

**MINUTES OF THE MONTHLY MEETING OF THE EXECUTIVE COMMITTEE,  
MIZORAM STATE HEALTH SOCIETY:  
AUGUST, 2015.**

**Venue: Secretariat Conference Hall, New Secretariat Complex, Aizawl.**

**Time: 4<sup>th</sup>. August, 2015 (11AM)**

The meeting was attended by most of the members, members' representatives, and other invitees, as shown in the appended list. The chairman, Pu Lalhmingthanga IAS, Secretary (HFW) emphasized the significance of the State Health Society holding the scheduled monthly meetings which definitely enhances the coordination and cooperation amongst the various programs and functionaries of the department which is the key for improvement in the overall functioning of the department. It was highlighted that, in spite of the existing problems in fund flow consequent to routing of funds through the state treasury, the State Program Management Support Unit (SPMSU) can manage to carry on with providing the required fund needed for the implementations of the programs by 'loan system', and that the main issue now in improving the efficiency is to set the grass-root units (i.e. the Sub-centres and PHCs) functional as per guidelines. The chairman further reiterated the need to boost the overall efficiency urgently in the light of the comment by the Joint Secretary (Policy), NHM that Mizoram is presently the only state with increasing IMR while the rest of the country is showing gradual decrease.

**PROCEEDINGS:**

**1. Recapitulation of the minutes of July meeting:**

- 1) HR Rationalization: The process of manning the Sub-centres by one male and one female health workers each for the non-delivery points and one male and two female health workers each for the delivery points, and one male or female health worker each for the Sub-centre Clinics is being worked on. Every PHC should be manned by 2 MOs (one of which may be an AYUSH) provided that candidates can be found. Incentives for the rural and remote PHCs having been worked out for the Supplementary PIP (2015-16) as per decision in the last NPCC.
- 2) Pay Parity: The lower paid posts resulting in functional disruptions are proposed for rectifications in the supplementary PIP which is underway. It is clear now that the process of rectifying pay disparity needs to be slow and gradual for the most reliable outcome.
- 3) Drug Control and Food Safety issues: This is largely left to the Principal Director and Director of Health Services, who are to streamline the system by close and minute study of the relevant norms, rules and guidelines.
- 4) Proper functioning of the Sub-centres: Necessary notification for the Health Workers will be issued after the scheduled training of trainers at the state level in the new guidelines.

- 5) NUHM: Plans are underway to boost the process of implementation of this important Sub-mission in Mizoram as has been decided in the July meeting of the committee.
2. **Current Status of the Programs:** Current statuses of the various programs were presented by the concerned program officers. It was shown from the presentations that the existing delay in fund flow through state treasury hampers the smooth implementations of the programs especially in JSY, JSSK, ASHA activities, etc. It was mentioned that the concerned Finance and Planning Departments officials greatly understand the situation and are having helping attitude in processing our files. The presentations broadly showed that our program officers/nodal officers need encouragement to be more initiative and proactive in their approach to enhance the implementation processes of their respective programs within the available means and resources.
3. **Supplementary PIP (2015-16):** All programs were requested to get their respective Supplementary PIPs ready and submit to SPMSU within one week for necessary compilation.
4. **Saiha District IEC Package:** The Hon'ble Health Minister requested the Union Health Minister an IEC Package for Saiha District where the main factor for the high IMR is found to be lack of awareness on the part of the general public. It was decided that the requirement for the package be reflected in the Supplementary PIP (2015-16) under RCH program. State Program Officer (RCH) will take up the issue.
5. **Replicable Practices from the Shimla Summit (July, 2015):** Some of the presented practices by states in the Shimla Summit were highlighted by the Mission Director, NHM. The following practices were proposed for replication in Mizoram:
- 1) **Panchayati Raj Institution (PRI):** Involvement of the Village Councils and Local Councils in active monitoring and reporting on performances of the Sub-centres and ASHAs will greatly enhance the performance in health care delivery. This will be taken up by the State Nodal Officer (M&E) to be included in the Supplementary PIP (2015-16).
  - 2) **Birth Companion Program:** It was highlighted that Labour Room is not sterile, but only clean, and a "birth companion" during delivery in a labour room never poses any danger for the mother and child. This has been proved by many studies. A person of the mother's choice (say, the husband/mother/mother-in-law/sister) is allowed to be with the mother throughout delivery. This system has been shown to be very beneficial in improving the outcome including reduction of complaints and litigations. The Director of Hospital and Medical Education may initiate the move to start the program in association with the Obstetricians and Nursing personals.

- 3) **Birth Preparedness and Parental Education Program:** Regular sessions are to be held for expectant mothers and their partners/companions in the hospitals during the Ante-natal Checks or on regular monthly basis. Local women groups (MHIP, etc.) may be involved with obstetricians and the concerned program officials as resource persons. The theme will include all the available facilities under the government programs for safe delivery, ante-natal and post-natal care including breast-feeding, immunizations, etc. and all other important measures during delivery. Preparation of training materials like booklets may be needed. Budgeting for the purpose be taken up by SPO (RCH) for inclusion in the Supplementary PIP (2015-16).
- 4) **Public Help Desks:** A "Public Help Desk" in a hospital manned by 'volunteers' from local NGOs or appropriate body at say, Rs.300/- per day, rotating every 3-4 weeks, would go a long way in enhancing efficiency of services and public awareness. This may be projected in the Supplementary PIP under RCH.

The meeting ended with a vote of thanks from the chair.




(V. LALREMTHANGA)  
(LALHMINGTHANGA)

Secretary (HFW)  
Chairman



(DR K.ROPARI)

Principal Director, HFW  
Co-chairman



(DR K. LALBIAKZUALA)

Mission Director, NHM  
Member-Secretary

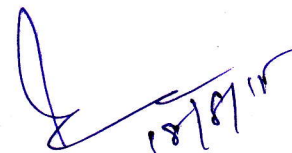
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Memo No. B. 11011/32/2014 – NHM/MSHS/SPMU

Dated Aizawl, the 13<sup>th</sup> August 2015.

Copy to:

1. P.S to Hon'ble Chief Minister & Chairman, Mizoram State Health Society.
2. P.S to Hon'ble Health Minister, State Health Mission.
3. Sr. P.P.S to Chief Secretary & Chairman, Governing Body of State Health Society.
4. P.S to Secretary, H&FW & Chairman, Executive Committee, State Health Society.
5. All members present.
6. Office Copy



Mission Director  
National Health Mission  
Mizoram : Aizawl