

2/8/2010-11

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STATE PROGRAM MANAGEMENT UNIT
DELHI STATE HEALTH MISSION
GOVT. OF NCT DELHI

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Dated: 03/02/11

File No. 101/33/06/NRHM/H&FW/

Subject: Minutes of Meeting

Please find enclosed herewith Minutes of the Meeting held on 31/01/11 at 11.00 a.m. regarding "Approval of the State PIP 2011-12" under the Chairmanship of Secretary (H&FW), GNCTD for your kind information & necessary action please.

R. Ramesh Chugh
31/01/11
(Dr. Ramesh Chugh)
State Programme Officer

Dated: 03/02/11

File No. 101/33/06/NRHM/H&FW/ 438

Copy to:

1. Divisional Commissioner (Co-Chairperson), Govt. of NCT of Delhi.
2. Pr. Secretary (Finance), Govt. of NCT of Delhi
3. Pr. Secretary (Planning), Govt. of NCT of Delhi
4. Pr. Secretary (UD), Govt. of NCT of Delhi
5. Joint Secretary (NRHM), Ministry of H&FW, Govt. of India.
6. Secretary-cum-Director (Social Welfare), Govt. of NCT of Delhi
7. Director (ISM&H), Govt. of NCT of Delhi
8. Director (Education), Govt. of NCT of Delhi
9. Secretary (NDMC), New Delhi Municipal Council
10. Additional Commissioner (Health), Municipal Corporation of Delhi
11. Additional Commissioner (Slums), Municipal Corporation of Delhi
12. Additional Commissioner (Deptt. of Environmental Sanitation), Municipal Corporation of Delhi
13. Director (CHEB), Directorate of General of Health Services, Govt. of India
14. Director, Directorate of Health Services, Govt. of NCT of Delhi
15. Director, Directorate of Family Welfare, Govt. of NCT of Delhi
16. Dean, Maulana Azad Medical College, New Delhi
17. Chief Executive, Delhi Cantonment Board.
18. Municipal Health Officer, Municipal Corporation of Delhi.
19. Director Health Administration, Municipal Corporation of Delhi
20. New Delhi Municipal Council
21. MHO Family Welfare, New Delhi Municipal Council
22. Chief Executive Officer, Delhi Jal Board
23. Director/Health of the Deptt, Community Health Department, National Institute of Health & Family Welfare
24. Director/Health of the Deptt., Community Health Department, Jawahar Lal Nehru University, New Delhi.

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R. Ramesh Chugh

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25. Director, National Institute of Communicable Diseases, or his nominee
26. Director (Medical), Employees State Insurance Corporation
27. Additional Director (HQ), Central Govt. Health Scheme, Govt. of India

28. Project Director, Delhi State AIDS Control Society

29. All State Program Officers (RCH-II including Immunization T.B, Leprosy, Cancer

Control, Blindness Control, Deafness Control, Iodine Deficiency, Mental Health

Programs, Diarrhea Control, National Vector Borne Disease Control Programs (Malaria,

Filaria, Dengue, Japanese B encephalitis etc.), and Integrated Disease Surveillance

Project), Pulse Polio Immunization

30. Principal, MAIDS

31. NGO-SOSVA

32. NGO-UHRC

33. Special Invitees: Deputy Commissioners of all 9 Districts.

34. All CDMOs

35. P.S. to Secretary (H&FW)/Chairman, SHS (Delhi)-for kind information.

36. P.A. to Mission Director, Delhi State Health Mission.



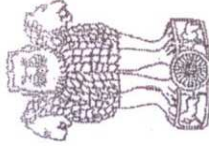
R. Ramesh Chugh

(Dr. Ramesh Chugh)
State Program Officer

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Govt. of National Capital Territory of Delhi
Health and Family Welfare Department
Delhi State Health Mission
6th Floor, A&B Wing, Vikas Bhawan-II
Delhi-110054



MINUTES OF THE MEETING

A meeting of State Health Society was convened at Conference Hall No. 1 Delhi Secretariat, under the chairmanship of Secretary Health and Family Welfare, GNCTD on 31/01/11 at 11.00 AM to discuss and approve State PIP 2011-12.

The following issues were highlighted and discussed:-

1. At the outset SPO highlighted the thrust areas and the challenges being faced by the State.
2. Mission Director informed that there is a definite gap for access of services for the homeless, people living in the vulnerable areas, Senior Citizens, Women and Children in distress. In the current PIP provision has been made for Mobile Medical Units to provide services to the needy at the doorstep. The Mobile Medical Units are proposed to be accessible through telephone facilities and can be called by the above category of vulnerable groups in case of emergency medical requirement. Two Mental Mobile Units, two dental service delivery Mobile Units and two community dental units have been approved in the PIP 2010-11. Two additional MMHUs, 7 additional vans for community dental health services, one for Blood Donation, collection and storage to be operationalized under DSACS, one van each for NPCB, NPPCD and recurring cost for 4 vans under Minority affairs for NE district and 8 MMUs for service delivery were approved for projection in PIP 2011-12.
3. **Management Cost:** SPO informed that management cost should be 6 to 10 % of the total budget, but New Delhi District has projected more than 30%. It was also informed that NDMC has refused financial assistance from NRHM for health activities and have agreed to bring out the necessary augmentation from their own resources. In view of this, it was decided that DPMU of New Delhi and Central may be clubbed for all official purposes. Regarding hiring of space for CDMO West office it was decided that budget may be projected in PIP 2011-12 but it was advised to have permanent space for the office from State. It was also decided that no additional staff over and above projected in the PIP 2010-11 may be included in the current PIP so as to minimize the additional human resource cost.

R. M. V. Ph
31/2/11

4. **Rental Cost:** It was highlighted that districts had to pay high rents to hire venues for stores, trainings, space for DPMUs and CDMO Office. Mission Director suggested that the possibility of utilizing the available Govt. institutions/hospitals/secretariat for these activities may be explored. It was agreed that the costing on the rentals for training programs should be taken off from the current PIP to keep more provisions for service delivery.

5. **Strengthening of Primary care health institutions/Secondary level Hospitals:** It was informed that approximately 34 crores have been sought for strengthening of secondary level hospitals for maternal and newborn care, which is almost 150% of the amount sought in 2010-11.

a) It was highlighted that augmented projections for manpower have been made for secondary level hospital strengthening. On this issue Secretary clarified that NRHM funds are to be utilized only to fill the gaps and it was decided that the CDMOs and MSs must ensure that the staff projected is within the GNCTD norms /or the norms recommended by NRHM for strengthening purposes. They must also ensure that the same demands have already been projected to State. He further added that the recruitment must be done with a condition that this contractual staff will be withdrawn subsequent to provision of the same staff by the regular state channel, that are being streamlined. He further opined that the projections of manpower etc should only be made to NRHM as a part time arrangement and the same should simultaneously be projected to State for long term sustainability.

b) DC Central informed that 41 lacs have been approved for civil works under NRHM in Kasturba Hospital (MCD), which is only 50% of the actual requirement. He further informed that the funds have not been released to Kasturba Hospital because of non availability of total funds for the completion of the work. Secretary directed that funds available may be released to Kasturba Hospital with the gap funding to be provisioned by MCD. However the proposal for additional funds may be projected in the PIP 2011-12 in chapter VIII.

c) It was informed that approx 7 Crores has been sought for strengthening maternal and Child Health services of NC Joshi hospital. Secretary directed that a separate proposal may be moved by the respective hospital to the State and may be dropped from the State PIP 2011-12.

d) Regarding 50 lacs projected by Dada Dev Maitry and Shishu Chikitalaya for purchase of equipments in the year 2010-11, it was decided that the hospital shall book the expenditure in the current financial year only and the funds for the same activity may not be projected in the year 2011-12. Secretary decided that only medical officers and specialists may be projected in the State PIP 2011-12 and paramedics and equipment should be omitted and projected in the State Plan subsequently.

Ramkrishna
3/2/11

- e) Regarding JPCH it was decided that for FP Unit, minimum manpower as per the norms may be projected.
- f) State MCH officer informed that norms of different categories of staff approved by AR are not sufficient to meet the current requirements and need to be revised. Secretary desired that the norms need to be dynamic and directly related to the outputs. He also requested that existing norms if available may be shared with the State on priority. If need be, a consultant may be hired for examining the existing norms and the bases for revisions required.

6. **Strengthening of Maternity Homes**:-it was informed that even after strengthening of Maternity Homes some maternity Homes has shown decline in performance over last two years. Secretary advised DHA (MCD) to hold a meeting to work out the issues related to Maternity Homes.

7. **ASHA Scheme**:-

- a) In 2010-11, GOI had in its ROP recorded that ASHA Scheme be funded by the State Government over and above 15% as the ASHA Scheme for Urban areas – USHA was still to be launched by GOI. The house was informed that the State Govt has provisioned the funds for the Scheme with an advice that we may continue to seek funds from GOI.
- b) Regarding the incentives for ASHAs, it was informed that though the major part of incentives are from the State funded scheme, a part of incentives was from individual National health programs under provisions for link worker / ASHAs for specific program related activities. i.e. NPCB , RNTCP, NLEP , Family Planning incentives . Also a conscious decision had been taken and approved by Cabinet on augmenting GOI incentives for certain activities to give the required thrust to these activities and also enhance the otherwise meager package for ASHAs which might suffice in the rural states but was insufficient to attract and sustain ASHAs in an urban setting . These activities are – facilitation in identification and surgery of a cataract case wherein Rs. 100 shall be provided from State funded scheme per eye operated in addition to the GOI , NPCB incentive of 175/- . Similarly ASHAs shall get an incentive of 100/- from State scheme in addition to the GOI incentive for facilitating a Tubectomy / Vasectomy.
- c) Regarding the Senior Citizen screening initiative under the ASHA Scheme it was decided that ASHAs shall be given Rs. 25/- for accompanying the senior citizen to the health center and getting the screening done and recorded in a senior citizen screening card every six months. Accordingly the guidelines shall be issued.

R. Murthy
3/2/11

d) Regarding the incentive for facilitating institutional delivery, it was decided that in case of a JSY beneficiary, the ASHA shall in addition be entitled to the JSY incentive.

8. **Recruitment of Manpower**:-IDHS West highlighted that many posts have fallen vacant on promotion of Lab assistant to Lab technician and also LTs have been transferred to Hospital. On this issue Secretary informed that Finance department has permitted to recruit people on contract basis for vacancies already existing in the State. He further informed that Department of Health and Family Welfare, GNCTD will soon issue guidelines for recruitment and authorize the hospitals. Secretary Health directed that for Medical Officers and Specialists provision may be kept in the current PIP for services strengthening. However, for paramedics and other support staff it may be deleted as these can be filled by State on contractual basis. It was also decided that provision for earlier approved support staff may be kept in the current PIP, however no additional support staff should be projected in PIP 2011-12.

9. **Seed PUHC**:-

- a) Mission Director informed that all districts are facing difficulty in setting up Seed PUHCs at the approved rent per month. Secretary desired that a comprehensive plan to ensure uniform coverage may be prepared hiring a consultant/consultant agency.
- b) **Upgradation to PUHCs**: Regarding upgradation of Seed PUHC into PUHC, Secretary directed that the seed PUHCs having sufficient space and workload to justify their upgradation to PUHCs may seek staff accordingly.

10. **AYUSH**: Regarding funds for activities projected for 'Mainstreaming of AYUSH', only the funds for collocation of AYUSH facilities may be projected and rest all the funds may be projected to respective programme division.

11. **RCH and Immunization**: OSD RCH and State MCH Officer presented the State Plans and the plans were approved as such by SHS. However following points were discussed in details:

- a) Secretary suggested that a scheme may be prepared from State Plan for incentivizing females accepting IUCD as a method of family planning on the same lines as for the acceptors of Tubectomy /Vasectomy. Its implementation may be considered through DSHM.
- b) **Provision of Sanitary Napkins for Adolescent girls and Women** was approved as an important intervention and the funds proposed were approved however it was advised that the scheme may be integrated with that being implemented by Missior Convergence through GRCs for operationalization.

R. Murthy
3/2/11

c) PNDT:- No need for separate post of CDEO, the work would be handled by the existing manpower.

c) Rationalization of ANM: Rationalization of ANM activity should be done across the State. All ANMs irrespective source of their salaries have common roles and responsibilities and should be responsible for 10,000 population each.

2. Budget approved in PIP 2010-11 for procurement of equipment/computers/spectacles etc. should be utilized before 31st March, 2011. It will not be reflected in PIP 2011-12.

13. Newer Initiatives:-

a) It was agreed that funds for MCD school health scheme proposed by West District should be taken care of by parent body which is MCD. However support may be provided to fill in the gaps, if required.

b) Program for Non Communicable Diseases Programme:-

i) Diabetes: The submitted proposal was reviewed and it was advised that the proposal may be reworked.

ii) Proposal for Prevention and Management of Stroke, hypertension, CVD, Mental Health, Thalessemia and Osteoporosis was discussed and approved in principle but it was decided that the funds for DEXA Scan and ECG machines may be projected from State Plan funds. It was advised that the proposal may be reworked keeping provision for capacity building, IEC/BCC and service provision.

iii) Senior Citizen Friendly Health Services: The proposal was approved.

Meeting ended with vote of thanks.

R. Murthy
3/2/11.

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LIST OF PARTICIPANTS OF STATE HEALTH SOCIETY MEETING ON 31.1.2011.

1. Mission Director, DSHM
2. Mr. Mohan Lal, Director, ISM&H
3. Mr. Akash Mahapatra, DC, Central
4. Mr. G.L. Meena, DC, North East
5. Mr. Amit Singla, DC, North West
6. Mr. S.P. Dixit, DC, South West
7. Dr. N.K. Yadav, MH, MCD, Civic Centre
8. Mr. Madhu Jain, DHA, MCD, Civic Centre
9. Dr. Suneeta Garg, Director Professor, Community Medicine, MAMC
10. Dr. R.K. Batra, Principal, Health & Family Welfare Training Centre
11. Dr. A.K. Goel, SFWO/HOO, Directorate of Family Welfare
12. Dr. D.K. Deewan, SMCHO, Directorate of Family Welfare
13. Dr. Kirti Bhushan, OSD-RCH, DFW
14. Dr. S. Kaura, SPO, Directorate of Family Welfare
15. Dr. P. Wanchoo, CMO, PNDDT, Directorate of Family Welfare
16. Dr. Ritu Mathur, CMO I/C, Directorate of Family Welfare
17. Dr. Gurdev Singh, CMO (NFSG), Cant. Gen Hospital, Delhi Cantt.
18. Dr. R.P. Vashist, Consultant PH, Gulabi Bagh
19. Dr. S.V. Madhu, SPO, NIDDCp
20. Dr. Renu, CDMO, North West
21. Dr. S.K. Sharma, CDMO, South West District
22. Dr. Ashok Khurana, CDMO, Central & New Delhi
23. Dr. R.M. Garia, CDMO, East District
24. Dr. Archana Rani, CDMO, North
25. Dr. L. Chopra, CDMO, South District
26. Dr. A.K. Saxena, CDMO, North East
27. Dr. Sonia Gupta, NRHM Nodal Officer, South West
28. Dr. Shelly Kamra, NRHM Nodal Officer, North
29. Dr. Ashok Saini, DPO, NRHM, North West
30. Dr. Renu, DPO, RCH, CMO (NFSG), North West
31. Ms. Atma Saroha, DPM, North West
32. Mr. Bharat Singh, DPM, Central District
33. Dr. Pawan Kumar, DPO, NRHM, New Delhi
34. Mr. Sanjeev Chaudhary, MIS Expert, South District
35. Dr. Vipin Kapoor, CMO (Medical)
36. Mr. Girraj Singh, Epidemiologist, IDSP
37. Mr. Amit Mehra, Pharmacist, North East District
38. Mr. Mahesh Verma, Director-Principal, MAIDS
39. Dr. Vikrant Ranjan Mohanty, Lecturer, MAIDS
40. Dr. Sukhvinder Singh, Sr. Resident, MAIDS
41. Dr. Gita Mehrotra, Staff Surgeon, MAIDS
42. Dr. Pankaj Kumar, Asst. Professor, IHBAS
43. Dr. Rushi, Clinical Psychologist, IHBAS
44. Dr. Arshad, MO/MMHU, IHBAS
45. Mr. Venugopal, SDWH, MCD
46. Mr. Subhash Chandra, AS (UD), UD Department
47. Mr. R.K. Bhagga, DS (FM), Finance Department
48. Dr. Ramesh Chugh, SPO
49. Dr. Monica Rana SPO
50. Dr. Nutan Mundeja SPO
51. Dr. Pragya Sharma SPO
52. Mr. Hardev Singh Chauhan, SPM, DSHM
53. Dr. S. Ailawadi, State M&E Officer, DSHM
54. Mr. M.K. Sateeraja, SFM, DSHM
55. Ms. Ramamani Patnaik, HMIS Consultant, DSHM