduce Infant Mortality and Maternal Mortality giving the details parameter wise within 4 days.

4. Recalling that the approved PIP has allowed the continuation of all existing posts under RCH and Mission Flexipool but no additional manpower, it was informed that Govt. of India desired the State to ensure rational and equitable redeployment of existing staff. Accordingly, all District Health Societies should review staff positions in each health establishment and undertake redeployment within the district. In case, any extra staff, belonging to any category is there in any district, the details may be communicated to the SPMU within 10 days; one time permission for inter district re-allocation was approved by SHS for such cases.

5. There are a number of vacant positions in the districts as well as in the SPMU. Efforts should be intensified to expedite the process of selection. The vacancy positions in each category may be consolidated for all districts and the SPMU may take a lead role in coordinating the process for and on behalf of the various units.

6. 70 Patient Transport Ambulances have been operationalized by CATS with funding from Mission Flexipool. Principal Secretary desired that the usage of CATS Ambulance should be monitored on day to day basis by a designated officer to ensure optimum utilization. Expenditure incurred by CATS alongwith physical achievements should be informed to State Program Management Unit on a monthly basis.

7. Expenditure for trainings has been low. Principal Secretary suggested that National Institute of Health and Family Welfare (NIHFW) could be involved in training of Master Trainers of the Districts. It should be ensured that trainings are completed as per the plan submitted in PIP.

8. Salary: It was approved to pay enhanced salary to the Medical Officers and Specialist w.e.f. 1st April 2012. However, the Chief District Medical Officers should take an undertaking from the contractual medical officers / specialists that they have not been doing private practice

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14/05/2012

- All approved and required ASHAs are selected in the identified areas. CDMOs must ensure that this target is met by November end 2012.
 - Completion of all Modular trainings must be ensured within the current financial year.
 - The ASHA Kits must be provided to the ASHAs. In order to save time, ensure uniformity and cost effectiveness the State Program Management Unit shall undertake the necessary centralized e-tendering.
 - ASHA Incentives are paid to ASHAs by 10th of every month and the district ASHA Nodal Officer submits a duly signed statement to this effect by 15th of every month.
15. It was highlighted that ASHA Scheme was an empowerment for the health centres to deliver their mandate of reaching the most vulnerable individuals in its catchment area with the available health services. The CDMOs were requested to accord the required priority to the scheme and ensure that :
14. Expenditure incurred by all the programmes during 2011-12 was discussed. There is pressing need for all SPOs to ensure that FMR are sent regularly. FMR should reflect physical target vs achieved target and expenditure incurred. Utilization Certificate should be sent timely so that funds can be released. There is under reporting of fund utilization to GOI.
(Action: All CDMOs and Programme Officers)
 13. PIP for the year envisages co-location of 40 AYUSH facilities. Principal Secretary desired the locations to be finalized within 15 days.
(Action: Concerned IDHS and DHS)
 12. Seed PPHCs: 63 Seed PPHCs have been approved for catering to un-served areas. Of these, 53 Seed PPHCs are already functional, the rest should be setup on priority basis in the un-served areas. Fixation of rent of these buildings should be done as per guidelines issued by the Govt.
 11. Funds for Procurement of Drugs have been approved in the Supplementary Plan for Swami Dayanand Hospital and facilities of East Delhi Municipal Corporation. These funds have to be directed through the respective IDHS. It was directed that the generic drugs should be procured and quality control should be ensured by lab testing.
Rogi Kalyani Samitis should be formed as per the guide lines of GOI. The process of forming Jan Swasthya Samiti at PPHC level should be initiated.
(Action: SPM and concerned IDHS)
 10. Procurement of equipments as included in the Supplementary PIP has been approved with the caveat that costs of similar equipments should be comparable and hence the Delhi Govt. would constitute a technical committee to ensure uniform specifications for equipment followed up by an open competitive bidding process as per govt. rules. Warranty & AMC for 5+5 years also is to be included as part of the contract. The technical committee should be constituted with members from all the three Municipal Corporations and representative from Delhi Government.
(Action: SPO, SPM)
 9. Transfer of funds for construction of 6 new dispensaries as approved under Mission Flexipool would be through State Health Society to PWD Department. Director, Health Services shall monitor the construction through respective districts. Also release of funds for Municipal Corporations should be done by the respective Integrated District Health Society.
(Action: CDMOs and SPMU)
- and will not do private practice before releasing the enhanced remuneration. Enhancement of salary @ 5% for other NRHM Staff issue would be taken up with GOI.

5/10/2011
MDS

Meeting ended with thanks to the Chair.

(Action: All CDMOs and Programme Officers)

If these simple steps could be unfailingly observed, it would enhance the morale and output of the employees considerably.
Rationalise and ensure optimum utilization of resources.
v) Performance of all contractual employees should be assessed objectively.
the chain of performance of ASHA, ANM and Medical Officer utilizing MCTS.
iv) MCTS: Implementation of MCTS at Hospital level should be ensured. Monitor completed and submitted by 5th of every month.
iii) Reporting physical progress should be incorporated in FMR. It should be
ii) Payment to ASHA should be made by 10th of every month.
following month.
i) Payment to all NRHM Contractual staff should be made by the 5th of the

17. The Mission Director requested all the CDMOs to ensure the following:
(Action: All CDMOs and Programme Officers)

assess performance of the ANMs, CDEOs, MOS.
generated by the system must be used by the concerned officers and the CDMOs to pregnant women and newborns / children especially those at high risk. Reports
Work plans generated by the MCTS have to be used by the ANMs and MOS to track the parameters in monthly performance reports.
for it to be useful. Work of the staff engaged in this activity shall be assessed on these
The data provided through the HMIS has to be complete, accurate and provided in time
these instruments have not been made use of. It was emphasized that:

16. There are two powerful IT based instruments, namely HMIS and MCTS (Mother and Child Tracking System) which all units of NRHM are provided with. But the full potential of
(Action: All CDMOs and SPMU)

The need for reviewing the ASHA Incentive package was highlighted and it was decided to examine the issue in detail.
the procedure laid down.
The functionality of ASHA must be assessed by the supervising ANM/Medical Officer using the identified objective criteria. Non functional ASHAs must be replaced through

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