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DELHI STATE HEALTH MISSION
GOVT. OF NCT DELHI

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F10/Misc/FEC/126/DSHM/08-09/

Dated: 12/10/09

Subject: Minutes of Meeting

I am directed to forward the minutes of Empowered Committee/Executive Committee meeting held on 29-09-2009 at 11:00 A.M. under the Chairmanship of Principal Secretary (H&FW), GNCTD for your kind information and necessary action please.

Dr. M. K. Aggarwal
SPO, DSHM

Enclosed: As Above

F10/Misc/FEC/126/DSHM/08-09/

Dated: 12/10/09

Copy to:

1. PS to Pr. Secretary (H&FW), GNCTD
2. PA to Mission Director, GNCTD
3. Addl. Commissioner (Health), MCD
4. Director, Directorate of Health Services
5. Director, Directorate of Health & Family Welfare
6. Director (IS&MH), GNCTD
7. Dr. Ramesh Chugh, SPO, DSHM
8. Dr. Monica Rana, SPO, DSHM
9. Dr. Pragya Sharma, SPO, DSHM

Special Invitee

1. Addl. Secretary, Finance, GNCTD
2. Joint Secretary, Law & Justice, GNCTD
3. Director, Planning, GNCTD

M. K. Aggarwal
12/10/09
Dr. M. K. Aggarwal
SPO, DSHM

Minutes of the Meeting of Empowered Committee of State Health Society (Delhi) on 29/09/09 at 11 a.m. in the conference room of Pr. Secy.(H&FW) / Chairman, State Health Society (Delhi)

A meeting of the Empowered Committee of State Health Society (Delhi) was held on 29/09/09 at 11 a.m. in the conference room of Pr. Secy.(H&FW) / Chairman, State Health Society (Delhi). List of participants is annexed as "Annexure I"

- 1. **ASHA Incentives:** A need has been felt for enhancing the ASHA incentives to get the maximum benefit out of the scheme .As per the feedback from District ASHA Nodal officers, there has been increase in utilization of services like immunization , antenatal care , early registration in pregnancy , postnatal care , institutional deliveries. An increase in incentives is required to keep the enthusiasm of these volunteers alive and to keep the attrition rate low. The Committee formed for crystallization of the incentive package had also recommended an enhancement once the scheme had been on the ground for some time and had also suggested some areas for enhancement.

A presentation was made on the proposed enhancement of existing incentives and additions of new incentives for ASHAs. Some of the areas identified for the increase in incentives were the incentive for promoting institutional deliveries, facilitating IUCD insertions, meetings of health and sanitation committees, reporting maternal and infant mortality. New incentives were proposed for the senior citizen initiative (community / home based care for senior citizens with the help of ASHAs and ANMs), added incentive from state for vasectomy and tubectomy, facilitating cataract surgery, immunization completion – Measles before one year of age, ensuring follow-up visit of the Gr. III & IV, Hb gm% of 8 gm% or less, facilitating Birth registration of each newborn. It was also suggested that the incentive proposed for the senior citizen initiative be given in 2-3 stages and linked up with follow up.

It was advised that for enhancing the ASHA incentives a cabinet note may be put up for approval of Cabinet.

- 2. **ASHA Coats / Jackets:** A Committee of district ASHA nodals had been formed to standardize the coat in terms of design / material / colour etc. It was advised that the ASHAs are given cash for purchase of ASHA Coats/ Jackets as per standardized specifications. The purchases of Coats/ Jackets by ASHAs are to be verified by ASHA nodal officer of ASHA Unit. The funds shall be reappropriated and provisioned from ASHA contingency head.
- 3. **PUHC Standards:** It was informed that the final draft of Public Health Standards for Primary Urban Health Centres shall be submitted within 10 days. As adoption of these standards for the State would require Cabinet approval and a Cabinet Note may simultaneously be prepared.
- 4. **Formation of Health and Sanitation Committees:** It was informed that a meeting of all CDMOs and NRHM Nodals had been taken on setting up of the Health and Sanitation Committees. As required , guidelines for setting up health and sanitation committees had been finalized and had been disseminated to the district with room for flexibility / local innovations to be used after due approvals by the respective integrated district health societies.

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5. **Referral Linkages for the strengthened Maternity homes:** Two meetings on referral linkages have already been held under the Chairmanship of Pr. Secy. (H&FW) and the decisions taken in those meetings are being implemented. The core action groups comprising of the representatives of the Mat Home, linked PUHCs and the sec/tert care institutions have been formed. The referral guidelines / cards / signages are being finalized and necessary funds have already been released to the districts for operationalizing the linkages .The third meeting is scheduled on 6th Oct 09.

6. **Replication of best practices** Approvals of Empowered Committee were given for replication of best practices in the PUHCs including token system for OPDs in PUHCs, provision of TV / DVDs for health education, provision of Pharmacy Software, Provision of RO System with water cooler for PUHCs, Inverters for power backup. It is advised that guidelines and specifications for services/ items to be procured are finalized by a committee consisting of officials from Directorate of Health Services and SPMU for facilitating the districts in implementing these practices uniformly.

7. **Dental Health Services:** It was advised that MAIDS may be the Nodal Agency for implementation of Mobile Dental Health Services under NRHM and funds are to be transferred for the same to MAIDS. It is advised that manpower to be recruited for implementation of this scheme should be as per general condition contained in approval of the State PIP (Program Implementation plan) for the same, which is given as under:-
 - All posts under NRHM are on contract and based on local criteria. The contract should be done by the Rogi Kalyan Samiti/ District Health Society. The stay of person so contracted at place of posting is mandatory. All such contracts are for a particular institution and not transferable. The contracted person will not be attached for any purpose at any placeThe districts to be covered under the scheme will be decided in consultation with DSHM and places where the services are to be delivered should be in consultation with Mobile Health Services of Directorate of Health Services. The monitoring of the scheme will be done by IDHS, Central District and DSHM.

8. **Tracking scheme for pregnant women through registration, ANC, Delivery, PNC and Immunization of the infant.** A presentation was given on the concept of tracking scheme for pregnant women through registration, ANC, Delivery, PNC and Immunization of the infant. A component of incentive at each stage was also in built in the tracking system. It was informed that a scheme with similar objectives is already in operation in Assam. It was appreciated that the scheme may help in better care of the pregnant women and may help in increasing the institutional deliveries as well as better care of neonates and infants including complete immunization. It was advised that the concept may be examined for preparation of a scheme for tracking pregnant women as noted above.

9. **Preparation of PIP 2009-10** .It was advised that preparation may be initiated for preparing the next year (2010-2011) Programme Implementation Plan so that it may be put up for advice and approvals at proper forums in timely manner.

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10. **NIHFW Proposal:** Modified proposal has been received from the NIHFW for attachment to a sub district hospital for teaching / demonstrating implementation of various programs / activities. It was decided that the same may be formalized through a MOU. In addition a proposal has been submitted seeking funds for conversion of the OPD based NIHFW clinic into a twenty bedded 24 x 7 maternity unit providing a comprehensive Obs and Gyne unit. It was advised that the required details be sought from NIHFW and the same may be examined and submitted to GOI for necessary approvals in revised PIP / PIP 2009-10.
 11. **Cell for Civil / Electrical works:** It was advised that feasibility of establishing a project cell under Delhi State Health Mission for carrying out civil, electric maintenance work and constructions etc. in respect of health facilities may be examined.
 12. **Recruitment for the approved posts :** It was advised that SPMU, DSHM should lay down guidelines/procedures/ processes for recruitments including Recruitment Rules, Job Responsibilities, Assessment Criteria in selections and also to identify the vacancies reservation category wise in consultation with districts and program officers. The IDHSs and various programme divisions may carry out the recruitments in decentralized manner as per the guidelines laid down as noted above. SPMU is advised to fill up its vacancies in similar manner.
 13. **Selection of volunteers for NLEP:** SPO (NLEP) requested for appointment of Leprosy Assistants on contract, in hospitals under Urban Leprosy Program. These leprosy assistants were there till March, 2009 under a different scheme which was terminated by Govt. of India with effect from current financial year. However it was pointed out that under Urban Leprosy Program only volunteers or NGOs can be hired, therefore it may not be advisable to recruit Leprosy Assistants on contract. It was advised that a scheme of hiring volunteers or involving NGOs may be examined to track and facilitate management of leprosy patients under Urban Leprosy program within guidelines as provided by Govt. of India.

Meeting ended with vote of thanks of the Chair.

LIST OF PARTICIPANTS

1. Mr. A.K. Singh, MD, DSHM
2. Mr. H.R. Sharma, Dy. Secy.
3. Dr. Brindha, DFW.
4. Dr .B. Mohanty, ADHS (M), DHS (HQ)
5. Dr. L.N. Meena, JD; Plg
6. Dr. R. Chugh, DHS
7. Dr. R.K. Manchanda, Dy. Director (H)
8. Dr. A.K. Goel, HOO, DFW
9. Dr. Gita Mehrotra, MAIDS
10. Dr. K.S. Baghotia; SLO, DHS
11. Dr. M.K. Aggarwal, SPO, DSHM
12. Dr. Monika Rana, SPO, DSHM
13. Dr. Pragya Sharma, SPO, DSHM
14. Dr. Vikrant Mohanty, MAIDS
15. Mr. Hardev Singh Chauhan, SPM, DSHM