Minutes of the Staff Review Meeting taken by Mission Director, NRHM, Govt. of Tripura

Date & Time : 24th August 2013 at 4.00 P.M.
Venue : Recreation Hall of Health Directorate, 3rd Floor, Gurkhabasti, Agartala, West Tripura-799006

After point wise discussion based on the minutes of pervious staff meeting held on 8th August 2013 the following decisions have been taken:

1. Office Order to designate Store in charge and other related orders of Procurement Section should be issued within next week. [Action: Establishment Section]
2. Office order for relocation of assignment of Smt. Jayanti Bala Debbarma, should also be issued within next week. [Action: BO-Procurement/ Establishment Section]

Implementation of the decisions taken on the commitments made in the Regional Review Meeting held on 23rd & 24th July 2013 at Guwahati:-

1. MIS-Manager will analyse the poor performing facilities on 25th of every month and shall submit report to SPO-RCH for taking corrective actions. [Action: Manager-MIS]
2. District wise HMIS data analysis and Score sheet/Dashboard (for 16 indicator) to be submitted to MD, NRHM and other concerned section within 7th day of the month. (e.g. status as on July should be submitted within 7th September) [Action: Manager-MIS]
3. It is decided that whenever there is any proposal for procuring any new equipments, necessary budget for training on the same should also be provisioned in the plan. [Action: BO-NRHM/BO-Procurement/Consultant-SH&FWS]

Antenatal Care (ANC):
4. From this month onward, requisition of MCP cards should be collected & analyzed and based on the analysis necessary supply should be done. [Action: Manager-MIS]
5. Analysis of ANC data of poor performing health institutions should be done and they should be instructed to improve their status. [Action: Manager-MIS]

Home Delivery (HD):
6. Health Sub Center wise status of home deliveries should be analyzed and placed to SPO-RCH within next 5 days. [Action: Manager-MIS / HMIS Assistant]

Identification of Delivery Points:
7. A comprehensive plan for the need assessed Delivery Point is to be made at state level and to be sent to Govt. of India within next 15 days. [Action: SPO (RCH)/ Consultant, NRHM]
8. The Programme Officer (RCH) and State Training Coordinator shall jointly identify the requirement of DPs (including training of HR, equipments needs) so that there should be a plan to upgrade 4-6 Delivery Points along with existing status within next 15 days and should be hoisted in the website. [Action: Consultant, NRHM]
9. SPO-RCH will analyze the DP's and submit the report to MD, NRHM and Principal Secretary, H&FW as well as Director, RRC-NES every month. [Action: SPO (RCH)/Consultant, NRHM]
10. Five facilities should be developed as the Ideal Nodal DPs in the State within next 3 days. [Action: SPO (RCH)]

Training:
11. Each training center's performance till date & gap analysis should be submitted within next 15 days. [Action: BO-NRHM]

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12. Monthly performance report of EmOC & LSAS trained Medical Officers till July 2013 should be prepared and hoisted in the website.  
[Action: SPO-RCH/BO-NRHM]

13. Accreditation of EmOC trainers is required and in this connection consultation may be held with trained Doctors at State level for issuing certificates to them.  
[Action: BO-NRHM]

14. Training of manpower for specific equipment to be purchased is to be made mandatory by concerned agency and same may be provisioned in the Tender document.  
[Action: BO-NRHM]

15. The approval should be taken during nomination of trainee that after completion of training, he/she will be posted in same health facility from where he/she was sent for training.  
[Action: BO-NRHM]

16. BEmOC and CEmOC trained Medical Officers should be posted in Delivery Points as per requirement; training and posting are to be matched.  
[Action: BO-NRHM]

17. A comprehensive plan according to the need assessment should be prepared for next 5 years and to be placed within next 15 days.  
[Action: BO-NRHM]

18. At present here are 73 nos. BEmOC trained Medical Officers posted at the periphery level. Their performance report is to be collected each month and to be hoisted in the website.  
[Action: BO-NRHM]

RTI/STI:

19. Medical Officer-RCH is to find out the status of pregnant women screened for HIV at facility level, to analyze the current mechanism and the way forward with a detailed report on the issue within 31st Aug’ 13.  
[Action: MO-RCH]

20. The RTI/ STI Drugs should be checked with the EDL and if required necessary provision should be kept for additional drugs.  
[Action: BO-Procurement]

21. PD, TSACS may be requested to intimate the training status of ANM on RTI/STI provided by NACO, quality of training and to analyze the gap, further requirement etc.  
[Action: MO-RCH]

22. Separate training status of Medical Officers trained on RTI/STI should be calculated and submitted to the MOHFW, GOI.  
[Action: BO-NRHM]

MDR:

23. A separate register for MDR and Monthly reporting of maternal deaths are to be maintained. 100% review of maternal deaths on time should be ensured. Reminder should be issued to all districts after end of stipulated time period.  
[Action: SPO-RCH]

24. District wise consolidated mortality report should be submitted within 25th of following month to the SPO-RCH so that he can compare with same with MDR Report.  
[Action: SPO-RCH/Manager-MIS]

25. SPO (RCH) to come with an analysis of Maternal Death occurred and review done with causes of deaths etc. and to submit the same to MD, NRHM in each month.  
[Action: SPO-RCH]

26. Redeployment of LT's (Malaria, HIV/AIDS) can be done by Hospital management committee to ensure around the clock availability of Lab Tech. in 24X7 PHC’s. This feasibility analysis of Lab. Tech. deployment round the clock basis should be prepared and submitted wit in next 15 days.  
[Action: SPO (RCH)/Consultant, NRHM]

27. Analysis can be done to see whether 3 or more LT's working in a facility under State, NRHM and other components and to suggest further actions.  
[Action: SPO-RCH]

28. Basic and advance EDL for all the required facilities is to be prepared.  
[Action: Consultant, NRHM]

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29. Drug stock is to be made available and connected with computer inventory system.
   Excel sheet in soft copy may be provided to MO/ICs to track the stock and utilization of
   drugs regularly.  
   [Action: SPO (RCH)/Consultant, NRHM]

30. A comprehensive analysis is to be made of service provided, gap etc under JSSK.
   [Action: Consultant, NRHM]

31. SPO-RCH should rectify the data of Power Pont presentation (PPT) should be done by
   [Action: SPO-RCH]

32. MTP report under HMIS to be submitted within 25th of following month to the MO, RCH
   to compare with the MTP report prepare by the concerned section.  
   [Action: SPO-RCH]

Strengthening of Maternal Health Services:

33. To make operational all CEmOC facilities by appointing Gynecologists, Anesthetists
    through open National Advertisement within next three months.  
    [Action: SPO-RCH]

34. Separate register is to be provisioned for anaemic patients at Sub-Centre level and Line
    listing of severely anemic pregnant women and ANM is to be made to monitor & track
    her regularly to ensure safe delivery.  
    [Action: SPO-RCH]

35. A patient feedback system should be in place for all Health Institutions in case of IPD,
    OPD, which further can be discussed in RKS Meeting for improving service delivery.
    [Action: SPO-RCH/CCM]

36. Recognition of good performing health care provider and also good performing health
    facility may be initiated by the State. Good performing ASHA, MOs and other health
    personnel may also be awarded.  
    [Action: SPO-RCH/CCM]

MCH Wing:

37. Architectural design prepared and approved should be in line with the draft
    architectural plan shared by GOI and should include all the components as envisaged
    in the MCH Wing. The State also needs to ensure that MCH Wings are established
    within the premises of DHs/SDHs/ CHC and should have all essential components as
    per MCH wing Govt. order. Executive Engineer may move the file to DHS by Monday.
    [Action: Executive Engineer]

Human Resources:

38. The GO should be made for non-rotation of Nurses/ ANM in maternal Unit,
    SNCU etc.  
    [Action: DHS/MS, SH&FWS]

39. State is to look at service contract of service providers and to design contract for
    evaluation performance of all staffs.  
    [Action: MS, SH&FWS]

40. State is asked to fulfill conditionalities to receive salary of contractual staffs under
    NRHM after six months continuation.  
    [Action: MS, SH&FWS]

IEC-BCC:

41. IEC-BCC is to be made within budget envelope approved in ROP 2013-14. It is
    suggested to conduct more IEC-BCC through Inter-personal communication (IPC) by
    ASHA/ ANM.

42. To undertake special drive to reach each and every house with the message of
    Diarrhoea, Breast Feeding, Zinc, ORS etc. involving ASHA / ANM in next three months.

ASHA:

43. Replenishment of AHA Drug Kit should be made by Health Sub-Centre on regular basis,
    not to replenish drug kit directly through ASHAs.  
    [Action: BO, NRHM/SAPM/CCM]

44. Home visit by ASHA as per HBNC schedule should be properly monitored and
    supervised by ASHA Programme Manager to prevent neonates death.  
    [Action: BO, NRHM/SAPM/CCM]

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45. Performance of ASHA is to be linked with HMIS portal and all ASHA payment is to be monitored by concerned HMIS Assistants. [Action: BO, NRHM/SAPM/CCM]

Financial Issue:

46. State Accounts / Finance Division is to review financial progress in terms of status of programme and fund utilization and share a report with State / all Districts on monthly basis. [Action: DDF/SFM]

47. Pending UC/SOEs are to be sent to Government of India immediately. Review of financial status should be taken on 15th & 30th of every month. [Action: DDF/SFM]

48. Concurrent Audit may be done and audited UC to GOI by September. [Action: DDF/SFM]

49. There is a balance fund of Rs.17,999/- for training purpose to be released to FOGSI. [Action: DDF/SFM]

Meeting ended with thanks to all.

(Dr. Sandeep R. Rathod)
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Government of Tripura

National Rural Health Mission
State Health & Family Welfare Society, Tripura

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Copy to:
1. The Member Secretary, SH&FWS Tripura for information and needful please.
2-3. The State Programme Officer, RCH/NVBDCP, Tripura for information and needful.
4-5. The Branch Officer-NRHM/AUSH, Tripura for information and needful.
6. The Medical Officer, RCH, NRHM Tripura for information and needful.
7. The Cold Chain Officer, DFWPM, Tripura for information.
8. The Executive Engineer, NRHM Tripura for information and needful.
9. The Public Relation Officer, DFWPM, Tripura for information and needful.
10. The Branch Officer, Procurement, NRHM Tripura for information and needful.
11. The State Facilitator- Tripura, RRC-NE, Guwahati for information
12. The Consultant Community Mobilization- Tripura, RRC-NE, Guwahati for information
13. The Deputy Director- Finance, NRHM Tripura for information
14. The State Programme Manager, SH&FWS, Tripura for information
15. The State Finance Manager, NRHM Tripura for information
16. The Consultant- SH&FWS, NRHM Tripura for information
17. The Manager-MIS, NRHM Tripura for information
18. The State ASHA Programme Manager, NRHM Tripura for information
19. The NGO-Advisor, NRHM Tripura for information.
20. The Website Section of NRHM Tripura for information and uploading it to the website.

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Government of Tripura