



**State Program Management Unit
DELHI STATE HEALTH MISSION**

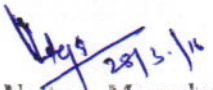
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F. NO. F1-14/7/2014-Estt. | I | 1959 / 2016

Dated: 28/03/2016

SUBJECT: MINUTES OF THE MEETING (2/21/2015-16)

I am directed to forward the minutes of the meeting of State Health Society (Delhi) (2/21/2015-16) held on 15/03/2016 at 10.30 a.m. at Delhi Sachivalaya under the Chairmanship of Chairman, SHS (D) / Secretary (H&FW), GNCTD


(Dr. Nutan Mundeja)
State Program Officer

F. NO. F1-14/7/2014-Estt. | I | 1959 / 2016

Dated: 28/03/2016.

Copy to:

1. 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 (NHM), 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), EDMC, SDMC, NDMC
12. Additional Commissioner (Slums), EDMC, SDMC, NDMC.

13. Additional Commissioner (Deptt. of Environmental Sanitation), EDMC, SDMC, NDMC
14. Director (CHIB), Representative of Directorate General of Health Services, Govt. of India.
15. Director General Health Services, Govt. of NCT of Delhi.
16. Regional Director, Health Services (Central, East, West, North and South)
17. Director, Family Welfare, Govt. of NCT of Delhi.
18. Dean, Maulana Azad Medical College, New Delhi.
19. Chief Executive Officer, Delhi Cantonment Board.
20. Municipal Health Officer, EDMC, SDMC, NDMC
21. Director Health Administration, EDMC, SDMC, NDMC
22. MOH Family Welfare, New Delhi Municipal Council
23. Chief Executive Officer, Delhi Jal Board
24. Director / Head of the Department, Community Health Department, National Institute of Health & Family Welfare.
25. Director / Head of The Department, Community Health Department, Jawahar Lal Nehru University, New Delhi
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, Govt. of India
30. Project Director, Delhi State Aids Control Society.
31. All State Programme Officers (NUHM, RCH-II Including Immunization, Maternal Health, Child Health, Adolescent Health, Family Welfare, PC-PNDT, PPIP, Tuberculosis, Leprosy, Cancer Control, Blindness Control, Deafness Control, Iodine Deficiency, Mental Health Programmes, Tobacco Control, National Program for Health Care of Elderly, National Vector Borne Disease Control Programme and Integrated Disease Surveillance Project)
32. NGO - SOSVA
33. NGO - UHRC
34. OSD to Hon'ble Minister, H&FW - Special invitee.

Signature valid

Digitally signed by NUNDEJA AN
Date: 2016.03.28 16:13:00 IST
Reason: Approved



NUNDEJA AN

Minutes of the State Health Society (D) Meeting
[No. 2/21/2015-16] held on 15/03/2016

Meeting of the State Health Society [Delhi] was held on 15/03/2016 at 11:30 am in the Conference Hall-3 of Delhi Sachivalaya under the Chairmanship of Chairman, State Health Society (Delhi).

List of participants is as per **Annexure -1**.

The proceedings and decisions are as follows:

Agenda No.1- The minutes of the SHS (D) meeting held on 23-09-2015 were confirmed.

Agenda No.2: Action taken report on the minutes of the State Health Society (Delhi) meeting held on 23/09/2015 was discussed. Following decisions were taken:--

2(ii): Selection of 41 Pharmacists by LN Hospital-- SHS (D) decided that the shortlisted pharmacist may be placed by counseling strictly for 1 year. The pending Pharmacist vacancies may be filled for one year on an immediate basis centrally.

2(iii): Space for State Drug Store: SHS (D) directed SPO (RNTCP) to explore availability of additional space in Dwarka, Sector - 20 & Guest house of GTB Hospital for storage of drugs.

2(ix) Exemption under 80G: SHS (D) was informed that as per the approval of the Hon'ble Minister H&FW GNCTD, State Health Society (Delhi) has obtained exemption on 08/12/2015 under section 80G (5) (vi) of the Income Tax Act, 1961.

2(10)(i) 15% enhancement in salary in respect of all contractual staff under NRHM during financial year 2015-16: SHS (D) was informed that proposal for funds was submitted for consideration during RE stage. Total funds under Salary head has been approved as Rs. 25.66 Crore but the funds has been informed as fund approved for ASHA incentives. A request for Re-appropriation of RE has been submitted. Cabinet Note for in principle approval of the policy has been submitted.

2(10)(ii) There will be a provision of field allowance for ANM's and Patient Care Allowance for Staff Nurses, Lab Technician, Lab Assistant, OT (Technician), OT (Assistant), Pharmacist, Dresser @ Rs. 2000 p.m. w.e.f. F.Y. 2015-16 : SHS (D) was informed that proposal for funds was submitted for consideration during RE stage. Total funds under Salary head has been approved as Rs. 25.66 Crore but the funds has been informed as fund approved for ASHA incentives. A request for Re-appropriation of RE has been submitted. Cabinet Note for in principle approval of the policy has been submitted.

2(10)(iii) Health Department of NCT of Delhi will request to Ministry of H&FW, GoI to enhance salary for contractual staff under NRHM equal to contractual staff of State Government: SHS (D) was informed that communication was sent to MoHFW, but no reply has been received despite following it up with the Ministry.

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2(10)(iv) Staff of NRHM may be considered for regularization along with the other health department contractual employees as per the policy of the Government : SHS (D) was informed that Department of H&FW has been requested to inform about the progress made with respect to regularization of contractual engagements so that the details of the contractual engagement under DSHM may be informed.

2(10)(v) Provision of 10 days Medical Leave for all contractual NRHM staff: SHS (D) ratified provision of 10 days Medical Leave for all contractual engagement under DSHM on pro-rata basis.

2(xii) Modification in the composition of Rogi Kalyan Samitis (Hospital & District): SHS (D) informed that a proposal for modification in the RKS constituted in the health facilities of Delhi has been approved by the Cabinet as per the Decision No. 2297 dated: 24/02/2016. An order for the same has been issued as per **Annexure-2**.

2 (21). ANM Training school under East Delhi Municipal Corporation (EDMC): EDMC has been directed to submit a Detailed Project report (DPR) emphasizing on the reasons for increase in the project cost which should be included in the State PIP 2016-17.

Agenda No.3: Extension of contract of contractual engagements of SHS (D)

Action taken: SHS (D) ratified the extension of the contract of contractual engagement from 01/01/2016 to 31/03/2016. The SHS (D) also approved that the contract period for contractual engagement under DSHM will be as per the financial year in accordance to the performance appraisals.

Agenda No.4: New appointments under State Health Society (Delhi)

Action taken: SHS (D) ratified the appointment of following new contractual engagements:-

1. Ms. Mani Bhatia, State Program Manager
2. Mr. Jitender Yadav, Bio Medical Engineer
3. Ms. Manni Chitkara, Bio Medical Engineer
4. Ms. Anima Sharma, Bio Medical Engineer

Agenda Point No. 5: Statutory audit for F.Y.2014-15 in respect of State Health Society (Delhi):-

The Statutory Audit Report for F.Y.-2014-15 as finalized by M/s KPMR Associates (CA Firm) with following component was presented to SHS (D):-

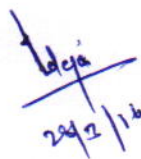
1. Audit report addressed to the Mission director, State Health Society Delhi
2. Checklist for auditors of state Health Society
3. Consolidated Balance sheet as on 31.03.2015
4. Consolidated Income & Expenditure A/c for the year ended 31.03.2015
5. Consolidated Receipt & Payment A/c for the year ended 31.03.2015
6. Detail of unspent balances

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7. Detail of advances
8. Schedule of Cash & Bank Balance

Action taken report for Statutory auditor notes of accounts as per following details was submitted to SHS (D):-

Sr. No	Observation	Action Taken
1	Fixed Assets purchased for units are treated as expenditure and not shown as fixed assets of the society	This is done as per guidelines of the Ministry of Health & Family Welfare, GoI at point no. 5.3.3 - "Treatment of Fixed Asset".
2	Fixed assets purchased for State and District during the year are treated as Revenue expenditure and charged to Income & Expenditure account but also capitalized as fixed asset with equivalents credits to capital fund. Fixed assets should have been directly capitalized and should have been included in utilization.	As per Govt. of India Guidelines while reporting the utilization certificate should include the expenditure as per income and expenditure accounts as well as the amount of capitalized assets.
3	Fixed assets registered are not complete and updated at units and centers.	Fixed assets registered at State level has been completed and updated. Instructions for informing the Action taken by the district have been issued.
4	Inter office fixed asset transfers are not supported with any accounting entry evidence and are not reconciled for both end through accounts.	Inter office fixed asset transfer is supported with accounting entry only in the current year due to merger of RNTCP the fixed assets stands at State level transferred to as fixed assets of respective districts. For reconciliation it is essential to develop customized accounting software.
5	As per accounting policy of the society no depreciation is charged on fixed assets as total assets have already been charged to revenue. We suggest that fixed assets should be shown in balance sheet at their depreciation value by charging depreciation to capital fund shown in balance sheet at their depreciated value by charging depreciation to capital funds.	As per policy of National Health Mission no depreciation shall be charged on fixed assets.



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6	Most of the persons associated with society including persons at District and Units are contractual employees and therefore Tax Deduction at Source (TDS) should be made considering payments as salaries u/s 192 of the income Tax Act. The amount such paid is already shown as salary in the accounts. Presently the society is making TDS u/s 194-J from persons who are paid more than Rs. 20,000/- p.m, which is not correct.	As per observation, the TDS is deducted on source under section 192-B.
7	Expenditure incurred in certain scheme during pre-approved Budget period have been merged with other approved scheme without having any direction to do so.	Few ongoing activities of Mission Flexi pool were transferred to National Urban Health Mission. This was informed at the time of PIP approval. On the basis of Administrative approval of the State PIP received from MoHFW, Gol, transfer entries are made to transfer the expenditures from Mission Flexi pool to NUHM.
8	Inter office accounts reconciliation process not in existence. Please refer note no. 4. It is suggested that customized accounting system should be developed and introduced.	Discussion have been held with 'Tally Team' to make customized accounting software as per requirement of DSHM.
9	Interest income is generated at gross root level which is not accounted for uniformly throughout the Delhi State Health Society and its Units and Centers.	All the interests income are accounted if intimated while submitting utilization certificate from unit level to District level. District are asked to submit action taken for the same.

Agenda Point No. 6: Status of concurrent Audit for f.y. 2015-16 in respect of State Health Society (Delhi) and NDCPs

SHS (D) was presented the Concurrent Audit Report along with the action taken for the period April' 2015 to January' 2016. SHS (D) observed that the quality of audit was not up to the mark.

Agenda Point No. 7: Re-appointment of Statutory Auditor

SHS (D) approved that fresh tender as per Gol guidelines may be done for appointment of statutory auditor for the financial year 2015-16.

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Agenda Point No. 8: Appointment of Concurrent Auditors

SHS (D) was informed that tender for **Concurrent Auditors has been** floated for 2016-17 for the State, New Delhi District and North District.

Agenda Point No. 9: Ratification of loan to DSACS

As per the approval of the Chief Secretary in State Consultation meeting for social protection of DSACS, a proposal for interest free loan was received from Delhi State AIDS Control Society (DSACS). SHS (D) ratified the interest free loan of Rs. 1186.05 Lakhs to DSACS.

State Program Management Unit should ensure that the funds are received back in the current financial year.

Agenda Point No. 10: Approval for functionalizing a payment gateway on the website for receiving donations for Aam Aadmi Clinic

SHS (D) approved that the payment gateway for receiving online donations for Aam Aadmi Clinic may be functionalized on Aam Aadmi Mohalla Clinic website maintained by IT Department of Delhi Govt.

Agenda Point No. 11: Approval for hiring a Chartered Accountant Firm for consultancy.

Delhi State Health Mission has total budget of approximately Rs. 300 Crores approved under various scheme which includes grant in aid from GoI and Delhi state plan Scheme GIA. The scope of work is increasing every year e.g. FCRA registration, Donation for Aam Aadmi Clinic, scrutiny cases etc.

SHS (D) ratified the hiring of a Chartered Accountant Firm for Consultancy.

Agenda Point No. 12: Ratification of submission of Form 10 to Income Tax Department

The final accounts of SHS (D) for 2012-13 came under scrutiny of the Income Tax Department, GoI. As per direction of Finance Management Group, National Health Mission, Ministry of Health & Family Welfare GoI, SHS (D) has submitted form 10 to Income Tax Department with the approval of Secretary (H&FW) GNCTD. SHS (D) ratified submission of Form 10 regularly to the Income Tax Department at the time of filing returns, whenever required.

Agenda Point No.13: Rationalization of Human Resource and Deployment

In an endeavour to rationalize human resource under Delhi State Health Mission, SHS (D) approved the following action:-

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(i) No family member should be employed if any one member is already employed by DSHM or is a State Program Officer or Program Manager or any other decision making provision in the State Govt. Such relation should be disclosed at the time of selection and all renewals. State Program Management Unit should do the necessary rectification in the formats.

(ii) Performance appraisal format should be re-examined for all categories of contractual engagement. New Performance appraisal format along with service level agreement should be prepared. Output indicators should be incorporated. The contractual engagement under DSHM may be classified in the following categories:-

- a) Medical
- b) Paramedical
- c) Technical
- d) Managerial &
- e) Administrative

The format should not have more than 15 parameters. Of these, 10 parameters will be informed by the respective Program Officer & 5 will be added by the State Program Management Unit. The format should be finalized by May, 2016.

All the contractual engagement should be appraised every quarter. The first appraisal should be done for the quarter ending June, 2016.

Agenda Point No. 14. Merger of NTCP and NMHP

As per the GoI guidelines National Tobacco Control Program (NTCP) and National Mental Health Program (NMHP) have to be merge with State Health Society (SHS). The merger should be completed in the current financial year.

Agenda Point No. 15: Submission of Supplementary approval of State PIP 2015-16

Two supplementary approvals have been received from MoHFW, GoI on 14/10/2015 & 19/02/2016. After the supplementary approvals, the total approvals in f.y. 2015-16 is Rs. 220.32 Crores. SHS (D) approved the implementation as per approvals received.

Agenda Point No. 16: Revised Funding pattern for Delhi State Health Mission

SHS (D) was informed that a communication has been received from Joint Secretary, Policy, GoI informing that as per the revised funding pattern of Centrally Sponsored Scheme, State share has to be in the ratio of 60:40. However, as per the direction from the Finance Secretary, GoI for Union Territories, the centrally sponsored schemes will be funded 100% by the Central Government. MoHFW has been requested for the same.

Agenda Point No. 17: Cabinet Approval of the enhancement in ASHA Incentives.

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SHS (D) was informed that Government has approved an enhancement of certain ASHA Incentives and addition of certain new incentives. State budgetary provisions for incentives has now increased from Rs. 15 Crores to Rs. 24 Crores. Details are given at **Annexure-3**.

Agenda Point No. 18: Briefing on reform agenda of Delhi Health System

SHS (D) was informed about the reform agenda of Delhi Health System being undertaken by Govt. of NCT of Delhi. Department of H&FW, GNCTD has been providing accessible and quality health care services through primary, secondary and tertiary facilities. Primary care is delivered through dispensaries, secondary health care is delivered through multi-specialty hospitals and tertiary health care services through super-specialty hospitals. These health facilities cater to the needs of not only population of Delhi but also migratory and floating population from neighborhood states which constituted considerable patient load. Besides, there are many un-served and under-served areas particularly in JJ Clusters, slums, un-authorized colonies, densely populated areas, rural areas etc. where poor and vulnerable population has no/limited access to the primary health care services within their reach.

In order to fill the gaps in services, there has been a paradigm shift in reorganizing of health care services under Govt. of NCT of Delhi vide which a four tier health care delivery system has been created which are:

1. Aam Aadmi Mohalla Clinic- for primary health care
2. Multi Speciality Poly Clinic- for secondary health care in the form of OPD consultation by specialist doctors including diagnostics.
3. Multi-Speciality Hospital- for IPD care (earlier called Secondary Level Hospital)
4. Super-Speciality Hospital- (earlier called Tertiary Level Hospital).

The Aam Aadmi Mohalla Clinic has been conceptualized as a mechanism to provide quality primary health care services accessible within the communities in Delhi at their doorstep. The setting up of AAMCs has been envisaged in the form of Pre-Engineered Insulated Box Type Re-located Structures which are to be manufactured and installed through PWD. 1000 such clinics are proposed to be opened.

Aam Aadmi Polyclinic: In spite of having 39 Delhi government hospitals and more than 200 dispensaries, the distribution of patients in the health facilities is inequitable. That is, patients in a particular locality randomly visit the hospitals for trivial ailments such as fever, cough, cold, diarrhoea etc. which can be easily treated at the level of primary health care i.e. the dispensaries. Therefore, in order to streamline the services provided by the health facilities and to reduce the OPD burden of the hospitals, the concept of polyclinic has been envisaged vide which existing dispensaries functioning in government buildings shall be converted into polyclinics which shall act as satellite centres for specialized outdoor treatment purposes for their concerned attached hospitals. Accordingly, the specialist from the concerned hospital shall work on roaster basis in the polyclinics for providing specialized OPD services to the people of the area. This will unburden the hospital OPDs and reduce the patient load in the hospitals.

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The Medical Suptds. of the attached hospital shall be responsible for operation and management of the concerned polyclinics. The Med. Suptds will provide manpower, drugs, consumables and other logistic support to their respective polyclinic and also supervise their day-to-day functioning. The Med. Suptd. is also authorize to re-deploy/transfer manpower between the hospitals and the concerned polyclinics.

Following outdoor treatment services provided in the polyclinic:

S.No.	Speciality	Frequency
1.	General Medicine	Daily
2.	Paediatrics	-do-
3.	Obstetrics & Gynaecology	-do-
4.	Radiology (x-ray & USG)	-do-(part-time)
5.	Surgery	At least twice a week
6.	Orthopaedics	-do-
7.	Dermatology	-do-
8.	Eye	At least once a week
9.	ENT	-do-

There is plan to operationalize 65 polyclinics by the end of current financial year, out of which 22 polyclinics have already been made functional recently.

Also, for better monitoring and coordination, Delhi has been divided into 5 Regions (North, South, East, West & Central District)

Agenda Point No. 19: Setting up of the State Health System Resource Center as a separate autonomous unit

Setting up of the SHSRC / SHTRC is being proposed with requirement of eight senior consultants and provision for two fellows / interns under them for providing the technical support to the Directorates and the DSHM in planning and implementing different policies and strategies. Budget requirements shall be submitted to GoI as a part of the PIP. The budget requirement over and above what is approved by GoI shall be met by the State Government.

In view of the revised proposal, SHS (D) approved that the renewal of contract for the Consultant presently working in SHSRC should not be done.

Agenda Point No. 20: Cholera Action Plan

Cases of Cholera have been reported in the current financial year. Cholera is a notifiable disease, hence a communication should be sent to all public and Private Health care facilities to report regularly. A committee is being setup for finalizing the Cholera Action Plan to control the disease. The committee shall include a Gastroenterologist,

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Epidemiologist, Representatives from Municipal Corporations of Delhi, Delhi Jal Board & Public Works Department.

Agenda Point No. 21: STATE PIP 2016-17

SHS (D) was informed that as per D.O. No. 10(36)/2014-NRHM-I dated: 20/10/2015 received from Addl. Secretary & Mission Director, NHM, GoI regarding State Program Implementation Plan 2015-16, it has been informed that Ministry has developed a software for PIP and the State has to submit the PIP on this software. However, due to certain technical reasons, the PIP is being sent in excel sheet as per directions of MoHFW.

As per the formats shared by GoI for submission of Project Implementation Plan, State is required to submit budget proposal in Scheduled Caste (SC), Scheduled Tribes (ST) and General category. It is hereby informed that the releases are received by SHS (D) in two sub-head i.e. General and SC component. SHS (D) approved that the proposal should be submitted in the same proportion as per the percentage of SC population in Delhi.

The State PIP 2016-17 has been compiled as per the proposals received from State Programme officers and was submitted before SHS (D) for approval as per following details:-

Sl. No.	Programme	Resource Envelope 2015-16	Approvals 2015-16	Release during 2015-16	Expenditure till 31 st January, 2016	Proposal for 2016-17
Rupees in Crores						
1	RCH	34.18	59.85	34.18	28.44	40.62
2	Mission Flexipool	11.96	14.38	11.96	13.90	84.99
	NPPCD		0.00		0.10	0.82
3	Immunization	2.59	5.98	2.59	9.67	12.00
4	Pulse Polio	5.99	5.99	5.99		
5	NUHM	54.03	77.54	54.03	32.31	86.89
6	IDSP	0.85	1.63	0.85	0.58	4.59
7	NLEP	0.69	1.32	0.69	0.77	2.64
8	NVBDCP	1.71	1.71	0.00	0.21	4.99
9	RNTCP	17.05	27.69	11.96	10.66	38.39
10	NIDDCP	0.48	0.36	0.48	0.24	0.61
11	NPCB	4.05	2.00	1.49	1.13	2.76
12	NMHP		2.44		0.00	Not Received
13	NTCP		0.93		0.00	5.74
14	NPHCE		3.33		0.00	5.02
15	NPCDCS		2.85		0.00	3.70
16	Infrastructure Maintenance	9.24	9.24	4.50	4.12	Not Received
	Total	142.82	217.24	128.72	102.13	293.76

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SHS (D) approved the following key issues under National Urban Health Mission:-

- (i) Since the 7th Pay Commission is being implemented in 2016-17, SHS (D) approved enhancement for all categories @ 25% over the remuneration drawn in 2015-16. SHS (D) approved that the base rate for vacant position should be proposed with 10% enhancement, as presently the base rate is as per the base rate in 2013-14.

In compliance with the D.O. No.G.27034-8/2015-NHM (F) dated: 08/03/2016 received from Joint Secretary, GoI regarding applicability of EPF and Misc. Act 1952 on SHS funded by Central and State Governments registered under Societies Act, 1860 owing to expiry of exemption notification. SHS (D) approved that the compensations proposed in PIPs in future should be inclusive of EPF and Misc. Act 1952 obligations.

As per the Act, the EPF contributions are payable on maximum wage ceiling of Rs 15,000/- by employee and employer. SHS (D) approved that an amount of 13.67% of the consolidated salary or Rs. 2042 whichever is less may be proposed as an additional amount for all categories of contractual engagement of Delhi State Health Mission.

Also, as per the EPF and Misc. Act 1952, provision for contribution to Employee State Insurance Scheme has to be done. Proposal for all the contractual engagement under DSHM @ 4.75% was approved for all the contractual engagements. Payment of the EPF / ESIC will be subject to the approval received from Govt. of India.

In lieu on this, State Health Societies (Delhi) and All Integrated District Health Societies will need to register with the Labour Department. Detailed guidelines for the process will be issued by the State Program Management Unit on receipt of the approval.

- (ii) Grant-in-aid for Rogi Kalyan Samiti (Hospital) in 2016-17. SHS (D) approved proposal of Rs. 10 Lakhs p.a. for grant in aid to the RKS in 28 Delhi Govt. Hospitals; Rs. 5 Lakh p.a. for grant in aid to the RKS in EDMC Hospital & Rs. 1 Lakh p.a. for grant in aid to the RKS in 2 SDMC Hospitals.
- (iii) Grant -in-aid for Rogi Kalyan Samiti in maternity homes in 2016-17: SHS (D) approved Rs. 2 Lakhs p.a. for grant in aid to the RKS in 7 Maternity Home of EDMC & Rs. 1 Lakh p.a. for grant in aid to the RKS in 8 Maternity Home of SDMC.

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- (iv) Grant in Aid for Jan Swasthya Samiti : SHS (D) approved Rs.50,000/- per annum is being proposed for 265 Jan Swasthya Samiti for 109 Govt. building and 158 for rented building.
- (v) Support for setting up of Seed PUHCs : SHS (D) approved support for setting up of 63 Seed PUHCs to be continued as per the provisions in the PIP 2015-16 except that office expenses may be enhanced from Rs.10,000/- per month to Rs.15,000/- per month.
- (vi) **Proposal for provision of one district Quality Assurance Manager.** It has been observed that in order to give the required thrust and emphasis on Quality Assurance programs in the health facilities in the district, a dedicated personnel has to be there to nodalize the activities. Such provisions have been allowed under QA Program. One district Quality Assurance Manager is being proposed . SHS (D) approved the proposed manpower with the advise that these personnel though assigned to districts , should be positioned and supervised at the State Level as a part of the state team for better results.
- (vii) **Rationalization of the Software development team outsourced under DSHM**
 A software development team has been outsourced from ICSIL and has been providing IT support to the health department. Around 20 different Modules of varying complexities have been developed under supervision of different Program officers as per the requirement of the health department. Now the Department is on its way to engaging with an agency for an ambitious comprehensive integrated MIS covering all aspects including Electronic Health Records. Although the work has started in this direction and detailed RFP is under preparation, it is likely to take at least one to two years for the process to yield result. Therefore Department shall continue the outsourced services with ICSIL. If so required , a formal agreement may be signed with ICSIL. Rationalization of the outsourced manpower shall be undertaken by reviewing all Modules in maintenance phase / under refinement / or any immediate new additional requirements. SHS (D) was also informed that the files relating to the Outsourcing of the team from ICSIL have been taken by CBI . SHS (D) approved the continuation with the direction that additional modules as per the requirement of Leprosy, IDSP & NVBDCP may be developed under the supervision of the respective State Program Officers.
- (viii) **Drug Warehouse:** SHS (D) approved the proposal for Setting up a fully mechanized drug warehouse under innovations.

Mission Flexi pool

Hospital at Ambedkar Nagar - A proposal for construction of 200 bed hospital at Ambedkar Nagar has been approved under mission flexi pool. State proposes to revise the

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proposal for construction of 600 bed. A detailed Project Report is being submitted for approval by Gol.

CATS Ambulance: Operational cost for 210 CATS ambulance was being provided under Mission Flexipool. No proposal for the activity has been received from CATS till date. SPO (DSHM) should discuss with Project Director, CATS regarding the requirement.

Agenda Point No. 22: Reproductive and Child Health

In view of the 100% funds being received from Govt. of India for various programs under National Health Mission, the proposal for reproductive and child health should be reworked as per the envelope. SHS (D) authorized Mission Director (DSHM) to finalize the proposals.

Agenda Point No. 23: Polio

End Game Strategy for polio eradication

SHS (D) was informed about the strategy as per following details:-

The endgame: addressing risks due to the oral polio vaccine (OPV) after eradication

- Vaccine-Associated Paralytic Poliomyelitis (VAPP): very rare adverse event.
- Outbreaks of circulating vaccine-derived poliovirus (cVDPV): very rare event; occurs when vaccine virus regains ability to paralyze and circulate

'After interruption of wild poliovirus, continued use of OPV would compromise the goal of a polio-free world'

- Interruption of Poliovirus transmission
- Strengthening of health systems to improve routine immunization coverage
- Risk-free withdrawal of OPV to minimize the risks associated with use of OPV in the post eradication phase
 - Switch from tOPV to bOPV for RI and SIAs (25th April 2016)
 - Build type 2 immunity prior to switch to minimize risk of VDPV emergence post switch by introducing IPV before switch.
 - Withdraw all OPV from Programme (~2019)

Issue pertaining to Finance

Govt. of Delhi is implementing the rounds of Pulse Polio Program in Delhi as per recommendations of Govt. of India. In the year 2015-16, six rounds have been conducted in Delhi in addition to an ORI Round in Shahdara and East District in November 2015. At present there is a committed liability of Rs 32126917 for the financial year 2015-16.

It is expected that six rounds will be conducted in the year 2016-17.

In view of the 100% funds being received from Govt. of India for various programs under National Health Mission, the proposal should be reworked as per the envelope. SHS (D) authorized Mission Director (DSHM) to finalize the proposals.

Handwritten signature and date:
24/3/16

Agenda Point No. 24: RNTCP

Senior DOTS Plus Supervisors are getting Rs 19,000/- basic salary while STS, STLS are getting Rs 17,000/- as base salary. All supervisory staff should be considered for same base pay of Rs 19,000/-. SHS (D) approved equalization of pay for all categories of Supervisory staff i.e. Senior Treatment Supervisor (STS), Senior TB Lab. Supervisor (STLS) & Senior DOTS Plus & TB HIV Supervisor for 2016-17.

Agenda Point No. 25: IDSP

In view of the 100% funds being received from Govt. of India for various programs under National Health Mission, the proposal should be reworked as per the envelope. SHS (D) authorized Mission Director (DSHM) to finalize the proposals.

Agenda Point No. 26: NVBDCP

In view of the 100% funds being received from Govt. of India for various programs under National Health Mission, the proposal should be reworked as per the envelope. SHS (D) authorized Mission Director (DSHM) to finalize the proposals.

Agenda Point No. 27: National Mental Health Programme (NMHP)

In view of the 100% funds being received from Govt. of India for various programs under National Health Mission, the proposal should be reworked as per the envelope. SHS (D) authorized Mission Director (DSHM) to finalize the proposals.

Agenda Point No. 28: Mobile Mental Health Unit (MMHU) Programme:

MMHU project is being run under the technical and administrative control of IHBAS since January 2011 under which two MMHU teams are operating. MMHU team has been constantly reaching out to the mentally ill persons in difficult situation of both homeless and homebound nature and helping them engage into the treatment with the help of police and magistracy with full legal and ethical considerations in place. It provides crucial mental health services (Pre Hospital Care) to the most underprivileged and neglected population of mentally ill homeless and homebound persons. SHS (D) approved that the proposal may be submitted to State Govt. for continuation of the project.

Agenda Point No. 29: Proposal from South Delhi Municipal Corporation

SHS (D) approved that South Delhi Municipal Corporation should submit a proposal for up-gradation of Maternity Home, Badarpur to first referral unit with a detailed write up and gap analysis for inclusion in the State PIP 2016-17. Director of Family Welfare to take decision as per the proposal.


Agenda Point No. 30: Proposal from North Delhi Municipal Corporation

Since, no proposal has been received from NDMC and no representative has come for SHS (D) meeting. It was decided that no proposal from NDMC may be included in the State PIP 2016-17.

LDG
28/2/16

In view of the 100% funds being received from Govt. of India for various programs under National Health Mission, the proposal for all programs under National Health Mission should be reworked as per the envelope. SHS (D) authorized Mission Director (DSHM) to finalize the proposals.

Meeting ended with the vote of thanks to the Chair.


26/3/16

Annexure 1

Attendance Sheet for the meeting of State Health Society (Delhi) held on 15.03.2016 at 11:00 a.m in the conference Hall of 3 of the Delhi Secretariat under the Chairmanship of Secretary, Health & Family Welfare, GNCTD

Sr. No	Name	Designation	Place of Posting	Contact Details	
				Mob./Off. .	E-mail id
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3	Dr. L.M. Singh	H.O.O.	DFW-VB-II	9868394827	headofofficedfw@gmail.com
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6	Dr. Anil Jagrat	OSD Pulse Polio	DFW-VB-II	9811177329	poliocelldelhi@gmail.com
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10	Dr. Ruby Kuru	CMO-HQ (M&CW)	SDMC	99711114037	addldhamcwsdmc@gmail.com
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18	Sh. Y.P. Kaushik	Deputy Director (F)	DSACS	9718554010	
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34	Dr. Deepak Kumar	HoD Psychiastry	NMHP-IHBAS	9868396813	
35	Dr. B.K. Hazarika	Municipal Health Officer0	SDMC	9811374099	
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44	Dr. Nutan Mundeja	SPO (DSHM)	DSHM	9999888149	dshmspmu@gmail.com
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E-File No. 1202



**State Program Management Unit
DELHI STATE HEALTH MISSION**

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File No. F3-16/3/2015-Estt. / I / 1914 / 2016

Dated: 08/03/2016

OFFICE ORDER

As per the Cabinet Decision No. 2297 dated: 24/02/2016, following modifications has been approved for the Rogi Kalyan Samitis constituted in the health facilities in Delhi:-

For Hospital (RKS):-

- (i) Governing Body of Hospital Rogi Kalyan Samiti: There shall be 16 Non official members as per following details:-
 - a. Twelve Nominees (with at least four to be women) from the field of Medicine / Corporate / Education / Social Work.
 - b. One representative of Resident Doctors of concerned hospital.
 - c. One representative of Nursing Cadre working in the Hospital.
 - d. One representative from Paramedic Group of the Hospital; and
 - e. One representative of Group D employee working in the hospital.
- (ii) An office with basic furniture & computer needs to be set up for Chairman, RKS (Hospital) in the Hospital.
- (iii) Recommendations of the Rogi Kalyan Samitis shall be binding on the hospital unless reviewed by Director General Health Services, GNCTD.

For District (RKS):-

- (i) Governing Body of District Rogi Kalyan Samiti: There shall be 3 Non official members as per following details:-

Three Nominees (with at least one to be a woman) from the field of Medicine / Corporate / Education / Social Work.
- (ii) Jan Swasthya Samiti (Executive Sub- Committee at Primary Urban Health Centre Level of District Rogi Kalyan Samitis)
 - a. President: To be nominated from the field of Medicine / Corporate / Education / Social Work.

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b Non-Official Members: Two Nominees (with at least one to be a woman) from the field of Medicine / Corporate / Education / Social Work.

(iii) Recommendations of the Rogi Kalyan Samitis shall be binding on the district unless reviewed by Director General Health Services, GNCTD.

Wm
8/3/16
Mission Director

(Delhi State Health Mission)

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Dated: 08/03/2016

1. OSD to Minister, H&FW, GNCTD
2. Secretary, H&FW, GNCTD
3. Director General Health Services, Karkardooma
4. Chairman, All Integrated District Health Societies
5. Mission Director, All Integrated District Health Societies
6. Medical Superintendent, All Delhi Govt. Hospitals

Wm

Modifications approved by the Cabinet in the incentive structure of ASHA.

Law Department observed that the proposal does not require approval of Law, therefore, as advised by Planning and Finance Department, the enhancements along with new activities are proposed as under. These are felt need and linked to increasing the reach and coverage of the most vulnerable. The activities also are objectively measurable and verifiable.

- i. **The existing core incentive for functional ASHAs may be increased from Rs. 1000/- to Rs. 1500/- per month.** Necessary guidelines to be issued for disbursement of the same.
- ii. **Incentive for Institutional delivery:** The current incentive shall be increased to Rs. 350/- in case she accompanies the woman and is not given the JSY incentive.
- iii. **For helping in installation of Community/ household toilets.** Current Incentive of Rs. 50/- shall be increased to Rs. 500/- for each toilet installed.
- iv. **For referring the pregnant woman to nearest ICTC and PPCTC.** Current incentive shall be enhanced to Rs 20/- from Rs.10/-.
- v. **Insertion of IUCD:** Increase the current incentive of Rs. 150/- at the time of insertion to Rs. 250/- and increase the amount of Rs.100/- for six monthly follow up to 150/- from the current Rs. 100/- .
- vi. **For helping the individual in getting Tubectomy/ Vasectomy done.** The incentive will be enhanced from Rs. 100/- to Rs.500/- for each male/ female sterilization. Enabling a couple to regulate an optimum family size is essential to a happy and healthy family. This incentive enhancement shall motivate the ASHAs further to invest their time and counseling in the eligible families and shall prove to be cost effective.
- vii. **Screening of the senior citizens twice a year.** Ensuring registration and screening health checkups of senior citizens (60 years and above) twice a year. Current incentive shall be enhanced to Rs. 50/- from the current Rs 25/- per individual.
- viii. **Tracking of malnourished children, individuals with severe anemia** .Malnutrition/ severe anemia is an important direct/ indirect contributor to our morbidity/ mortality. Current Incentive for Tracking of malnourished children, individuals with severe anemia (Rs. 25/-) to be increased to Rs. 50/-. ASHA shall receive the incentive upon documented improvement parameters during the follow up – weight / Hb estimation etc. Anemia is a significant contributor to morbidity and mortality and this shall be a cost effective incentive. Each single woman converted from being severely anemic to a healthy state shall help in decreasing maternal morbidity and mortality.
- ix. **The incentive for facilitating Cataract surgery to be increased from Rs 100/ -**



per eye to Rs 200/- per eye . This enhancement coupled with the recent initiative of State in which ASHAs have been trained in Eyecare Module – DRISHTI, developed by the State, shall increase ASHAs participation in this activity . Restoration of vision after surgery for cataract is one initiative which can bring joy and comfort to many lives.

- x. **New incentive for facilitating refraction and provision of spectacles:** In cases of visual impairment, if an ASHA facilitates refraction and provision of spectacles through National Program for Control of Blindness or another program, ASHA shall receive Rs.50/- per case.
- xi. **New incentive for ensuring safe delivery of a high risk woman:** For ensuring safe delivery of a high risk woman, ASHA shall receive Rs.150/- in addition to other routine incentives in case of successful institutional delivery and safe postnatal period of a high risk pregnancy. The declaration of high risk pregnancy shall be by the MOI/C who shall assign the followup of the woman to the area ASHA.