Minutes of the State level review meeting of NRHM Tripura held under the chairmanship of Mission Director, NRHM Tripura on 13th September, 2013 in the Conference Hall, Deputy Drug Controller’s office, Gurkhabasti, Agartala at 1.00 P.M.

At the outset MD, NRHM welcomed all the officials attended the meeting. After details agenda wise discussion, the following decisions have been evolved in the meeting.

List of participants is at annexure-A.

1. During ANC, all pregnant women (PW) should be screening for HIV test. This is to be ensured by all CMOs & SDMOs with proper reporting. \[Action: \text{all CMOs/SDMOs}\]

2. All the Laboratory Technicians (LT) should do all basic tests in their health facilities and their performance to be evaluated. If any LT of NRHM is not performing their duty properly, their reports should be submitted to the State. \[Action: \text{all CMOs/SDMOs}\]

3. Requisition of common drugs which are used in PHC/CHC/SC level are to be submitted by the district within next seven (7) days positively. \[Action: \text{all CMOs/ BO-Procurement}\]

4. The beneficiary data of Kherengbar hospital should be included in the HMIS reporting by HMIS Assistant (PHC/CHC) of Jirania CHC and accounts related information will be taken care by the Administrative cum Accounts Assistant (AAA) of the Jirania CHC. Same way HMIS & Accounts related information of Tuirkarma PHC, South Tripura district, will be taken care by the HMIS Assistant (PHC/CHC) and Administrative cum Accounts Assistant (AAA) of Shantirbazar PHC. Before sending any money to the hospital of TTAADC, CMO of West & South district should seek approval from the State. \[Action: \text{CMO West & South/MIS-Manager}\]

5. Monthly stock position of medicine should be submitted to the State H.Q in soft as well as hard copies. Format will be sent shortly. \[Action: \text{all CMOs}\]

6. All SDMOs should submit a status report of the Laparoscopes within next seven (7) days supplied by the NRHM. \[Action: \text{All SDMOs}\]

7. All districts should submit the utilization certificate (UC) of IFA (Large) immediately. \[Action: \text{all CMOs/ BO-Procurement}\]

8. Each District have to identify their weak areas where home deliveries are still occurring. ANC status is poor, immunization status is low, anemic pregnant women are more and poor performing health facilities should also be identified and remedial steps to be taken to improve their status. \[Action: \text{all CMOs}\]

9. The performance of NSV in the State is very poor. Therefore, all districts have to take special care to improve the Status. Necessary steps should also be taken for improving the status of IUCD. \[Action: \text{all CMOs}\]

10. Each health facility should maintain a visiting register, where visitors observation should be recorded with page no and date. \[Action: \text{all CMOs/SDMOs}\]

11. For identifying the gaps in implementing NRHM programmes and providing health care services to the people there should be more field visits at all level which should also be reported to the State. Report of field visit by CMO & other officials should be sent as per format by end of every month. \[Action: \text{all CMOs/SDMOs}\]

12. A team of expert from NHSRC is coming to the State in September 2013, for evaluating the implementation of JSSK. They will cover West & Dhalai district. In this connection, a review to be taken by concerned CMO for JSSK in all health facilities of West & Dhalai district. This exercise should be completed in West & Dhalai District, within next seven (7) days and rest six (6) districts should do the same in next fifteen (15) days. Beside this, the facilities should have the following:
   - Grievance Redressal Mechanism
   - Records & registers of transportation systems under JSSK

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13. All districts should improve the activities so that expenditure can be geared up and within 31st December 2013 expenditure of NRHM should be 75%. There should be a monthly review of expenditure by all CMOs to review the status of expenditure in each month. Moreover, all pending UCs to be submitted to the State immediately. [Action: all CMOs]

14. By the district, it is reported that, fund for advertisement in the local newspapers has not been allocated to the districts. It is decided that these will be given to all Districts.

[Action: all CMOs/PRO]

15. From the CMOs it is learned that in some of the cases the PMU staff are not informing their CMOs about few programmes/trainings which is informed by the State through email. Therefore, all the PMU are instructed to inform their CMOs/SDMOs regularly about all the email being sent to the districts.

[Action: DPMs/Accounts Managers]

16. The Accounts Managers of all eight (8) districts will be deputed for next 7 seven days for Statutory Audit. They will get TA/DA as per norm from the respective district societies.

[Action: all CMOs/Accounts Managers]

17. All districts have to submit the status report of all SNCUs to the undersigned within next seven (7) days.

[Action: all CMOs]

18. Reports of DBT are not being submitted by the districts timely. District Accounts Managers (DAMs) are responsible to submit the information regarding DBT in prescribed format to the undersigned on time. Within next ten (10) days all pending bank account opening forms should be filled up by the Administrative cum Accounts Assistant (AAA) of concerned health institution and to be submitted to the banks for opening bank accounts of JSY beneficiaries.

[Action: all CMOs/DPMs/DAMs]

19. All CMOs should report to the State about the approved posts lying vacant in all the districts along with the name of facility where they were actually posted. [Action: all CMOs]

20. No leave other than the leaves mentioned in the Memorandum No. F. 3(5-2591)-FWPM/SHFWS/2012 dated 15th November 2012 will be allowed to NRHM Staff. Casual leaves of NRHM staff can be given by the CMOs of respective districts.

[Action: all CMOs]

21. By the district personnel, approval is sought to disburse the salary increment of contractual staff as approved in the ROP 2013-14. Here it is to inform that, the matter is now under the control of authority for decision.

[Action: all CMOs]

Meeting ended with thanks to all.

[Dr. Sandeep K. Rathod]
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 please.
16. The Member Secretary, SH&FWS Tripura for information and needful please.
17-18. The Branch Officer-NRHM/AYUSH, Tripura for information and needful.
19-25. 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/Amarpur 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:

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

[Signature]
Mission Director, NRHM
Government of Tripura
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<td>Dr. Jayanta De</td>
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<td>Dr. Bibekananda Ray</td>
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