

Proceedings of the Civil Surgeon's Conference held under the Chairpersonship of the Hon'ble Health & Family Welfare Minister Punjab on 2-2-2011 at Parivar Kalyan Bhawan, Sector 34-A, Chandigarh

Regular agenda was discussed and decisions taken are as under:

1. JANANI SURAKSHA YOJNA

- SMOs in charge of the DHs/ SDHs/CHCs/PHCs to ensure that JSY cards of all the beneficiaries who are in the 3rd trimester of pregnancy have been completed by the ANMs.
(Action by Civil Surgeons)
- Payments are to be decentralized and made available with the Staff Nurses/FMO conducting the deliveries at the level of the institution so that the beneficiaries get them before they are discharged from the institution.
(Action by All Civil Surgeons)
- As per guidelines circulated already to the districts, SMOs are to verify 10% and District Officers 5% of the JSY Beneficiaries physically and send the report to the State HQ along with the agenda report of the month.
(Action by All Civil Surgeons)
- Fresh sign boards indicating financial assistance through cheque and eligibility criteria are required to be painted on the walls as the old ones have been spoilt and indicate cash assistance which creates confusion amongst the beneficiaries.
(Action by All Civil Surgeons)

2. FAMILY WELFARE PROGRAMME

- Civil Surgeons of the poor performing districts were asked to improve the performance by holding more camps and more emphasis be given to NSV cases.
(Action by All Civil Surgeons)
- All Civil Surgeons to ensure the achieving targets of all methods of family welfare by the 31st March, 2011.
(Action by All Civil Surgeons)

3. REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME

1. PSHFW enquired about the vacant contractual posts under RNTCP and desired that vacant contractual posts should be filled at the earliest.
(Action by Programme Officer)
2. PSHFW said that out of 57 TUs, a list of 15 worst performing TUs in 4th quarter 2010 may be prepared and a meeting of MO-TCs of these TUs along with DTOs of respective district may be called at the earliest.
(Action by Programme Officer)
3. The duties of contractual Medical Officers Dr. Padma Gupta and Dr. Kiran Chhabra, TB-HIV Co-ordinator other staff should be put up in a tabular form along with their performance.
(Action by Programme Officer)
4. Civil Surgeons to ensure the improvement of case detection rate by motivating the medical Officers for more referral or suspected cases.
(Action by All Civil Surgeons)

4. IMMUNIZATION:

- Monitoring by district level officers such as DIOs & Urban Nodal Officers is not upto the mark.
- All Civil Surgeons need to look into the reasons as to why the monitoring tours are not being undertaken as per guidelines.
- Serious concern was shown on the performance of Ref Mechanic tour to vaccine storage points.
- District Ropar DFPO to explain the reasons for no report. Action to be taken on persistently poor performance of visits by Ref Mechanic Ferozepur. (Action by Civil Surgeon Ropar & Ferozepur)

5. BLINDNESS CONTROL PROGRAMME

The performance of districts for the month of Dec.2010 is as below:-

GRADING		DISTRICTS
I.	Very Good performing districts	Faridkot 174.8%, JAL 145.6%, ASR 136.6%, SAS Nagar 112.6%, SBS Nagar 111.0%,
II.	Good performing districts	Patiala 110.1%, Kapurthala 105.7%, Barnala 94.2%, Ropar 85.0%, Hoshiarpur 83.9%
III.	Satisfactory performing districts	T.T. 83.9%, Gurdaspur 83.0%, Bathinda 80.1%, Sangrur 74.5%, Ludhiana 74.0%, ,
IV.	Poor Performing districts	Mansa 72.5%, Moga 66.4%, FZR 57.7%, FGS 53.8%, Mukatsar 45.0%

The Following Suggestions were made in the meeting regarding NPCB:

- i. Comprehensive Eye care**
 - to involve NGOs/Pvt. Pract & Govt. Medical Colleges in this treatment of Diabetic Retinopathy, Glaucoma & Squint etc.
 - get demand of consumables from GMC & other Govt. Institutes for treatment of disease other than cataract.
 - NGOs & PP to be paid GIA @ of Rs. 1000/- per treated patient.
(Action by All Civil Surgeons/ Programme Officer)
 - ii. Screening of above 50 years population**
Blind Register to be maintained by MPHWM & ASHA workers at Sub centres/PHCs for screening of above 50 year age population for Cataract & Other Eye Diseases leading to blindness.
(Action by All Civil Surgeons/ Programme Officer)
 - iii. Un-served area through NGOs**
Send comprehensive list of 1) NGOs having own eye hospital & 2) NGOs utilizing service of Govt. Institutes for Eye Camps. Sign MOU with NGOs
(Action by All Civil Surgeons/ Programme Officer)
 - iv. Screening of School Children**
 - Prepare a micro plan for visits of Opth. Off for Eye Screening Opth. Officers to visit all the schools once a year for eye screening so that backlog of spectacles distribution is minimized.
 - Mobile Medical Units to be equipped for eye screening by MMU staff, ophthalmic officer posted in that block to accompany the MMUs for refraction of screened school children.
(Action by All Civil Surgeons/ Programme Officer)
 - v. Eye OTs in District Hospitals**
Send list of Distt. Hospitals not having separate Eye OT.
(Action by All Civil Surgeons/ Programme Officer)
 - vi. Contractual appointments**
10 PMOAs & 5 Eye Counselors have been appointed out of which 9 PMOAs and 4 Eye Counselors have joined duty. Constant monitoring of their work is required.
(Action by All Civil Surgeons/ Programme Officer/In charge Eye Bank)
 - vii. Maintenance of equipments** minor repairs upto Rs. 10,000/- to be undertaken at the distt. level & for AMC/major repairs request may be sent to PHSC under intimation to SPO, NPCB.
(Action by All Civil Surgeons/ Programme Officer)
 - viii. List of non operating eye surgeons:** Send a proposal for their ECCE & SICS training if they have not already done by 11.2.2011.
(Action by All Civil Surgeons/ Programme Officer)
 - ix. List of Doctors posted against the sanctioned post of Eye Surgeons.**
(Action by All Civil Surgeons/ Programme Officer)
- 6. IDSP**
- PSHFW emphasized that the IEC activities and awareness among the masses was the key point, besides surveillance to control the diseases through curative and preventive measures.
 - The preparedness regarding H1N1 in respect of logistics, medicine etc. of each district was discussed during the meeting, as fresh cases had started reporting from Punjab also. All the medicines etc. required for the H1N1 cases are available in sufficient in the State.

- It was emphasized that Rapid Response Teams (RRTs), already formulated in all the districts, will be kept activated.
- It was emphasized to update the Reporting Units on IDSP Portal by the districts and continue reporting on the Portal on weekly basis as reporting and continue reporting on the Portal on weekly basis as reporting by e-mail will be stopped once the portal is fully functional.
- The gradation of the districts for implementation of various components as is done in World Bank Rankings under IDSP was discussed and the marks as granted to each district was intimated to Civil Surgeon with directions to complete the pending activities as per schedule.

7. NATIONAL VECTOR BORNE DISEASES CONTROL PROGRAMME

1. **MALARIA:** Blood Slide Collection of the fever cases was discussed. It was told that during the month of Dec, 306315 blood slides were collected throughout the State which were 138% of the target and upto Dec 2010, 3140465 blood slides have been collected so far which is 103% of the target. The following Districts whose achievement of blood slide collection is less than the target for the month of December 2010:

S. No.	District	Monthly Target	Achievement	%age of Achievement
1	Ferozepur	16861	14366	85%
2	Nawanshehar	5075	4243	84%

The following districts whose achievement is less than the target upto the month of December 2010:

S. No.	District	Target upto Dec 2010	Achievement upto Dec 2010	%age of Achievement
1.	Moga	103244	60968	59%
2.	Patiala	198952	159377	80%
3.	Faridkot	65065	53138	82%
4.	Ferozepur	231837	195248	84%

It was stressed that blood slide collection of all the fever cases under active and passive surveillance should be increased so that the target of ABER (Annual Blood Examination Rate) of 11% is achieved by the State and all the fever cases are brought under surveillance for early diagnosis and treatment of Malaria. It was informed that the number of Plasmodium falciparum cases have also increased in Punjab as compared to 2009.

2. **DENGUE:** It was informed by the State Epidemiologist that till Dec 2010, 4012 confirmed cases of Dengue and 15 deaths due to Dengue had been reported in Punjab. It was informed that no suspected or confirmed case of dengue has been reported in Jan 2011. PSHFW stressed that all the districts should stress on IEC activities regarding Dengue and a close liaison should be maintained with the Department of Local bodies for prevention of mosquito breeding. State Epidemiologist informed that the dengue diagnostic kits are available in all the Sentinel Surveillance Hospitals of Punjab. It was also informed that a proposal of establishing 4 new SSHs in the state has already been sent to GOI for 2011 for early diagnosis of dengue.

3. **WATER SAMPLES:** It was informed that each district has been assigned a minimum target of 5 water samples per block per month. The following are the districts which have achieved less than the target:

S. N.	District	Monthly Target	Target upto Dec 2010	Ach. during Dec 2010	Achievement upto Dec 2010	Achievement %
						Upto Month
1	Tarn Taran	50	600	59	523	87.1%
2	Shaheed Bhagat Singh Nagar	25	300	56	292	97.3%

PSHFW stressed that the water samples should be collected from the drinking water source and if samples are failed, the concerned department and the Deputy Commissioner of the concerned district should be informed immediately. Moreover, alternate water supply should be ensured. **(Action by All the Civil Surgeons)**

4. WATER BORNE DISEASES: The following diseases were discussed:

i) **Cholera:** No case had been reported in Dec., 2010. Total 29 cases of cholera had been reported in Punjab till Oct 2010 as compared to 42 cases in 2009 till Dec.

ii) **Gastroenteritis:** 41 cases of gastroenteritis were reported in Dec 2010. The following districts have reported more cases of Gastroenteritis in 2010:

District	Cases during Dec 2010	Cases upto Dec 2010	Deaths
Barnala	0	1285	0
Ludhiana	21	415	0
SBS Nagar	18	260	0
Moga	0	86	0
Gurdaspur	0	50	3
Fatehgarh Sahib	0	28	2

Till Dec. 2010, 2300 cases and 5 deaths due to Gastroenteritis had been reported as compared to 17250 cases and 3 deaths till Dec. 2009.

iii) **Hepatitis A & E:** The following districts have reported more cases of Hepatitis A & E:

District	Cases during Dec 2010	Cases upto Dec 2010	Deaths
Bathinda	17	17	0
Fatehgarh Sahib	0	22	0
Ludhiana	0	73	0
Mansa	9	54	0
SBS Nagar	3	50	0

It was informed that till Dec.2010, 257 cases due to Hepatitis A & E had been reported in Punjab as compared to 1256 cases till Dec 2009.

5. Fund utilization: State Epidemiologist informed the chair that GOI gives funds under NRHM and the same are distributed to the districts for carrying out various activities. It was informed that the budget had been transferred to the districts in the first week of Sep 2010 but till Dec 2010 the following districts have low utilization of the budget:

S. No.	District	Available Budget	Expenditure up to Dec 2010	% Expenditure
1	Ludhiana	299648	0	0
2	Patiala	139709	3000	2.15%
3	Fatehgarh Sahib	94832	31155	32.85%
4	Ferozepur	118073	42569	36.05%
5	SAS Nagar	117305	44377	37.83%
6	Amritsar	151264	57926	38.29%
7	Gurdaspur	157227	63975	40.69%
8	Nawanshehar	111314	46314	41.61%
9	Faridkot	101786	51933	51.02%
10	Ropar	110000	57913	52.65%
11	Sangrur	108539	50281	53.67%
12	Barnala	82006	45918	55.99%

PSHFW directed all the civil surgeons to ensure that the available budget under NVBDCP is utilized appropriately and all were directed to send the SOEs upto Jan 2011 within 2 days so that the revised SOE and UCs could be sent to GOI for release of second installment of budget under NVBDCP.

(Action by All the Civil Surgeons)

It was stressed that Vector Borne diseases and water borne diseases have increased throughout the State, so, the Civil Surgeons should activate the Rapid Response Teams to investigate and control any outbreak related to Vector Borne diseases & Water Borne Diseases. Water Samples and food samples should be taken from the affected areas and awareness should be imparted to people regarding safe water and sanitation. Wherever the water samples fail, the concerned departments like Local Govt. or Water Supply and Sanitation as well the Deputy Commissioner should be informed and measures should be undertaken to provide safe water to the residents. Fever surveys of the flood affected areas should be conducted and insecticides are to be sprayed as per the technical requirement and awareness should be imparted to the public regarding prevention of the communicable diseases.

Daily and timely reporting under NVBDCP was stressed in the last.

8. SCHOOL HEALTH PROGRAMME

Medical Check-up:- Under this programme 23,849 schools have been covered and 24,65,182 students have been examined till Dec., 2010.

Districts with poor performance:- Sangrur, Moga and Faridkot are districts with poor performance. Civil Surgeons of these districts to improve the performance by clearing the backlog. **(Action by Civil Surgeons)**

Districts with good performance:- Amritsar, Bathinda and Mohali are districts with good performance.

Guidelines for arranging referral transport for referring school children suffering for various ailments at PHC/CHC/Sub-divisional hospitals were sent to Districts but still Spectacles are not being distributed to school children. Therefore, PSHFW requested all Civil Surgeons to clear the backlog at the earliest. **(Action by All the Civil Surgeons)**

RHD/CHD:- Till Dec.,2010 total no. of 1058 cases suffering from RHD/CHD have been referred to various empanelled hospitals.

Cancer Cases:- Till Dec.,2010 total no. of 101 cases suffering from cancer have been referred and getting treatment in various empanelled hospitals.

9. BALRI RAKSHAK YOJNA

- Civil Surgeons of all districts except Mukatsar, F.G.Sahib, Ropar, Jalandhar were asked to send detail of name based beneficiaries of Balri Rakshak Yojna since inception of scheme.

(Action by the Civil Surgeons)

- Notification of Balri Rakshak Yojna be expedited. (Action by Programme Officer)
- Funds for Balri Rakshak Yojna for the year 2010-11 be got immediately released.

(Action by the Programme Officer)

- Civil Surgeons were also asked to motivate more case under Balri Rakshak Yojna.

(Action by the Civil Surgeons)

10. ATTENDANCE OF MEDICAL & PARA MEDICAL STAFF

- Night checking of health institutions be continued.
- Surprise raids for checking of attendance of medical and para medical staff be conducted every fortnightly.
- Action must be taken and intimated to the State Head Quarter about the persons found absent or where the institution is found locked. **(Action by All the Civil Surgeons)**

11. BIRTHS & DEATHS REGISTRATION

- All Civil Surgeons should ensure timely submission of births and deaths registration reports of rural and urban areas and issuance of certificates by 7th of every month positively. **(Action by All the Civil Surgeons)**
- Regular agenda of births and deaths registration in the SMOs meeting and ANMs meeting may be included every month. **(Action by All the Civil Surgeons)**
- Instructions be issued to all the SMOs that a board depicting office of Local Registrar Births and Deaths and time of opening of office be installed in all Sub Centres by 28th February positively. **(Action by All the Civil Surgeons)**
- Births and death record of 2009 which is already digitized by CRAs be got validated from the original record by taking printouts and comparing it with original record by 15th February positively. **(Action by All the Civil Surgeons)**
- Records of births and deaths pertaining to the year 2010 be collected from Panchayat Secretaries or ANMs by 8th February, 2011 and CRAs be directed to start digitization work of 2010 immediately. The work of CRA must be monitored daily. **(Action by All the Civil Surgeons)**
- Instructions of addition of name of the child in the lapse period of 15 years be immediately circulated to all registrars and a board be installed at all the urban centres at your office the new provision of name of the child where event was registered but child name was not added. **(Action by All the Civil Surgeons)**
- Sufficient stationery (Registration Forms, Registers and Blank Certificates) be provided to the Registrars. **(Action by All the Civil Surgeons)**

12. INSPECTION

Civil Surgeons were requested to send monthly reports of sub centre, PHC, CHC and Hospital inspected by SMOs/ Officer from District HQ on the prescribed formats by 7th of every month. **(Action by Concerned Civil Surgeons)**

13. PC & PNDT ACT

- *Sting operations are to be undertaken during the month of February and decoys are to be motivated and sent in order to capture the violators.* **(Action by All the Civil Surgeons)**
- More and more inspections are to be performed and more court cases to be launched so as to create pressure on the violators. **(Action by All the Civil Surgeons)**

14. ONLINE UPDATION OF OPD

Civil Surgeons were asked for regulating the Daily OPD and DPM be instructed that OPD Should be entered on the Same Day upto 5:00 PM

- In case of OPD not filled up on regular basis then the concerned SMO/BSA will be held responsible.
- DPM should be asked to present the daily OPD report to the Civil Surgeon on daily basis.
- Update the contact details/doctors phone number/BSAs contact details etc.
- *Online entry of Daily OPD should be cross checked by the institutes actual OPD and report should be submitted on weekly basis by the CS/DFPO/DPM to the State Headquarter.*

15. PREVENTION OF FOOD ADULTERATION

- Pending Court cases must be launched immediately and all Civil Surgeons should monitor the launching of court cases on time.
- Sample be seized as per norm and loose samples be taken with more stress be laid on milk products and loose products samples.

(Action by Civil Surgeons/ Programme Officer)

16. TRAINING

The training report upto December 2010 as submitted by districts was reviewed and the following observations were made:

1. Training achievement was good in Roop Nagar, Kapurthala, Patiala, Ludhiana, Fatehgarh Sahib
2. Training Achievement was poor in Moga, SBS Nagar, Jalandhar and Hoshiarpur, Barnala, Gurdaspur, Ferozepur and SAS Nagar. All these districts were directed to complete their trainings by 31st March, 2011. **(Action by All the Civil Surgeons)**
3. All the districts were directed to complete the training load by end of March 2011. **(Action by All the Civil Surgeons)**
4. The districts which pointed out that they were unable to conduct trainings like Minilap Sterilisation or MTP due to lack of cases were directed to send the trainees to the adjoining districts.
5. Principal Secretary, H & FW, warned about strict action against DFWOs and Civil Surgeons of the districts which failed to achieve the training targets.
6. The issue of sending less participants to trainings at the State level trainings was also discussed and it was directed that the list of Participants who were nominated but did not report for trainings should be sent to the districts and they should initiate disciplinary proceedings against such officers/ officials.
7. All the districts were directed to train at least one Medical Officer in NSV.
8. Letters from PHFI and National Institute of Epidemiology, Chennai regarding MPH and PGDHE was shared with the Civil Surgeons. It was decided to circulate the letter to all districts and put the same on the website of the department.

17. PHSC

Hospital Performance Indicators

The hospital performance indicators relating to the activities performed in District Hospitals, Sub Divisional Hospitals and Community Health Centres for the month of December 2010 were reviewed in comparison with that of the corresponding period of the last year i.e. December 2009 and previous month of the same year i.e. November 2010. The Activity indicators, Clinical and Diagnostic indicators of all the District Hospitals were discussed separately in detail.

Tier wise comparison i.e. (District Hospitals, Sub Divisional Hospitals and Community Health Centres)

Performance of District hospitals for the month of December 2010

Indicators	Maximum Performing	Minimum Performing
Admissions	Amritsar, Faridkot (230 %), (212 %)	Ferozepur, Moga (77 %), (82 %)
OPD	Mohali, Amritsar (270 %), (242 %)	Jalandhar, Ferozepur (90 %), (91 %)
BOR	Faridkot, Patiala (166 %), (136 %)	Mansa, Bathinda (71 %), (90 %)
Minor Surgeries	Amritsar, Fatehgarh Sahib (703 %), (446 %)	Moga, Ropar (107 %), (120 %)
Major Surgeries	Amritsar, Jalandhar (283 %), (163 %)	W&C Hosp. Bathinda, Ferozepur (44 %), (56 %)
Deliveries	Amritsar, W&C Hosp, Bathinda (602 %), (404 %)	Hoshiarpur, Tarn Taran (79 %), (84 %)
Radiological Investigations	Amritsar, Mohali (387 %), (293 %)	Barnala, W&C Hosp. Bathinda (58 %), (74 %)
Lab Tests	Amritsar, Ludhiana (401 %), (195 %)	Ferozepur, Jalandhar (73 %), (98 %)

Performance of Sub Divisional hospitals for the month of December 2010

Indicators	Maximum Performing	Minimum Performing
Admissions	Anandpur Sahib (Ropar), Kotkapura (Faridkot) (350 %), (310 %)	Gidderbaha (Muktsar), Phillaur (Jalandhar) (31 %), (44 %)
OPD	Patti (Tarn Taran), Anandpur Sahib (Ropar) (282 %), (261 %)	Gidderbaha (Muktsar), Zira (Ferozepur) (43 %), (68 %)
BOR	Samana (Patiala), Dasuya (Hoshiarpur) (157 %), (130 %)	Gidderbaha (Muktsar), Garshankar (Hoshiarpur) (13 %), (15 %)
Minor Surgeries	Nurmahal (Jalandhar), Patti (Tarn Taran) (816 %), (554 %)	Sardulgarh (Mansa), Pathankot (Gurdaspur) (34 %), (47 %)
Major Surgeries	Anandpur Sahib (Ropar), Kotkapura (Faridkot) (173 %), (160 %)	Zira (Ferozepur), Abohar (Ferozepur) (9 %), (12 %)
Deliveries	Jaitu (Faridkot), Dasuya (Hoshiarpur) (280 %), (193 %)	Garshankar (Hoshiarpur), Balachaur (Nawanshahr) (14 %), (17 %)
Radiological Investigations	Kotkapura (Faridkot), Patti (Tarn Taran) (393 %), (363 %)	Sunam (Sangrur), Gidderbaha (Muktsar) (15 %), (28 %)
Lab Tests	Patti (Tarn Taran), Jaitu (Faridkot) (401 %), (376 %)	Gidderbaha (Muktsar), Abohar (Ferozepur) (19 %), (31 %)

Performance of Community Health Centres for the month of December 2010

Indicators	Maximum Performing	Minimum Performing
Admissions	Dera Bassi (Mohali), Ghanaur (Patiala) (446 %), (400 %)	Dhudan Sadan (Gds), Kot Santokh Rai (Gds) (20 %), (24 %)
OPD	Sarhali (Tarn Taran), Kartarpur (Jalandhar) (206 %), (199 %)	Sarawan Bodla (Muktsar), Apra (Jalandhar) (24 %), (43 %)
BOR	Ghuman (Gurdaspur), Khui Khera (Ferozepur) (339 %), (228 %)	Bundala (Jalandhar), Longowal (Sangrur) (4 %), (4 %)
Minor Surgeries	Bada Pind (Jalandhar), Dudhike (Moga) (1190 %), (880 %)	Nihal Singh Wala (Moga), Guru Har Sahai (Fzr) (5 %), (6 %)
Major Surgeries	Ahmedgarh (Sangrur), Badal (Muktsar) (453 %), (353 %)	Guru Har Sahai (Fzr), Bassi Pathana (Fatehgarh Sahib) (3%), (3%)
Deliveries	Ghanaur (Patiala), Nathana (Bathinda) (640 %), (400 %)	D B Nanak (Gurdaspur), Gharota (Gurdaspur) (3 %), (6 %)
Radiological Investigations	Ghuman (Gurdaspur), Dera Bassi (Mohali) (629 %), (453 %)	Sarwan Bodla (Muktsar), Kauhrian (Sangrur) (16 %), (17 %)
Lab Tests	Bhadson (Patiala), N M Singh (Gurdaspur) (575 %), (527 %)	Sarawan Bodla (Muktsar), Kot Santokh Rai (Gurdaspur) (2 %), (27 %)

Report of Utilization of Major Equipment :-

Reports of Mammography unit, Dialysis unit, Phaco Emulsification, Blood Cell Separator and Apheresis unit were discussed in detail.

Grading :-

GRADINGS AT A GLANCE: COMPARISON NOVEMBER 2010 AND DECEMBER 2010										
TYPE OF HOSPITAL	A+		A		B		C		D	
	Nov-10	Dec-10	Nov-10	Dec-10	Nov-10	Dec-10	Nov-10	Dec-10	Nov-10	Dec-10
DISTRICT HOSPITALS (21)	17	19	4	2	0	0	0	0	0	0
SUB DIVISIONAL HOSPITALS (39)	14	15	18	16	5	5	1	2	1	1
COMMUNITY HEALTH CENTRES (106)	33	26	34	40	27	30	12	9	0	1

The Agenda for the Core Quality for the month of December 2010 was discussed. All the Civil Surgeons were told to look especially for the institutions falling in grade C and D.

Benchmarks

The benchmarks of all the Specialist Doctors who did not achieve the targets during the month of December 2010 were discussed. There were 54 doctors in the state whose achievement was less than 100%. The authorities were directed to call the explanation of the doctors and ask them to improve their performance. The Civil Surgeons were asked to make alternative arrangements from the field in case of short leave of specialist doctors, so that the post of specialist doctor of the district level hospitals is not vacant.

AGENDA FOR THE MONTH OF DECEMBER 2010							
Institute	Beds	S. No.	Name of the Doctor	Days	Specialty	Total %	Remarks (Given by Civil Surgeons)
DISTRICT AMRITSAR							
CHC Majitha	30	1	Dr. Swati Shrama	6	Ophthalmologist	16	There is no equipment & OT
DISTRICT BARNALA							
DH BARNALA	100	1	Dr. BALWINDER SINGH		Anaesthetist	28	Epileptic patient
CHC Dhanaula	30	2	Dr. K.D.Singh		Surgical specialist	79	
DISTRICT BATHINDA							
SDH Rampura Pura Phul	50	1	Dr. Simarpreet Mann	6	Medical specialist	86	On leave for 1 week
DISTRICT FEROZEPUR							
SDH Zira	50	1	Dr. K.K.Singh	6	Orthopaedician	57	Comes from Jalandhar
DISTRICT FATEHGARH SAHIB							
CHC Khamano	25	1	Naresh Chauhan	6	Ophthalmologist	91	also works at CHC Sangat
SDH MandiGobindgarh	50	2	Dr. Sanjeev Kumar	6	Ophthalmologist	36	
DISTRICT GURDASPUR							
SDH Pathankot	100	1	Dr. Dolly Aggarwal	6	Dentist	46	3.12.10 to 23.12.10 on earned leave
DISTRICT HOSHIARPUR							
DH Hoshiarpur	200	1	Dr. Satpal Gojra	6	Medical specialist	81	5 Medical Specialist posted at DH Hoshiarpur so work divided
DH Hoshiarpur	200	2	Dr. Karnail Singh	6	Medical specialist	96	5 Medical Specialist posted at DH Hoshiarpur so work divided
DH Hoshiarpur	200	3	Dr. Jatinder Kumar Sharma	6	Medical specialist	82	5 Medical Specialist posted at DH Hoshiarpur so work divided
CHC Bhunga	20	4	Dr. Seema	6	Gynaecologist	93	
CHC Hajipur	30	5	Dr. Gian Chand	6	Ophthalmologist	88	
DISTRICT JALANDHAR							
DH Jalandhar	400	1	Dr.G.S.Powar	6	Medical specialist	47	Working as Smo I/c

DH Jalandhar	400	2	Dr. Tejinder Kaur	6	Medical specialist	55	
DH Jalandhar	400	3	Dr.Saru Talwar	6	Radiologist	53	
DH Jalandhar	400	4	Dr. Harjinder Singh	6	Anaesthetist	89	
CHC Kalabakra	30	5	Dr. K.P.S. Bangar	6	Medical specialist	64	doing emergency duties
CHC Kalabakra	30	6	Dr.Salony Garg	6	Paediatrician	39	Working under NRHM
CHC Kalabakra	30	7	Dr.Kamal Duggal	6	Gynaecologist	51	
CHC Kartarpur	30	8	Dr. Nageen Dhaliwal	6	Gynaecologist	86	Resigned from job
CHC Shankar	25	9	Dr. Prithba	6	Gynaecologist	88	
CHC Lohian	25	10	Dr. Jaspreet Singh	6	Surgical specialist	89	
DISTRICT KAPURTHALA							
C.H. Kapurthala	100	1	Dr. Kuljit Singh	6	Medical specialist	92	I/c of dialysis unit
C.H. Sultanpur Lodhi	50	2	Dr. Sanjiv Gupta		Anaesthetist	73	
CHC Panchhat	25	3	Dr. Chander Mohal		Surgical specialist	85	Show cause notice issued
DISTRICT LUDHIANA							
SDH Payal	30	1	Dr. Harwinder Singh	6	Medical specialist	84	
SDH Raikot	30	2	Dr. Kuldeep Singh	6	Anaesthetist	58	Resignation accepted on 15 Jan.2011
CHC Raikot	30	3	Dr. Ajit Singh Chawla	6	Medical specialist	33	15 days Ex-India leave
SDH Raikot	30	4	Dr. Ripjit Kaur	6	Gynaecologist	52	Depression patient
CHC Sidhwan Bet	30	5	Dr. Sat Pal	6	Surgical specialist	83	
CHC Pakhowal	30	6	Dr. Kishan Singh	6	Medical specialist	69	
CHC Manupur	30	7	Dr. Baldeep Singh	6	Medical specialist	80	Dialysis training
DISTRICT MANSA							
CH.Mansa	100	1	Dr. Rajiv Garg	6	Medical specialist	36	on leave
DISTRICT MOGA							
C.H. Moga	100	1	Dr. Naveen	6	Orthopaedician	85	
CHC Bagha Purana	30	2	Dr. Jatinder Singh		Orthopaedician	72	
C.H Gidderbaha	50	3	Dr. Satpal Singh Bajwa	6 Days	Surgical specialist	39	
C.H Malout	50	4	Dr. Rakesh Goyal	6 Days	ENT	48	
DISTRICT NAWAN SHAHER							
CHC Saroya	30	1	Dr. Piara Singh	4	Anaesthetist	29	working at DH Nawanshahr also
DISTRICT PATIALA							
SDH Nabha	90	1	Dr. Anjana Gupta	0	Gynaecologist	18	

CHC Kalomajra	6	2	Dr. Bidhi Kaur	6	Gynaecologist	33	emergency at CHC Banur not received
CHC Patran	14	3	Dr. Amanpreet Kaur	6	Gynaecologist	88	comes from Patiala
DISTRICT SANGRUR							
SDH Sunam	50	1	Dr. Rakesh Jain	6	Paediatrician	59	
SDH Sunam	50	2	Dr. Satpal Garg	3	ENT	77	No ENT equipment available
SDH Sunam	50	3	Dr. Hari Om Aggarwal		Orthopaedician	55	
CHC Longowal	30	4	Dr. Dewinder Singh	6	Medical specialist	95	
CHC Bhawanigarh	30	5	Dr. Ajay	6	Medical specialist	79	
DISTRICT TARN TARAN							
SDH Patti	45	1	Dr. Harpoonam Manku	6	Gynaecologist	51	working at DH Tarn Taran
CHC Sarhali	30	2	Dr. Monika.	6	Gynaecologist	72	new joining
CHC Khem karan	20	3	Dr. Palwinder Singh	6	Surgical specialist	62	
CHC Khem karan	20	4	Dr. S.S. Dardi Singh	6	Orthopaedician	81	
CHC Sur Singh	30	5	Dr. Amandeep Singh	6	ENT	74	
CHC Sur Singh	30	6	Dr. Sushma .	6	Gynaecologist	57	
CHC Gharyala	30	7	Dr. Mona Chatrath	6	Ophthalmologist	60	

Daily Online Monitoring of Doctors :-

Daily Online Monitoring of Doctors for the month of January 2011 was discussed. Some of the districts had made complete entries of all the doctors, these districts were appreciated. But the districts making incomplete entries of nil entries were asked to make daily entries of all the doctors otherwise disciplinary action will be taken against them.

Jan Aushadhi:-

1. Deployment of more manpower in the Stores to ensure dispensing of medicines for 24 hours to the patients. **(Action by All the Civil Surgeons)**
2. Reimbursement claims of Rs. 2.50 lacs to be put up to GoI for infrastructure to be put in the JAS's. **(Action by All the Civil Surgeons)**
3. Purchase of computers in the JASs for issuance of bills to the patients. **(Action by PHSC)**
4. Closures of parallel Red Cross Shops in the Districts Bathinda, Faridkot and Jalandhar. **(Action by PHSC/ CS)**
5. Promotion of CPSUs generic drugs as compared to local generic drugs. **(Action by All the Civil Surgeons)**
6. Release of timely payment to CPSUs to ensure further supply from the CPSUs to JASs. **(Action by All the Civil Surgeons)**
7. Supply of information to the Civil Surgeons office for effective monitoring and reporting to head office. **(Action by All the Civil Surgeons)**

Engineering Wing:-

The works being undertaken by the Engineering wing of PHSC under Core Plan Project were discussed in detail. PSHFW instructed to supply the list of all works, showing the location & present status to be taken under this project, to all the Civil Surgeons of the State of Punjab.

The S.E. PHSC informed that 29 no. CHC's are being constructed under Core Plan Project and construction work of these CHC's has been entrusted to Pb. PWD (B&R), Department and full cooperation should be extended to them by the Medical Authorities, so that the works may be completed well within the time schedule.

Actionable Points:-

PSHFW desired the following points.

- The subject of condemnation of equipment should be an Agenda item for Civil Surgeon Conference.

(Action by PHSC/ CS)

- New mammography machine for MKH Patiala and Apherisis machine for District hospital Sangrur should be purchased.

(Action by PHSC/ CS)

- In District Gurdaspur SDH Pathankot and CHC Banga the license of blood cell separator has not been issued, as informed by Drug Controller. Both the cases have been sent to Delhi for authorization.

(Action by PHSC/ SDC)

- Hospital Performance Indicators for the year 2010 have to be put up in cumulative form as annual data.

(Action by PHSC)

18. NRHM

MD NRHM started with general observation.

It has been observed that Civil Surgeon do not read the emails sent to them regularly. All the Civil Surgeon should depute one person to open the emails twice daily, one in morning & then after 4:00 PM. A Notice Board has developed on the website therefore all the Civil Surgeons are requested to open the Notice Board twice daily as very important information and requirements are sent or asked through Notice Board. All the Civil Surgeons has conveyed there PASSWORD and they can also change the number according to their will. All the Civil Surgeons should use this notice board.

Time to time DOs are sent to Civil Surgeon regarding important issues but Civil Surgeon gave no full attention to the DOs and they are also treated as normal letters. All the DOs should be taken seriously.

1. Health Management Information System (HMIS)

- i) HMIS analysis was sent to the entire district on 27/12/2010 and was asked to send back the Action taken report. The analysis was related to ANC & Sex Ratio. No Civil Surgeon has sent so far any Action taken report.
- ii) One more analysis on difference between ANC registration & deliveries, deliveries & live birth was sent on 2/1/2011. Only one district has sent the action taken report i.e. Nawanshahar.
- iii) ANM Mobile phone application data entry is low. Now it has been decided that ANM will fill the weekly data instead of daily data. So all the Civil Surgeon should ensure the 100% data entry.
- iv) All the Civil Surgeon were asked to stop the pay of ANM who are not uploading the data but no information till date has been received.
- v) However all the District has started HMIS data uploading but Kapurthala has not still uploaded the reports.

(Action by All the Civil Surgeons)

2. District Health Action Plan – PIP 2011-12

In spite of repeated requests & meeting of DPM, MEO and in last 2-Civil Surgeon Conferences, Amritsar and Moga has not sent the District Health Action Plan and Ludhiana has sent only budget portion.

Meeting to District District Health Action Plan – GOI may ask the districts to present their DHAPs, so all the Civil Surgeons are requested to be prepared with Power Point Presentation on their DHAP.

State will also hold meeting before finalizing their DHAPs after the approval of State Plan then all districts will be requested to present their DHAPs.

Facility Survey - Facility Survey of all districts have been uploaded on website www.pbnrhms.org. All districts are requested to see it and send the revised/updated Facility Survey by 11th February 2011, if required.

Photographs of Health Institutions - All the districts were requested to send 20 Photographs of Districts Hospitals, 15 Photographs of SDH & CHC, 10 Photographs of PHCs and 5 Photographs of Sub Centres.

Photographs received from Jalandhar, Moga, Kapurthala, Muktsar, Barnala, Ferozepur, Fatehgarh Sahib, Faridkot and Sangrur as per requirement.

However, remaining districts have sent the photographs but the photographs are not as per requirement.

Meetings of Districts Health Mission under the Chairmanship of Chairman Zila Parishad are not being conducted.

(Action by All the Civil Surgeon)

3. MNGO-RCH Scheme:

1. In district Mansa, Tarn Taran, Moga, Barnala MNGO along with Field NGOs and in district Gurdaspur & Bathinda, Service NGOs are conducting Base Line Survey, These NGOs on the basis of their survey have to submit Project Proposal to District NGO Committee under Chairmanship of Worthy Deputy Commissioner. Civil Surgeons to support & facilitate NGOs in submission of Project Proposal by NGO and to be recommended by District NGO Committee in 1st week of March to State NGO Committee for further release of funds.
2. 2nd Installment of grant in aid is being released to District Health Society for MNGOs in district Sangrur, Jalandhar, Hoshiarpur, Kapurthala, Ludhiana, Gurdaspur, Amritsar & Muktsar and Service NGO in district Amritsar & Ludhiana.

District to release the funds to concerned MNGO/SNGO as per sanction order and monitor periodically the MNGO RCH Scheme.

REFERRAL TRANSPORT:

After analyzing the reports it has been observed that

1. In Hoshiarpur and Jalandhar district, deliveries conducted in all Private Health Institution has been taken, irrespective of accredited or non accredited institutions.
2. In Faridkot, Ludhiana, Mansa & Sangrur percentage of achievement is more than 100% which is doubtful as no information given, if backlog has been cleared.
3. As per SOE, 79% of beneficiaries are being given Referral Transport benefit in State of Punjab, all the Civil Surgeon are requested to ensure 100% utilization of these funds.
4. Emphasis need to be given on capturing data from Accredited Private Health Institutions. e.g. in district Mohali under SJY 37 deliveries reported while 0 deliveries captured under Referral Transport Scheme. **(Action by all the Civil Surgeon)**

Infant and Young Child Feeding Counselling of Middle level Trainers (Doctors and Nurses) and Field level workers(ANM and ASHAs)

1. 15 out of 20 Middle Level Training of Trainers completed by NGO BPNI in eight concerned districts.
2. Field Level Training schedule not received from Jalandhar, Amritsar and Patiala
3. Districts are once again advised not to wait for the finish of MLTs in the whole district and start for the FLT as soon the MLT is completed in particular region/ area . This innovation on IYCF has to be completed in this financial year 2010.

4. Information about the physical and the financial status of the scheme to be updated as per format earlier. **(Action by all the Civil Surgeon)**

VILLAGE HEALTH SANITATION COMMITTEE:

1. Very critical issue is the non utilization of VHSC funds by committees. It has been repeatedly highlighted that VHSC funds are not being utilized.
2. Utilization of funds very poor in district Amritsar (12.6%), Gurdaspur (7.7%), Muktsar (38.8%), Moga (38.2%), Mohali (32.1%) & Tarn Taran (21.5%).
3. More than 50% of VHSCs are showing zero utilization.
4. Ensure every month VHSC meeting is conducted and documented in VHSC Registers.
5. VHSC registers should be maintained in all the aspects.
6. It has also been observed that still in some districts convention of VHSC is not complete, therefore complete the convention of VHSC and send the certificate.

(Action by all the Civil Surgeons)

SURAKHIT JANEPYA YOJNA:

1. However the progress under this scheme is slightly improved but in district Barnala, Gurdaspur, Hoshiarpur & Tarn Taran to empanel private partners under Surakhit Janepya Yojna. Ludhiana repeatedly reminded to involve CMC, DMC hospital under SJY Scheme, no effort made by district till date.
2. Districts (who have accredited Private Institutions) to organize meeting with their accredited private institutes and ensure deliveries for BPL/SC/ST free of cost from them. Minutes of meeting to be sent to state head quarter. **Will be reviewed in next C.S. meeting.**
3. In each district IEC activities to be planned, Awareness through ANM, ASHA during FGDs, VHSC meetings regarding accredited Private Institutions.
4. There should be no delay in reimbursement to doctors under APIs.
5. Emphasis on making the scheme successful with the full participation of ANM, ASHA, LHVs, MO at PHC, SMO and the district authorities.

4. Maternal Death Review (MDR)

All the districts were told to implement the Maternal Death Review more effectively especially the poorly performing districts.

For the year 2010 in the State, 23 maternal deaths were reported from January to July in the State. With the launch of Maternal Death Review (MDR) in the month of August, 135 maternal deaths have been reported from August to December.

The districts which have performed better having >20% achievement of annual target are **Gurdaspur (39.2%), Hoshiarpur (35.8%), Faridkot (33.3%), Moga (28.1%), TarnTaran (27.8%), Muktsar (24.1%), Jalandhar (21.6%) and Ropar (20.8%)**.

Poorly performing districts with <10% achievement are **Ferozepur (3.0%), Mohali (3.7%), Ludhiana (4.2%), Barnala (5.0%) and Mansa (7.7%)**.

Following points were specially stressed for affective implementation of the MDR:

1. Monitoring of all deaths Line Listed by ASHA/ANM at Block level :

Civil Surgeons must monitor the number of Line Listed deaths (all deaths of women of age 15-49 years, irrespective of the cause of death) every month at the Block level to see if proper reporting system has been established in the block. Maternal Deaths then can be captured by scrutiny of the Line Listed deaths.

2. Maternal Death Review Reports:

- (a) Civil Surgeons were told to send the **District Level Review Reports** of maternal deaths **(in Annexure-1A for FBMDR & Annexure-3A for CBMDR)** regularly and timely. Although 135 maternal deaths have been reported since the launch of the scheme in August 2010, only 49 Districts Review Reports have been received so far. Every maternal death must be reviewed at district level within 4-5 weeks of its occurrence/reporting.
- (b) Civil Surgeons were also instructed to ensure that the maternal deaths are investigated and reviewed properly at various levels as it has been observed that the cause of death mentioned in the Review Reports is mostly **Direct Obstetric Cause** only. Information on other important factors responsible for maternal

deaths i.e. Indirect Obstetric Causes of maternal deaths and Contributory Factors etc. (i.e human, systemic, socioeconomic etc.) is not being provided completely/properly in the Review Reports.

3. Online Reporting:

Civil Surgeons were told to ensure online reporting of Primary Information (in Annexure-6) for all maternal deaths. Barnala, Fatehgarh Sahib, Ludhiana, Kapurthala and Mohali have not started reporting online so far.

4. **During the meeting, it was also agreed** to provide the services of one Computer-cum-Statistical Assistant under Maternal Death Review (MDR) at State HQ for compiling and processing of the data.

5. RTI/STI

- Implementation of RTI/STI programme is a combined effort of PSACS & NRHM. Reporting of District Hospitals & Medical Colleges is to be reviewed by PSACS and reports of other all the Govt. institutes i.e. SDH, CHC & PHC and other health units, Urban Slum area Dispensaries, Zila Parishad Dispensaries, Urban Family Welfare Centres etc are reviewed by the NRHM.
- Monthly reporting is to be done through HMIS.
- It is observed that achievement is only 27% of the annual target.
- 648 facilities under NRHM are not reporting at all. All the Civil Surgeon are requested to look into the matter and ensure to send the reports in time.

6. Behaviour Change Communication (BCC)

It has been reported that – Girl Child Competition not organized in the districts Barnala, Fatehgarh Sahib, Hoshiarpur, Kapurthala, Mansa, Muktsar, Patiala, Ropar, Sangrur and Tarn Taran till December. Similarly district level workshops are not upto mark in Ludhiana (only 3 out of 6) and Mukatsr (only 2 out of 6).

(Action by Concerned Civil Surgeons)

7. Community Monitoring

It has been reported that all the committees at each level have been constituted. RKS at 5 PHCs (Satellite Hospitals at Amritsar) is under process. Office order regarding constitution of RKS in these PHCs has already been issued. Civil Surgeon Amritsar is requested to ensure the submission of signed certificates at state HQ regarding the constitution of all the committees as per guidelines and fix the responsibility of DPM and Community Mobilizer for submission of these certificates by 16th of February 2011.

Instructions have been issued to the district regarding Display of the boards (regarding members of the Health Monitoring and Planning Committees i.e. District Monitoring and Planning Committee, RKS, Block and PHC HM&PCs and VHSC along with mobile numbers at the health facilities). It has been decided that Boards should be displayed at the facilities as per instructions issued to the districts. All the Civil Surgeons are requested to depute Community Mobilizers and ensure display as per compliance in the district by 15th of February 2011.

Regarding update of online information of the committees at Punjab NRHM website it has been reported that input format has been prepared at State and feeding of online data of the committees is under process. All the Civil Surgeons are requested to depute Community Mobilizers and ensure update of this data by 7th of February.

It has been observed that reports of meetings held are not sent by all the districts. All the Civil Surgeons are requested to look into the matter by deputing Community Mobilizers for monitoring and reporting of these meetings.

1. PSHFW directed all the civil surgeons that display board should be in front of SMO's room
2. Principal Secretary Health said that it has been observed that meeting of District Health Societies are being held but meeting of district health mission, RKS block monitoring and planning committees, PHCs Monitoring and Planning Committees is not being held regularly and districts do not send the reports. All the Civil Surgeon should ensure that meeting of these districts and block committees must be held regularly and minutes of meeting should be communicated to the higher authorities. He instructed all the civil surgeons to fix responsibility of DFPO for conducting these meetings and also fix responsibility of DPM and Community Mobilizers for display of boards in the health institutions.

(Action by All the Civil Surgeons)

8. Institutional Deliveries

The progress of Institutional deliveries up to the month do of December (three quarters) in all the facilities are reviewed and observed that-

- The number of deliveries has increased in all the District Hospitals except District Hospital Nawanshahar as compare to the last year figures.
- In SDHs Abohar, Garhshankar, Sultanpur Lodhi, Raikot, Sardoolgarh and Samana no caesarian has been conducted in the month of December inspite of posting of Gynaecologist. Overall progress of deliveries as compared to the last year is decreased in Baba Bakala (-19.66), Rampura phool (-27.32), Abohar (-3.82), Raikot (-9.60), Kharar (-21.65), Giddarbaha (-12.85), Rajpura (-4.10), Sunam (-52.70, Patti (-29.06) and Nabha (-4.11).
- The progress of Deliveries in 24x7 PHCs has been reviewed and it has been observed that there are 6 (24x7 PHCs) where no deliveries has been conducted during the year 2010-11 and 9 (24x7 PHCs) deliveries conducted is less than 5. So there is need to look into the work of these 15 (24x7 PHCs) which are almost non functioning. The names of these PHCs can be seen from the CS Agenda. PHSFW asked MD-NRHM to take action regarding these institutions.
- It has also been observed that there are 60 regular doctors are posted in 24x7 PHCs and no deliveries has been conducted for the year 2010-11 by 37 regular Female Medical Officers. PSHFW asked the MD-NRHM to send the case for transfer /rationalization of these doctors.
- Few Civil Surgeons informed that in some 24x7 PHCs labour room is still not constructed due to which the deliveries cannot be conducted. PHSFW directed the Sh. R.P. Saini to compile the information about the progress of Civil Work specially labour room by the PHSC and put up. The information must be uploaded in the website.

(Action by Sh. R.P. Saini)

PSHFW also asked to MD-NRHM to take action against MO(F) recruited under NRHM where the progress is nil or low.

9. Mobile Medical Unit (MMU)

- However all the MMUs are working well but there are information from some districts that medicines is not issued to them as per requirement in time due to which the daily OPD suffers and number of OPD per day are decreased.
- In District Bathinda, Patiala and Muktsar daily OPD is low as per bench mark (50 cases per day).
- District Amritsar X-Ray Machine in MMU-2 remain out of function but 44 X-Rays are taken as per report of Month of December. Kindly explain how these X-Rays are taken.
- The progress of ECG, X-Ray and Lab Test is very low in District Barnala (2nd MMU). Similarly in District Fatehgarh Sahib, Patiala, Nawanshahar, Hoshiarpur, Kapurthala Ludhiana and Faridkot the progress of X-Ray and ECG are low. PSHFW instructed all the Civil Surgeons to visit the MMU of their district personally and ensure the functioning of all the equipment fitted in MMU. AMC of the equipment except X-Ray Machine has been done and contract for X-Ray machine will be done within few days.

(Actions by all the Civil Surgeons)

10. Finance

Expenditure upto December, 2010 was discussed in the Civil Surgeon Conference on dated 02.02.2011. Below mentioned are the districts with good, average and poor performance in utilizing grants:-

Good	-	Bathinda, Faridkot, Nawanshahar, Ropar
Average	-	Barnala, Fatehgarh Sahib, Ferozepur, Hoshiarpur, Jalandhar, Kapurthala, Ludhiana, Mansa, Patiala, Sangrur
Poor	-	Amritsar, Gurdaspur, Moga, Mohali, Muktsar, Tarn Taran

Utilization status of mandatory grants was discussed in detail. Civil Surgeons were asked to expedite the utilization of mandatory grants.

Worthy Principal Secretary Health & Family Welfare has directed that from the next time agenda for mandatory grant should be prepared institution wise.

Letter may be sent to all the Civil Surgeons for giving attention on the utilization of mandatory grants & detailed guidelines may also be sent.

Civil Surgeon Jalandhar informed that CHC Urban Basti Gujjan which is under DHS is working in only two rooms and CHC is under DHS control and funds of CHC (RKS, AMG, Untied Funds) cannot be utilized so rationalization may please be done.

PSHFW has also give instructions to Manager Finance to send annexures for utilization of funds to all the Civil Surgeons and get the feedback in Annexures. The report should be institutional wise. Make the institutional wise expenditure utilization of the corporate grants in next meeting as agenda items.

(Action by MFA)

Meeting ended with a Vote of Thanks to the Chair.

LIST OF THE PARTICIPATING OFFICERS

SR. NO.	NAME	DESIGNATION
1.	Sh.Satish Chandra, IAS	Principal Secretary, Health & Family Welfare, Punjab
2.	Smt.Raji P.Srivastava, IAS	MD PHSC
3.	Sh. B.Purushartha, IAS	MD NRHM
4.	Sh.Gurdeep Singh, PCS	Addl. Secretary, Health
5.	Dr. J.P. Singh	Director Health & Family Welfare
6.	Dr.Ashok Nayyar	Director Family Welfare & Director Health Services(S.I.)
7.	Dr.Chandanjit Singh Kundal	CS Amritsar
8.	Dr.Bhag Mal	CS Barnala
9.	Dr.I.D.Goel	CS Bathinda
10.	Dr.Harjit Bharti	CS Faridkot
11.	Dr.D.P.Godara	CS Ferozepur
12.	Dr.Devinder Singh	CS F.G. Sahib
13.	Dr.Dalip Kumar	CS Gurdaspur
14.	Dr.Sham Lal Mahajan	CS Hoshiarpur
15.	Dr.M.L.Puri	MS Jalandhar
16.	Dr.Harvinder Singh	CS Kapurthala
17.	Dr.Satwant Bhalla	CS Ludhiana
18.	Dr.Pritpal Singh	CS Mansa
19.	Dr.Amarjit Singh Sidhu	CS Moga
20.	Dr.Tirath Ram Goyal	CS Mukatsar
21.	Dr.Rakesh Gupta	CS Nawanshahar (SBS Nagar)
22.	Dr.Jatinder Kaur	CS Patiala
23.	Dr.Surjit Singh	CS Ropar
24.	Dr. Neelam Bajaj	CS Sangrur
25.	Dr.P.K.Shridhar	CS SAS Nagar
26.	Dr.D.S.Kalsi	CS Tarn Taran
27.	Dr.Jarnail Singh	Med. Supdt., MKH Patiala
28.	Dr. N.K.Duggal	Chemical Examiner, Kharar
29.	and Programme Officers	