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Minutes of Meeting Civil Surgeon Conference 28/5/2010

On dated 28/5/2010 Civil Surgeon Conference held under the Chairmanship of Hon'ble Health Minister Prof. Lakshmi Kanta Chawla at Parivar Kalyan Bhawan, Sector 34-A, Chandigarh

Director Family Welfare Dr. J.P. Singh welcomed the Civil Surgeons.

NRHM

MD NRHM started the NRHM agenda review with observations and instructions that two types of reports are sent by Civil Surgeons from districts. One report to HMIS and other direct reporting to Director Health Services and both the reports differs. MD NRHM shown a graph on immunization reports which indicated that both the reports are different. One more slide of report from Block Baba Bakala, District Amritsar was shown which indicates that the work of whole block is done at Sub Centre level and no other institution doing any work. So MD NRHM directed the all the civil surgeons that the report sent by the district should be timely genuine and correct. No false or manipulated reports should be sent and all the reports should be sorted out before agenda for Civil Surgeon Conference. The agenda reports will be consider as final reports. MD- NRHM directed the Civil Surgeons to rectify and evaluate the reports by DFPO and then send the reports under their signature.

Iron Folic Acid Tablets (IFA Tablets)

Principal Secretary Health suggested that ANMs and teachers of school should be sensitized for the use of Iron Folic Acid Tablets specially to be given to the school children. IFA tablets should be given with the mid-day meals in schools.

Maternal & Child Health

Registration of Pregnancy and ANC for the month of April 2010 reviewed and noticed that there is overall dropout (-10.3%) of ANC-3 checkup cases in the State. In few districts ANC-1 and in other districts ANC -3 checkup are less as compare to the number of ANC checkup during the corresponding month of the last year. Principal Secretary Health asked the civil surgeons to look into the matter why the ANC-3 checkup are very less than ANC-1 checkup of pregnant ladies. ANC-1 coverage of district Ludhiana is very less i.e. 71.9% of monthly ELA. Similarly, ANC-3 checkup is 52.6% in District Patiala.

(Action by All Civil Surgeons)

MCH-ASHA

It is seen that in few districts the selection of ASHAs has yet not completed except district Amritsar, Fatehgarh Sahib and Jalandhar. But rest all the district still to recruit the remaining ASHAs. Civil Surgeons were requested to complete the selection process. Its also discussed that you have evaluated the performance of ASHAs in respect to earning of ASHA per month. So where the ASHAs are not working and earning less than Rs. 250/- per month per ASHA may be dropped /terminated and fresh selection may be done against them.

(Action by All Civil Surgeons)

Gulshami M. 28/5/10

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The 2nd round of ASHAs training for module 2nd, 3rd and 4th, which was to be given by the districts trainers has completed in 10 districts except Moga (2nd round not started). In other 10 districts Bathinda, FG Sahib, Gurdaspur, Hoshiarpur, Jalandhar, Ludhiana, Mohali, Nawanshahar, Patiala and Sangrur in which the training was to be given by the selected NGOs. 1st round of training is complete except district Ludhiana and 2nd round of training is completed in District Bathinda, Nawanshahar and Patiala only so PSHFW asked concerned Civil Surgeons to complete the ASHA's training in time. Hon'ble Health Minister directed the Civil Surgeons to inform him about the dates of training with station in their districts so that she may also visit the training places.

(Action by Civil Surgeons
FG Sahib, Gurdaspur, Hoshiarpur, Jalandhar, Ludhiana, Mohali and Sangrur)

Mobile Medical Units (MMU)

Progress of MMU reviewed on the basis of OPD number per day and average number of village visited per day during the month of April and it is noticed that in Districts Sangrur, Tarn Taran, Mansa, Fatehgarh Sahib, Ropar average number of OPD cases above 70 patients per day but in District Bathinda, Ludhiana, Moga, Kapurthala, Nawanshahar, Patiala and Mohali daily average number of OPD cases is less than 50 cases per day. The progress regarding number of ECG done also reviewed and it is seen that district Nawanshahar, Ropar and Mansa done no X-Ray during the last month. In District Jalandhar, Hoshiarpur, Barnala, Bathinda and Sangrur the number of ECG done is more than 30 but in other districts is less than 30. Regarding X-Ray done per month District Barnala, Gurdaspur and Patiala performance is zero. In District Faridkot, Fatehgarh Sahib the cases X-Ray are less than 5. Lab test done District Faridkot is zero and in District Patiala, Mansa, Barnala and Nawanshahar the lab test done during the last month is less than 100 per day. PSHFW asked all the civil surgeon to review the progress of Mobile Medical Units periodically and put efforts so that MMU may functional satisfactorily. He also said that ANMs, ASHAs and AWWs should be involved to get the maximum use of these mobile medical units. He asked to send the reply/reasons of less performance specially zero performance in respect to the OPD Number, ECG, X-Ray and Lab Tests. Civil Surgeon Barnala asked to shift the one MMU to District Ferozepur as the repair of the engine of MMU has done.

(Actions by All Civil Surgeons)

Training

The training calendar of training for the year 2010-11 distributed among all the Civil Surgeon and asked for strict compliance of new training calendar as some changes has been done over the last year training calendar. District Amritsar, Tarn Taran, Ludhiana and Patiala has not completed the training of IMNC for the last year so they are requested to complete the training.

A letter was sent to all districts for data base information of training but no district yet has sent the data base information regarding training in their district. Civil Surgeon requested to send the information which should be complete according to the performa attached with letter sent. It was also informed that we are going to allot a unique ID Number to all the trained officers/officials of all categories. Civil Surgeon was also asked not to sent the same participant to get the same training repeatedly or the person for all the trainings.

(Actions by Civil Surgeons-
Amritsar, Tarn Taran, Ludhiana & Patiala)

Infrastructure

Construction of New Sub Centres buildings

216 New Sub Centres are to be constructed in the entire State. On the recommendation of Civil Surgeons 138 new sub centres are to be constructed at Govt. Land and there is no problem. Regarding the remaining 78 Panchayat Sub Centres the Consent/Resolution of Gram Panchayats to provide land was required. These Panchayat resolutions are still pending in respect of 34 sub centres. Accordingly the concerned Civil Surgeons Amritsar, Bathinda, Fatehgarh Sahib, Moga and Tarn Taran were requested by Sh. R.P. Saini Consultant (M&E) to expedite the case and arrange to send resolutions from Gram Panchayats for donation of land within 7 days. Principal Secretary Health also stressed for the same.

Health Societies and Committees

Civil Surgeons were asked to ensure that meetings of District Health Societies under the Chairmanship of Deputy Commissioners are held regularly i.e. monthly meeting of Executive Committee and half yearly meeting of Governing Body. PHCs Health Monitoring and Planning Committee of districts Amritsar (1), Ferozepur (2), Gurdaspur (1), Kapurthala (3), Ludhiana (6), Mansa (1), Moga (1) are pending for constitution. Civil Surgeons were requested to constitute these. Account number of Block/ PHCs Health and Monitoring and Planning Committees where these are functioning as RKS should be sent to the State Head Quarter.

BCC/ IEC

Implementation of BCC activities was discussed. Civil Surgeons were asked to take deliveries of the remaining print material items (OPD Registers and Officers Roznamcha) lying ready in the store of DHS office, early. The supplies of the print material received by the districts must be dispatched to the concerned blocks, sub-centers and other designated places without delay. PSHFW also directed the Civil Surgeons to randomly inspect certain places in all blocks to ensure that the items including registers, books, formats and other print material etc have actually been delivered at these places and are being used effectively. (Action by Civil Surgeons)

PSHFW also enquired about the status of remaining registers like Untied Funds for hospitals, VHSC registers. It was informed by SPM-NRHM that deliveries would be received in the store of DHS, Punjab by 3-6-10, after which district can take the designated supplies for their districts. (Action by SPM & PC-BCC)

Civil Surgeons were asked to effectively display the BCC material like Hanging Charts, Posters and folders in all sub centers as per the guidelines sent to them. It was further informed that similarly the material for PHC's is being prepared and would be sent to all the districts in the month of June 10. (Action by Civil Surgeons)

Recruitment

The Annual appraisal Forms of Medical Staff appointed on contractual basis under NRHM had been circulated in the month of April, 2010. Districts were asked to submit filled proformas duly signed by Civil Surgeon in NRHM office at State Headquarter, 15 Districts have not sent the appraisal Forms till now. Only 5 Districts- Barnala, Ferozepur, Faridkot, Hoshiarpur and Gurdaspur have sent the reports to HR Department. Remaining 15 Districts are required to submit the Appraisal Reports of Gynaecologist, Paediatricians, FMO's and MO (M)&(F) for MMU in HR Department as early as possible so that the process of contract renewal of medical staff can be finished in time.

1. The Annual Performance Appraisals of category 4,5 and 6 for positions at District and Block Level under NRHM were circulated to all the Civil Surgeons of respective Districts in the Civil Surgeon Conference on 28-5-10 for taking further necessary action. A copy of the same has been mailed also to all the Districts. The last date for sending the Appraisal Reports of Category 4 employees at District Level is 10-6-10 so that the reports are received well in time by 15-6-10 in HR Department, NRHM Office, Chandigarh.
2. The Annual Appraisal of employees in category 5 and 6 at District & Block level are to be dealt at the level of Civil Surgeon as the reporting, reviewing and accepting authorities of the posts under category 5 and 6 are at District/Block level. All Civil Surgeons are requested to complete the process of contract renewal of employees at District/Block level by 15-6-10 positively.
3. A detail regarding Reporting, Reviewing and Accepting Authorities for all categories of Annual Appraisal Forms has also been circulated in the Districts on 28-6-10. All Civil Surgeons are requested to ensure that the Appraisals of employees are done keeping in view the guidelines forwarded to them.
4. It has been mentioned in the letter that employees who score between 1-3, (poor) on the scale mentioned in the appraisal form are not to be considered for extension in contract period upto March 2011 with intimation to this office.
5. The Reporting of Human Resource Information Data is not being taken seriously by all the Districts. HR Department has not received updated manpower status for the month of May 2010. We have been issuing letters/reminders to the District as well as asking them telephonically to submit current manpower/vacancy status. District Programme Managers are paying no head to this issue. Districts were given instructions that the HRIS Reports should reach HR Department by every 7th of the month through mail and posts. These reports should be duly signed by respective Civil Surgeons. Districts are directed to send the reports by 7th of every month.
6. The recruitment of various categories of posts for District/Block level under NRHM had taken place on 15-4-10 in Civil Surgeon Office. District Programme Managers are directed to give the current manpower status as the recruitment process might be over by now.
7. Annual Performance Appraisals of staff under NRHM and updating/ maintaining manpower Status of staff under NRHM and sending the HRIS Reports to State Headquarter is an integral part of HR function. Accordingly all District Programme Managers are directed to take both these functions seriously and improve their reporting system from May 2010 onwards.

Surakhit Janepa Yojna (SJY)

- Physical performance need to be improved , where the Private Institutions have been accredited under the scheme.
- To ensure supportive supervision of APIs .
- Either the APIs are not performing or the reporting is not properly maintained either at Private Institution or block/district level.

E.g API Gian Sagar Medical Institute, Patiala reporting 55 deliveries in the month of April, 2010, however no information has been received from district. Uptill the month of March, 2010, total 586 deliveries have been reported under SJY out of which Gian Sagar has been reported to have catered to 126 beneficiaries as per district report. However as per report of API at the State, 350 deliveries have been reported by Gian Sagar. Same need to be checked.

- No Private Health Institution has been accredited under the Scheme by district Amritsar, Barnala, Gurdaspur, Hoshiarpur, Kapurthala, Moga and TaranTaran. To empanel Accredited Private Health Institutions in these districts.
- **District were requested to conduct meeting with Private Health Institutions, District IMA and FOGSI bodies making them aware about the scheme and to share the minutes of the meeting with the state. However, no report has been received from the district.**
- Focus of the scheme should be to cover all BPL/SC/ST beneficiaries with emphasis to cover those PHC areas which have not been made 24x7 till date ie preferably unserved/ underserved area.
- Scheme to be publicized with the involvement of Community mobilizers, BCC Facilitators, BEEs, LHVs, ANMs and ASHAs at the grassroot level .

Village Health Sanitation Committee

- It has been found that in certain instances e.g. 3 Villages (where population was less) single VHSC has been formed for these villages. As per the instruction circulated to districts, for every village even if it is small village, individual VHSC is to be formed. Similarly in case of big village having more than one panchayat, the number of VHSCs will be equal to number of panchayats in that village.

It is thus once again reminded to revisit your VHSCs formed and check for deviation, if any, as per guidelines.

- District Moga, Ferozepur, Hoshiarpur and Barnala need to check the number of inhabited villages and rework on the constitution of VHSCs .
- The Bank account of VHSC should be in the name of "VHSC, name of village" to be operated by the member secretary and the Chairperson of VHSC. Wherever it is in the name of ANM and Sarpanch by name or designation, it should be rectified and the final list of VHSC account numbers to be sent after corrections at the earliest as the funds for the year 10-11 are to be transferred to the VHSC accounts .
- There is variation in the number of bank accounts opened by the district and the detailed list provided at the state in case of Amritsar, Hoshiarpur, Kapurthala, Ludhiana, Moga.
- Reports are not being compiled at state and are being forwarded to state as it is from block level, these needs to be compiled at district level.
- In Hoshiarpur, incentive money to be given to ASHA @Rs 600 per VHSC from VHSC funds is being retained at block out of VHSC funds and the remaining amount out of 10,000 is being transferred to VHSC funds. This should be checked as this incentive should be given to ASHA by VHSC. This practice will defeat the actual purpose of decentralization under NRHM.
- It has been found that although VHSC funds have been deposited in the VHSC A/c of ANM and Sarpanch but the money is being withdrawn from the account in lump sum of Rs. 10,000 or Rs.

5,000 twice and cash is kept with ANM for all the VHSCs under her jurisdiction and being utilized though with the consent of the committee. This practice need to be checked. The money should be withdrawn as per need as per required expenditure on the basis of decision taken during VHSC meeting.

- In district, funds for distribution to ASHA for Village Health & Nutrition Day (VHND) are being kept at block out of VHSC funds. This should not be the practice. These incentives should be in VHSC bank account and need to be given to ASHA by the ANM.

Mother NGO Scheme

- Physical and financial reports of Mother NGO/Service NGO to be sent to state after verification at block/district level. Report not received from Amritsar, Hoshiarpur, Ludhiana, Patiala, Ropar and Mohali. In case of Amritsar and Ludhiana, compiled on the basis of report received from MNGO.
- Remaining grant-in aid to be disbursed to NGOs in case of Hoshiarpur and Sangrur by District Health Society.
- A team be formed involving District Family Welfare Officer/District Programme Manager, Community Mobilizer and District Accounts Officer and monitoring visit be planned every quarter at district level and monthly at level of block involving Medical Officer and Accountant to conduct Supportive supervision (Monitoring Format already provided to all districts). However field reports not received at the State.
- To coordinate for gaps addressed by Mother NGO/Field NGO/Service NGO in their project areas like-payment to JSY beneficiaries, supply of Vit A, IFA tablets at subcentre, non availability of ANM in the urban slum etc.
- Deliveries conducted in the base hospital of Service NGO in Amritsar be included in the institutional deliveries captured every month under HMIS as under Accredited Private Institutions.
- Service NGO Amritsar should be provided the supply of Vitamin A, Iron Folic Acid tablets for their project Area, so that the service delivery is not hampered in their area.

FINANCE

1. Statutory Audit for the year 2009-10 has been started; all the Civil Surgeons have been requested to co operate with the Statutory Auditor M/s Gandhi Minocha & Co. Financial Statements for the F/Y 2009-10 should be kept ready for Audit well before the visit of the Audit Team. Districts should keep their self ready for the Audit, so that it can be completed within time.
2. Civil Surgeons have pointed out that there is a negative balance under JSY component. It was clarified that under JSY funds can be used from any other component. PO JSY has been asked to see the case of district Taran Taran.
3. PIP for the F/Y 2010-11 has been prepared for each district and will be shared with the districts on 31/5/2010 & 1/6/2010 in the meeting of DPMs and DAOs. Districts have to implement all the activities mentioned in the PIP of 2010-11. Funds for the year 2010-11 will be released taking into consideration the total PIP of the respective district after adjusting the unspent balance available with the district.