

**Action Points**  
**Divisional Review Meeting – North Chhotanagpur Division**  
**Held on 01.06.2013 at ISM, Dhanbad**

Letter No – 9/RCH-613/2012- 153 (HSN)

Ranchi, Date - 01.07.2013

The North Chhotanagpur Divisional Review Meeting was chaired by Mr. K. Vidyasagar, Principal Secretary, DoHFW on 01.06.13 at Indian School of Mines, Dhanbad. The Mission Director, NRHM and Director-in-Chief, Health Services were also present at the meeting. All Civil Surgeons, Programme Officers, MOICs, District and Block Level Programme Officers of the three districts namely Bokaro, Chatra, Dhanbad, Giridih, Koderma, Hazaribag and Ramgarh participated in this review meeting. State Programme Management Unit made detailed presentations related to performance of these districts under various programmes under NRHM. Physical and financial performance of each block as well as thread-ware analysis of programmes were reviewed and discussed. The emphasis was based on the fact that where were the major gaps in health indicators like IMR, MMR, number of institutional deliveries, immunization etc. in these districts and how can these be improved in a specific time frame. Following instructions / directions were given:-

• **Instruction for State Programme Management Office**

- Collect and compile all the guidelines along with official letters issued over the years related to all programmes and activities by the state office and ensure that it is distributed to all MOICs. This work may be done through the fund available at the state for IEC.
- State team would organise an orientation program for doctors who have joined after 2009 so that they are updated on guidelines of various programs and activities of NRHM.
- In order to eliminate the problem of absenteeism of doctors and ANMs, an instruction from the state may be issued that Panchayati Raj Members would certify the attendance of health functionaries working at block, CHC, PHC and HSC level as per PRI delegation.
- In-charge of all cells formed at the state office are directed to follow the instructions given in the divisional meetings. The cell in-charge must ensure that Action Taken Report (ATR) is received from districts and placed along with their comments before Principal Secretary, Health and Mission Director, NRHM by 30 June, 2013.

- **Civil Surgeon/MOIC are directed to**

- Take disciplinary action against the district and block level officials absent in the meeting and send the action taken report to state immediately.
- As per direction of last DRM on 13.02.2013, all Civil Surgeons were directed to ensure the rational deployment of ANMs within their districts and submit the deployment orders along with a self-declared certificate to the State office to this effect within three days; however, till date certification is not submitted to SHQ.
- All CS are directed to ensure regular meetings of DLVMC (one per quarter), DHM (as per guideline) and DHS (one per month) as per the timeline mentioned in the guidelines sent earlier. Prepare proceedings of each DLVMC, DHM and DHS meetings and then, send it along with Action Taken Report (ATR) definitely to the SHQ within three days of the meetings held.
- All districts were earlier directed to submit the detailed mapping of HSC to SHQ till 20<sup>th</sup> March 2013, but till date it was not submitted. They are directed to submit it within a week, failing which would invite strict punishment.
- Prepare the list of buildings sanctioned to be constructed within the district. Plot them clearly on a map of the district. More importantly, all completed buildings must be taken over immediately for effective functioning. Ensure that completed buildings are made functional by 25<sup>th</sup> June. Send the related report to HQ immediately after it starts functioning.
- All Civil Surgeons are directed to submit the certified statement regarding the availability of drugs at all health facilities as per EDL and also another certificate that current equipment/instruments are functional and are being utilized effectively.
- Civil Surgeons are directed to map all categories of working staff, ensure their presence and monitor their performance.
- If during the field visit, it is found that any MO is absent on duty, issue him a show-cause notice immediately for his absence. If he is found absent once again, start a process for his disciplinary enquiry. Identify habitual offenders and proceed for their termination.
- Extensive cleanliness drive should be done for at least three days in each month. This would be in addition to the daily routine cleaning service. Officers and staff at each level would participate in this cleanliness drive.
- If any ANM is not staying at the place of her posting, MOIC should ask explanation indicating clearly the provisions mentioned in her appointment letter. If any MOIC

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fails to take action against such absentee ANMs, state level officers would ensure strict action to be taken against those MOICs.

- All Civil Surgeons & MOICs are directed to submit the proceedings of last three monthly meetings held at the district. They should also attach the attendance sheet of all participants along with their designation and contact numbers.
- All Civil Surgeons and MOICs are directed to ensure the availability of Autoclave at required facilities. If any autoclave is purchased in the past, it has to be put into use immediately.
- All Civil Surgeons and MOICs are directed to conduct similar review meetings at the district HQ as well as in their CHCs. They should also be using the power-point presentations either in a soft copy or hard copy depending on availability of projector. The review meeting should have detailed analysis of performance of each and every HSC, PHC, CHC and also all the other wings of health sector. After each meeting, a strategy should be prepared to improve the performance in all sectors. It should be ensured that previous month's performance is reviewed before starting any meeting.
- All Civil Surgeons are directed to verify the residential address of doctors and ANMs so that in case of unauthorized absence, a letter can be sent on this address before going for departmental proceedings or their termination.
- Recruitments at district level must be completed by 30<sup>th</sup> July 2013. If recruitment process is not completed by this date, strict action would be taken against the civil surgeons of the respective districts.
- Nodal persons of each programme at the district level would ensure the verification of data so that no discrepancies are found. Only after the verification, the data should be uploaded at HMIS/MCTS web-portal. It is found that some of the reports which are being sent by districts to the state are full of errors and discrepancies. The nodal persons of each programme and civil surgeons would definitely verify the data before sending it to the state.
- Sufficient fund has been allocated to districts for patients suffering from Ashadhy Rog. However, the funds are not being released on time leaving the patients suffering despite availability of fund. Civil Surgeons are directed to review the situation in their districts and send a report by June 30, 2013.
- Civil Surgeon, Giridih is directed to transfer Mr. Sanjay Kumar Singh (clerk at CS Office) in any of the CHC out of district headquarter.

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- Civil Surgeon, Giridih is directed to submit the details report of medical store sealed by joint inspection of DC and CS.
- Civil Surgeon, Ramgarh is directed to depute Dr. Mithu Haldhar from Gola,CHC to Patratu CHC.
- Civil Surgeon, Chatra is directed to submit the attendance and performance report of ACOMO.
- Civil Surgeon, Koderma is directed to issue showcause letter to DRCHO and DPM for data uploading/submission without sharing with CS.
- **District and Block level Trainings**
  - All due trainings must be completed within the current month (June 2013) and their expenditure should be booked in book of accounts.
  - All district level officers and MOICs are directed to randomly check the training quality& logistic arrangement.
- **ANC**
  - Achievements of ANC show huge drop between 1<sup>st</sup> ANC and 3<sup>rd</sup> ANC in all blocks of each district. Gap of 1<sup>st</sup>ANC & 3<sup>rd</sup>ANC need to be monitored and strategic plan should be made with the ANM in order to bridge the gap and ensure maximum achievement of 3<sup>rd</sup> ANC.
  - Civil surgeons are directed to procure IFA tablets according to Rate Contract made by the State office and ensure availability and distribution of IFA Tablets at all facilities.
- **Institutional Delivery**
  - All CHCs must be made functional 24x7 by 30<sup>th</sup> June 2013. If it does not happen with any CHC, the concern MOIC would submit a self-explanatory note to Principal Secretary stating the reason along with the plan of action to ensure the same.
  - All PHCs having their building and required equipment must ensure that more than 10 deliveries do take place in the PHC every month.
  - All HSCs having ANMs, building and required equipment, must conduct at least three deliveries per month to achieve level 1 status. It should be ensured to be continued every month. Efforts to be done to increase more number of deliveries than just three every month. ANMs conducting less than three deliveries per month at their respective HSCs should be asked explanation and action should be taken against them.

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- All the newly proposed delivery points (L-1) should be made functional by 30<sup>th</sup> June 2013.
- Payment under JSY to beneficiaries must be done on a regular basis and all backlog payment should be definitely paid within 15 days of this review meeting.

- **JSS**

- Implementation of JSSK is not satisfactory at all these three district hospitals and CHCs.
- All the services of JSSK should be provided upto HSC level. No. of vehicles under Mamata Wahan should be increased so that maximum number of pregnant women and the new born children get benefits.
- All MOICs including Civil Surgeons are directed to provide diet to beneficiaries @ Rs. 50 per day per beneficiary at all facilities having provisions of institutional delivery.
- All the MOICs are directed to display the entitlement under JSSK in-front of the facilities in a prominent manner along with details of doctors available for the patients. This may include the names of doctors, their specialization, Mobile numbers etc. in order to enhance accessibility.
- The drop in the number of referral services from home to facility and facility to home under Mamta Wahan needs to be analysed in detail and effective services should be made available to beneficiaries.

- **Maternal Death Review (MDR)**

- Next round meeting will start with the report of MDR which has been neglected by the doctors till now.
- MDR reports should be reviewed in each district level meeting so that not only the real cause of death of a mother is found out but also the required strategy to reduce MMR is finalized to improve the situation.
- Maternal death needs to be investigated as soon as it happens. This should be done as priority. The investigation of maternal death report should be discussed with the Civil Surgeons, district level officers as well as with officers at the block level.

- **Full Immunization**

- Full Immunization is extremely critical in achieving high health indicators. Each district has to achieve minimum of 90% of full immunization latest by 31<sup>st</sup> December 2013.

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- Civil Surgeons are directed to ensure regular visits of district level officials for monitoring the immunization sessions/VHND (Village Health and Nutrition Day).
- Vaccine carriers need to be placed inside the labor room/delivery room to provide all zero doses vaccines to the newly born children before they get transferred out from delivery room.
- All Civil Surgeons, District RCH Officer and concern MOICs are directed to make strategy for improving full immunization status of their areas. They should prepare the due list and micro plan for full immunization as is being done for pulse polio rounds. There should be review meeting every fortnight on the strategy planned; achievements and Action Taken report every fortnight so that full immunization status should be improved. In case any MOIC or ANM is found to achieve less than 90% of full immunization, punitive action would be taken against them.
- **Malnutrition Treatment Centre (MTC)**
  - Ensure bed occupancy of minimum of 90% of any MTC with the co-ordination of ANM, Sahiyya & AWW.
- **Mother & Child Tracking System (MCTS)**
  - All Civil Surgeons are directed to ensure 100% entry of MCTS data by 30<sup>th</sup> June 2013. In case outsourcing of data entry is required, approved rates for data entry by NIC may be found out. The rate approved by NIC is allowed in MCTS also.
  - Certification for 100% data entry is submitted by Civil Surgeon to the office of Principal Secretary latest by 15<sup>th</sup> July 2013.
- **First Referral Unit (FRU)**
  - There should be at least one review meeting every 15 days at the district level regarding the performance evaluation of FRU and MO posted/deputed at FRUs. A short report of the achievement of FRUs of a district should be submitted to NRHM.
  - EmOC and LSAS trained MOs are directed to perform C-Sections. These MOs have been trained and Government has invested huge amount in their training in order to deliver health services at the CHC Level. In case, any such trained MO is not performing C-Sections at the place of their posting, civil surgeons are directed to ask Show-Cause for their under-performance and avoidance of duty and if situation does not improve further, letter towards recovery of the training cost paid on their training be issued to them. Recovery of this amount should be ensured at the earliest from the salary taken by the erring doctors.

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- Proposal for establishing new FRUs can be submitted to the office of MD, NRHM, Ranchi.

- **Family Planning**

- The achievement of NSV and Tubectomy in most of the facilities are extremely unsatisfactory. Civil surgeon and ACMO are directed to monitor and ensure improvement in the performance. This is to be achieved in a mission mode. Complete strategy and IEC is to be ensured to cover each CHC and PHC's areas. Utmost care has to be taken to ensure that the patients and their wards do not face any problem.

- **HMS/AMG/Untied Fund**

- It is found that CHCs have done poor expenditure of the fund provided to them under Hospital Management Society and Annual Maintenance Grant. MOICs are directed to visit their respective CHC/PHC/HSC to identify the works required in the facilities and bring it into proceeding of HMS meeting along with estimated expenditure. Ensure that approval from appropriate authority is immediately taken, work to get started and completed in time.
- Ensure complete utilization of Untied Fund provided to each health facility. The fund has to be utilized on time as per guideline. All expenditure must be booked immediately and SOE to be submitted to SHQ at the earliest.

- **Mobile Medical Unit (MMU)**

- All the Civil Surgeons are directed to ensure branding of MMU as the National Mobile Medical Unit as per the instructions of Government of India. The design and other details regarding MMU have already been sent to the districts. Ensure that this branding of MMU is completed by 25<sup>th</sup> June and also send a self-declaring certificate that the MMU is fully equipped and effectively functional with all mandatory equipment, medicines, doctors and staffs.

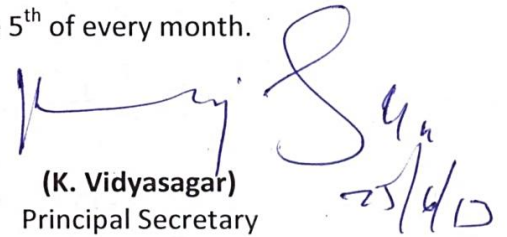
- **Finance**

- All Civil Surgeons are directed to issue a show-cause letter to MOICs of those health facilities where the expenditure is less than 50% in the FY 2012-13.
- Everyone is directed to follow financial rules strictly. Enhance your knowledge of finances and accounts at all levels. Strictly adhere to the procedures of expenditure, ensure proper accounting system, book keeping and documentation.

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- Each & every component of expenditure must be analyzed by MOIC& Civil Surgeon and explanatory reason for their underperformance is to be submitted to Principal Secretary, Health by 25<sup>th</sup> of June.
- State share for the FY 2013-14 would be released only after the submission of DC bill of FY 2012-13. Therefore ensure speedy submission of DC Bills. Always keep the photocopy of the bills submitted to AG office for future reference.
- Ensure that Tally software should be used for financial record keeping and reporting system as the training has also been completed. If there is any problem in installation of tally in computers, communicate immediately to finance cell of NRHM so that it is done immediately.
- Ensure that properly signed hard copy of FMR along with details of physical as well as financial report reaches the state head quarter before 5<sup>th</sup> of every month.

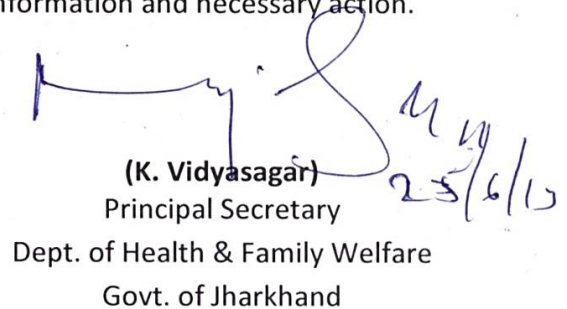
  
 (K. Vidyasagar)  
 Principal Secretary

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C.C. -

1. Mission Director NRHM, Jharkhand for information and necessary action.
2. All Programme In-charge and Consultants for information and necessary action.
3. Regional Deputy Director, N. Chhot. Division for information and necessary action.
4. Civil Surgeon and District Programme Management Unit, Bokaro, Chatra, Dhanbad, Giridih, Koderma, Hazaribag and Ramgarh for information and necessary action.

  
 (K. Vidyasagar)  
 Principal Secretary  
 Dept. of Health & Family Welfare  
 Govt. of Jharkhand