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GOVT. OF NATIONAL CAPITAL TERRITORY OF DELHI
HEALTH & FAMILY WELFARE DEPARTMENT
9TH LEVEL, A-WING, DELHI SECRETARIAT, NEW DELHI - 02

No.F.10/33/06/NRHM/H&Fw/1702-1744

Dated: 05.9.07

Sub.: Minutes of the Meeting of Delhi State Health Society held on 27th July 2007.

A meeting of the Delhi State Health Society was held on 27th July, 2007 at 3.00 pm in conference room of Delhi Secretariat under the chairmanship of Pr.Secretary (H & F W), GNCTD. The list of participants is annexed(Annexure1).

Mission Director, Delhi State Health Mission (DSHM), Sh. S. Prakash, started the proceedings by welcoming the Chairman (DSHM) -- Pr. Secretary (H&FW), Shri DS Negi and Co-Chairman (DSHM) -- Divisional Commissioner, Shri. Rakesh Behari as well as the other participants . Pr. Sec (AR) / OSD (H&FW), Shri Vivek Rae was also present. M D stated that the primary purpose of this meeting was to apprise the members of the progress made by DSHM under NRHM since the last meeting of the Society and to share the Status of State Program Implementation Plan(PIP) 2007-08 along with its salient features.

Programme Officer Dr.D K Dewan was requested to present the action taken report and the institutional arrangements put in place since the last meeting of the SHS held in Dec 2006. Certain important activities undertaken during this period were also laid before the society as part of the action taken report.

Action Taken Report:

1(a). Intervention for addressing health needs of shelterless populations:

In the last meeting Dr. Desai of Mental Health Programme had suggested that the State plan should include interventions for addressing health needs of shelterless populations. The members were informed that a provision for 25 mobile health vans has been sought in the current plan for covering small vulnerable population groups and shelterless would be part of this segment.

Project Director IPP-VIII informed that night shelter of MCD can be starting point for this type of service Chairman enquired about survey done by the Directorate of Social Welfare regarding the Homeless population. Representative of DSW informed that survey is complete and the report is being submitted. It was decided that DSW findings once made available will also be referred to while covering the shelterless population.

(b). Part PIP for NRHM Flexipool 2006-07 submitted in Dec 2006:

In the last meeting of State Health Society in December 2006 part PIP for NRHM Flexipool had been approved by the society and subsequently submitted to GOI requesting funds for setting up basic management structures (SPMU & DPMUs) and some field interventions. GOI had approved most of the proposed activities with financial implications of 7.5 crores. Majority of approved

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Mission Director then went on to highlight the fact that Delhi was one of the few States where all the districts had prepared their District Health Action Plans without any outside help, using their own technical staff and indigenous resources. Based on this the State PIP had been prepared and submitted to GOI for approval, in the absence of a functional SPMU and with the meager resources available at the state level. The preparation of DHAPs / the State PIP presented before GOI had been appreciated. He also highlighted the formulation and cabinet approvals for two important schemes -- ASHA and MAMTA schemes for Delhi.

Programme Officer Dr. Monika Rana was then requested to present the salient features of the State PIP 2007-08 submitted to GOI for approval. Dr. Rana began her presentation by briefly pointing out the peculiarities of the State which make formulating DHAPs, State PIP for Delhi and then implementing them a challenge. The perspective goals set by the State in the PIP, thrust areas, core strategies were touched upon briefly.

The salient features of the State PIP were presented as following components:

A). Strengthening of existing infrastructure: Strengthening of 20 Maternity homes of MCD and provision of basic lab for 50 M&CW centres and LTs for Mother Labs was a key activity under this head.

- **Comments :** Addl. MHO (M&CW), MCD commented that 6 PP units were not being strengthened under NRHM to which Ms. Archana Verma, Dy. Secretary, GOI responded by clarifying that GOI is no longer funding the PP units which will now be the State responsibilities.

B). Coverage of unserved and underserved areas: A provision for setting up of temporary RCH Outreach centres and Mobile health vans has been sought in the PIP to provide immediate respite in the unserved and underserved areas till more comprehensive units can be established.

- **Comments:** Director Health Services, GNCTD suggested that 43 gender resource centers can be the center point for providing services to women and children in underserved areas. He also suggested that 25 mobile vans proposed under NRHM for providing services in underserved areas may be integrated with Mobile Health Scheme of DHS.

C). Capacity Building : Realizing the importance of having strong implementing infrastructure / mechanisms in place a high priority has been accorded to building the same in the PIP 2007-08 especially the Programme management units / Training and BCC Infrastructure.

D). Specific Strategies: to achieve the goals set for Maternal Health, Child Health, Family Planning, Adolescent Health and National Programs like RNTCP, NLEP, Blindness Control, NIIDDCP, NVBDCB and IDSP were touched upon briefly.

E).Proposed Convergence with Dept of Social Welfare / Dept of Education / Water & Sanitation / AYUSH was shared.

- **Comments:** Chairman, highlighted MAMTA scheme wherein the DHFW converged with DSW to provide benefits for BPL/ SC/ST mothers from a common window.
- Participants from Directorate of ISM pointed out the low budgetary allocation of Rs.12.28 lac. SPO stated that ISM was very much a part of the existing health system and further additions / ventures will be taken up after detailed facility surveys in the current year.

F). Innovations: MAMTA Scheme , PPP for diagnostics, Neonatal Intensive Care Units , Mapping and Family Health Cards pilot in two districts were stated briefly.

- **Comments :** DHS suggested that family health cards could be issued through ASHAs.

Project Director, IPP-VIII commented that before family health cards are issued, the areas will need to be linked first in terms of referrals.

Addl. MHO,M&CW, pointed out the shortages of Nurseries specially the out born nurseries. Dr. D.K. Dewan explained that PPPs had been proposed in PIP to address this issue.

G). Communitisation of the health system: Through ASHA – the volunteer , local woman from the area who will be trained and enabled with a drug kit to promote healthcare seeking behavior, mobilize the community and facilitate their access to the available healthcare services . 5450 ASHAs are to be recruited and trained over next two years for the 109 lakh population living in the difficult areas of the state at one per 2000 population.

Through setting up of 165 Village health and Sanitation Committees in the 165 listed villages of the state.

- **Comments:** Pr. Sec (AR) & OSD (H&FW) sought clarification if the listed villages included urbanized villages and stressed that slums / JJ Clusters also needed these Committees.

Dr. Siddharth from Urban Health Resource Center suggested that few of the water and sanitation committees can be proposed at Basti level.

Ms. Archana Verma, Dy. Sec., GOI responded by informing that a separate Urban Health Mission is to be launched soon and will be providing for similar structure in the urban areas.

Director Family Welfare, pointed out the shortage of space for the recruited doctors and ANMs in the existing dispensaries. It was clarified that these doctors had been recruited to serve in the unserved and underserved areas and till such time as the temporary / permanent infrastructure could be put in place they have been attached to the nearest centres from where they are to provide services in the nearby unserved areas. Chairman, strongly emphasized the need for coming up with our structures in the unserved areas on a priority basis and rationalizing the existing staff failing which we would not be able to achieve our objective of covering the unserved and underserved areas, he stated.

- **Two Workshops were conducted – (1).** One for senior level health functionaries of hospitals belonging to different health agencies on "Systems Reforms" at Indian Institute of Public Administration with financial implications of Rs.2,85,000/- (2). Second in LBSNAA for the district NRHM teams including the CDMOs and officials from other agencies for preparation of District Health Action Plans (DHAPs). Total Financial implications being Rs. 6,17,520/- (3). Third – dissemination and work-planning workshop is scheduled from 6th to 9th Aug 2007 with an approved budget of Rs. 6,19,250/-
- **Funds for National Vector Borne Disease Control Program (NVBDCP) in the CFY.** Funds for NVBDCP received so far have been released directly to MCD / NDMC HQ during the CFY as the account opening / ground level mechanisms are still in the process of being set up by the Districts.
- **Setting up of State Conference and documentation facility.** Principal Secretary in his capacity as Chairman of Society gave A/A for renovation and repair work for first floor, M Block, at ITO for Technical and Data documentation center. The activity has been included in the State PIP 2007-08 and funds sought from GOI for setting up the same.
- **GOI revised Guidelines on the delegation of financial & administrative powers.** The members were apprised of the revised guidelines received from GOI on the delegation of financial & administrative powers right from the state to the peripheral worker so that local action at each level is facilitated for implementation. The State & district level modifications have already been approved at the level of the chairman and GOI apprised of the same while the guidelines for sub district & below are being examined before incorporation. As per the guidelines the states are at liberty to further modify the prescribed guidelines in favour of the implementing authorities. A summary was circulated as annexed(Annexure 2).

Dr. D K Dewan concluded his presentation by highlighting achievements under RCH II -- Recruitment of 150 MOs / 396 ANMs and setting up of mechanism for Emergency Transport for patients in Obstetric emergencies. Mission Director invited comments of Chairman and participants on the presentation by Dr. D.K. Dewan.

Comments:

- Co- chairman commented that health indicators like IMR, MMR, Life expectancy in Delhi do not compare favorably even with South Asian countries, therefore, the importance of implementing NRHM in right earnest and convergence was one of the key strategies , hence the challenge lay in implementing it at the ground level.
- Representative, Delhi cantt. Board observed that there had been no mention of cantonment board . Chairman advised that the board be mentioned as a stakeholder in NRHM. Mission Director, pointed out that NDMC and Delhi Cantt. Board had taken some time to get sensitized to the programme and had only recently started responding.

activities were to be taken up from the unutilized funds lying with the RCH II Programme and Rs 1.35 Crores was released in addition.

2. Setting up of SPMU & DPMUs:

An external agency has been identified after due processing for recruitment of the managerial staff for SPMU and DPMUs. A venue had been identified in Maulana Azad Medical College to house the SPMU and a sum of Rs.16.50 lacs approved for the necessary works being executed through PWD. Many districts have identified venues for DPMUs. Basic equipment has been acquired and data entry operator provided in all the districts.

3. Vertical and Horizontal Integration of the ongoing programmes under the Delhi State Health Mission:

- (a). (Para 1 of agenda item 3) In 7 out of 9 districts Integrated District Health Societies (IDHSs) have been registered and in the remaining 2 the process is on. Under National Blindness Control Programme, integration with IDHS has been done in 4 districts by dismantling of the existing NBCP societies and identification of district programme officers, the process is on in the remaining 5 districts. In NLEP integration is complete. In RNTCP and NIDDCP the process is now to be initiated by the concerned State Program Officers. In IDSP district level mechanisms are being put in place.
- (b). (Para 2 of agenda item 3) Though NACP is not directly under umbrella of NRHM, a functional integration is taking shape as setting up of blood storage units / Opening of VCTCs and conduct of RTI / STI Trainings are a part of the State PIP 2007-08.
- (c). (Para 3 of agenda item 3) State Programme officers have prepared the PIPs pertaining to the programmes being looked after by them which have been incorporated in the State PIP 2007-08.

4. Opening / Operating of Society Bank Accounts:

- (a). State Health Society Main & Sub accounts for various programmes had been opened in the ICICI Bank instead of the Syndicate Bank as decided in the last meeting. It was also stated that 2 out of the 3 designated signing authorities have been included as against the one signatory that was decided in the last meeting. This had been according to the GOI instructions received subsequently & the same were duly endorsed and concurred by the finance department of the state before incorporation.

By virtue of the powers vested with the Chairman of the State Health Society to take executive decisions on behalf of the Governing body certain other activities were undertaken after due approval by the Chairman, Pr.Secy(H&FW).

These being:

- A TV Program on awareness regarding NRHM / RCH / DSHM and various interventions sought under it was approved by the chairman. The agency was hired based on inputs of its prior work for IT/Power & DFW department of the government. It was prepared and aired on D.D.National in series of episodes, each episode dealing with a specific aspect. Total financial implications being, Rs.6,46,504/-.

Project Director IPP-VIII stressed the need for a regulatory body for decisions regarding opening of new centers. Chairman stated that regulation is not going to solve the problem. Dr. Arvind Goel, CMO, DFW pointed out that district level health societies can be the declared forum to decide about the new areas where centers need to be opened and that there was no need for any other regulatory body.

Pr.Sec (AR) & OSD (H&FW), commented that the whole exercise should be directed towards reaching the target groups. He enquired whether a mapping has been carried out regarding these areas. Dr.Rana apprised the members that a preliminary mapping exercise had been undertaken by the Districts to list the unserved and underserved areas and the refinement of this list and GIS Mapping had been kept as a part of the current PIP. Pr.Sec (AR) suggested that digital mapping already done by Urban Development Department can also be used for this essential activity.

Dr. Siddharth from Urban Health Resource Center pointed out that mapping is available for Shahdara , North Zone in Northeast District and Narela Zone of Northwest District.

Chairman, Sh. D.S. Negi, complimented the Mission Director and the team for excellent presentations. He highlighted the schemes for the benefit of women and children like ASHA, MAMTA and hoped that Rogi Kalyan Samities would be operationalized soon. He also reiterated that health indicators need to be examined at a micro level to identify the pockets where these need to be tackled.

Since it was the last meeting for the outgoing Pr. Secretary (H&FW), Shri D.S. Negi, due to retire on 31st July, a thanks giving & ceremonial farewell was accorded by the Society highlighting the proactive role played by him in achieving important mile stones in the progress of the Delhi State Health Mission.

Meeting ended with a vote of thanks by the Mission Director, thanking the Chairman, Co-Chairman and Pr. Sec (AR)/ OSD (H&FW) and the other members for their enthusiastic participation and contribution to the Mission.



(SUYASH PRAKASH)
MISSION DIRECTOR(DSHM) &
ADDL.SECRETARY-I(H&FW)