**Observation of District Health Society meeting, January 28, Sitapur,2013**

Participants

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| S.No. | Name | Designation and organisation |
|  | District Magistrate’s office |  |
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|  | Directorate of health -CMO office |  |
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|  | NGOs – National/state level |  |
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|  | NGOs- Bilateral/ Multilateral |  |
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|  | Private- for profit sector |  |
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|  | |Dr Tandon | IMA |
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|  | Any significant absentees |  |
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|  | Any special invitees who are not normally present |  |
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| **Main Agenda items**  Proposals  Monitoring |

| Issues discussed in the DHS | Summary of the discussion | Any action points for members |
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| District programme review  They went facility by facility.  Pregnant women baseline for targets?  Due list.  ASHA incentives for JSY  Untied funds  RKS  JSS  Machreta  MCTS  Due list  ASHA bhugtan  VHSC  JSSK  Untied – 50,000  RKS – 100,000  SMART cards  Contractual docs  **Mishrit**  MCTS  JSY  Untied funds  **Biswan**  **MCTS** | List the main items that were reviewed and summary of each  Discussion about how target was set in a block.  Dm wanted to know whether children came according to the due list or more than that. Said that 2 children did not come, what did asha do?  All payments not made on time, weather not good. Checks should be given on time within  Need to understand how to spend money – DM was asking why money is not being spent and for the right things. Asked how many scs were visited? Response – spoke of 2 SCs where walls were broken, grills were broken. DM said pls get these fixed everywhere. Ans – white washing has started. Q – what about untied funds for PHC (50,000)? A – spent 30,000 so far. Improved waiting and sitting area. Sanitation, etc. also got 3 inverters.  Funds – spent on  All women are getting diet. Q – problem with the vehicle for transport. Had an accident, so driver was changed. Vehicle was stopped for 3-4 days but now its resumed.  Why are PHCs not accredited in RSBY? Only 9 CHCs are accredited.  AYUSH doctors ? yes they are there. But medicines have not being purchased.  58.18% complete. Asked why it was not completed. Will be completed in February.  Visited some places where due lists were being used in RI. The MOIC did not visit the houses of children who did not come.  Blamed it on ASHAs’ poor tracking. DM said that due list has to be made with ASHAs and AWWs joint signatures.  Money not yet released. Pradhan has to release along with ANM. Pradhan has not done it. DM said he will talk to the Pradhan if he has the name.  Dropout and free diet. DM told him about the system to make mobile calls.  Spent 30,000 on cleaning??? Was not sure…did not seem to know at all.  Had no idea. Was issued a show cause.  2 are there.  Rabies vaccine is not there.  Child tracking is poor. Only 41%. But they do not know the reasons.  RI sessions  Untied funds –  RKs – CHCs’ 50,000 was spent on cleaning, septic tank. DM – not correct use of RKS funds. CMO asked to repeat guidelines.  Smart card – no training how this is to be used. Some problems in the card. By when will they get it done? The nodal officer for RSBY is there.  Gap – in numbers  100% payments made until January.  Not able to spend it. Told to spend it under proper heads. They say they are also scared. Can put up solar lights.  Cards – data mismatch. Should not be there at all.  Site is very slow said the DPMU. Was asked to check again. |  |
| District level planning (Block or district health/immunization or JSY plan) |  |  |
| Procurement and supplies |  |  |
| Fund allocation |  |  |
| Monitoring plan |  |  |
| Issues related to engagement with NGO/ Pvt sector |  |  |
| Engagement with other Government departments like WCD, Rural development. |  |  |
| Other observations |  |  |
| Observations on role and participation of the group (who are the key persons leading discussion, who are the main contributors, what is the role of NRHM and health directorate actors, how is the group coordination, what is the level of familiarity and cooperation among members?) |  |  |
| Data / records that were used in the meeting | Name the records or data that were used and what were they used for in the discussion.  My questions: Does the meeting follow a fixed agenda that was followed today?  Has everyone brought the same records here today, or different ones?  So many records, but people are simply not able to make sense of it.  Data is not being used really for interpretation or decision making. How is this information analysed? Poor interpretation and decision making.  V. limited capacity overall, especially for utilizing funds. |  |
| What were the key decisions made by the end of the meeting?  Problems flagged and discussed  For some items, money has been released but guidelines have not been released. |  |  |
| How were these decisions made? |  |  |
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Leprosy , etc have their own societies

DHS – body that takes decisions and also supervise. Also oversee NRHM. Highest decision making body at the district level.

Construction activity don’t review.

Agenda – proposals are reviewed, monitoring, approvals, approvals of interviews when they happen.

Routine review of various schemes, followed by field visits of senior officers, also involving public reps.

For PIP, the main discussions come from the govt and planning happens at the state level. NRHM gives a broad guideline. And we

For HR do a forecasting based on simple govt norms and vacancies.

CMOs should be able to have workshops.

Training should be a big issue.

NGOs good ones – CORe group,

Frequency of these meetings – once a month. And whenever need arises, we have more issue based meetings.

After repeated such meetings some things like ASHA bhugtan .

Private sector – for RSBY meetings.

Once a month also have meetings where big officers from big departments are there.

DPMU – secretariat for the DHS.

MCTS, JSY , JSSK ( free drop, free medicines, free food), FMR,