

**Subject- Conference of Civil Surgeon on 1/3/2011**

Important point that required the attention of Senior Officers particulars the Civil Surgeon:-

1. **Review by Civil Surgeons-** All Civil surgeons to review the items of Civil Surgeons conference with their program officer and SMOs in a systemic and same manner as done in the conference of Civil Surgeon. The inspecting officer to attend some of these meetings and ensure that all items are reviewed in effective manner and all block are graded in order of performance for every program/ item. **(Civil Surgeon / Inspecting Officer)**
  
2. **Visit by Program officer-** All program officer from the Headquarters were requested to visit at least 2 districts especially where the performance is poor, suggest remedial measures **(Programme Officers)**
  
3. **Mobile Phone to ANMs**
  - Ensure that all Sub-Center ANMs, LHVs have their own mobile phone.
  - Ensure that mobiles are working at all sub centres coverage-wise.
  - Ensure that the data filled up every week.
  - The list of ANMs in order of performances be prepared. Generate the merit list in first week of every month block-wise, district-wise and State-wise. **(MD NRHM/ Civil Surgeon)**
  
4. **Posting of ANMs**
  - Ensure that sub centers have one regular / contractual ANM.
  - Ensure that no sub center has more than two ANMs.

- Ensure that every sub center having population of 6000 or more as per 2001 census has two ANMs. Second ANM be only on contract i.e. no sub centre to have 2 regular ANMs.
- For the high focus districts of Muktsar, Faridkot, Nawashar and Jalandhar every sub center will have second ANMs on contract basis.  
**(Civil Surgeon)**

5. **Medicine in Sub Centers / PHCs-** The Government of India not likely to supply Kit A and Kit B in near future:

- Status of Kit A, B supplied by us.
- Place order of more Kit A and Kit B after getting time schedule for Govt. of India suppliers from the Ministry.
- Civil Surgeons to ensure that under no circumstances will any sub center / PHC be without Kit A and Kit B. **(MD NRHM/ Civil Surgeon)**

6. **Deliveries-**

- Optimum utilization of services of Gynaecologists / MO (F).
- Mismatching if any to be ended. Civil Surgeon to send their recommendations.
- Ensure that every FRU has a Gynecologist or at least MO (Female).
- Every 24x7 PHCs to have MO Female.
- **Staff nurses-** Recruit 3 Staff Nurses and 5 Staff Nurses for 24x7 and FRU (CHCs).
- Civil Surgeon can suggest internal adjustment to head office regarding gynecologist, paramedics, surgeons and staff nurses.
- Every FRU to have a facility for a caesarian either by gynecologist or by a surgeon.

- Status of supply of delivery kits- normal / caesarian.
- Ranking of gynecologist, MO (F) every month.

(MD NRHM/Civil Surgeon)

7. **RNTCP-**

- Verification of diploma of contractual employees.
- Reasons for poor performing teams. (MD NHRM / PO)

8. **Blindness Control Program-**

- Utilization of funds year-wise.
- Supply of lens and deployment of Eye surgeon.
- Utilization of Phaco machine. (Program Officer)

9. **Malaria-**

- Action plan for next year. (Program Officer)

10. **School Health-**

- Medicines for next year.
- Clearance of Backlog. (MD NRHM / CS)

11. **Cancer Control-**

- Guidelines for assistance to cancer patient as per announcement of Hon'ble Chief Minister. (DHS/MD NHRM)

12. **NRHM Funds / Recruitment-**

- Utilization of Untied fund.
- Utilization of Maintenance Fund

- Utilization of Rogi Kalyan Samiti fund
- Utilization of other funds.
- Recruitment against vacant post at all levels. **(MD NRHM)**

**13. Training-**

- Good improvement and holding of training for remaining course **(MD NRHM / PO)**

**14. NGO and Surakhyat Janepa Yojna-**

- Poor performance
- Requirement of intensive review. **(MD NRHM)**

**15. Maternal Death Review-**

- Poor performance except for two districts.
- Performa also needs to be revised.
- Civil Surgeons to personally conduct investigation of at least 1 case. **(MD NRHM/ Civil Surgeon)**

**16. Checking of health institutions-** Attendance of medical staff to be ensured:-

- DCs checking our institutions. Civil Surgeon to take effective action at their own level.
- Doctors posted in urban dispensaries are not deputed for emergency duty.
- Work on help line to be expedited. **(MD NRHM / Civil Surgeons)**

**17. Drug Branch-**

- Poor work.
- Limited action against manufacturers and other defaulters. **(DHS)**

18. **ASHAs-**

- Grading of ASHAs, identification of poor performing ones.
- Payment by 10<sup>th</sup> of every month.
- Pending payment. **(MD NRHM)**

19. **Birth & Death registration-**

- Computerization of birth and death record.
- Recording of death profile as per new requirements.

**[MD NRHM/ DD (S)]**

20. **Jan Aushadhi-**

- Detailed guidelines to be issued
- Performa for review needs to be revised
- Transfer this work to Rogi Kayalan Samitis from Red Cross.

**(MD PHSC)**

21. **Condemnation of old articles-**

- MD PHSC has prepared institute-wise detail.
- Civil Surgeon should also provide institution-wise details and review every month. DHS to put up for review in the next meeting.
- Action to be taken in case of articles not disposed off for more than one year.
- Civil Surgeon and SMOs to be personally held accountable. **(DHS/ Civil Surgeon)**

22. **Old vehicles-** Vehicles in some of the districts like Kaputhala, Nawashar and Ludhiana not disposed off for more than two years. DHS to compile the following information: -

- Vehicles (number / model etc)
- Status of condemnation.
- Date on which condemned.
- Date disposal
- Where stuck up? (**DHS / Civil Surgeon**)

(Satish Chandra)  
Principal Secretary Health  
16/3/2011

- (i) MD PHSC
- (ii) MD NRHM
- (iii) Director Health Services
- (iv) Deputy Director (Stat)
- (v) All Civil Surgeons
- (vi) PO (RNTCP)
- (vii) PO (Training)
- (viii) All Programme Officers- NRHM