

**Minutes of the Meeting of the 14<sup>th</sup> Executive Committee of the State Health Society, Assam**

The meeting of the 14<sup>th</sup> Executive Committee of State Health Society, Assam was held on 22<sup>nd</sup> August, 2013 at 12:30 P.M. in the Conference Hall, NRHM, Assam. Shri V. S. Bhaskar, IAS, Principal Secretary to the Govt of Assam, H&FW Department chaired the meeting.

The list of the members present is annexed.

1. The post of Executive Director, NRHM will be filled up within one week.
2. Neonatal Stabilization Units (NSUs) shall be visited periodically by officers from NRHM as per programme fixed by Mission Director, Director, NRHM and their reports shall be submitted to Principal Secretary, Health & Family Welfare Deptt. within one week of the visit.
3. Increase of salary of the employees of NRHM is a matter to be discussed and considered by the Government of India. MD, NRHM will pursue the matter and the Principal Secretary, Health & F.W. will follow up the issue.
4. Selection of GNM and Medical Officers would be attempted through campus selection in Nursing Schools and Medical Colleges outside Assam.
5. The position regarding institution delivery in Sonitpur was noted with satisfaction.
6. In regard to under-performing districts, particularly in MCH programme, Principal Secretary will address a DO Letter to all the Deputy Commissioners and officers from NRHM shall visit on a periodic basis. MD, NRHM will issue necessary orders.
7. Executive Committee expressed happiness over the performance of NRHM from 2005 in reducing the MMR at 480 to 347 during 2010 as per latest AHS Reports.
8. An independent survey shall be constituted to determine current MMR & IMR where the sample size must be much larger and shall reflect the true position.
9. As per <sup>How</sup> CM's Vision, the reduction in IMR is targeted to come down from the present level of 55 to 38 by 2016. The MD, NRHM shall work out the physical numbers of actual deaths likely and allot the same to various districts and it shall be monitored by Nodal Officers engaged in each district.





10. MD, NRHM will furnish a list of Doctors in-charge on NSUs in each hospital in the State, and the District Nodal Officer from NRHM shall constantly liaison and monitor.
11. The money which has been distributed for procurement of mobile phones should be so utilized as to buy Mobile Phones which must have a common platform in terms of operation system so that prescribed application can be maintained on them and the NRHM shall try to provide recurring charges.
12. Under any circumstances, Ultrasound equipment shall not be lying idle in any Government Hospital. NRHM will organize a six-month training programme for the Doctors operating Ultrasound equipment.
13. The position of caesarean kits shall be examined by a Committee of Experts for rationalization and this shall be headed by Dr. A.C. Sarma, assisted by one Anaesthetist and one Gynaecologist.
14. Whereas NRHM is providing all the drugs and surgical items required for conducting deliveries and caesarean cases, however, in such cases where such drugs and surgicals are not available under NRHM/ Government supply or in cases where in order to save the <sup>lives</sup> ~~life~~ of the woman/ child, certain drugs are required which are beyond the list of items generally supplied by NRHM/ Govt. supply, the concerned health facility shall procure such items out of HMC funds and the bills shall be reimbursed by NRHM in the same manner as reimbursement is done under JSSK for diagnostics etc. *this is subject to the approval of the Govt.*
15. There is no sanctioned post of DIO in Tinsukia, Dhemaji, Morigaon, Hailakandi, Bongaigaon, Dima Hasao and Kamrup (M). MD, NRHM will initiate necessary steps with the Government in this regard.
16. At present some programmes are not performing well which are as follows:  
a) NIDDCP, b) IDSP, c) NVBDCP, d) NLEP & RNTCP.  
MD, NRHM may please like to examine and give a note in this regard.
17. National Academy of Construction in Hyderabad will be requested to assist the NRHM in Civil Works so that the Civil Work component is strengthened.
18. At present Utilization Certificates are not forthcoming in regard to Untied Funds. The MD, NRHM will identify the officers responsible for the same and call for explanation and inform the Government accordingly.





19. As against the original amount of PIP of Rs.1956 crore, Govt. of India has sanctioned an amount of Rs.1076 crore so far. MD, NRHM will take necessary steps to get approvals for PIP for the entire available Resource pool accordingly.
20. MD, NRHM will move through DHS for release all the pending State share. A procedure will be worked out to enable NRHM to draw Govt. funds directly without going through the DHS route as happening presently.
21. All vacancies under Government <sup>will</sup> ~~shall~~ have to be filled up immediately, particularly of Doctors, GNMs, ANMs, Lab Tech. In those Govt. institutions whether HR is required and so posted by NRHM, because there are no Govt. posts sanctioned for it, Govt. <sup>may be moved</sup> ~~should~~ take immediate steps to create those posts and fill them up on priority. 4
22. All matters which require to meet the requirement of mandatory disclosures shall be attended to by the MD, NRHM.
23. Dr. M.L. Nunisa, DHS (FW) <sup>will</sup> ~~shall~~ visit <sup>at least</sup> ~~(with proper responsibilities)~~, 15 districts every month in Assam and the travel expenses shall be borne by the NRHM. He shall submit his inspection report to the Principal Secretary, Health & FW with a copy to MD, NRHM.
24. Staff Nurses/ GNMs posted in Labour Rooms shall not be transferred out unless another Staff Nurse or GNM is posted. In this connection, the Government will issue necessary orders.
25. The proposal for procurement of vaccines for Adult JE Vaccination along with other activities relating to immunization shall be projected in the Supplementary PIP for 2013-14 and thereafter closely followed. In case the funds are not sanctioned by the Govt. of India, the State Government <sup>will</sup> ~~shall~~ under right the expenditure for the vaccines and for other activities at rates similar to those used in Adult JE Vaccination carried out earlier in Sivasagar.
26. To strengthen JE Vaccination under RI, extensive IEC activities shall be carried out to generate awareness amongst the public for getting their children vaccinated for JE. DHS (FW) will also closely monitor performance of JE vaccination under RI.





27. All the work done by the Consultants NVBDCP engaged by the NRHM shall be reviewed by the MD, NRHM <sup>who will</sup> and submit report to the Principal Secretary, Health & F.W Department.
28. The Committee approved proposal to have the salary of contractual staff of IDSP and other National Disease Control Programmes to be at par with similar positions in NRHM, Assam.
29. The Committee approved up-gradation of 3 nos. District Public Health Laboratories under IDSP viz. Goalpara, Nalbari & Kamrup (Rural) which were approved in ROP, 2013-14. The Committee decided for up-gradation of District Public Health Laboratory in Nagaon District Hospital instead of Kamrup (Rural) due to lack of space in Kamrup District Hospital.
30. It was decided that for supportive supervision and monitoring of ongoing activities in the field, MD, NRHM will assign officials of NRHM and Vertical Programmes etc to the different districts of the state. The officials will visit the respective districts and ensure coordination amongst different components to improve performance. The shall submit their reports regularly to the MD, NRHM.
31. The Committee noted that GOI has decided to extend JSSK benefits to sick infants. The same will be notified by H&FW Department, Govt of Assam. MD, NRHM will submit a supplementary <sup>and</sup> proposal accordingly in <sup>additional</sup> Supplementary PIP.
32. Regarding identification of home delivery pockets, as desired by GOI, MD, NRHM shall notify these pockets/ villages and propose innovative measures like Palki scheme, SBA conducting Home Deliveries in such pockets.
33. The Committee decided that name wise monitoring of LSAS & EmOC trained doctors shall be carried out by the MH Nodal officer and SIHFW. Health & FW Department will ensure deployment of LSAS/ BeMOC/ EmOC trained doctors in high case load facilities. It was decided that MD NRHM will prepare the list of non-performing and irrationally deployed trained doctors on LSAS/EmOC and submit report to Health & FW Department for their redeployment on the basis of case load.
34. The Health & FW Department will issue a letter to the all Jt. DHS not to allow rotation of trained Nurses posted at Labour Rooms, SNCUs.





35. The Committee decided that MD, NRHM will prepare plan for providing round the clock diagnostic services at all the Delivery Points upto CHC level. He will submit proposal to the Health & Family Welfare Department to issue Notification for utilisation of Laboratory Technicians available under different programmes for the purpose.
36. The Procurement Manual developed by NRHM, Assam would be put upto Chairman, EC.
37. Regarding NUHM, the Committee approved the expansion of the State Health Mission, Governing Body, Executive Committee of State Health Society and District Health Mission, District Health Society as per the NUHM Guidelines.  
The MD, NRHM will send a proposal to the Health & FW Department for 10% State share for the financial year 2013-14.  
The Committee approved creation of NUHM cell at State and District Mission Offices. MD, NRHM will also send a proposal to the State Government for re-designation of Mission Director, NRHM as Mission Director, National Health Mission (NHM) as per the directives of NUHM Implementation Framework.
38. The Committee approved for inclusion of Director, AYUSH as member of the Governing Body and Executive Committee of State Health Society, Assam.
39. The Committee approved the posting under NRHM, Assam of 162 newly passed out Post Graduate Allopathic Doctors to serve for One Year Compulsory Service under Govt of Assam. Accordingly MD, NRHM will send proposal to the Govt. of India in Supplementary PIP, 2013-14.
40. The Committee approved the activities which shall be submitted to GOI under Supplementary PIP, 2013-14 i.e National Iron+ Initiative, JE Vaccines, Salary of HR, Difficult Area Allowances, HMIS/MCTS, Untied/AMG grants, Implementation of CPF Scheme, Tele-Radiology, Tele-Medicine, MMU, PPP Tea Garden Hospitals, Boat Ambulance (Opex/Capex), Addl Budget of UIP/RNTCP, Prescription pads, Construction of one SDCH(Hojai)/ one MCH Wing (Dima Hasao)/20 District Drug Warehouses/267 SCs which were sanctioned in 2010-11 but could not be taken up in that year, Solar System for HIs of Char/Revirine areas, Addl proposal of RCH/NRHM Flexipool etc.





41. The additional incentive for 15 nos. of Medical Officers of SCNU @ Rs. 10,000/- per month was approved by the Committee and decided to be proposed in the Supplementary PIP, 2013-14.
42. Regarding continuation of services of 8 Caretakers in four (4) NRCs in the districts of Kokrajhar, Chirang, Darrang and Udalguri who were recruited earlier as approved by Govt. of India during the financial year 2011-12, it was decided to propose for their salaries in the Supplementary PIP, 2013-14.



(V.S. Bhaskar)  
Principal Secretary to the Govt. of Assam,  
Health & F.W Department, Dispur



**ANNEXURE - I**

**Members present in the 14th Executive Committee Meeting of State Health Society, Assam held on  
22/08/2013 at 12:30 p.m. at Conference Hall of Mission Directorate,  
National Rural Health Mission**

1	Principal Secretary to Govt. of Assam, Health & FW Deptt. & Chairperson, EC
2	Mission Director, NRHM, Assam & Convenor, EC
3	Director of Health Services (FW), Assam
4	Addl. Project Director, ASACS
5	Regional Director, MoHFW, Govt. of India, Guwahati
6	Director, RRC (NE), Guwahati
7	State Immunization Officer & Jt. DHS(MCH), DHS(FW), Assam
8	Director, Finance & Accounts, NRHM, Assam
9	State Cold Chain Officer, DHS(FW), Assam
10	State Programme Officer, IDSP, Assam
11	State Programme Officer, NPCB, Assam
12	Director, SIHFW, Assam
13	State Programme Manager, NRHM, Assam
14	Special Consultant (i/c Civil Work Component), NRHM, Assam
15	State Programme Officer, NTCP
16	State Programme Officer, NVBDCP, Assam
17	State Programme Officer, NLEP, Assam
18	State Programme Officer, RNTCP, Assam
19	State Programme Officer, IDDCP, Assam
20	State Programme Officer, NCD, Assam