

Proceedings of meetings of DFPOs/ DIOs and DPMs held under the Chairmanship of Sh. Satish Chandra, IAS, Principal Secretary, Health and Family Welfare, Punjab on 10/5/2010 at Conference Room, Directorate of Health and Family Welfare, Punjab Sector 34-A, Chandigarh.

Dr. C.L. Bhatia, State Programme Manager, NRHM welcomed all the participants and briefed about the purpose of meeting. He shared the experiences of field monitoring visit conducted by the State Officers on 8/5/2010 at District Ropar. Worthy Principal Secretary Health & Family Welfare discussed the Agenda items.

The major issues are -

Agenda Item No.1

Item		Action to be taken
1.	Review of working of ANM	
1.1	Micro-plan has to be prepared and sent to the head office.	The ANMs are not maintaining their tour diaries. In the last meeting of DFPOs held on 2/2/2010 the DFPOs was asked to prepare micro plan of ANMs and to sent to HQs but no micro plan is so far sent
1.2	Work of ANMs to be systematically reviewed.	The DFPOs was asked to systematically work of ANMs but during the visit of district Ropar it is seen that <ul style="list-style-type: none"> • District officers are not conducting regular monitoring visit. They were provided with inspection formats for institutions and were directed to have at least two field visits to monitor the programme but reports from districts have not been received. • There was Poor upkeep of records at sub-centres. Registers provided for service delivery like survey register, ANC/ immunization register and miscellaneous register are not being maintained properly. • Funds for VHSCs have been utilized for sanitation or other village works instead of guidelines that these are to be utilized for

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		<p>cleaning the streets/ drainage, filling the ponds promoting health and sanitation.</p> <ul style="list-style-type: none"> • While utilizing the Untied Funds & Annual Maintenance Grants the guidelines are not being followed. It seems that the officers have not read the guidelines and oriented the field staff regarding this. Printed material, guidelines, books have been supplied to the districts in sufficient quantity. But these were not available at sub-centre level. DFPOs/ DPMs to ensure that print material is available at every institution. As per direction of PSHFW, more printing material has already been got printed and available with DHS Store. Districts are to collect the material and ensure that it reaches to every institution. • While utilizing the funds priorities have not been followed eg. Funds were spent on boundary wall but there is no proper sitting arrangements for ANM. • Availability of building of sub-centre is most important, state is in process of finalizing the proposal for construction of new buildings. DFPOs are required to ensure that the land is made available by the Panchayats to department for construction of new building. They are requested to supply the information on availability of land for sub-centre. • Reports of daily OPD are not been sent regularly. Civil Surgeon and DFPOs to ensure that these reports are sent regularly. • The districts who have not sent the photographs of institutions are requested to send the photographs by 15th May 2010.
1.3	Training of ANMs for HB testing	The DFPOs was asked to give proper training of HB Testing to ANMs although we have

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		received certificates from District that all the ANMs are trained for HB testing but it is noticed that there are still some ANMs which are not testing HB accurately so proper training should be given to them. It is also advised that during the meeting of field staff at PHCs level the LT should demonstrate the technique.
1.4	No ANM to be on deputation	Although no report of deputation of ANMs has received so far but there are few ANMs still on deputation.
		<p>It was also discussed that during the visit</p> <ul style="list-style-type: none"> • it is seen no signage of Sub Centers and informatory boards were displayed on front wall of the all Sub Centres so DFPOs should ensure the signage and informatory boards/writing must be displayed. • At some sub centres equipment is not complete. At some places the weighing machine are not working and at some other places BP apparatus not in working condition • No informatory calendars of various programmes were present on the walls of Sub Centre room <p>DFPOs are requested to look into the matter.</p>
2	<u>Review of working of Sub Centres</u>	
2.1	Complete the facility survey alongwith photographs	The photographs of PHCs and Sub Centers of all the districts except----- are received but it is seen that it is not of good quality and well arranged.
2.2	Study the facility survey reports and identify the sub-centres without water supply and electricity	It was asked in the previous meeting to study the facility survey reports identified sub centers without water supply and electricity but no report has been received till date from any districts. As per facility survey for all the Sub

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		<p>Centres, out of 2948 Sub Centres 753 Sub Centres are without water supply and 1129 Sub Centres are without electricity.</p> <p>Condition of building</p> <p>1295 Sub Centres have been found in good condition, 1020 sub centres are fair in condition and may need minor repairs which would be done from Annual Maintenance Grant PHSC has been asked to undertake the work of New Construction. 216 Sub Centres have been identified for new Construction. Tenders for 129 SCs have already been floated and are under process.</p>
2.3	Identify the sub-centres requiring new buildings, requiring major repairs and minor repairs. While minor repairs would be undertaken from the Annual maintenance Grant. PHSC Engineering wing would be asked to undertake the work of new construction and minor repairs.	For two three times we have written the requiring new building, major repair and minor repair but no information has been received. It was also said that the minor repair work would be undertaken from the Annual Maintenance Grant but no report received till date.
2.4	All Sub-centres to be well equipped with essential gadgets and medicines. For any shortfall, DFWOs would be personally responsible.	The DFPOs would be held personally responsible for any short-fall of equipment at Sub Centre and was asked to intimate the shortfall but no report sent. DFPOs was asked to review the block wise performance and also to review the sub centres/village wise and to find out the exact cause for non utilization of funds.
2.5	For utilization of funds, DFWOs would review the Block-wise performance. They should also review sub centre/village wise and find out the exact cause for non-utilization of funds.	
3.	Working of VHSCs and use of Funds	
3.1	Utilization of funds be accelerated	<ul style="list-style-type: none"> • It has been found that 3 Villages (where

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3.2	VHSC be encouraged to formulate village health plans as per guidelines. To begin with, a village in each block may be identified for house to house survey and preparation of villages annual plan, the guidelines of which are given in the book-NRHM Framework already circulated to the districts.	<p>population was less i.e. 200-300) single VHSC has been formed for these villages. As per the instruction circulated to districts, for every village even it is small village, individual VHSC is to be formed. Similarly, in case of big village having more than one panchayat, the number of VHSCs will be equal to number of panchyat in that village. It is thus, once again reminded to revisit your VHSCs formed, and check for deviation, if any, as per guidelines.</p> <ul style="list-style-type: none"> • It has been found that although VHSC funds have been deposited in the VHSC A/c of ANM and Sarpanch but the money is being withdrawn from the account in lump sum of Rs. 10,000 or Rs. 5,000 twice. This practice will defeat the actual purpose of decentralization under NRHM. The money should be withdrawn as per need as per required expenditure on the basis of decision taken during VHSC meeting. • In district funds for distribution to ASHA for Village Health & Nutrition Day (VHND) are being kept at block out of VHSC funds. This should not be the practice. These incentive need to be given to ASHA by the VHSC at village level.
4.	VHND and ASHAs working	
4.1	May be observed effectively.	<p>1. <u>Training of ASHAs on Module – 2nd,3rd & 4th :-</u></p> <p>The Training of ASHAs on Module – 2nd,3rd & 4th has been completed in district Amritsar, Barnala, Faridkot, Ferozepur, Kapurthala, Mansa, Moga, Mukatsar, Ropar and Tarn Taran. Earlier Concerned districts were directed to send the Physical and Financial Status of the training. But in</p>
4.2	MD-NRHM would clarify regarding incentives to ASHA and other petty expenditure.	
5.	Participation of ASHA in various NRHM activities and payment of timely dues to them:-	
5.1	Appoint new ASHA if any ASHA is	

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	found lacking in her duty	
5.2	Review the expenditure under each item of ASHA incentives and pay special attention if ASHAs are not implementing some of the items.	<p>this regard, no expenditure details has been received from district Barnala, Faridkot, Ferozepur, Ropar for 2nd Round and district Moga and Mukatsar has not submitted the Reports for both Ist and 2nd Rounds. Concerned Civil Surgeons were again requested to submit the above said reports to the State Head Quarter immediately.</p> <p>Training in districts Bathinda, Jalandhar, SBS Nagar, Patiala, Sangrur is to be conducted through NGO. But in district Fatehgarh Sahib, Gurdaspur, Hoshiarpur, Ludhiana, Mohali training has not been started yet. Earlier Concerned Civil Surgeons were instructed to sign the MoU with the concerned NGO/Agency immediately. But no MoU has been signed in the above said districts inspite of many reminders. Concerned Civil Surgeons were again instructed to complete the task within two days.</p> <p>Instructions were also given to all the Civil Surgeons to ensure that in separate batches training should be given to all those ASHAs who didn't attend the training on Module 2nd, 3rd & 4th. In this regard action taken report should be submitted to the State H.Q.</p> <p>2. <u>Certificate regarding payment of Backlog incentives :-</u></p> <p>Civil Surgeons were directed to submit the certificate that all backlog incentives of ASHAs has been disbursed and no payment is pending. But no Certificate has been received from district Amritsar, Gurdaspur, Hoshiarpur, Kapurthala, Ludhiana, Mansa, Mukatsar, Moga, Nawanshehar,</p>

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	<p data-bbox="890 253 1461 421">Patiala,Ropar and Sangrur. So concerned Civil Surgeons were again instructed to send the Certificate in this regard within two days.</p> <p data-bbox="842 450 1461 528">3. <u>Streamline the payment of incentives to ASHA :-</u></p> <p data-bbox="890 555 1461 981">To Streamline the payment of incentives to ASHA all the Civil Surgeons were already instructed to open the Bank A/c of each ASHA But opening of the bank A/c is still under process in all districts. Civil Surgeons were again instructed to complete the task at the earliest and only A/c payee cheque should be issued to ASHA. So the strategy of e-banking may be adopted in future.</p> <p data-bbox="842 1128 1461 1207">4. <u>Evaluation of ASHAs Performance based upon their Average Earnings</u></p> <p data-bbox="890 1234 1461 1749">With the purpose to evaluate the performance of each ASHA , a format has already been supplied to the districts and the Civil Surgeons were instructed to submit the report in this regard every month after due verification at block and district level. But no report from district Fatehgarh Sahib, Hoshiarpur, Kapurthala, Ludhiana, Moga and SBS Nagar has been received yet. So concerned Civil Surgeon were again instructed to send the report in this regard within two days.</p> <p data-bbox="842 1778 1187 1812">5. <u>Selection Of ASHA: -</u></p> <p data-bbox="890 1839 1461 2004">Civil Surgeon Amritsar, Faridkot, Fatehgarh Sahib, Kapurthala and Jalandhar has reported the No. of ASHAs are sufficient in their district and Civil Surgeon</p>

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		<p>Barnala, Bathinda, Ferozepur, Gurdaspur, Hoshiarpur, Ludhiana, Mansa, Mukatsar, Moga, SBS Nagar, Ropar, Sangrur, Mohali and Tarn Taran were instructed to appoint the remaining ASHAs yet to be completed as per the instructions/guidelines.</p> <p>6. <u>RNTCP Training To ASHAs:-</u></p> <p>RNTCP Training to ASHAs is to be given at Block level. In this regard, Honorarium and incentive money will be given to the ASHAs. Guidelines and other material will be supplied by the State Programme Officer RNTCP. All the DFWO were instructed to ensure and arrange the training of RNTCP along with the training of ASHAs where the training is already going on with the coordination of the Concerned Programme Officer and get this training done.</p>
6(A)	Block PHC/PHC/RH	
6.1	For our purpose, definition of pHC would include Mini PHC, Stand alone Block PHC (without CHC/SDH) and Rural Hospitals. This no. comes to 394+45 for the state.	<p>Nomenclature of the Rural Hospitals and Sattelite Hospitals has been changed as PHC vide Pb. Govt. Notification dated 5.3.2010 for providing health services to the people in the State. Out of 395 PHCs, 79 PHCs are without water supply and 44 PHCs are without electricity. Only 40 PHCs have been identified in poor condition which need new buildings or Major repairs</p> <p>6(A) It was discussed in the previous meeting that facility survey of PHCs/RHs should be complete alongwith photographs</p>
6.2	Complete the facility survey alongwith photographs.	
6.3	Identify the PHCs without water supply and electricity.	
6.4	Identify the PHCs which requiring new buildings or any major repair or some additions.	
6.5	Utilization of funds- Untied, annual maintenance grant and grant for Rogi Kalyan Samiti. All these amounts to be	

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	spent under the supervision of PHC Planning and monitoring Committee, Block Planning and Monitoring Committee as the case may be. Planning and Monitoring Committee may also be constituted for the Rural Hospitals if not already constituted.	
6.6	MD, NRHM to release three kinds of funds for all Rural Hospitals also.	
6.7	Review the staff position.	
6.8	Ensure availability of equipment and medicines.	
6(B)	24x7 PHCs (including 24x7 Rural Hospitals)	
6.1	Visit each and every sub PHC/Rural Hospital and ensure that Labour Room is functional. If you can make it functional at local level, please do it immediately, otherwise ensure that the Engineering Wing of PHSC has included this work under their action plan.	All the representatives of Civil Surgeons were asked to visit each & every PHC/RH and ensure that Labour Room is functional. If some minor repair & renovation is required it may be done at local level otherwise make sure that the PHSC has included the work in its action please.
6.2	Review the No. of institutional deliveries and reasons for shortfall, check if MO (female) and Staff Nurses are doing OPD work. They may be encouraged to visit sub centres/villages and persuade the women to come for ANC/deliveries.	
6.3	Review the work of each ANM and check if they are bringing adequate no. of cases for institutional deliveries and if not, why not?	
6.4	For PHCs without MO (Female), kindly suggest if any MO (Female) can be deployed within the districts at PHCs without MO (Female).	

OTHERS

SURAKHIT JANEPA YOJNA (SJY):

- Still districts are not empanelling Private Institutions under the SJY Scheme. The districts should empanel private institutions under the scheme for ensuring free safe delivery for BPL/SC/ST beneficiary.
- Institutions empanelled under Surakhit Janepa Yojna are to be accredited under Janani Suraksha Yojna (JSY) as well. However same has not been done till date. It is intimated to accredit these institutions under JSY as well and report to state headquarter.
- Certain APIs empanelled under the scheme are either not showing performance or districts are not sending their updated information. It is requested to supervise these institutions for performance under the scheme and report to state headquarter.

STATUS OF DISTRICT HEALTH MISSION, DISTRICT HEALTH SOCIETIES AND HEALTH PLANNING AND MONITORING COMMITTEES

- No meeting of District Health Mission has been convened in the Districts except Amritsar, Bathinda, Faridkot, Jalandhar, Kapurthala, Nawanshahar and Tarn Taran
- In Jalandhar and Bathinda these meetings were convened in 2008
- Meetings of District Health Societies were not being convened regularly. Now these have started but in the District Faridkot, Hoshiarpur, Mansa, Mohali and Tarn Taran meetings have not been convened after February.
- In the District Mohali only one meeting of DHS have been convened till date.

This issue was discussed in the meeting and the district officers were requested to ensure that meetings are convened regularly. Officers are requested to convene the meetings of District Health Mission by 15th June 2010 and inform this office.

- Health Planning and Monitoring Committees have been constituted at District/ Block/ PHC level. As Rural Hospitals and Satellite Hospitals have been notified as PHCs so the PHC Health Planning and Monitoring committees are to be constituted for these institutions. All the districts were given instructions regarding this and were requested to constitute these committees.

Information has been received only from districts Barnala, Faridkot, Fatehgarh Sahib, Mohali, Muktsar, Patiala and Sangrur. All other districts are requested to constitute these committees and inform this office by 20th May 2010.

The constitution of District Health Society and Health Planning and Monitoring Committee is available on the Website

Bio Metric Attendance System

Bio Metric Attendance System have been installed at 161 institutions. There were complaints of non punching at many places. State has prepared a schedule and company engineer will visit all the places. It is the responsibilities of SMOs that all machines are in functional position and all Officers/employees regular as well as NRHM including SMO mark their attendance on Bio Metric System. If any machine will be damaged intentionally by any of the official, the SMOs will be held responsible and action will be taken against him.

It is also reported by the engineer of the Company that there is some problem of providing the vehicle from District Head Quarter. DFPOs are requested to arrange the vehicle and accompanying them alongwith BCC Facilities for the rectification of Bio Metric Attendance Machine not working in his district.