Minutes of the state level monthly review meeting held on 8th August 2013 under the chairmanship of Mission Director, NRHM, Govt. of Tripura in the conference hall of Deputy Drug Controller's Office, Gurkhabasti, Agartala, West Tripura.

At the outset Mission Director welcomed all the participants in the meeting. After detail discussion the following points have been evolved in the meeting:

List of participants is at- Annexure-A

1. Action Taken Report (ATR) of last two (2) state level meetings held under the chairmanship of Mission Director, NRHM Tripura on 7th June 2013 & 12th July 2013 respectively must be submitted by the all districts (except South & West district) with in next five (5) days without fail.  
   [Action: concerned CMOs]

2. State commitments on Regional review meeting held on 23rd & 24th July 2013 in Guwahati and was communicated to all CMOs for taking necessary action vide Memorandum no. F.3(5-2456)-FWPM/SHFWS/2011 dated 2nd August 2013. Action taken report (ATR) must be submitted by all districts within next 10 days.  
   [Action: all CMOs]

3. All CMOs has expressed that since there are inter-linked issues dealt by the DHS, DFWPM & NRHM. Therefore, a single meeting may be held in every month, so that meaningful discussion and decision can be taken.  
   [Action: MS, SH&FWS]

Maternal & Child Health:

4. All the CMOs informed that there is no medicine at the periphery level which is affecting normal child care services. Necessary communication has been already made with DHS & DFWPM. MD NRHM has assured that the matter will be taken up with the appropriate authority.  
   [Action: MS, SH&FWS]

5. Copy of requisition of drugs need to be submitted to the Mission Directorate which are sent to DFWPM/DHS within next five (5) days, so that remedial action can be taken. However, present available list of drugs in the CMS will be communicated to all the districts within next five (5) days.  
   [Action: MO I/C CMS/all CMOs/BO-Procurement]

6. In the entire facilities log book should be maintained in case of equipments e.g.- Laparoscope instrument, Radiant warmer & Photo Therapy units in NBCC, use of ambulances for patient referral etc.  
   [Action: all CMOs/SDMOs/ MO I/C]

JSSK:

4.i If any patient comes to the hospital through Doli service, that can be entertained under JSSK referral norms. Photographs as well as proper documentation & records need to be maintained at the facility level.  
   [Action: all CMOs/SDMOs/ MO I/C]

4.ii Referral cases especially pregnant women must be rational in case of SDH to DH. All SDHs need to be strengthened to function as FRU. Necessary initiations are to be taken by concerned local Health Authorities.  
   [Action: DHS/all CMOs/SDMOs]

4.iii All CMOs have to look after the fund position of all payments to the beneficiaries or motivators of different NRHM programmes like- JSY, JSSK, ASHA programmes in the health facilities, so that no beneficiary can be deprived of and they should get the payment quickly. Before exhaustion of fund of JSY & JSSK payment in any facility, requisition must be submitted to the district and from district to the State immediately.  
   [Action: all CMOs/SDMOs/ MO I/C]

School Health Programme (SHP)/WIFS:

5. Recruitment process of dedicated RBSK team and all the vacant posts under NRHM must be completed by all the districts within this month and to report to the State.  
   [Action: all CMOs]

6. School Health Programme (SHP), (distribution of IFA tablets/Albendazole) are to be continued in all the districts. Proper monitoring and reporting of these activities must be done regularly to the State.  
   [Action: all CMOs/SDMOs]

7. Any adverse event related to WIFS or any other programme like- AEFI, failure of Sterilization etc. should be reported to the State immediately.  
   [Action: all CMOs/SDMOs]
8. Training of field functionaries (ANM/AWW/Nodal Teacher) on WIFS will be completed by all districts. Detail guidelines will be communicated by MO-RCH with all concerned.

[Action: all CMOs]

**ASHA:**

9. ASHA performance monitoring analysis on Ten (10) point indicators of Tripura has been encouraged by the Govt. of India. It is an achievement of State and same system should be maintained for better output.

[Action: BO-NRHM/CCM/ all CMOs/SDMOs/ MO I/Cs]

10. Status of Home Based Neonatal Care (HBNC) implementation is very poor in all the districts. Proper implementation of HBNC will help to reduce IMR, MMR of the State. It is to be implemented thoroughly with proper reporting at all level.

[Action: BO-NRHM/all CMOs/SDMOs/ MO I/Cs]

11. It is proposed that the payment of ASHAs to be made on one (1) single day in a month to which all CMOs have agreed, and welcomed the proposal. 2nd half of ASHA Varoshas' Divas (AVD) payment of all ASHAs working under any PHC/ CHC/ SDH in the State should be made. This system will motivate ASHAs and will also assist to identify poor performing ASHAs. Last week of every month must be selected for AVD. Payment to ASHAs will be done through Account Payee cheque. After next day of payment, HMIS Assistant/ACAA/any other staff of the health facility will upload the information in the portal. CMOs are requested to disseminate the same information to all MO I/Cs of PHC/CHCs under their jurisdiction for implementing the same. The detailed guidelines for implementation of the same will be issued very shortly.

[Action: Bo, NRHM/all CMOs/SDMOs/ MO I/Cs PHC, CHC]

12. Steps to be undertaken to identify non-performing ASHAs and necessary steps to fill the gaps.

[Action: BO-NRHM/all CMOs/SDMOs]

13. ASHA Grievance Redressal Mechanism is not yet reported from Gomati district. Status of the same should be reported to the Mission Directorate within next week.

[Action: CMO, Gomati]

14. Replenishment of ASHA drug kit is a serious matter of concern for the State as well as the District. A proper monitoring and reporting system has to be made to refill the ASHA drug kit in time so that they can serve the people at the grass root level.

[Action: BO-NRHM/CMOs/CCM]

**Immunization:**

15. Polio Eradication Formate for filling up information about the hard to reach area (HRA) has already been circulated to all the districts. These reports should reach to the State within next week.

[Action: all CMOs]

16. District Task Force (DTF) has been formed in all the districts and all CMOs are requested to arrange regular meeting and report to the Mission Directorate.

[Action: all CMOs]

17. State Government is very serious and emphasizing for 100% coverage of full immunization of children up to the age of one (1) year. So each & every child has to be tracked especially drop out cases. Micro plan needs to be prepared and all MPS/MPW & ASHAs have to be utilized to achieve our target.

[Action: BO-NRHM/all CMOs/SDMOs/ MO I/Cs]

18. Outbreak of different vector borne and water born diseases has been observed in few districts especially South & Gomati district. Remedial steps have to be taken immediately and for any support from the State necessary communication should be made in advance so that remedial steps can be taken immediately.

[Action: all CMOs]

**Accounts related/Record maintaining & Reporting:**

19. All reports related to JSY, JSSK, MDR should reach to the State within 7th of every month, without fail. Before sending to State those need to be validated carefully by the CMOs because those will be sent to the Govt. of India.

[Action: all CMOs/SDMOs]

20. A team of RRC officials has visited in Dhalai District recently. In 82-mile PHC, wooden labour table has been found in a very bad condition, which is criticized very badly and reported to the Ministry also. That table must be replaced immediately and feedback should be submitted to the Mission Director, within next seven days.

[Action: CMO, Dhalai District]

21. It is reported that Cash Books are not maintained properly in many health facilities of the State. Same may be in case of other financial records like- payment registers of ASHA, JSY, JSSK, Family Planning, Immunization etc. all facilities should maintain cash book as per prescribed
format. CMOs have to ensure the same. More field inspection should be done at all level especially by the CMOs & SDMOs to track those non-performing staff and report to the Mission Director.

[Action: all CMOs/SDMOs]

22. MS, IGM Hospital stated that there are shortage of RCH fund as a result they are not in a position to make payment to the beneficiaries. CMO West has been asked to place fund immediately.

[Action: CMO, West/Accounts manager, West district]

23. Any user charges in IGM hospital must be deposited in the account of Rogi Kalyan Samiti (RKS) of IGM hospital as per the guideline of Govt. of India. Action taken may be submitted to the undersigned within next 7 days.

[Action: MS, IGM Hospital]

24. All districts are requested to submit their SOE, UC in every month and FMR quarterly without fail and well in time. Moreover, process of Statutory Audit must be completed within this month.

[Action: all CMOs]

HMIS/MCTS:

25. Facility wise analysis by the District Data Assistant should be done within 15th of following month. A copy of analyzed report should be shared with SHFWS H.Q.

[Action: all CMOs]

26. Mother Child & Tracking System (MCTS) registration is not up to the mark of Unakoti and North Tripura District. This has to be implemented within this month.

[Action: CMO- Unakoti & North district]

27. Service delivery data updating under Mother Child & Tracking System (MCTS) is not regularized by the Facility. Field visit to cross check the register should be a regular activity of each District Data Assistant.

[Action: all CMOs/DDA]

28. Rural Health Statistics (RHS) reports as on March 2013 are still pending from North and Dhalai District. This has to be submitted within next 10 (ten) days.

[Action: CMO- North & Dhalai district]

Establishment related:

29. Unauthorized absence of any contractual staff if it is more than seven (7) days to fifteen (15) days recruited under NRHM Tripura must be reported to the Mission Directorate for taking remedial action. CMOs are empowered to sanction or reject leaves of NRHM contractual employees’ under their jurisdiction. Accordingly, all SDMOs and MO I/Cs have to report to the CMOs on the same issue.

[Action: all CMOs/SDMOs/ MO I/Cs]

30. Responsibility should be fixed at the district & sub District level for keeping the database of all NRHM staff, their appraisal procedures, and regular persuasion with grass-root level and also with State office.

[Action: all CMOs/SDMOs]

31. CMO, Sepahijala stated that, SDME attached to Bishalgarh SDH has submitted resignation. And also there is no DME at Sepahijala District. He opined SDME attached to Melagarh SDH may be deputed at Bishalgarha SDH. So that SDME can work for the whole district until new person is engaged. CMO, Sepahijala district, can do this internal arrangement.

[Action: CMO, Sepahijala]

Construction related:

32. 1st week of every month, Executive Engineer, NRHM, will submit a report to all the CMOs about all ongoing construction activities taken place in the district.

[Action: Executive Engineer, NRHM]

RNTCP:

33. Sub Center/PHC wise micro plan is to be made and implemented to increase Sputum examination rate which is 200/lakh population/quarter.

[Action: all CMOs/DTOs/SDMOs]

34. Efforts should be made to increase the Sputum case detection rate and chest x-ray positive rate.

[Action: all CMOs/DTOs/SDMOs]

35. All private hospitals, Medical practitioner, Laboratories, Diagnostics centers should be notified to refer TB cases to the District authorities (DTO), so that all TB cases can be tracked.

[Action: all CMOs/STO/DTD]

Meeting ended with thanks to all.

[Dr. Sandeep K. Bhadro]
Mission Director, NRHM
Government of Tripura
Copy to:

1. The Director, Health Services, Government of Tripura for information.
2. The Director, Family Welfare and Preventive Medicine, Government of Tripura for information.
3. The Director, Medical Education, Government of Tripura for information.
4. The Medical Superintendent, GBP/IGM/TMC Hospital, Government of Tripura for information.
5. The Project Director, TSACS, Tripura for information.
6-15. The Chief Medical Officer, West/ Sipahijala/ Khowai/Gomati/ South/Dhalai/ Unakoti/ North District, Govt. of Tripura, for information and needful.
16. The Member Secretary, SH&FWS Tripura for information and needful please.
17-25. The State Programme Officer, RCH/ IDSP/ NLEP/ RNTCP/ NVBDCP/- NPCB/ NIDDCP Tripura for information and needful.
26. The Medical Officer, RCH, NRHM Tripura for information and needful.
27-37. The Sub Divisional Medical Officers, Bishalgarh SDH/ Melaghar SDH/ Khowai SDH/ Sabroom SDH/ Belonia SDH/ Amapur SDH/ Dharmanagar SDH/ Kanchanpur SDH/ Kamalpur SDH/ Gandachera SDH/ Longtarai Valley SDH, Tripura for information and needful.
38. The Cold Chain Officer, DFWPM, Tripura for information.
39. The Executive Engineer, NRHM Tripura for information and needful.
40. The Public Relation Officer, DFWPM, Tripura for information and needful.
41. The Branch Officer, Procurement, NRHM Tripura for information and needful.
42. The State Facilitator-Tripura, RRC-NE, Guwahati for information
43. The Consultant Community Mobilization- Tripura, RRC-NE, Guwahati for information
44. The Deputy Director- Finance, NRHM Tripura for information
45. The State Programme Manager, SH&FWS, Tripura for information
46. The State Finance Manager, NRHM Tripura for information
47. The Consultant- SH&FWS, NRHM Tripura for information
48. The Manager-MIS, NRHM Tripura for information
49. The State ASHA Programme Manager, NRHM Tripura for information
50. The NGO-Advisor, NRHM Tripura for information.
51. The Website Section of NRHM Tripura for information and uploading it to the website.

Copy also to:

1. PS to Hon'ble Minister of Health & FW, Government of Tripura for kind information.
2. PS to the Additional Chief Secretary, Health & FW Department, Government of Tripura for kind information.

(Dr. Santhosh K. Ramad)  
Mission Director, NRHM  
Government of Tripura
## Annexure-A

1. Dr. Sandeep R. Rathod, IAS, MD, NRHM, Tripura (in the chair)
2. Dr. Dr. K.L. Bhowmik, DFWPM, Tripura
3. Dr. Joytirmay Das, Member Secretary, SH&FWS, Tripura
4. Dr. R. Debbarna, MS, IGM Hospital, Agartala
5. Dr. Swapam Jamatia, Dy. MS, GBPH Hospital
6. Dr. S.N. Choudhuri, BO-NRHM, Tripura
7. Dr. Kamal Reang, SPO-RCH Tripura
8. Dr. Pranab Chattarcharjee, SPO, IDSP
9. Dr. Dilip Kr. Das, CMO, North District
10. Dr. Pijush Rn. Das, CMO, Dhalai, District
11. Dr. R.K Bhattacharjee, CMO, Sepahijala District
12. Dr. D.S. Chakraborty, CMO, West District
13. Dr. B. B. Das, CMO, Gomati, District
14. Dr. P. K. Majumder, CMO, Khowai District
15. Dr. Samar Das, CMO, South District
16. Dr. Alak Dewan, CMO, Unokoti District
17. Dr. Debarta Kar, B.O (AYUSH)
18. Dr. Krishna Deb Barma, B.O, Ayurveda
19. Dr. Ratan Chakraborty, SDMO, Bishalgarh
20. Dr. D.K. Roy, SDMO, Amarpur
21. Dr. Bibekananda Roy, SDMO, Sabroom
22. Dr. B. D. Saha, SDMO, Sonamura
23. Dr. Jagadish Nama, SDMO, Belonia
24. Dr. R.K. Barman, SDMO I/C
25. Dr. Chandan Debbarma, SDMO, Kamalpur
26. Dr. P.R. Jamatia, SDMO, Longtarai Valley Sub Division
27. Dr. Arijit Sinha, SDMO, Gandacherra Sub Division
28. Dr. Babul Das, STO, RNTCP, Tripura
29. Dr. Anit Lal Das, Nodal Officer, RSBY, TMC
30. Dr. Pranabandu Barman, SPO, NPCB, Tripura
31. Dr. B.K. Sen, MO, RCH, NRHM Tripura
32. Er. Dilip Das, EE, DFWPM, Tripura
33. Sri Parjat Dutta, PRO, DFWPM, Tripura
34. Sri Arindam Saha, State Facilitator, RRC-NE, Tripura
35. Dr. Supratim Biswas, Consultant Community Mobilization, RRC-NE Tripura
36. Sri. M. K. Pal, BO, Procurement, NRHM
37. Sri. B.B. Bhattacharjee, DDF, NRHM Tripura
38. Sri. Sudip Deb, State Programme Manager, NRHM, Tripura
39. Smt. Nabanita Dey, Consultant, SH&FWS Tripura
40. Sri. Krishna Kishore Sarkar, SFO, NRHM
41. Sri. Sribash Debnath, State Accounts Manager, NRHM Tripura
42. Sri. Tapas Saha, MIS, Manager, NRHM Tripura
43. Sri. Subhadeep Lodh, DPM, Dhalai District
44. Sri. Pranoy Debbarman, DPM, West district
45. Sri. Pinaki Ranjan Bhattacharjee, DPM, Sepahijala district
46. Sri Anjan Kumar Saha, District Accounts Manager, South Tripura
47. Sri. Debu Biswas, Accounts Manager, West District Tripura
48. Sri. Rajesh Pal, SDACDA, Bishalgarh SDH
49. Sri. Samar Bijay Debnath, SDACDA, Melaghar SDH