

No. DHS/FW/Minutes/11-12/1000
Government of Goa,
State Family Welfare Bureau.
Directorate of Health Services,
Panaji Goa
Date: 18/08/2011

**Minutes of the monthly health conference held on 8th August, 2011 at
conference hall, Directorate of Health Services**

The meeting started with the brief introduction by the Dy. Director of Health Services Dr. Ruando D' Sa.

1. Family Welfare Programme – Dr. Jose D'Sa, Chief Medical Officer

1. MCTS:

The status of MCTS of CHC/PHC/UHC can be viewed on the dashboard of the portal of Government of India. The analysis of data entry done by PHC Curtorim and CHC Pernem was presented. The Health Officers are requested to check, update and rectify the data as discrepancies were noted when analysed.

The groups identified by GOI will phone the beneficiaries from New Delhi to confirm the data. So also Director has instructed the Dy. Director and CMOs of this directorate to phone the beneficiaries at the state level, to ascertain the veracity of the data entered and also to ensure whether the beneficiaries are satisfied with the services made available to them..

2. Gestational Diabetes:

The screening for gestational diabetes by OGCT has to be done by biochemistry method. All the Gynaecologists and Medical Officers should be informed of this notification.

3. Anaemia Surveys:

The reports of surveys done for anemia in schools should be furnished in the new formats. Follow up reports of the moderate/severe cases detected earlier are not received from many health centres.

4. SABLA Scheme:

The IFA tablets (large) are available with MSD and therefore may be given to the Anganwadis whenever they requisition, IFA tablets are to be given to adolescents under SABLA Scheme.

5. Vitamin A:

Vitamin A bottles are available in MSD. CHC/PHC/UHC may collect the same as per the requirement.

6. Supervisory Visits:

The compliance reports in response to the observations done by Dy. Director. CMOs or other officers during their supervisory visits, may be addressed to the Director of Health Services for information.

7. Observance of Days/weeks:

Those CHC/PHC/UHC who have not furnished the reports of observance of world population day and ORS day may do so, at the earliest. The teen day will be observed in Dynprasarak Commerce College at Assagao on 9th August with the theme. "Booze, Drug Abuse – either loose them or loose yourself". The guest speaker is Dr. Rajesh Dhume, Psychiatrist, Asilo Hospital Mapusa. The Nutrition week which is from 1st to 7th September 2011 will be launched on 29th August, 2011 in Valpoi as the Ganesh Chaturthi celebrations are during the first week of September. There will be a demonstration on Nutrition for women folk.

All the CHCs, PHCs and UHCs have to observe this week by organizing IEC programmes, poster competitions or nutrition demonstrations for Self Help Groups, Anganwadi Workers, Mahilas and others. To conduct these activities Rs. 600/- may be incurred from the IEC component of NRHM. The action taken report may be furnished to this office latest by 20th September, 2011.

The report of observance of Breast feeding week ending on 8th August 2011 (healthy baby competition) may be furnished at the earliest.

8. Trainings :-

IUCD training for MOs will be held on 24th – 26th August at DHS. Two days Anganwadi Workers trainings on PC-PNDT and other family welfare/diabetes/VBD will be held at urban towns commencing from 16th August. The schedule is sent to the respective health officers. The first batches are at UHC Margao on 16th – 17th August and 13th – 14th September.

9. IEC Material:-

Posters on Immunization and handbills on condoms, IUCD, oral pills, breast feeding, immunization, emergency contraceptives may be collected from Family Welfare Bureau.

10. Reporting:

The CHC/PHC/UHC who have not submitted the reports on JSY, RCH, PNDT may do so as the same have to be furnished to GOI.

11. IEC Programmes on PC-PNDT Act:

The weekly IEC programme on PC-PNDT will be held as follows:

PHC Bicholim – 10/08/2011

PHC Quepem – 17/08/2011

PHC Cansualim – 24/08/2011

12. Monitoring:

The performance has to be improved by the following units.

Sterilizations – PHC Sankhli, Quepem, Cansualim, Sanguem ,
Loutolim, Chichinim
CHC Curchorem
UHC Vasco, Margao

IUCD - CHC Ponda, Valpoi, Curchorem

PHC Candolim, Siolim, cansarvernem, Cansualim, balli, Cortalim

UHC Margao, Vasco

2. NRHM – Dr. Preetam Naik, State Prog. Manager (NRHM)

1. Informed about new order regarding broadening of mandate of VHSCs by including nutrition component and terming them as VHSNCs. The copies of the order were distributed to all the CHCs/PHCs
2. The CHCs/PHCs were asked to send regular reports in their jurisdiction. They were also asked to send detailed expenditure report of the VHSCs, for auditing and releasing funds for the current year.
3. The CHCs/PHCs were asked to send the name of the new sub centres opened by them, monthwise and reminded to inform NRHM office of any new sub centre with monthly rent up to Rs. 2000/- so that NRHM additionalities could pay the same directly.
4. Tentative schedule for the weekly mobile medical camps and Mammography camps for August 2011 was announced.

	<u>Place</u>	<u>Date</u>
Mobile Camps -	Cumbarjua under PHC Betki	20 th Aug'11
Mammography Camps -	PHC Sanquelim	10 th – 12 th Aug'11 17 th – 19 th Aug'11

3. GSACS - Dr. Pradeep Padwal, Project Director

Project Director informed about the observance of “International Youth Day” on 12th August 2011 with the theme “*Change our World*” through the message of ‘**Just do the due, Learn what’s true**’ and advised to conduct the programs mainstreaming with other IEC activities.

Attention of all Health Officers/Medical Officers In-charge was brought to the discrepancies in reporting of the number of ANC registration, RTI/STI cases and New Sputum positive cases reporting with concerned departments and the same with Goa SACS. He advised to be very scrupulous in confirming the veracity of the reporting and also ensure maximum coverage of all these cases for HIV screening.

Prompt reporting in prescribed format is appreciated.

4. Immunisation - Dr. Vandana Patankar, DIO

- **Launching of Pentavalent Vaccine** all over the state on 15th August . Trainings of Field Workers & Supervisory staff is going on .Some batches are rescheduled Dates have been informed to concerned centres .
Pentavalent Vaccine to be started for children 6 weeks old who come for the first dose . Children who have already on DPT & Hep B, remaining doses of the same has to be continued. Similarly at outreach sessions where children are floating population, DPT & Hep B may be preferred.
Hep B Birth Dose & DPT 5 Will continue as usual.
- Emergency preparedness & response Plan for eradication of polio-

Stages of Emergency preparedness and response

- **Stage 1: before virus identification—**
 - Risk analysis: Identify HR districts & HR areas within districts
 - HR areas begin to implement steps for improving RI coverage & quality of SIA microplans.
- **Stage 2: from virus identification to mop up –**
 - Program planning – Key Meetings
 - Logistics
 - IEC
 - Microplan review
 - Trainings
- **Stage 3: mop up response –**
 - Within 10 days of information of WPV detection.
 - Conduct Quality SIA round.
- **Stage 4: from end of mop up to the beginning of the next campaign**
 - Scale up the IEC and social mobilization activities.
 - **AFP Surveillance** - Total cases 13 Bardez-2, Ponda -2Tiswadi-2Bicholim-2 Sattari-0
Salcete – 4. Sanguem-1 Cancona,Quepem& Marmugoa – 0
Be alert for AFP Cases , Timely reporting & timely stool collection within 14 days from the onset of paralysis
 - **Infant Death Audit** – Forms – All columns to be filled.
 - Vitamin A stocks are available.

5. NVBDCP - Dr. Dipak Kabadi, Dy. Director

Dr. Dipak Kabadi, Dy. Director, NVBDCP presented the Epidemiological situation of vector borne diseases under all the Health Centres. The total number of malaria cases reported upto July 2011, were 598 as compared to 1299 cases for the corresponding period of 2010. For the same period, number of PF reported were 54 as compared to 162 during previous year. The cases of other VBDs have also come down this year. However, he cautioned all HOs/MO i/c to be vigilant and take timely action in care of any fever outbreak in any areas.

1. He explained about the “Training on Scientific Writing” sponsored by WHO and attended by him along with two Health Officers. He emphasized the importance of scientific writing and its utility with the application of statistical approaches involving sample size, level of confidence and the test of significance. Dr. Palekar also presented about this training.
2. It is observed that the field staff are called for meeting of the Health Centres apart from the Monthly Meeting. This affects the field activities. Hence forth, only monthly meeting should be held, that to prior to the Monthly meeting at DHS. This should be strictly followed.
3. It is reiterated that all the cases detected by them and reported cases from other PHCs including imported cases and indigenous cases should be reported from all Health Centres every month. The reports sent to NVBDCP & IDSP should be similar. All the cases should be epidemiologically investigated.
4. It should be intimated immediately about the microscope/s supplied by NVBDCP to all the Health Centres as asked by this office. This is required in relation to Annual maintenance contract of microscopes.
5. Any pumps, fogging machines, microscopes etc. sent for repair to NVBDCP should bear the name of PHC/CHC/UHC and the number and it should be written with the paint. Otherwise, these items will not be received by NVBDCP.
6. It was informed that this year no fund is allotted for social mobilization. It is also informed to all that untied fund should be utilized by the Health Centres. Expenditure statements are not received from Valpoi, Cansaulim, Balli and Curtorim and they should sent it timely.
7. He informed about the “Breeding Checkers for all Health Centres as suggested by the Centre and include the necessary budget in the PIP. These Breeding Checkers can help to detect the breeding places for follow up action.
8. Block Level meetings should be held regularly at Quarterly basis (every 3 months) and the minutes should be sent to all concerned for necessary follow up action to prevent VBDs in their areas.
9. He informed to all about the naming of “Nodal Person” for all the Government and Private Buildings who can regularly (weekly) keep a watch on the potential breeding places created in their building and

take the remedial measure to eliminate it. This has been decided at the core committee meeting at secretariat.

10. PWD has submitted the design of road drain and the same is being forwarded to the Directorate of Municipal Administration/Panchayat for the implementation.
11. He informed about the discrepancy detected in B.S.examination by Regional office, Pune while cross-checking the negative smears sent from Vasco health Centres and told to the HO –Vasco to inform Technician for necessary action.
12. He emphasized to intensify the introduction of larvivorous fishes in potential breeding places. More breeding places should be introduced with these fishes.
13. Entomological reports have reported high densities of vectors of Japanese Encephalitis in the adult collections conducted under PHCs – Sanguem, Corlim, Candolim and Madkai. Therefore, you be vigilant in timely detection of any fever cases in the areas. The urbanized areas and the areas with Kulagars have to vigilant about Dengue/Chikungunya vector mosquitoes and continue cleanliness drives.
14. Biocide and Knapsack spray pumps are supplied to Panaji, Margao, Vasco, Mapusa, Candolim and Aldona Centres. Biocide should be utilized at Construction sites and the spraying/ its impact on the breeding should be monitored at the level of Health Officer/Medical Officer i/c.
15. Some Health Centres are sending the action taken report on the minutes of the Monthly meeting held at DHS. All should send this report to NVBDCP.

6. RNTCP - Dr. Pratima Thali, CMO

1. Central Appraisal Team for DOTS Plus Programme will be coming from 10th to 12th August 2011. They will be visiting various PHC's / CHC's / TB Hospital, Margao, DOTS Plus Site at TB & Chest Diseases Hospital, IRL at GMC, etc. All the Health Officers / Medical Officers and staff trained in DOTS Plus to be prepared for the same.

On 10/08/2011 one team will visit North Goa and one team will visit South Goa.

North Goa

PHC Bicholim as DMC

PHC Siolim as Non DMC

TU Panaji.

South Goa

PHC Quepem / Cottage Hosp. Chicalim as DMC

PHC Loutolim as Non DMC

TU Curchorem

DTC Margao

The programme may change as per the decision of the Consultant of CTD.

2. Sputum collection and transport from Non DMC's to DMC has stopped since last month. Some Health Officers and Medical Officers have expressed their concern about suspects missing for sputum examination due to this. Hence, the sample may be transported by maintaining proper cold chain within 6 hours to the DMC i.e. on the same day of collection, in the morning session or the Laboratory Technician of the Non DMC will have to prepare the slides as per RNTCP guidelines and send to the DMC.
3. A district level review will be conducted for all the Health Officers or Medical Officer I/c's of PHC's/CHC's of North Goa on 27/08/2011 at 9:30 AM at TB Control Programme, Panaji and on 29/08/11 at 2:00 PM at UHC Margao for South Goa.

7. MSD and Ophthalmic – Dr. Dewari, Dy. Director

I) National listing of essential medicines are available as following web files:

1. <http://mohfw.nic.in>
2. <http://www.edSCO.nic.in>

This list contains 348 medicines which can be downloaded at your PHC/CHC. Necessary circular is issued.

II) Internal Audit of Pharmacies is going on by our staff at different PHCs. Please co-operate and help and take steps as guided by them.

III) Some PHCs are not maintaining their books properly. Please maintain the same.

IV) EYE Camps are planned as per scheduled attached.

V) Admission date for cataract operation, schedule is attached.

8. NLEP - Dr. Mohandas, CMO

1. The school health survey conducted at Bicholim covering 10025 examined from 73 schools 8 cases were detected of which 3 were confirmed and 5 are under investigation. Health Officer PHC Bicholim is advised to follow up the cases.
2. Training of MPH/HS on 26th August 2011 at UHC Margao. All the health officers are advised to release the participants. Health officer MHC Margao to make arrangements in hall including LCD laptop.
3. Ambaulim & Diao sub centres of Quepem PHC will be taken up for school survey in the month. Health officer to submit all the details of schools and no. of children of that area. Involvement of ASHA is important 20,600 cases were diagnosed by them in 2010-2011.in India.
4. Training of AWW (urban areas) will be done in collaboration with CMO family welfare during RCH / NRHM training.

5. All Health officers to do contact surveys were ever MB/child cases are detected.

9. STD Control Programme - Dr. Dr. E. Braganza, CMO

1 Reports are not received from PHC Aldona, PHC Siolim, PHC Casarvanem, PHC Curtorim.

2. No scening of ANCs has been reported from CHC Curchorem, CHC canacona, PHC Cortalim, PHC Sanguem, PHC Casaulim.

3. Monthly feed back on R.P.R. test Kits, stock balance may please be given in the monthly report, for timely indent from MSD.

For the Month of July monitoring of STI cases is as follows.

District	STI cases	RPR	Reactive	ANC screened	Reactive
North	395	332	5	835	1 at GMC
South	163	82	0	544	1 at Hospicio Hospital
Total	558	414	5	1,379	2

STI cases at Valpoi, Bicholim, Betki, Madkai, Colvale, Shiroda, Curchorem, Canacona, Loutolim, have not been screened for Syphilis.

SCHOOL HEALTH MONITORING FOR THE MONTH OF JULY 2011

	School Visited	Students Examined
North	159	6,632
South	86	4,753
Total	245	11,385

The meeting ended with concluding remarks by Director of Health Services.

Dr. Dipak Kabadi
Nodal Officer (NRHM)

Copy to:

1. Secretary (Health), Govt. of Goa, Secretariat, Porvorim
2. OSD to the Hon'ble Health Minister, Secretariat, Porvorim.