

## **Proceedings of the Civil Surgeon's Conference held under the Chairmanship of Hon'ble Health & Family Welfare Minister Punjab Sh.Satpal Gosain, on 3-6-2011 at Committee Room, PHSC, Phase VI, Mohali**

List of the participants is annexed.

At the outset, Dr. Ashok Nayyar, Director Health and Family Welfare, Punjab welcomed Sh. Satpal Gosain, Hon'ble Health and Family Welfare Minister, Sh.Avinash Chander, Chief Parliamentary Secretary (Health), Principal Secretary Health and Family Welfare, Managing Director PHSC, Mission Director NRHM for sparing their valuable time to participate in the conference. He assured the Hon'ble HM that whatever directions/ guidelines given by him will be implemented in letter and spirit by all the officers.

Sh.Avinash Chander, Chief Parliamentary Secretary (Health) desired that the menace of taking Vadhai on the birth of male child by the staff in the hospitals should be stopped immediately. He also asked the officers that the directions be given to all the staff to be polite towards the poor patients coming for the treatment.

Hon'ble HM in his keynote address emphasized the need for cleanliness in all the health institutions and directed that the concerned Civil Surgeon and SMO will be held responsible for any lapse. He further asked the officers that corruption in any form will not be tolerated and he desired the department to be corruption free. He also directed officers to put up his telephone number and also the numbers of Principal Secretary Health, Director Health Services, Civil Surgeon and Block Senior Medical Officer on the notice board outside the hospitals and the dispensaries so that patients and their attendants can register their complaints and suggestions directly at the telephone numbers. He further directed that a helpline should start functioning by 10<sup>th</sup> June, 2011 so that people can register their grievances.

**PSHFW** directed the Civil Surgeons to conduct intensive tours and hold meetings with the staff at the grassroots level to provide better health services. He asked them to give due priority to the delivery cases and said proper awareness should be created through media, group meetings and other ways regarding the free services being given by the government.

### **GENERAL DECISIONS:-**

- **Check illegal Sale of Narcotics Drugs:** Raids be conducted to check the illegal sale of narcotic drugs/ habit forming drugs and strict action be taken against the chemists selling these drugs.
- **Prevention of Food Adulteration:** Regular samples of eatable items, loose food items, milk and milk products, aerated drinks etc. must be seized so as to ensure quality food items to the general public and care must be taken not to unnecessary harass the small traders/ rehriwala etc.
- **Issuance of Births & Deaths Certificates:** Civil Surgeons should ensure timely issuance of Births and Deaths certificates to the public and instructions, formats and guidelines must be displayed in their office at proper place for the convenience of general public. **(Action by All Civil Surgeons)**
- **Medico Legal Cases:** Medico legal cases must be dealt carefully and if any doctors found manipulating medico legal cases, strict action will be taken against the defaulters. **(Action by All Civil Surgeons)**
- **Availability of Medicine:** Ensure availability of medicine, reagent and other material for treatment of patients in all health institutions. No sub standards medicines either be purchased or written by doctors for the treatment of patients. **(Action by All Civil Surgeons)**
- **Ultrasound and MTP Centers:** Regular checking of all ultrasound centers and MTP centers should be ensured so as to prevent female foeticide in the State. Decoy patients be used for those centers who are doing illegal activities. **(Action by All Civil Surgeons)**
- **Functioning of Health Institutions:** All District Hospitals, Sub Divisional Hospitals and Community Health Centers should function as 24 x 7 and Doctor and Paramedical Staff must be

available in these centers so as to provide emergency healthcare to the public day and night.

**(Action by All Civil Surgeons)**

- **Regular Round of the Hospitals:** Incharge of all hospitals/ Civil Surgeons must take a round/ visit of the hospital and ensure that doctors are doing their duties, sitting arrangements for patients, cleanliness of the hospitals and toilets and available of emergency medicines in the hospitals.  
**(Action by All Civil Surgeons)**
- **Punctuality:** Ensure punctuality and discipline in all the health institutions. Regular checking by the Civil Surgeon/ SMO of the block must be done so as to ensure punctuality among the staff. Strict action be taken against the regular absentees. **(Action by All Civil Surgeons)**
- **Changing Behaviour:** Behaviour of the hospital staff particularly doctors and nurses must be polite towards patients and doctor/ para medical staff must be directed to ensure to satisfy the patients or the relatives comes for treatment. **(Action by All Civil Surgeons)**
- **Availability of Specialist doctors:** Specialist doctors must be available on call at night in all District and Sub Divisional Hospitals for providing specialized services to the emergency patients.  
**(Action by All Civil Surgeons)**
- **Display of Boards:** Every health institution from Civil dispensary to Distt Hospital must have a Board depicting name of the institution, and telephone numbers of doctors i.e. (for dispensary/PHC level institution name and mobile/telephone number of medical officer and SMO 's name and contact number. CHC/Sub Divisional level institutions the name and contact number of SMO and Civil Surgeon and at Distt. hospitals the name and contact number of SMO, Civil Surgeon, DHS and helpline number available at state head quarters.  
**(Action by All Civil Surgeons)**
- **Plantation of Trees:** A special drive be launched during June and July to plant trees like Jamun, Tahli, Peepal etc. in the vacant lands of all medical institutions to purify the environment.  
**(Action by All Civil Surgeons)**
- **Equipment functioning:** All equipments should be fully functional and if any equipment is out of order it should be quickly repaired. **(Action by All Civil Surgeons)**
- **Construction work:** Civil Surgeons should regularly visit the construction sites so as to ensure the quality construction. **(Action by All Civil Surgeons)**

Regular agenda was discussed and decisions taken are as under:

## 1. MOTHER & CHILD HEALTH (MCH)

- Directions were given to get information about night deliveries at CH Mohali, Kharar, CHC Kurali and PHC Dera Bassi of Mohali district.
- Programme Officer was asked to prepare improved agenda for next CS Conference regarding Vit.A first dose and remaining doses. He was further asked to supply spoon alongwith Vit. A solution according to GOI directions in DHs, SDHs and Sub Centres.
- Instructions were given to ensure supply of IFA tablets in DHs, SDHs, and CHCs.
- Directions were given to Mass Media Branch about the necessary action regarding IEC/BCC activities after deliveries about Mata Kaushalaya Kalyan Yojna and JSY.
- Manager M & E was asked to prepare the list of MD Gynae doctors who have not achieved the targets. **(Action by All Civil Surgeons)**

## 2. FAMILY WELFARE PROGRAMME

DDFW asked the Civil Surgeons that the targets for the year 2011-12 have been worked out as per the population data of Census 2011 and has been send to the districts. The target for

NSVs has been fixed at 22%. All the Civil Surgeons were requested to start the work on family planning targets, both permanent and temporary in the right earnest.

**(Action by All Civil Surgeons)**

### **3. 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.

**(Action by All Civil Surgeons)**

### **4. PC & PNDT ACT**

- The Civil Surgeons were asked to conduct regular inspections as per the provisions of the Act after proper home work by analyzing the 'F Form' and collection information through informers.
- The District Appropriate Authorities were asked to regularly hold Advisory Committee Meetings and send the minutes to State PNDT Cell.
- The Civil Surgeons were reminded of collecting the data on Trained Dais and send it to State PNDT Cell.
- The District Appropriate Authorities were asked to do survey of 'On call' portable machines and to take appropriate action. The decision of the meeting held on 20<sup>th</sup> April 2011 at Delhi was conveyed that no 'On call' portable machines should be entertained.
- All the Appropriate Authorities should cultivate informers and decoy patients and carry out sting operations on the suspicious centers.

**(Action by All Civil Surgeons)**

### **5. MATERNAL DEATH REVIEW**

It was also observed that in majority of the maternal death in respect of FBMDR, direct obstetrics causes of death, indirect obstetrics causes and contributed causes were not mentioned properly.

However, while reviewing all the deaths, majority of the District Review Committees were of the opinion that

- a) Complete ANC will be the answer to identify high risk pregnancy which contributes to the cause of maternal death.
- b) Proper and early referral to the institution for management of high risk pregnancy as well as the complications arising out of the pregnancy.
- c) Early and proper treatment.
- d) Awareness among the masses for institutional deliveries.
- e) PSHFW advised that by reviewing the MDR in future, State level recommendation should be made and these recommendations should be implemented in letters and spirit.
- f) PSHFW asked the Programme Officer to revise the reporting performa separately for Civil Surgeon and Deputy Commissioner to review the performance of poor performing districts and he also asked the Civil Surgeons to personally conduct investigations of atleast one maternal death case.

**(Action by Civil Surgeons/ Programme Officer/ MD NRHM)**

### **6. JANANI SURAKSHA YOJNA**

- Good Physical Achievement by all the districts during 2010-11 each achieving more than 100% targets.
- District wise ELA to be reviewed and revised, if required, by the State.
- The ANMs do not prepare the lists of beneficiaries on the prescribed proforma- **LB** already circulated to all districts.
- The ANMs neither fill the JSY Cards at the time of Registration nor do they sensitize the mothers to carry the card to the institutions due to which the beneficiaries come for delivery without the required documents and hence payments are not made before her discharge from hospital after delivery.
- SMOs do not check the JSY Cards in the ANMs' monthly meetings.

- No system is in place so as to make the payments by the local staff conducting the deliveries. On the contrary, Clerk/ Accountant of the head quarter is deputed due to which the beneficiaries are not getting the payments in time.
- Patients are discharged early from the hospital after delivery due to which a min. stay of 48 hours after delivery is not achieved.
- Proper delivery registers printed and issued by the government are not used by all the institutions and wherever they are in use, many columns are left blank.
- Blocks and districts are not sending the reports of Physical verification which means either the Officers are not doing it (as per guidelines Block Officers are to verify 10% and District Officers, 5% of the JSY Beneficiaries every month on the prescribed proforma-PVF) or they are not reporting due to some reasons known to them only.
- Districts are sending the reports very late. As per guidelines, reports should reach the state through email by 7<sup>th</sup> of every month and to be followed by its hard copy by 10<sup>th</sup> without fail.
- No district is using the prescribed proforma-DRF for reporting to the state.

## 7. REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME

Programme Officer reported that Civil Work for IRL at STDC Patiala is underway. Machinery and Equipments shall probably be installed by June end therefore:

- All the Civil Surgeons were asked to identify space for DOTS Plus District Drug Store at the earliest which has to be an air-conditioned room and this room shall require installation of racks. PSHFW advised that the file seeking funds from NRHM additionalities may be moved for the necessary Civil work for District Drug Stores. **(Action by All Civil Surgeons)**
- Civil Surgeon, Ludhiana and Amritsar were asked to identify space for DOTS Plus District Drug Store immediately as DOTS Plus treatment in these districts shall be commencing in the 1<sup>st</sup> phase. It was reported that DOTS Plus District Drug Store at district Patiala is already underway. **(Action by concerned Civil Surgeon)**
- Civil Surgeons of District Patiala, Ludhiana and Amritsar where DOTS Plus treatment for Phase-I is to be started should train atleast 1 Medical Officer, 1 Lab Technician and Pharmacist DOT Provider in each DMC in the Month of June, 2011. DTOs of these 3 districts are already trained at National Level to impart this training. After that rest of the MOs, LTs, Pharmacists and Paramedicals may be trained. **(Action by concerned Civil Surgeon)**
- The low performance of district Patiala was found out to be non-inclusion of RNTCP reports from TU-Samana. STO pointed out that this may be due to non-initiation of treatment or non-registration of patients. Civil surgeon Patiala was asked to check the RNTCP work in TU-Samana. **(Action by concerned Civil Surgeon)**

## 8. BLINDNESS CONTROL PROGRAMME

The performance of districts for the Year 2010-11 (upto May) is as under :-

GRADING		DISTRICTS
I.	Very Good performing districts	ASR 310%, Faridkot 240%, Kapurthala 169%, JAL 156%, Ropar 140%,
II.	Good performing districts	Bathinda 134%, SBS Nagar 131%, FZR 128%, Barnala 115%, Gurdaspur 109%,
III.	Satisfactory performing districts	Ludhiana 105%, SAS Nagar 94%, Hoshiarpur 84%, Moga 82%, Mukatsar 72%,
IV.	Poor Performing districts	Patiala 49%, Mansa 47%, Sangrur 46%, FGS 45%, T.T. 5%

The Following Suggestions were made in the meeting regarding NPCB:

### i. Comprehensive Eye care

- to involve NGOs/Pvt. Pract & Govt. Medical Colleges in the 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 MPH(M) & 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**

Distt.: Amritsar, Barnala, Faridkot ,F.G.Sahib, Ferozepur, Jalandhar, Moga, Mukatsar, Sangrur & Tarn Taran who have less than 50% distribution of spectacles.

- 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,.

**(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. 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)**

**vii. List of non operating eye surgeons:** Send a proposal for their ECCE & SICS training if they have not already done by 20.5.2011.

**(Action by All Civil Surgeons/ Programme Officer)**

**Viii Utilization of Funds** has been poor in districts Gurdaspur, Hoshiarpur, Jalandhar, Kapurthala, Ludhiana, Mukatsar, Moga & SBS Nagar. DPM (NPCB) to ensure timely disbursement of GIA to NGOs/ PPs. **(Action by All Programme Officer)**

**Ix Training of Eye Surgeons in SICS and YAG Laser in Govt. Medical colleges**

**(DRME/HODs deptt. of ophthalmology GMCs Punjab)**

**9. IDSP**

- The Hon'ble Health Minister, Punjab was briefed about the outbreaks reported cases, including deployment of RRT, its lab confirmation various activities undertaken during the routine weekly surveillance in all institutions as Sub center, CHC, PHC and Hospitals as well as management of cases during 2011. On the same day 2 more outbreaks had occurred at Shahkot and Nakodar at DSU, Jalandhar which were immediately informed to Hon'ble Health Minister and Chief Parliament Secretary Health.
- Programme Officer informed that there were 2762 RUs for Form-S, 1221 RUs for Form-P and 460 RUs for Form-L who are reporting weekly disease data for surveillance.
- The gradation of the districts for implementation of various components as is done in World Bank Rankings under IDSP was discussed and the grades as granted to each district was intimated to Civil Surgeon with directions to complete the pending activities such as submission of Final Reports for outbreaks reported as per schedule.
- Chairman 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.
- Programme Officer 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. The reporting status on portal for the month of April, 2011 for each district was discussed. It was emphasized that in any case, reporting should not be less than 80% along with the consistency. District Hoshiarpur who had not entered data on the Portal due to broadband disconnectivity initiate necessary steps immediately and enter data from February, 2011 onwards. In all outbreaks these points were advised to be adhered:-

- “Timeliness of investigation” within 48 hours of first case information (FIR), through deployment of Rapid Response Team..
- Adequate human samples to be sent for “Laboratory Confirmation” within 4 days.
- Sending of “Final Outbreak Investigation report” to State Surveillance Unit. It should include analysis based on Time, Place and person.
- Each doctor is mandated to write provisional diagnosis for every patient and clinician is supposed to advice an appropriate lab tests in hospitals in referral labs.
- It was also emphasized to involve at least one private practitioner per block by districts.
- All the districts were instructed to give the feedback as surveillance news letter, regarding the reporting by their units on weekly basis as per analyzed data. **(Action by All Civil Surgeons)**

## 10. 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 April 2011, 266536 blood slides were collected throughout the State which was 117.56% of the target for April 2011. The following are the Districts whose achievement of blood slide collection is less than the target for the month of April 2011:

S. No.	District	Monthly Target	Achievement	%age of Achievement
1	Moga	8205	5818	71.9%
2	Ferozepur	17086	13990	82%
3	Barnala	5022	4336	86%
4	Nawanshehar	5118	4642	91%

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 10% 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 cases of falciparum malaria have to be given treatment with ACT as per the drug policy 2010 and the same can be procured by the districts from the State headquarter.

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 till 02/06/2011, 38 suspected cases of Dengue had been reported from Sri Mukatsar sahib and out of these 15 had been confirmed as Dengue cases at GMC Faridkot (Sentinel Surveillance Hospital). It was further briefed that team from the State visited and supervised the control measures being undertaken at the district level. 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. DHS directed all the districts to strengthen the surveillance for suspected dengue cases and ensure that sprays with larvicides and Pyrethrum are done. DMO informed that the NS1 Ag ELISA based dengue diagnostic kits are being procured and will be sent to the Sentinel Surveillance Hospitals of Punjab.

3. **Fund utilization:** DMO informed that the budget for carrying out IEC activities during the month of June 2011 (Anti Malaria Month) and July 2011 (Anti Dengue Month) has already been sent to the districts from the carry over budget of 2010-11. The State has taken a loan from NRHM (15.5 lacs) for carrying out IEC activities at the State level and this will be returned after receipt of the budget from GOI.

It was stressed that Vector Borne diseases have increased through out the State, so, the Civil Surgeons should activate the Rapid Response Teams to investigate and control any outbreak related to Vector Borne diseases. 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.

**(Action by All Civil Surgeons)**

## 11. SCHOOL HEALTH PROGRAMME

- **Medical Check-up:** - Under this programme 2473 Schools have been covered and 2,25,159 Students (covering primary school children twice) have been examined till April,2011.
- **Districts with poor performance:-** Amritsar, Barnala, Bathinda, Ferozepur, Ludhiana, Moga, Sangrur, SBS Nagar and Tarn Taran are districts with poor performance.
- **Districts with good performance:-** F.G.Sahib, Gurdaspur, Patiala and Muktsar are districts with good Performance.
- **RHD/CHD:** - Till April, 11 total no of 1228 Cases suffering from RHD/CHD have been referred and 543 cases have been operated and treated in various empanelled hospitals.
- **Cancer Cases:** - Till April, 2011 total no of 137 Cases suffering from cancer have been referred and getting treatment in various empanelled hospitals.
- **Thalassemia Cases:-** Till April, 2011 total no of 49 Cases suffering from Thalassemia have been referred and getting treatment in PGI and 5 Thalassemia Societies of Punjab .
- Principal Secretary, Health directed all Civil Surgeons to complete online entry of Schools visited during the year 2010-11 within 10 days so that the performance can be reviewed during the Meeting of School Health Medical Officers and Coordinator likely to be held in the mid of June, 2011.
- All Civil Surgeons were directed to instruct the concerned institutions to maintain the record of Children referred through Referral Cards and no purchee fee is to be charged from the referred school children.  
**(Action by All Civil Surgeons)**

## 12. 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)**

## 13. BIRTHS & DEATHS REGISTRATION

- Civil Surgeons were requested to collect record pertaining to the period 2010 from the Panchyat Secretaries as well as from ANMs. Civil Surgeons of District Amritsar, Ferozepur, Gurdaspur, Hoshiarpur, Patiala and Mohali were asked to collect the old births and deaths record from the BDPO office by 15<sup>th</sup> June, 2011.  
**(Action by Concerned Civil Surgeons)**
- The work of CRAs be daily monitored & ensure that all CRAs are doing computerization of old Births & Deaths record, preparation of computerized reports pertaining to Birth & Death registration & issuance of certificate.  
**(Action by All the Civil Surgeons)**
- All Civil Surgeons are requested to *ensure timely and date wise issuance of Births & Deaths certificate to the public. A board/ wall painting depicting various procedures for delay registration & correction be installed in your office for the convenience of the public.* **(Action by All the Civil Surgeons)**
- Wherever sub registration centre in the Civil Hospitals, CHCs or PHCs have been opened, *the first copy of Births certificate be issued at the time of discharge be also ensured.* **(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.
- For updating the contact details/doctors phone number/BSAs *telephone numbers of System Analyst Sh.Harpreet Singh 8872090033 was given for contacting him in case of any queries.*
- *Online entry of Daily OPD should be cross checked by the institutes with actual OPD and report should be submitted on weekly basis by the CS/DFPO/DPM to the State Headquarter.*

- *This is the personal responsibility of the Civil Surgeons to check the accuracy of OPD being entered, no. of doctors, and sanctioned strength of all the doctors and other details of their respective districts. If any mismatch is found by the State Headquarter during monitoring the concerned Civil Surgeon will be held responsible and action will be taken accordingly.*

**(Action by All Civil Surgeons)**

#### **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.

**PSHFW** asked the Civil Surgeons to follow up the cases pertaining to food adulteration strictly.

**(Action by Civil Surgeons/ Programme Officer)**

#### **16. NATIONAL DENTAL HEALTH CARE PROGRAMME**

- There are 302 sanctioned posts of Dental Surgeons in the State out of which 190 posts are filled and out of these 34 new Medical Officer (Dental) posts were filled in 2010-11.
- 81 new dental chair units and 21 R.V.G. were purchased in year 2010-11 in the Punjab State.
- Before year 2010-11 dental fortnight was celebrated once in year but after 2010 it is being celebrated twice a year and funds for this dental fortnight are provided by NRHM PIP.
- Last year in the dental fortnight 98135 patients were treated and more than 4222 dentures were distributed.

**(Action by All Civil Surgeons)**

#### **17. TRAINING**

- Training Calendar has been sent to all the districts. Hence all the districts were requested to start their trainings as per the Calendar provided. It was also pointed out that the expenditure for the trainings should be met out of the funds already available with the districts and the budget for the current financial year would be released soon.
- Request made for the nomination of appropriate candidates for the trainings at the State level institutes. It was also requested that:
  - a. All participants must report at the SIHFW and HFWTC on time.
  - b. If one nominated person was unable to report for training due to some reason, the replacement should be nominated for the same.
  - c. It was also proposed by the Director, Health and Family Welfare that the nominations should preferably be sent from the State level.
- Request was made for the proper utilization of services of trainers trained at the State level for various trainings.
- Details of various trainings to be conducted at district level were discussed and it was informed that:
  - d. New SBA Modules provided by the GoI had been printed and distributed.
  - e. IMNCI Training to continue in 4 districts i.e. Amritsar, Ludhiana, Patiala and Tarn Taran. Rest of the districts to start after training of trainers.
  - f. F-IMNCI Training to be started only after Training of trainers – Process for training of master trainers in progress with the Government of India.
  - g. Laboratory Training of ANMs to be conducted at Block Level only.
- Request was made for the utilization of services of LSAS Trained Medical Officers.
- Dr. Tirath Goyal, Civil Surgeon, Muktsar raised the issue of payment of less Travelling Allowance to the Medical Officers travelling by their own cars. It was informed that as per the PIP 2010-11 approved by Govt. of India, the provision is for the payment of Rs. 1000/- per head on an average. The problem of shortage of funds was pointed out. It was directed by the Principal Secretary that the payment of TA to the doctors should be as per the State Government rules and any deficit in the budget would be met from other sources in NRHM.

**(Action by All Civil Surgeons)**

## 18. National Rural Health Mission

**DISTRICT : AMRITSAR**

**DELIVERIES & MOBILE MEDICAL UNIT**

### Institutional Deliveries in Government Institutions:

1. State average increase = 31.93 % upto April, 2011 as compared to corresponding period of the last year)
2. Percentage of total expected deliveries in Government run institutions = 19.85 %

(a) **District % in institutional deliveries as a whole (including Allied Institutes)**

Deliveries in year 2010-11		Deliveries in year 2011-12			% Increase/ Decrease over the last year (Upto April)
During April	Upto April	During April	Upto April	%age of deliveries in Govt. Inst	
458	458	715	715	19.67	56.11

Percentage increase in institutional deliveries is 56.11% & in Government Institution deliveries 19.67 %, as compared to the corresponding period of the last year.

(b) **District Hospital:**

Deliveries			
During the Month (April 2011)	Upto the month (April 2011)	Corresponding period of year 2010-11	%age increase or decrease
240	240	107	124.30
Deliveries by Doctors posted at DH			
SN	Gynaecologists	Regular/ NRHM	During the month (April 2011)
1	Dr. Jaswinder (MD Gyne)	Regular	136
2	Dr. Rupam (MD Gyne)	Regular	80
3	Dr. Butter (MD Gyne)	Regular	24

(c) **Sub Divisional Hospitals - 2:**

Institutions	During April 2011	Upto April 2011	Upto April 2010	% increase/ Decrease
CH Ajnala	37	37	26	42.31
CH Baba Bakala	22	22	15	46.67
<b>Total</b>	<b>59</b>	<b>59</b>	<b>41</b>	<b>43.90</b>

Deliveries by Doctors posted at SDH				
SN	Gynaecologists/ others	Institution	Regular/NRHM	During the month (April 2011)
1	Dr. Avneet (MD Gyn)	Ajnala	Regular	32
2	Dr. Parambir Sony - MBBS	Ajnala	Regular	1
3	Dr. S.P. Singh – MS Surgery	Ajnala	Regular	1
4	Dr. Sukhraj Singh – MD Ortho	Ajnala	Regular	1
5	Dr. Ritu Sharma	Ajnala	Regular	1
6	Dr. Manisha	Ajnala	Regular	1
7	Dr. Jaswinder Kaur (DGO)	Baba Bakala	Regular	8
8	Dr. Rajiv Prashar (MS Surgery)	Baba Bakala	Regular	2

(d) **CHCs as EmOC – 4: Benchmarks of deliveries for the institute : 30 per month**

SN Inst	CHC	Year of Upgradation	Deliveries			Remarks
			Feb 2011	March 2011	April 2011	
1	Manawala	2007-08	43	36	30	Excellent
2	Lopoke	2008-09	31	20	17	Good
3	Tarsika	2009-10	18	14	12	Poor
4	Majitha	2009-10	14	16	12	Poor

Deliveries by Doctors posted at EmOC (Benchmarks of deliveries for Gynaecologists : 25 per month)				
SN	Gynaecologists/ Others	Institution	Regular/ NRHM	During the month (April 2011)
1	Dr. Gurpreet Kaur (MD Gyn)	Manawala	NRHM	17
2	Dr. Kuwar Ajay Singh (MBBS)		Regular	0
3	Dr. Meenakshi (MD Gyn)		Regular	6
4	Dr. Anujeet Kaur (MD Gyn)	Lopoke	Regular	8
5	Dr. Ranbir (DGO)		Regular	0
6	Dr. Harpreet Kaur (special duty from PHC Raja Sansi) - MBBS		Regular	0
7	Dr. Renu Bhatia –MBBS		Regular	0
8	Dr. Kulwinder Kaur - MD Gyne	Tarsika	Regular	10
9	Dr. Navneet (MBBS)		Regular	0
10	Dr. Madan Mohan (emergency duty -April 2011 - from Sidhwan (Tahli Sahib) –MBBS		Regular	1
11	Dr. Ripan Bala (MD Gyne)	Majitha	Regular	6
12	Dr. Gurminder Kaur (MD Medicine)		Regular	2

(e) **PHCs as 24x7 - 21** : Benchmarks of deliveries for the institute : 20 per month

SN Inst	PHC	Deliveries				Remarks
		Year of Up-gradation	Feb 2011	March 2011	April 2011	
1	Threawal	2007-08	13	7	8	Poor
2	Verka	2007-08	12	19	16	Very Good
3	Ram Dass	2007-08	4	12	7	Poor
4	Jandiala Guru	2008-09	9	9	7	Poor
5	Butala	2009-10	1	4	5	Poor
6	Rayya	2009-10	9	11	12	Good
7	Raja Sansi	2009-10	14	18	12	Very Good
8	Kaler	2009-10	4	5	7	Poor
9	Mate Wal	2009-10	3	4	4	Poor
10	PHC Ibban Kalan	2009-10	3	4	4	Poor
11	Veer Pal	2009-10	9	8	7	Poor
12	Kathu Nangal	2009-10	8	8	6	Poor
13	Chawinda Devi	2009-10	8	2	1	Poor
14	Kaipur	2009-10	17	21	12	Very Good
15	Attari	2007-08	12	10	11	Good
16	Bakha Kalan	2009-10	9	7	12	Poor
17	SH Sakatri Bagh	2009-10	12	18	16	Very Good
18	SH Ranjit Avenue	2009-10	13	20	25	Excellent
19	SH Mustafabad	2009-10	7	4	10	Poor
20	SH Kale Ghanpur	2009-10	9	3	11	Poor
21	SH Fatehpur	2009-10	7	10	6	Poor

Institutes having poor performance need special focus.

Deliveries by Doctors posted at 24x7 PHCs (Benchmarks of deliveries for Gynaecologists : 15 per month)				
SN	Medical Officer/ Others	Institution	Regular/ NRHM	During the month (April 2011)
1	Dr. Reena Rani - MBBS	Verka	NRHM	16
2	Dr. Vinod Kundal- MBBS	Ibban Kalan	Regular	0
3	Dr. Kirandeep Kaur -MBBS	Veer Pal	Regular	4
4	Dr. Anil Bala - MBBS	Kathu Nangal	NRHM	4
5	Dr. R.S Sethi –MBBS		Regular	0
6	Dr. Rupinder Kaur (MD Gyne)	Mustafabad Sattelite Hospital	Regular	6
7	Dr. Simrat Gill (MD Gyne)	Setellite Hospital, Skatari Bagh	Regular	13
8	Dr. Sunita Arora – MBBS		Regular	0
9	Dr. Navjot Kaur Sidhu (MD Gyn)	Satellite Hospital Ranjit Avenue	Regular	12

<b>Deliveries by Doctors posted at 24x7 PHCs (Benchmarks of deliveries for Gynaecologists : 15 per month)</b>				
<b>SN</b>	<b>Medical Officer/ Others</b>	<b>Institution</b>	<b>Regular/ NRHM</b>	<b>During the month (April 2011)</b>
10	Dr. Kuldeep Kaur- MBBS -		Regular	13
11	Dr. Promila Tiwari - MBBS		Regular	0
12	Dr. Harpreet Kaur – MBBS (also on special duty –at CHC Lopoke)	Raja Sansi	Regular	5
13	Dr. Monica Mattu - MBBS	Satellite Hospital Fatahpur	Regular	2
14	Dr. Jasbir Kaur – MBBS		Regular	2
15	Dr. Nimerbir Kaur-MBBS	Satellite Hospital Kale Ghanpur	Regular	1
16	Dr. Sudhir Arora - MBBS	Butala	Regular	0
17	Dr. Dolly Singh - MBBS	Rayya	Regular	2(on medical leave from 18/4/2011 to 2/5/2011)
18	Dr. Rakesh Sharma - MBBS		Regular	On leave
19	Dr. Anita (from Bhakna Kalan- on deputation for 3 days) – MBBS	Attari	Regular	1
20	Dr. Jorawar Singh - MBBS	Mate Wal	Regular	0
21	Dr. Varinderpal Kaur - MBBS	Kyam Pur	Regular	8
22	Dr. Anita - MBBS (on deputation for 3 days at CHC Attair)	Bakha Kalan	Regular	3
23	Dr. Navdeep Kaur Gill – MBBS		Regular	2
24	Dr. Bharti–MBBS	Ramdas	Regular	2
25	Dr. Gurpreet Singh – MBBS		Regular	0
26	Dr. Sushma Bhatia, MBBS		Regular	1
27	Dr. Sandeep Gill, MBBS	Kaler	Regular	0
28	Dr. Simrat Kaur, MBBS	Chawinda Devi	Regular	0
29	Dr. Minu Gupta	Jandiala Guru	NRHM	4

#### MOBILE MEDICAL UNIT

The Benchmarks fixed for MMU are :

- (i) Daily OPD  $\geq$  50,
- (ii) ECG per month  $\geq$  15,
- (iii) X – Ray per month  $\geq$  30
- (iv) Tests per month  $\geq$  200.

It is expected that at least the above benchmarks be achieved by the MMU. In the month of April, 2011, the performance of MMU 1 & MMU 2 is as follows:-

<b>Vehicle No.</b>	<b>Average OPD per day</b>	<b>ECG</b>	<b>X-Ray</b>	<b>Lab tests</b>	<b>Remarks</b>
PB O2 BA 9494	89	17	8*	264	*Below the benchmarks
PB 65 J 8253	80	5*	2*	173*	*Below the benchmarks

#### 1. Referral Transport Scheme:

- District Amritsar, Mansa, Moga, Mohali, Patiala were advised to ensure 100% payment to beneficiary, as achievement has been less than 75% in these districts.
- District Patiala's data showed mismatch as 708 deliveries conducted in Govt. institution, however only 242 reported in the format. Achievement has been only 30%.
- District Tarn Taran weak in data reporting as per format.

- Updated reports not received in case of Accredited Pvt. Institutions in district Jalandhar, Mansa & Patiala, although deliveries reported as 11, 5 and 90+ respectively under SJY format however in referral transport, 0, 0, & 22 deliveries reported by some districts respectively. Thus data capturing incorrect at district level.
- Although Pvt. Institutions are accredited under JSY and SJY. District Amritsar, Tarn Taran, Mohali, Jalandhar, Mansa reported zero deliveries in case of Accredited Private Institution. Data capturing incorrect at district level.

For allied institutions, deliveries not captured from ESI hospitals in Ludhiana district and in districts Patiala and Kapurthala, all deliveries of ESI hospitals not captured. **(Action to be taken By All the Civil Surgeons)**

#### **Emergency dial 108:**

- Pregnancy cases are being provided referral transport by ERS-108 in various districts.
- In relative terms, about 30% cases of delivery conducted in Govt. institution were transported by ERS-108 to health institution in district Ferozepur, Muktsar and Tarn Taran.
- In District Faridkot, Gurdaspur, Mansa and Sangrur, ERS-108 was used in 20-25% of pregnancy cases delivered in Govt. institutions.

In district Amritsar, Barnala, Kapurthala and Nawanshahar, ERS-108 used has been near 15%-17% for pregnancy cases. These districts Amritsar, Barnala, Kapurthala & Nawanshahar advised to publicize ERS-108 more for referral transport during pregnancy. **(Action to be taken By All the Civil Surgeons)**

#### **2. MNGO-RCH Scheme:**

- District Fatehgarh Sahib and Nawanshahar advised to release final installment of MNGO under MNGO-RCH Scheme.
- District Bathinda advised to recommend if FNGO may be given additional charge of MNGO.
- District T.Taran, Barnala, Mansa, Moga, and Bathinda requested to expedite the consideration of project proposal of NGO by District NGO Committee at District level and to send status to state without any further delay.

**(Action to be taken By All the Civil Surgeons)**

#### **3. Surakhit Janepa Yojna (SJY):** Except for district Bathinda, Nawanshahar, Patiala, Sangrur and Muktsar other districts showed poor performance.

No institution accredited in district Hoshiarpur, Gurdaspur, Barnala and Tarn Taran.

Districts were advised to accredit more Pvt. Institutions in the areas where position FMO is vacant in PHCs and position of Gynecologist is vacant at FRU.

#### **4. IYCF:** Almost all districts have completed the training of Middle level Trainers (Medical Officers & Nurses) and Field level trainers (FLT) at district level the district were advised to train the remaining ASHAs in their districts. District Hoshiarpur advised to release supervision money to BPNI as per TORs.

#### **5. District Level Vigilance & Monitoring Committee:** Expect for district Mansa, Fatehgarh Sahib, Kapurthala & Muktsar, no other district had constituted District level Viligiance & Monitoring Committee. Districts advise to constitute same during the month.

**(Action By concerned Civil Surgeons)**

## ASHA Programme

### 1. Monthly Reports.

Monthly Reports of ASHA are not sent by the districts on time. District Hoshiarpur has not sent their ASHA monthly reports before Civil Surgeon Conference. *(Action By concerned Civil Surgeons)*

### 2. Training of ASHAs:-

Training of ASHAs on Module 5<sup>th</sup> is not yet started in Sangrur. Training on 5th Module is still pending in District Faridkot. Instructions were already given to all the Civil Surgeons to ensure that training should be given to all ASHAs. *(Action By concerned Civil Surgeons)*

### 3. Issuing of I-Cards:-

All Civil Surgeons were directed to issue the I-Cards to all the ASHAs. *(Action By All Civil Surgeons)*

### 4. Payment through Bank Account to all ASHAs:-

All Civil Surgeons were directed to ensure the payment to all the ASHAs through bank accounts only and payment to all the ASHAs through cheque by 7th of every month.

### 5. Selection of remaining / drop out ASHAs

All Civil Surgeons were directed to ensure the selection of remaining/drop out ASHAs  
*(Action By All Civil Surgeons)*

## Community Monitoring

### Institutional mechanism

#### 1. Monthly Reports

All civil Surgeons were directed to hold regular meetings of Health Monitoring & Planning Committees at each level. Monthly Reports of meetings of Health Monitoring and Planning Committees under Community Monitoring are not sent by the Districts. Monthly reporting proforma for meetings of Health Monitoring & Planning Committees have already been sent to the districts.

#### 2. Reports of District Health Society & District Health Mission

All Civil Surgeons were directed to hold regular meetings of District Health Society & District Health Mission.  
*(Action By All Civil Surgeons)*

## Finance:

### • Overall Utilization of Districts:

In the month of April, 2011 average expenditure for one month i.e. 14.23% of Total Funds Available should be spent but most of the Districts have spent below the average expenditure. The utilization shown by the following Districts are very low:

SN	District	% Utilization against Total Funds Available of F/Y 2011-12
1	Kapurthala	2.86
2	Fatehgarh Sahib	4.88
3	Jalandhar	5.69
4	Amritsar	8.92
5	Moga	10.32
6	Hoshiarpur	10.60
7	Ropar	10.72

The Institute wise utilization for the M/o April of mandatory grants like UF/AMG and grant for Rogi Kalyan Samities have been analyzed and it was found that even after completion of the Financial Year 2010-11, there is heavy unspent balance of the mandatory grants. In some of the institutions the grants have remained unutilized for more than one year. Therefore, a letter has been sent under the signatures of Mission Director (NRHM) to all the civil Surgeons with a request to:

1. Review all cases and send an institution wise report for non-utilization of mandatory grants.
2. Plan, supervise and monitor to ensure 100% utilization of mandatory grants with intimation to the Mission Director.

- **Status of CPSMS:**

CPSMS means Central Plan Scheme of Monitoring System. All the Districts have given the timeline to registered 100% agencies upto 22<sup>nd</sup> April, 2011 but most of the Districts have not achieved the target within the stipulated time. The following Districts have poor performance regarding registration of Agencies in CPSMS:

SN	District	% of registration upto 02-06-2011
1	Muktsar	3.00
2	Jalandhar	16.00
3	Amritsar, Tarn Taran and Kapurthala	21.00
4	Sangrur	58.00
5	Bathinda	64.00
6	Moga	72.00
7	Ludhiana	73.00

- **Status of Tally:**

Upto the month of May, 2011 all the Districts have to complete the entries upto 31st March, 2011 in customised version of Tally. Following are the districts, in which the entries in the Tally are still pending upto the month of 31st March, 2011:

SN	Block	District	Status of Tally upto 31st May,2011
1a	Nandpur Kalaur	Fatehgarh Sahib	Work has not yet started.
2a	Ferozshah	Ferozpur	16.05.2010 onward pending
2b	Dhabwala	Ferozpur	Work has not yet started.
2c	Khui Khera	Ferozpur	16.06.2010 onward pending
2d	Jandwala Bhimeshah	Ferozpur	Work has not yet started.
3a	Kalanaur	Gurdaspur	01.10.2010 onward pending
3b	Bhular	Gurdaspur	01.07.2010 onward pending
4		Jalandhar	01.05.2010 onward pending
4a	Kala Bakra	Jalandhar	01.11.2010 onward pending
4b	Shakot	Jalandhar	01.11.2010 onward pending
4c	Barapind	Jalandhar	01.10.2010 onward pending
4d	Bilga	Jalandhar	26.10.2011 onward pending
4e	Mahatpur	Jalandhar	01.08.2010 onward pending
5a	Malaud	Ludhiana	01.08.2010 onward pending
6		Moga	01.06.2010 onward pending

- **Status of Bank Reconciliation Statement:**

All the Districts have been directed to submit the BRS to State Headquarter by 10<sup>th</sup> of the following month but most of the Districts have not submitted the BRS within the stipulated time. The Districts that has not submitted the BRS are given below:

**Status of Pending BRS upto 31<sup>st</sup> March, 2011**

SN	Block	District
1a	Ramdas	Amritsar
2a	Nandpur Kalaur	Fatehgarh Sahib
3a	Kalanaur	Gurdaspur
3b	Bungal badhani	Gurdaspur
4	All Blocks	Hoshiarpur

SN	Block	District
5a	Bilga	Jalandhar
6	All Blocks	Kapurthala
7	All Blocks	Ludhiana
8a	Dhudike	Moga
8b	Patto Hira Singh	Moga
8c	Thathi Bhai	Moga
9a	Chaksherwala	Muktsar
9b	Doda	Muktsar
9c	Lambi	Muktsar
9d	Alamwala	Muktsar
10a	Kalo Majra	Patiala
10b	Bhadson	Patiala
10c	Shurtrana	Patiala
11a	Amargarh	Sangrur
11b	Sherpur	Sangrur
11c	Fatehgarh Panj Garian	Sangrur

**Status of Pending BRS upto 30<sup>th</sup> April, 2011**

Sr. No.	Block	District
<b>1</b>		<b>Amritsar</b>
1a	Baba bakale	Amritsar
1b	Lopoke	Amritsar
1c	Tarsika	Amritsar
1d	Verka	Amritsar
1e	Manawala	Amritsar
1f	Threawal	Amritsar
1g	Ramdas	Amritsar
<b>2</b>		<b>Bathinda</b>
2a	Ch Talwandi Sabo	Bathinda
2b	Goniana	Bathinda
2c	Sangat	Bathinda
2d	Nathana	Bathinda
2e	Bhagta	Bathinda
2f	Ballianwali	Bathinda
<b>3</b>		<b>Faridkot</b>
3a	Jand Sahib	Faridkot
3b	Baja Kahana	Faridkot
<b>4</b>		<b>Fatehgarh Sahib</b>
4a	Nandpur Kalaur	Fatehgarh Sahib
4b	Chanarthal Kalan	Fatehgarh Sahib
5a	Mamdot	Ferozepur
5b	Firozshah	Ferozepur
5c	Guru Harsahai	Ferozepur
5d	Jandwala Bhimeshah	Ferozepur
6a	Khanuwana	Gurdaspur
6b	Fatehgarh Churian	Gurdaspur
6c	Bungal badhani	Gurdaspur
6d	Bhular	Gurdaspur
<b>7</b>		<b>Hoshiarpur</b>
7a	Bhunga	Hoshiarpur
7b	Mand Mandher	Hoshiarpur
7c	Budha Bar	Hoshiarpur
7d	Hajipur	Hoshiarpur
7e	Tanda	Hoshiarpur
7f	Chaukowal	Hoshiarpur

<b>Sr. No.</b>	<b>Block</b>	<b>District</b>
7g	Harta Badla	Hoshiarpur
7h	Paldi	Hoshiarpur
7i	Possi	Hoshiarpur
<b>8</b>		<b>Jalandhar</b>
8a	Kala Bakra	Jalandhar
8b	Kartarpur	Jalandhar
8c	Shakot	Jalandhar
8d	Bara Pind	Jalandhar
8e	Adampur	Jalandhar
8f	Bilga	Jalandhar
8g	Jamsher	Jalandhar
8h	Jandiala	Jalandhar
8i	Mahatpur	Jalandhar
<b>9</b>	<b>Distt HQ</b>	<b>Kapurthala</b>
9a	Kala Sangian	Kapurthala
9b	Panchhat	Kapurthala
9c	Tibba	Kapurthala
9d	Dhilwan	Kapurthala
<b>10</b>	<b>Distt HQ</b>	<b>Ludhiana</b>
10a	Payal	Ludhiana
10b	Sahnewal	Ludhiana
10c	Malaud	Ludhiana
10d	Pakhowal	Ludhiana
10e	Manupur	Ludhiana
10f	Machhiwara	Ludhiana
10g	Sidhwan Bet	Ludhiana
10h	Gursar Sudhar	Ludhiana
10i	Kum Kalan	Ludhiana
10j	Hathur	Ludhiana
<b>11</b>		<b>Mansa</b>
11a	Khiala Kalan	Mansa
11b	Bhudlada	Mansa
11c	Sardulgarh	Mansa
<b>12</b>	<b>Distt HQ</b>	<b>Moga</b>
12a	Dhudike	Moga
12b	Kot Isse Khan	Moga
<b>13</b>		<b>Mohali</b>
13a	Dera Bassi (SD)	Mohali
13b	Gharuan	Mohali
13c	Boothgarh	Mohali
14a	Lambi	Muktsar
14b	Alamwala	Muktsar
<b>15</b>		<b>Patiala</b>
15a	Dudhan Sadhan	Patiala
15b	Kalo Majra	Patiala
15c	Bhadson	Patiala
15d	Shurtrana	Patiala
15e	Kauli	Patiala
15f	Harpalpur	Patiala
<b>16</b>		<b>Sangrur</b>
16a	Moonak	Sangrur
16b	Longowal	Sangrur
16c	Bhawanigarh	Sangrur
16d	Amargarh	Sangrur
16e	Kauhrian	Sangrur

Sr. No.	Block	District
16f	Sherpur	Sangrur
16g	Fatehgarh Panj Garian	Sangrur
<b>17</b>		<b>Tarn-Taran</b>
17a	Ghariaala	Tarn-Taran
17b	Khem Karan	Tarn-Taran
17c	Sur Singh Wala	Tarn-Taran
17d	Sirhali	Tarn-Taran
17e	Mian wind	Tarn-Taran
17f	Kairon	Tarn-Taran
17g	Chhabhal	Tarn-Taran
17h	Kasel	Tarn-Taran

## 19. Punjab Health Systems Corporation

### 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 April 2011 were reviewed in comparison with that of the corresponding period of the last year i.e. April 2010 and previous month of the same year i.e. March 2011. The Activity indicators, Clinical and Diagnostic indicators of all the District Hospitals were discussed separately in detail.

#### Performance of District Hospitals for the month of April 2011

Indicators	Maximum Performing	Minimum Performing
Admissions	Faridkot, W&C Hosp, Bathinda (193 %), (162 %)	Moga, Ferozepur (79 %), (82 %)
OPD	Tarn Taran, Nawanshahr (237 %), (191 %)	Jalandhar, Ferozepur (91 %), (104 %)
BOR	Faridkot, Patiala (139 %), (131 %)	Muksar, Mohali (45 %), (54 %)
Minor Surgeries	Tarn Taran, Fatehgarh Sahib (426 %), (360 %)	Mohali, Ropar (103 %), (92 %)
Major Surgeries	Muksar, Amritsar (205 %), (187 %)	Ropar, W&C Hosp, Bathinda (43 %), (47 %)
Deliveries	W&C Hosp, Bathinda, Amritsar (308 %), (300 %)	Tarn Taran, Fatehgarh Sahib (70 %), (46 %)
Radiological Investigations	Patiala, Amritsar (202 %), (183 %)	W&C Hosp, Bathinda, Barnala (55 %), (65 %)
Lab Tests	Tarn Taran, Amritsar (246 %), (244 %)	Ferozepur, Mohali (81 %), (99 %)

#### Performance of Sub Divisional hospitals for the month of April 2011

Indicators	Maximum Performing	Minimum Performing
Admissions	Anandpur Sahib (Ropar), Patti (Tarn Taran) (330 %), (290 %)	Phillaur (Jalandhar), Gidderbaha (Muksar) (59 %), (59 %)
OPD	Patti (Tarn Taran), Nabha (Patiala) (405 %), (284 %)	Zira (Ferozepur), Gidderbaha (Muksar) (63 %), (74 %)
BOR	Samana (Patiala), Anandpur Sahib (Ropar) (211 %), (131 %)	Jaitu (Faridkot), Baba Bakala (Amritsar) (19 %), (24 %)
Minor Surgeries	Nurmahal (Jalandhar), Khanna (Ludhiana) (808 %), (691 %)	Sardulgarh (Mansa), Talwandi Sabo (Bathinda) (34 %), (54 %)
Major Surgeries	Patti (Tarn Taran), Anandpur Sahib (Ropar) (340 %), (227 %)	Zira (Ferozepur), Talwandi Sabo (Bathinda) (10 %), (13 %)
Deliveries	Dasuya (Hoshiarpur), Kharar (Mohali) (144 %), (128 %)	Phillaur (Jalandhar), Sunam (Sangrur) (2 %), (10 %)
Radiological Investigations	Sardulgarh (Mansa), Patti (Tarn Taran) (649 %), (540 %)	Sunam (Sangrur), Baba Bakala (Amritsar) (32 %), (54 %)
Lab Tests	Patti (Tarn Taran), Nurmahal (Jalandhar) (456 %), (434 %)	Abohar (Ferozepur), Gidderbaha (Muksar) (38 %), (53 %)

### Performance of Community Health Centres for the month of April 2011

Indicators	Maximum Performing	Minimum Performing
Admissions	Dhudan Sadan (Patiala), Ghanaur (Patiala) (560 %), (374 %)	Kauhrian (Sangrur), Bhol Kalota (Hoshiarpur) (36 %), (40 %)
OPD	Sarhali (Tarn Taran), Kotise Khan (Moga) (291 %), (246 %)	Sarawan Bodla (Muktsar), Bhol Kalota (Hoshiarpur) (26 %), (42 %)
BOR	Mehraj (Bathinda), Dhudan Sadhan (Patiala) (199 %), (194 %)	Bundala (Jalandhar), Kauhrian (Sangrur) (4 %), (4 %)
Minor Surgeries	Tapa (Barnala), Bada Pind (Jalandhar) (900 %), (845 %)	Gharota (Gurdaspur), Kauhrian (Sangrur) (2 %), (8 %)
Major Surgeries	Bungal Badhani (Gurdaspur), Dhudan Sadhan (Patiala) (260 %), (260 %)	Longowal (Sangrur), Manupur (Ludhiana) (3 %), (3 %)
Deliveries	Dhudan Sadan (Patiala), Nathana (Bathinda) (440 %), (390 %)	Dinanagar (Gurdaspur), D B Nanak (Gurdaspur) (6 %), (6 %)
Radiological Investigations	Ghuman (Gurdaspur), Dera Bassi (Mohali) (784 %), (579 %)	Ranan Mandi (Bathinda), Sarawan Bodla (Muktsar) (3 %), (9 %)
Lab Tests	Bhadson (Patiala), N M Singh (Gurdaspur) (873 %), (867 %)	Sarawan Bodla (Muktsar), Badal (Muktsar) (2 %), (26 %)

### Report of Utilization of various Equipment

Reports of Mammography unit, Dialysis unit, Phaco Emulsification, Blood Cell Separator and Apheresis unit were discussed in detail. Special emphasis was laid on the districts which had below optimum utilization of Major Equipments.

### Core Quality Indicators

<b>AGENDA- CORE QUALITY INDICATORS: MARCH 2011</b>										
<b>GRADINGS AT A GLANCE: COMPARISON FEBRUARY 2011 AND MARCH 2011</b>										
TYPE OF HOSPITAL	A+		A		B		C		D	
	Mar-11	Apr- 11	Mar-11	Apr- 11	Mar-11	Apr- 11	Mar-11	Apr- 11	Mar-11	Apr- 11
<b>DISTRICT HOSPITALS (21)</b>	20	15	1	6	0	0	0	0	0	0
<b>SUB DIVISIONAL HOSPITALS (39)</b>	22	9	11	22	6	5	0	3	0	0
<b>COMMUNITY HEALTH CENTRES (106)</b>	40	32	48	37	15	26	3	7	0	4

### **AGENDA- CORE QUALITY INDICATORS: APRIL 2011**

#### **SUMMARY OF GRADING OF PHSC HOSPITALS - APRIL 2011**

**Out of 21 DHs, 6 institution is below acceptable grade A+**

Name of the District	S.No.	Name of the Instt.	Functional Beds	Areas in which indicators are low
<b>6 in Grade "A"</b>				
<b>BARNALA</b>	1	BARNALA	100	Major Surgeries ( 3/15) (97/200), Radio Invest (4/10) (973/1500), User Charges (4/10) (-18), (Current 323995 Last 397138)
<b>FATEHGARH SAHIB</b>	2	FATEHGARH SAHIB	68	Major Surgeries (9/15) (72/100), Deliveries (6/10) (35/50), User Charges (8/10) (-4) (Current 1.90, Last 1.98 )
<b>FEROZEPUR</b>	3	FEROZEPUR	100	OPD (4/5) (9209/10,000), IPD (12/15) (653/800), Major Surgeries (12/15) (165/200), Radio Invest. (8/10) (1396/1500), Lab tests (8/10) (6487/8000), User Charges (4/10) (-20) (Current 377995, Last 474218 )
<b>JALANDHAR</b>	4	JALANDHAR	400	OPD (4/5) (18884/20,000), Deliveries(8/10) (146/160), Waste Mgmt. (4/5), Cleanliness and Swab tests (4/5), User Charges (0/10) (-28) (Current 945050 Last 1316741 )
<b>MOHALI</b>	5	MOHALI	120	IPD (12/15) (673/800), Minor Surgeries (4/5) (368/400), Major Surgeries (12/15) (165/200), Deliveries (8/10) (79/80), Lab tests (8/10) (7913/8000)
<b>ROPAR</b>	6	ROPAR	100	Major Surgeries (3/15) (93/200), Deliveries (6/10) (61/80).

**Out of 39 SDHs, 8 institutions are below acceptable grade A**

**5 in Grade "B"**

<b>AMRITSAR</b>	1	BABA BAKALA	50	IPD (9/15) (229/300), Major Surgeries (12/15) (85/100), Deliveries (3/10) (25/50), Radio Invest (3/10) (351/650), Waste Mgmt. (3/5), Cleanliness & Swab tests (3/5)
<b>BATHINDA</b>	2	TALWANDI SABO	50	IPD (12/15) (260/300), Minor Surgeries (2/5) (54/100), Major Surgeries (0/15) (31/100), Deliveries (3/10) (25/50), Radio Invest (4/10) (401/650), Waste Mgmt. (3/5), Cleanliness & Swab tests (3/5), Comments regarding doctors (4/5)
<b>FEROZEPUR</b>	3	ZIRA	50	OPD (2/5) (3128/5000), IPD (12/15) (240/300), Minor Surgeries (4/5) (96/100), Major Surgeries (6/15) (64/100), Deliveries (0/10) (13/50), Radio Invest (8/10) (541/650), Lab tests (4/10) (2421/4000)
<b>HOSHIARPUR</b>	4	GARSHANKAR	50	IPD (9/15) (234/300), Major Surgeries (5/15) (51/100), Deliveries (0/10) (11/50), Cleanliness & Swab tests (3/5)
<b>JALANDHAR</b>	5	PHILLAUR	50	IPD (5/15) (176/300), Major Surgeries (9/15) (77/100), Deliveries (0/10) (1/50), Radio Invest. (8/10) (612/650), Waste Mgmt. (4/5), Cleanliness & Swab tests (4/5) User Charges (4/10) (-15), (Current 107008 Last 125426)
<b>3 in Grade "C"</b>				
<b>FEROZEPUR</b>	1	ABOHAR	100	OPD (3/5) (7637/10,000), IPD (6/15) (495/800), Minor Surgeries (3/5) (278/400), Major Surgeries (0/15) (70/200), Deliveries (6/10) (62/80), Radio Invest. (4/10) (1042/1500), Lab tests (0/10) (3007/8000), User Charges (8/10) (-4) (Current 214215, Last 2229)
<b>MUKTSAR</b>	2	GIDERBAHA	50	OPD (2/5) (2962/5000), IPD (5/15) (177/300), Major Surgeries (5/15) (52/100), Deliveries (0/10) (18/50), Radio Invest (8/10) (547/650), Lab tests (3/10) (2128/4000), Comments regarding doctors (3/5)
<b>SANGRUR</b>	3	SUNAM	50	OPD (3/5) (4937/5000), IPD (9/15), (221/300), Major Surgeries (6/15) (60/100), Deliveries (0/10) (5/50), Radio Invest (0/10) (210/650), Lab tests (6/10) (2875/4000)
<b>Out of 106 CHCs, 11 institutions are below acceptable grade B</b>				
<b>7 in Grade "C"</b>				
<b>BATHINDA</b>	1	SANGAT	20	OPD (4/5) (2785/3000), Minor Surgeries (0/5) (18/50), Major Surgeries (5/15) (16/30), Deliveries (3/10) (18/35), Radio Invest. (0/10) (0/150), Lab tests (4/10) (687/1000), Cleanliness & Swab tests (3/5), User Charges (0/10) (-71) (Current 0.11 Last 0.38)
<b>GURDASPUR</b>	2	GHAROTA	20	IPD (3/15) (46/100), Minor Surgeries (0/5) (1/50), Major Surgeries (0/15) (9/30), Deliveries (0/10) (4/35), Radio Invest. (6/10) (113/150)
<b>HOSHIARPUR</b>	3	BOL KALOTA	12	OPD (0/5) (666/2000), IPD (3/15) (20/50), Minor Surgeries (0/5) (0/20), Major Surgeries (0/15) (0/10), Deliveries (0/10) (1/10), Comments regarding doctors (3/5), User Charges (0/10) (-73) (Current 9825 Last 36041 )
<b>JALANDHAR</b>	4	LOHIAN KHAS	25	IPD (12/15) (84/100), Minor Surgeries (0/5) (15/50), Major Surgeries (0/15) (8/30), Deliveries (0/10) (11/35), Waste Mgmt. (4/5), Cleanliness & Swab tests (4/5), User Charges (0/10) (-50) (Current 27489 Last 54632 )
<b>JALANDHAR</b>	5	APRA	30	OPD (3/5) (2278/3000), IPD (5/15) (55/100), Minor Surgeries (0/5) (11/50), Major Surgeries (0/15) (8/30), Deliveries (0/10) (12/35), Lab tests (8/10) (975/1000), Waste Mgmt. (4/5), Cleanliness & Swab tests (4/5),
<b>MANSA</b>	6	BHIKHI	12	OPD (2/5) (1245/2000), Minor Surgeries (0/5) (3/20), Major Surgeries (0/15) (0/10), Radio Invest. (0/10) (NA/10), User Charges (0/10) (-35) (Current 10293 Last 15865 )
<b>MUKTSAR</b>	7	BADAL	50	OPD (2/5) (3177/5000), IPD (3/15), (138/300), Major Surgeries (9/15) (71/100), Deliveries (0/10) (5/50), Radio Invest (8/10) (638/650), Lab tests (0/10) (1033/4000), User Charges (4/10) (-18) (Current 90554 Last 110577 )
<b>4 in Grade "D"</b>				
<b>MUKTSAR</b>	1	CHAKSHEREWALA	12	OPD (2/5) (1171/2000), IPD (3/15) (24/50), Minor Surgeries (2/5) (13/20), Major Surgeries (0/15) (0/10), Radio Invest. (0/10) (0/75), Lab tests (2/10) (201/500), Waste Mgmt. (3/5), Cleanliness & Swab tests (3/5), Comments regarding doctors (3/5)

<b>MUKTSAR</b>	2	SARAWAN BODLA	5	OPD (0/5) (409/2000), IPD (12/15) (44/50), Minor Surgeries (0/5) (0/20), Major Surgeries (0/15) (0/10), Radio Invest. (0/10) (7/75), Lab tests (0/10) (12/500), Waste Mgmt. (3/5), Cleanliness & Swab tests (3/5), Comments regarding doctors (3/5), User
<b>SANGRUR</b>	3	LONGOWAL	30	OPD (2/5) (1067/3000), IPD (5/15) (57/100), Minor Surgeries (0/5) (8/50), Major Surgeries (0/15), (9/30), Deliveries (0/10) (3/35), Radio Invest. (2/10) (60/150), User Charges (0/10) (-47) (Current 9916 Last 18637)
<b>SANGRUR</b>	4	KAURIAN	30	OPD (0/5) (1165/3000), IPD (0/15) (36/100), Minor Surgeries (0/5) (4/50), Major Surgeries (3/15), (13/30), Deliveries (0/10) (7/35), Radio Invest. (0/10) (15/150), Lab tests (2/10) (462/1000), User Charges (0/10) (-76) (Current 5045 Last 21064)

All Civil Surgeons were asked to look out for those institutions which are not in the acceptable grade and make efforts to improve the performance of the hospitals.

**Benchmarks of Specialist Doctors**

Benchmarks related to the targets achieved by Specialist Doctors of different institutions of Punjab for the month of April 2011.

- There are 44 Specialist doctors who have not achieved their benchmarks for the m/o April 2011.
- PSHFW desired that the list of Specialist doctors who have not achieved their benchmarks in the First Quarter 2011 to be prepared.
- Total deliveries per institution should be mentioned in remarks column where Gynaecologists are non achiever of benchmarks.

***(Action to be taken By All the Civil Surgeons)***

Meeting ended with a Vote of Thanks to the Chair.

### LIST OF THE PARTICIPATING OFFICERS

SR. NO.	NAME	DESIGNATION
1.	Sh.Avinash Chander, MLA	Chief Parliamentary Secretary (Health)
2.	Sh.Satish Chandra, IAS	Principal Secretary, Health & Family Welfare, Punjab
3.	Smt.Raji P.Srivastava, IAS	MD PHSC
4.	Sh.Krishan Kumar, IAS	MD NRHM
5.	Dr. Ashok Nayyar	Director Health & Family Welfare
6.	Dr.J.P.Singh	DHS FW
7.	Dr.Chandanjit Singh	CS Amritsar
8.	Dr. Akolwia Gabha	CS Barnala
9.	Dr.Neelam Bajaj	CS Bathinda
10.	Dr.G.S.Chahal	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.Hari Krishan Singla	CS Jalandhar
16.	Dr.Shashi Khera	MS Jalandhar
17.	Dr.Harvinder Singh	CS Kapurthala
18.	Dr.Yashpal Mehta	ACS Ludhiana
19.	Dr.Pritpal Singh	CS Mansa
20.	Dr.Amarjit Singh Sidhu	CS Moga
21.	Dr.Tirath Ram Goyal	CS Mukatsar
22.	Dr. Bhag Mal	CS Nawanshahar (SBS Nagar)
23.	Dr.Jatinder Kaur	CS Patiala
24.	Dr.Surjit Singh	CS Ropar
25.	Dr. Ramesh Kumar	CS Sangrur
26.	Dr.C.J.Garg	CS SAS Nagar
27.	Dr.D.S.Kalsi	CS Tarn Taran
28.	Dr.Madhurima	SMO, MKH Patiala
	and Programme Officers	