List of the Participants is enclosed at Annexure -I

At the outset of the meeting Additional Chief Secretary to the Government of Tripura had welcomed all the participants and after short introduction by the participants, the review was made on different topics under NRHM. The discussion was made in reference to actions to be taken up by concerned programme divisions as per Office Memorandum vide No.F.3 (145)/HFW/96 dated 24th May, 2013.

It is therefore requested that Programme Officers / Branch Officers / Consultants concerned to take necessary actions to improve performances within next 3 (three) months of 2013-14 for the following activities as indicated below:

1. **Maternal & Child Health Care and ASHA:-**

   1.1 There is felt need to improve upon maternal & child health services across health facilities of the State. A facility assessment should be done regarding availability of labour room, water facility etc.

   1.2 SPO (RCH) was asked to find out the health facilities where delivery is not being conducted and to make necessary arrangement for conducting delivery in all health facilities by 30th June, 2013.

   1.3 The provision for water availability/electricity to be ensured. As such these facilities need to be identified and provision for water/electricity may be made from fund given for Reduction of IMR Grant.

   1.4 SMS is to be sent by ASHA for confirmation of 1st HBNC. The modalities for implementation may be put up.

   1.5 ASHA should be mobilized properly and a tracking mechanism should be in place to ensure presence of ASHA in the house of new born as per HBNC schedule.

   1.6 BEmOC training for MOs at PHCs where deliveries are not taking place. Special motivation session is to be kept in the schedule of in all Training Programmes conducted for MO, Staff Nurse, ANM etc for ensuring safe delivery in all health facilities. Resource Person from outside may be invited for special motivation training session.

   1.7 ASHA will get incentives only for ensuring 3 ANC of each mother delivered at Health Institutions as per new JSY guidelines. Each ASHAs to be made accountable for this. ASHA will get incentives for attending new born as per HBNC schedule. The message should be generated to all ASHAs in ASHA Varosha Divas in this month only. Total incentive of ASHA will be made from report of MCTS database only.

   

   [Action: SPO (RCH), BO (NRHM), Consultant (SH&FWS, MIS Manager & Consultant (CM)]
2. **Mother & Child Health Tracking System (MCTS):**

2.1 All the pregnant women and child registered at different health facilities need to be uploaded in the MCTS i.e. 100% coverage is to be ensured with the support of ASHAs by September, 2013.

2.2 The 100% ANC and PNC check-up of Mothers should be uploaded in MCTS portal with the help of ASHAs.

   *Action: SPO (RCH), Consultant, SH&FWS, MIS Manager & Consultant, CM*

3. **Immunization:**

3.1 For ensuring 100% full immunization coverage, micro plan along with due list of beneficiaries is to be prepared. Concerned SMS is to be sent to ASHA for achieving full immunization coverage in all districts.

   *Action: SPO, Immunization*

4. **Family Planning:**

4.1 All Sub-Centres mandatorily should maintain eligible couple register of concerned local facility with the support of ASHAs.

4.2 Home delivery of Contraceptive by ASHA at Door Steps Scheme need to be implemented in all districts, but a proper monitoring mechanism is to be placed for the programme.

   *Action on above: MO, RCH*

5. **Quality Assurance:**

5.1 To be operational by end of June 2013.

   *Action: MS, SH&FWS*

6. **Adolescent Health:**

6.1 More focus should be made upon 100% coverage of Jr. Basic School under School Health Programme.

6.2 Group counselling meeting should be organized with adolescent girls and boys separately in school. Chart on hygiene is to be displayed in school during small counselling meeting. Simple Do's & Don't's messages should be displayed during each camp in school. Movie already available on adolescents may be dubbed in Bengali and screened in school.

6.3 Female Medical Officers are to be identified for counselling on teenage pregnancy and child birth.

6.4 Necessary actions are to taken up for making convergence between ARSH and TSACCS with reference to existing ARSH Clinic and ICTC centre available in Health Facilities.

6.5 Evaluation of all ARSH Counsellors to be done as per their performance. Counsellor should tour 3 (three) times a week for camp for which TA&DA may be claimed by using public transport only.

   *Action on above: MO, RCH*
7. **Procurement:-**

7.1 Generic medicines may be procured from Central Public Sector Enterprises (CPSE). 

*Action: BO, Procurement*

8. **IEC-BCC:-**

8.1 Impact assessment of IEC-BCC activities needs to be done for all activities. Innovative and unique way should be taken up for generating awareness messages through IEC-BCC rather than only putting Hoarding /Display Board. 

*Action: DFWPM & PRO*

9. **AYUSH:-**

9.1 AYUSH Medical Officers are to be asked to attend at least two sub-centres every fortnightly by rotation wise so that all sub-centres to be covered by each AYUSH MO of the respective facility.

*Action: BO, AYUSH*

10. Facility wise Gap analysis is done. The plan for making yellow to green and Red to Green for each district facility-wise may be submitted by next 3 days. 

*Action: Consultant (SH&FWS)*

11. **NPCB:-**

11.1 Apart from Cataract Surgeries other services and target may be fixed on real case load basis in the State with 100% achievement by 2013-14 end. 

*Action: PO, NPCB*

12. **RNTCP:-**

12.1 No single patient of Tuberculosis diagnosed should be missing and a detailed report of RNTCP should be prepared by SPO (RNTCP). 

*Action: PO, RNTCP*

Meeting is ended with vote of thanks to all.

Sd/-

(K. V. Satyanarayana)
Addl. Chief Secretary (H&FW)
Government of Tripura

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**NATIONAL RURAL HEALTH MISSION**
**STATE HEALTH & FAMILY WELFARE SOCIETY, TRIPURA**

No.F.3 (5-374) SHFWS/NRHM/2011  
June 2013

Copy to:-

1. The Director, Health Services, Government of Tripura.
2. The Director, Family Welfare and Preventive Medicine, Government of Tripura.
3. Dr. Ashoke Roy, Member Secretary, SHFWS, Tripura.
4. Dr. S.N Choudhury, BO-NRHM.
5. Dr. Kamal Reang, SPO-RCH.
6. Dr. B. K. Sen, Medical Officer-RCH, SH&FWS, Tripura.
7. Sri Parijat Dutta, PRO.
7. Dr. Debrata Kar, B.O (AYUSH).
8. Dr. Manas Kumar Bhattacharjee, PO-NLEP, PO-NIDDCP
9. Dr. P.Barmam, PO, NPCB
10. Dr. Babul Das, STO, RNTCP
11. Smt. Nabanita Dey, Consultant-SH&FWS Tripura
12. Sri Arindam Saha, State-Facilitator, RRC-NE, Tripura
13. Dr. Supratim Biswas, Consultant, Community Mobilization, RRC-NE, Tripura
14. Sri Tapas Saha, State MIS Manager, SH&FWS, Tripura
15. Er. Aparna Sutradhar, Junior Engineer, SH&FWS, Tripura
16. The Website Section, NRHM for and uploading in the website.

Copy also to:
1. PS to the Additional Chief Secretary, Health & FW Department, Government of Tripura for kind information.

(Dr. Sanjeev K. Rathod)
Mission Director, NRHM
Government of Tripura
List of Participants in the Meeting held on 16th June, 2013 at Civil Secretariat

1. Dr. Sandeep R. Rathod, IAS, Mission Director, NRHM, Government of Tripura.
2. Dr. Sujit Chakma, Director, FW & PM, Government of Tripura.
3. Dr. Ashoke Roy, Member Secretary, SHFWS, Tripura.
4. Dr. S.N Choudhury, BO-NRHM, Govt. of Tripura.
5. Dr. Kamal Reang, SPO-RCH, Govt. of Tripura.
6. Dr. B. K. Sen, Medical Officer-RCH, SH&FWS, Tripura.
7. Sri Parijat Dutta, PRO-O/o the Dte. of FW&PM.
8. Sri B. B.Bhattacharjee, Deputy Director, Finance, SH&FWS, Tripura.
9. Dr. Debrata Kar, B.O (AYUSH) O/o the Dte. of Health Services.
10. Dr. Manas Kumar Bhattacharjee, PO-NLEP & PO-NIDDCP.
11. Dr. P.Barmam, PO, NPCB, Govt. of Tripura.
12. Dr. Babul Das, STO, RNTCP, Govt. of Tripura.
15. Dr. Supratim Biswas, Consultant Community Mobilization, RRC-NE Tripura.
17. Er. Aparna Sutradhar, Junior Engineer, SH&FWS, Tripura.