

Minutes of Review Meeting cum SPIP Workshop 2013-14

Two days Review Meeting cum SPIP Workshop 2013-14 was organized on 10th and 11th December 2012 at Banquet Hall, Itanagar to review the progress of districts and to share the DHAP structure. The Review Meeting cum Workshop was taken by Sh. Atum Welly, Hon'ble Minister (Health & Family Welfare), and Sh. Nido Pavitra, Hon'ble Parliamentary Secretary (Health & Family Welfare) in presence of Ms Shalini Verma, Special Secretary, (Health & Family Welfare), Dr. K. Nishing, Director of Health Services, and Sh. Bidya Gadi, Mission Director (NRHM). Districts were represented by DMOs, DRCHOs and their Programme Management unit team.

Dr. D. Padung, Nodal officer (NRHM) with the help of slides gave an overview on preparation of District Health Action Plan (DHAP). He also gave an overview of PIP Guidelines 2013-14 as prepared and planned by Ministry of Health & Family Welfare (MoHFW) Planning team. The following are some of the important points to be complied while preparing State and District PIP:

- GoI PIP formats have to be filled up mandatorily by the state, if not PIP will not be considered to be complete.
- PIP Formats introduced to avoid elaborate write-ups
- PIP 2013-14 is assumed to be precise and cogent/effective work plan with budget.
- Basic minimum information to be provided as justification where needed else data may be supported.
- All annexure is hyperlinked to the budget
- Earlier Budget heads have been re-classified or linked to some other head and some heads deleted.
- PIP would be accepted only in the pre-formulated budget sheet.
- State to indicate in the remarks column whether the activity is new or ongoing.
- Remarks column to be utilized to provide a short & crisp justification. If not annexures may be added.
- PIP to be reviewed by a single person at State level for internal consistency & avoidance of double budgeting.
- State to fill the self appraisal checklist given in the guidelines.
- States to prepare PIPs based on a 30% increase in the existing resource envelope.
- Data & figures used in PIP to have their source mentioned and to be consistent throughout the document.
- Priority may be given for strengthening delivery points in terms of infrastructure, IIR, equipments etc.
- Under District Planning-
 - DHAPs to be prepared for all districts in the main PIP format & compiled at the state level.
 - Excel sheet containing pool-wise, district wise allocation is prepared & submitted in the format provided in the guidelines.
 - 10% of the funds allocated to districts as genuinely untied-reflected under the head New Initiatives attaching the details in the annexures.
- New IIR should be proposed primarily for delivery points, if not, a detailed justification to be included.
- Information regarding all old & new HR must be provided in the formats.
- Facility wise information of delivery points is a must.

- All JSSK entitlements to be budgeted under the head of JSSK.
- Complete justification for the need for upgradation of the facility supported by OPD/IPD/Delivery load.
- Name of the agency engaged for construction work & departmental charges paid to the same to be specified.
- Number & unit cost of existing Programme Management staff as well as newly proposed to be clearly specified as per formats.
- Details of the existing MMUs as well as newly proposed MMUs to be given.
- Names of the districts where MMU's are to be stationed to be specified.
- Drug Kits for ASHAs to be budgeted under ASHA head & not under the head of procurement.
- All initiatives that are being introduced for the first time in the current year are to be included under the head of New Initiatives.
- Outsourcing of Diagnostic/ Security/ Cleaning/ other services are to be included under the head of PPPs/NGOs under MFP.

He emphasized that the focus areas were Strengthening of Delivery points, effective implementation of all the entitlements under JSSK. Establishment of MCH wings, Facility based newborn care, School health programme, Referral Transport, Free Drugs and Grievance Redressal system.

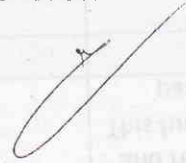
Dr. T. Taloh, Jt.DHS (Family Welfare) with the help of slides presented the Modus Operandi to strengthen Family Planning Services to be included in the District Health Action Plan. He emphasized on proposing more trainings and orientation and re-orientation of service providers, logistics for FP, IEC materials, and deployment of Human Resource. Further, he outlined the important points on Family Planning as a outcome of North East Regional Review Meeting held at Shillong on 28th and 29th November' 2012.

On the 2nd day, Districts made a presentation on their achievements for the year 2012-13 and the following observations and suggestions followed:

Tawang:

- District acknowledged their weakness on non-achievement of target and assured to achieve it at the earliest.
- To a query raised by Special Secretary (H & FW) on low performance of ASHAs, the district responded by attributing it to less no. of manpower, mobility support and non-supply of IFA tabs which led to more anaemia among women.
- Some issues raised were non functionality of SCs. It was asked to functionalise atleast 3 SCs of the total 14 SCs in the district.
- Referral transport report for ambulances / or under JSSk is not reported and need improvement.
- MCTS uploading and Registration was observed to be as low as 20-22 %.
- Immediately after registration and issuance of I-card to the eligible women, it was advised to update it on web portal.
- It was observed that trained EMOC M.O. was posted at PHC where EMOC cannot be performed. Posting therefore needs to be realigned.
- Institutional Delivery was found to be very less and a reason for concern.

West Kameng:



B75		<ul style="list-style-type: none"> The functional 24/7 facility was found to differ in no. and asked to cross check it. The district reasoned by sharing that de-notification of many facilities by state govt. led to difference in no. of functional facilities. MCTS with no updates was observed to be very poor and zero reporting from SCs. The data on incentives for Tubectomy and IUD Insertion was found to mis-match and advised to look into it. 		
B77		<ul style="list-style-type: none"> Grievance redressal cell was asked to be made functional. Less no. of VHINDs was observed Reporting from functional facilities was observed to be nil. 		
B702		<ul style="list-style-type: none"> Referral transport report for ambulances / or under JSSk is not reported and need improvement. Immunization coverage was very low again. Report on supply of contraceptives through ASHA need improvement and regular reporting. 		
B704		<ul style="list-style-type: none"> MCTS registration and updation was found to be very low. 		
B703		<ul style="list-style-type: none"> Special Secretary observed lopsided posting of ANM's and requested the DMO to work hard and make up for lost time. DMO requested for posting of M.O's at Nafra and Shergaon SC. It was reported that districts have not sent M.O's for 10 days training on Basic Emergency Obstetric Care (BMOC). Special Secretary (H & FW) advised to issue show cause notice to the erring M.O's calling for explanation. 		
		East Kameng:		
B707		<ul style="list-style-type: none"> It was observed that majority of the facilities were non-functional. The district was asked to ensure to functionalise Minilap sterilization at DH and services provided. 		
B703		<ul style="list-style-type: none"> It was advised to carry out and provide the service of IUD insertion at SC level by trained ANM rather than carrying out at DH. Other methods of FP were also found to be very poor. 		
B707		<ul style="list-style-type: none"> It was reminded that 4 nos. of BA/DA's were recruited and posted at district specifically for registration of pregnant woman and child and, advised to utilize their service for timely updation. Referral transport report for ambulances / or under JSSk is not reported and need improvement. Report on supply of contraceptives through ASHA need improvement and regular reporting. 		
B70		<ul style="list-style-type: none"> Percentage of M & E reports was not found to match with the report on web portal. 		
B70		<ul style="list-style-type: none"> It was observed that VHIND conducted at the district without ANM shows no quality, no awareness as per Gol norms and therefore has no meaning of being conducted. 		
B77		<ul style="list-style-type: none"> Overall, all the indicators are very poor and not cost effective. The District officers need to assess themselves and perform better. 		
		Papum Pare:		
B7		<ul style="list-style-type: none"> It was observed that SCs with ANM's were very less and hence less no. of functional facility. It was observed that IUD insertion was not done in SC's despite availability of many trained manpower. It was advised to daily update the MCTS being the capital district. It was advised to set up the Grievance redressal cell at the earliest. 		
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- The no. of VHND was found to be very less and of very low quality.
- It was observed that no. of school children detected with refractive eye was very less and need scaling up.
- CMO, Arunachal State Hospital pointed out that doctors attending ANC's do not write the information of patients properly leading to incorrect no. considering the floating population.
- It was raised that ANM's of ASH are transferred to nearby areas instead of interior facilities with political influence. Hon'ble Minister (H&FW) was therefore requested to realign the posting of ANM's and to utilize their services at SC's.
- Addl.DHS with support from Special Secretary (H&FW) suggested fixing the no. of people to be posted in the district and then transfer posting to be realigned and manpower relocated in the district.
- RCH camp was advised to be completed at the earliest.
- It was asked to ensure MTP comprehensive care made available in all the facilities.
- It was asked to ensure trained manpower on minilap and IUD insertion are motivated.
- The names of proposed construction of new SC's were asked to be submitted.
- The no. of VHND projected for the district was very low.
- It was stressed and specially requested to make sure to fully functionalise CTC Doimukh which is provided with good infrastructure and double amount of manpower available.
- No entry was found to be done in Stock ledger since many years.
- Quality data was asked to be submitted which would increase the performance.
- It was pointed out that correspondence through letter and e-mails to the district was very difficult despite being the capital district.
- Referral transport report for ambulances / or under JSSk is not reported and need improvement.
- It was asked to update the people to be IT savvy.
- It was advised to acknowledge the receipt of mails.
- After all the observation and suggestions, DRCHO agreed to correct the datas and work towards achieving the target and improving the performance.
- Overall, the capital district has to pull up their socks and work in a mission mode. the indicators need to be improved during 4th quarter.

Lower Subansiri:

- The functionality of facilities was found to be an issue and need urgent attention.
- CHC Ziro needs to be functionalized urgently.
- MTP services were found not available in CHC and PHC. It was advised to Prioritize and send the M.O.'s to those facilities.
- It was observed that 2 blocks out of 3 blocks were uploading MCTS status.
- 100% reporting was asked to be ensured against 90% reporting unit shown on HMIS portal.
- It was advised to identify a room in the existing facility to convert it into a dedicated store room.
- It was observed that fund for 34 VHSC's were reflected against 98 actual VHSCs in the district. Based on last year's performance, it was advised to proportionately divide the amount released during last year to all the 98 VHSCs as per conditions in the RoP.
- The DMO/DRCHO was asked to monitor the accounts and not to solely depend on DAM's.

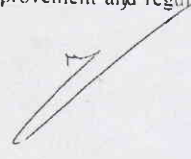
- VHND was asked to be organized in 98 villages per month and thereby achieving atleast 50% of the target.
- DMO informed that IUD insertion was recently initiated in SC. He assured to activate other SC's too.
- It was observed that immunization was not done in PHC and SC level.
- No report from NBCC despite posting of 2 Gynecologists were observed.
- Institutional delivery was found to be very poor.
- Referral transport report for ambulances / or under JSSk is not reported and need improvement.
- DMO acknowledged and took accountability for low reporting and poor institutional delivery and other issues highlighted and ensured to look into it.
- Overall, functionalisation of facilities for all services under RCH should be ensured.

Kurung Kumey:

- HMIS updation was found to be incorrect.
- No entry was found to be done in Stock ledger since many years.
- The district was advised not to carry out 2nd phase 6 & 7th Module of ASHA training without thermometer, weighing machine and digital watch.
- DRCHO put his grievance by requesting to look into the wretched condition of their SC which was on the process of collapse due to soil erosion.
- He reasoned for low immunization coverage to inaccessibility of some areas and therefore requested a provision of chopper service to civil aviation to drop the medicines in those areas.
- Report on supply of contraceptives through ASHA need improvement and regular reporting.
- Shortage of manpower was highlighted by the district and requested for nurses and doctors to be posted in the district.
- Referral transport report for ambulances / or under JSSk is not reported and need improvement.
- The effort of the DRCHO is appreciated and the chair assured of any other help required for proper implementation of programs.

Upper Subansiri:

- Only 14 SC's were found to be functional of the total 54 SC's in the district which will directly lead to low performance and reporting.
- Percentage of HMIS reporting was asked to be looked into.
- Home Delivery under JSY was observed to be very less.
- The attendance of program officer in the office is very poor.
- Referral transport report for ambulances / or under JSSk is not reported and need improvement.
- It was advised to identify facility and provide NSSK trained doctor and nurse as a team on priority.
- Concern was raised on below 50% achievement on ASHA training as compared to other districts. The district need scaling up for training of ASHAs/AFs.
- Report on supply of contraceptives through ASHA need improvement and regular reporting.



Ms Shalini Verma, Special Secretary (H&FW) stressed on motivating the work force and to focus on weak areas to yield results, ARSH programme to be initiated in full swing and ensure to visit schools, she advised. Observing low immunization coverage beyond 1 yr in all the districts, she exhorted to ensure immunization till 5 years. She suggested for the service of AYUSH doctors to be used and motivate them to be helpful in other program works too.

Sh. Atum Welly, Hon'ble Minister (H&FW) observing the shortage of time, advised to conduct 2 days of Review Meeting than just a day's meeting. He advised the DMO's and DRCHO's to have a good coordination in working towards achieving the goal of NRHM. He requested for the paramedical staffs of Arunachal State Hospital to cooperate.

If ASHA Facilitators are found not to be pro-active, an effort should be made to find out the drawbacks/lacunas and work towards it, he said. ASHA's of high focus district Kurung Kumey doing well should be a role model for other districts, he exhorted. In order to motivate the AF's, incentives and citations should be ensured to the best AF by reflecting in the newspapers on their achievement, he advised.

He asked the DMO's and DRCHO's to give stress to ensure MPW's. LHV's work hard. He expressed his disapproval over the demand by MPW's for regularization with no evidence of work by them.

He advised the DMO's and DRCHO's to visit all the facilities regularly and to take actions against the erring health workers that include deduction from their salary. Sharing Govt's willingness to extend fund to the state, he called for cooperation from the districts and the state. Untimely completion of work will call for non-release of fund by Govt to the districts which will directly affect the villagers and inhabitants of the district, he warned.

He expressed his disapproval over poor reporting by districts in HMIS and MCTS Portal. Procurement of ASHA kits and other Medical equipments should be done transparently, he advised. Complaining of no feedback from Jt.DHS s/ Programme officers to the govt., he requested them to communicate with the Spl. Secretary on different programmes. He asked to avoid any kind of communication gap among the Ministers, Parliamentary Secretary, Health Secretaries and Directors.

He advised the districts to make use of FM Radio for media coverage. Prior to construction of SC's in remote areas, he advised all to first acquire the land with agreement, attestation from Judicial Magistrate and recorded by Mandal and asked to report any encroachment of SC's CHC's and DH's in the districts. He expressed his unhappiness over DMO's for non-performance under AROGYA Nidhi which was launched recently. He informed that under AROGYA Nidhi, financial assistance was given to needy patients and upto 1.50 lacs can be recommended to a patient based on genuineness.

Having taken the datas of every district, he assured to call them if needed and discuss the issues and try to solve it. He assured to create posts for ANM's soon and informed that 54 posts of GNM's have been sanctioned.

To conclude, MD (NRHM) thanks all the participants.

(Bidyaa Gadi)
Mission Director (NRHM)
Arunachal Pradesh

27/12/15