

Minutes of the meeting on convergence for health related activities held under the  
Chairmanship of the Chief Secretary on 13th May 2013.

A meeting of various Departments connected with health indicators was held under the chairmanship of the Chief Secretary on 13-05-2013 at 1000 Hrs. The list of officials present is annexed. At the outset, the chief Secretary welcomed the members and stated that exact figures on health and other indicators are not available causing a lot of confusion. He stated that the Departments of census, Economics & Statistics, Social Welfare and Health should coordinate and ensure that accurate and common figures are arrived at. After deliberations the following decisions were taken:

1. The DoH&FW will be the Nodal Department for the Inter-Departmental Coordination with Economics and Statistics and Census Operation. The Inter-Departmental Coordination Meeting shall be convened by the Principal Director, Health and Family Welfare once every three months.
2. Production of Full Immunization cards under the universal immunisation and Birth Certificate issued by the Department of Economics and Statistics shall be compulsory for school admission. School Education Department will issue necessary Orders to this effect.
3. It was agreed that Department of Under Developed Areas will undertake development of health infrastructure under its programmes. The DoH&FW shall submit the list of villages/sub centres/primary health centres to DUDA for the same. As far as convergence with the Department of R.D is concerned, further discussion under the Chairmanship of the Chief Secretary will be taken at a future date.
4. The present status of the working of MESHNET and the viability of its expansion was discussed. It was decided to activate and consolidate the existing Pilot Project at Kohima district and since irregular power supply was the main problem being faced to explore alternate power supply through the Science & Technology Department, GOI. It was also decided to consider constitution of a Core Group with representatives from the DoH&FW, GIS Cell & Science & Technology. The Core Group will be responsible to oversee implementation of MESHNET.

Sd/- ALEMTEMSHI JAMIR  
Chief Secretary to the Govt. of Nagaland.

Copy to:

1. The OSD to Chief Secretary, Nagaland.
2. All concerned.

  
(SENTIYANGER IMCHIEN)  
Commr. & Secretary to the Govt. of Nagaland.

## CONVERGENCE

Convergence is a process which facilitates different stake-holders and community to work together for better service delivery. Convergence can be 'intra', which means integration of various programmes within a department and 'inter', i.e. with other departments for efficient delivery of various related services.

With respect to the above issue, few joint letters were received from the Government of India. In response to these, the Department of H &FW, Nagaland had written to some departments for their views and comments and even organized a convergence meeting with the Department of Social Welfare and School Education on the 23<sup>rd</sup> July, 2009. It was realized during the discussion that both the Departments have very similar service packages and target beneficiaries. Therefore, a strategy for convergence was strongly felt.

The NRHM goals of reducing child and maternal mortality, universal access to health services, sanitation and hygiene, prevention of communicable diseases, population stabilization are issues which can be achieved if only all the related departments can converge and strive towards realizing the above mentioned objectives.

Few areas where this can be worked out by various departments are mentioned below:

### 1. Social welfare:

- Convergence of activities between Department of SW and H&FW is vital for successful implementations of various schemes: ICDS, Sabla, IGSMY and disability sector.
- Supplementary nutrition, immunization, health check-up, referral services and nutrition & health education are services under ICDS which requires convergence.
- Under Sabla, IFA supplementation, health check-up, nutrition & health education, counseling/guidance on family welfare, ARSH, child care practices and home management are services where co-ordination will be necessary for successful implementation of the scheme.
- IGMSY aims to improve the health and nutrition status of pregnant, lactating women and infants by promoting appropriate practices during pregnancy, safe delivery and lactation by providing cash incentive. Co-ordination between various stake-holders will be of utmost importance so that the objectives of the scheme are achieved.
- Certification of disability also requires co-ordination and it must be insured that doctors certify the degree of disability before considering any one for rehabilitation.
- AWC is the hub of VHND and a platform for inter-sectoral convergence. The two Departments along with other stake holders can achieve most of its objectives through VHND.
- The AWWs can be imparted training on various programmes by H&FW so that they are also equipped to give home based treatment and prompt referral, whenever necessary. Also doctors and nurses under Department of SW can be capacitated on various health related programmes for improving service delivery.
- Reports relating to pregnant women, delivery and routine immunization needs to be shared and uniform and final reports should be sent to GOI by both the Departments.
- Village health registers also needs to be strengthened by the VHCs by involving ASHA, AWW and ANM.

## 2. School Education:

- The Department of School Education can converge with the Department of Health & Family Welfare by training teachers in recognizing various signs and symptoms in the students; stressing on complete immunization during admission; and maintaining students' immunization card.
- Training of teachers in recognizing deficiency disorders, early malnutrition and other signs and symptoms of communicable diseases can help prevent so many complications which otherwise can lead to absenteeism and school drop-outs. In regards to this, EBRC faculties can be trained by the Department of H&FW who in turn can impart training to the teachers.
- Under School Health Programme (SHP) one of the activity for improving the health of the students, basically in primary level, is to train 2 teachers from all the Government primary schools of the State. There is also provision of micro-nutrients (IFA tablets), Vitamin A and medicine for de-worming of school children. ARSH activities can also be taken up in the schools which will be able to address most of the health related problems of the adolescent school children.
- Under SSA, provision of nutrition, identification and rehabilitation of differently abled students, recognition and correction of visual and hearing defects are few things that can be worked out together to improve the students' health status which ultimately will result in retention and better the overall performance.

## 3. Rural Development:

- The Rural Development Department can play a crucial role in saving lives of patients by constructing 'health link roads' in the rural areas, where no motorable road exist, for easy and safe transportation of these patients to the health facilities,.
- Construction of Sub Centre/ PHC/CHC or even toilets and garbage disposal system at the health facilities can be thought of by the department for cleaner, safer and healthier environment.
- Although 66 ambulances have been provided to various parts of the State by the Department of H&FW, still it is far from meeting the requirement. This present fleet of ambulance can also be strengthened by Department of RD for emergency referral of serious patients to higher health facilities.
- Nurses and dais under the Department of RD can be imparted various trainings to upgrade their knowledge and skills relating to their works. This will augment and improve the health delivery system of the community.

## 4. Public Health Engineering & Power:

- Good co-ordination between these Departments exists as far as water and power supply to the health facilities is concerned. However, still lots remain to be done in connecting all the health units with 24 hours water supply and electricity. No hospital can survive without provision of sufficient quantity of water and power.

- Under WATSAN, all the rural health facilities can be included and projects considered for water supply and storage of rain water. Construction of sanitary toilets and waste disposal system can also be taken up under this project.
- Construction of many new health facilities have been undertaken under NRHM and for which new water and electricity connections will be required for the smooth functioning of the hospitals.

#### 5. Department of Under Developed Area:

- Many health facilities have been given face-lifts through NRHM but many are yet to be undertaken. DUDA may also help in constructing some health facilities under their jurisdiction as it is impossible for NRHM alone to take up infrastructure development for all the hospitals. The health centres for improvement can be identified by the H&FW on priority basis.
- Ambulance for emergency transportation of serious patients can be also aided by DUDA as the Department of H&FW is facing constraints in providing with ambulances to all the health facilities.

Much more inter-sectoral convergence is required and the list mentioned above is far from complete. However, if all these Departments can collaborate and attempt to better the present health status of the people, all the major health indicators like MMR, IMR, Malnutrition, etc, will decrease and the State can be placed at par with the better performing states of the Country.