

No. DHS/FW/Minutes/11-12/  
Government of Goa,  
State Family Welfare Bureau.  
Directorate of Health Services,  
Panaji Goa  
Date: 27/09/2011

**Minutes of the monthly health conference held on 12<sup>th</sup> September,  
2011 at conference hall, Directorate of Health Services**

The meeting started with the brief introduction by the Director of Health Services Dr. Rajnanda Dessai.

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

**1. Mother and Child Protection Cards:**

- a) All Health/Medical Officers i/c should ensure that every antenatal patient is issued the MCP card. The ANMs have to visit these cases during the antenatal/postnatal period and have to enter the findings/complaints on this card and also motivate patients to have regular checkups with the concerned doctor/health centre/hospital. It has been brought to the notice of this office that the ANMs do not do home visits and enter the findings on the card. Compliance in this matter may be conveyed by 30<sup>th</sup> September 2011 as the same can be intimated during the review meetings. So, kindly ensure that home visits are done by the field staff.
- b) Government of Goa, Women & Child Development Department has launched schemes namely Mamta Scheme, Dhanlaxmi Scheme and also implemented the IGMSY, Government of India Scheme for North Goa wherein one of the criteria is that they should have the Mother and Child Protection Card. As there is no income limit, mothers from Government and private sector will avail of these schemes. Therefore, private obstetricians have to report to you all the antenatal cases and accordingly you can issue the MCP cards. This will enable the health centre to get the necessary information for HMIS and MCTS of all the antenatal cases of your jurisdiction. A separate circular in this regard will be issued soon.

**2. Antenatal Cards: (White ones)**

The antenatal cards have to be maintained at the antenatal clinic of each and every antenatal case. The OBG Consultant/Medical Officer at the antenatal have to ensure that all the details are entered on this card. The MCP card/case paper also done, will be carried by the mother.

**3. Infant Death Audit**

Infant Death Audit formats are made available to health centre. Kindly ensure that all the relevant information is entered before furnishing the same to this office. Also whenever intimation note is sent to you by private practitioners/hospitals, kindly depute your Medical Officer to investigate and collect the information and then furnish to this office.

#### **4. Mother and Child Tracking System**

All the Health Officers have to monitor the data entries which is displayed on the dashboard. The data entry is satisfactory and now this office is focusing on improvement in the quality of the data entered. Therefore, the data entered has to be realistic and correlated with other columns.

#### **5. Village Health and Nutrition Days**

All this while Village Health and Nutrition Days were observed utilizing the funds from RCH flexipool. Now that the funds are exhausted, from 1<sup>st</sup> September 2011 onwards all units may utilize the funds under IEC component of NRHM additionalities for this purpose. So also the expenditure for PC-PNDT activities may be booked under NRHM additionalities.

#### **6. International Girl Child Day**

This day is observed on 24<sup>th</sup> September 2011 and the circular in this regards is issued to organize elocution competition in higher secondary schools/colleges. The name of the best participant may be sent to this office, for having district level competition and then the State level competition.

#### **7. Audit observations:**

All the health centres were requested to furnish GFR 8 copies against the head 2211 to this office. However all the vouchers are not furnished to this office. Government Audit has observed that the amount against the GFR 8 which are not available, will not be shown on the certificate thereby reimbursement from GOI will not be possible. The Health centre will be held responsible for non submission of vouchers. Therefore, all health centres should ensure that copies of each and every GFR 8 under the budget head 2211 is furnished to SFWB-DHS from April onwards for the year 2011-12. The status will be reviewed during every monthly meeting.

#### **8. Trainings.**

The following trainings will be held

21<sup>st</sup> – 22<sup>nd</sup> September – orientation training for new contractual staff at DHS

1<sup>st</sup> Batch

29<sup>th</sup> – 30<sup>th</sup> September – orientation training for new contractual staff at DHS

2<sup>nd</sup> Batch

27<sup>th</sup> – 28<sup>th</sup> September – AW training at DHS (Tiswadi Block)

## **2. IMMUNIZATION - Dr. Vandana Patankar, DIO**

- In addition to PHN, LHV & MPHWS, other staff like MOs, Staff Nurse, Pharmacist to be trained to record temperature of ILR & Deep Freezer. This will be useful during holidays whenever regular staff like PHN / LHV is not present.
- Vaccine stock register to be updated regularly.

- Proper care of vaccines in ILR is to be taken to prevent the labels on the vial from getting misplaced.
- During each immunization session baby's weight is to be recorded.
- Training of ANMs along with new recruited staff –IEC Offers etc on 21<sup>st</sup> & 22<sup>nd</sup> September and 29<sup>th</sup> & 30<sup>th</sup> September 2011.
- Breakup of immunization report is to be sent – PHC / Dist Hosp / GMC / other PHC ,PVT – total, so that there are no duplicates.
- Pentavalent is not reported by some of the PHCs.
- Hep B Birth dose is to be given within 24 hrs for the institutional deliveries .
- Rubella – 8% in PHC Cansaulim & 9% in PHC Cortalim & TT 16 – 3% in PHC Cansaulim. To be improved .
- Outreach activity is to be strengthened so that no child remains unimmunized.

### **3. RNTCP - Dr. P. Thali, CMO**

- 1 Batch of Medical Officers for DOTS Plus training on 13/09/11 at TB Control Programme, Panaji from 9:30 to 4:30 – letters are already sent to the respective Health Officers with names of Medical Officers to be deputed.
- 1 batch for supervisory staff for DOTS Plus Training (MPHWs, ANM)
- 1 batch for Medical Officers for DOTS Plus training
- 1 batch for RNTCP training of Medical Officers  
(dates will be announced later)
- No cases detected in Panaji TU except 1 in PHC Corlim and 1 in DTC Panaji.
- In Ponda TU - PHC Sankhali, PHC Bicholim, CHC Valpoi and PHC Betki are doing very well.
- In Curchorem TU – 8 cases detected in CHC Curchorem and 4 cases detected in CHC Canacona.
- Regarding report of Central Appraisal Team.

CIE had visited for DOTS Plus Evaluation.

Following were their observations :-

- 1) Updated line list of MDR-TB suspects was not available in PHC's. All PHCs/CHCs please maintain a list of MDR TB suspects, in their jurisdiction (with the help of STS).
- 2) Health Officers will have to reimburse the travel expenses of MDR-TB suspects to collection centres and if any investigations are done at private laboratory during pretreatment evaluation from their funds (NRHM) etc.
- 3) Some of the trained staff (LTs, Pharmacists) and incharges of South Goa were interviewed on DOTS Plus guidelines. Their knowledge was not satisfactory. It is

necessary to consider re-orientation of Medical Officer and paramedical staff before initiation of services.

- 4) Core Committee meeting at GMC was held on 07/09/11 – The orthopaediatric department had once again requested not to stop the treatment of their cases after 6-8 months but to send them for regular periodic follow ups to their respective consultants and if needed their treatment will be extended even upto 6-12 months. Please comply with their instructions.
- 5) Central Internal Evaluation team will visit Goa from 21<sup>st</sup> to 24<sup>th</sup> September. To update treatment cards of all patients, especially those registered during 2Q10 onwards.

#### **4. NRHM - Dr. Pritam Naik, Programme Manager NRHM**

1. The announcement for Mobile Camps and Cancer Detection Camps for the month was made as follows:  
Mobile Camps: on  
17.09.2011 at Mandrem, under CHC Pernem  
18.09.2011 at Nuvem, under PHC Loutolim  
25.09.2011 at Verna, under PHC Cortalim  
01.10.2011 at Diwar, under PHC Corlim  
08.10.2011 at Benaulim under PHC Cansaulim  
Cancer Detection Camp: 28<sup>th</sup> – 30<sup>th</sup> September 2011, PHC Sanguem  
3<sup>rd</sup> – 5<sup>th</sup> October 2011, PHC Siolim  
12<sup>th</sup> – 14<sup>th</sup> October 2011, PHC Siolim
2. A set of Model Accounting Handbooks was distributed to all the In-charges of the peripheral units. There guidelines are to be given to the personnel holding NRHM Accounts, so that they are strictly followed.
3. Announcement regarding servicing and maintenance of the generators provided to the CHCs / PHCs was made. The Health Officer should give the feedback on this matter.
4. It was noticed that the following centers either did not send Monthly Compliance report for the Month of August 2011 or sent it late.  
CHC Pernem                      PHC Sanguem  
CHC Ponda                      PHC Curtorim  
CHC Valpoi                      PHC Cansaulim  
PHC Bicholim                      PHC Cortalim  
PHC Aldona                      PHC Loutolim  
PHC Cansarvarnem              PHC Colvale

Hence forth all the centers must send the Monthly Compliance report latest by 25<sup>th</sup> of every month by email on both the following mail addresses.

1. [sfwbgoa@hotmail.com](mailto:sfwbgoa@hotmail.com)
2. [directorhealth\\_goa@yahoo.co.in](mailto:directorhealth_goa@yahoo.co.in)

Dr. Dipak Kabadi, Dy. Director-NVBDCP presented the Epidemiological situation of Vector Borne Diseases in the State of Goa. As seen from the monthly monitoring sheet, the number of cases of VBDs have declined further as compared to previous year. However, he warned that with the reduction in rain, more breeding places will be created during post-monsoon period and this may result in increase/outbreak of VBDs. Therefore, be vigilant and take timely actions to prevent such situation. PHC-Curtorim has reported more indigenous cases and this should be effectively controlled.

He informed about the meeting on complicated cases of VBDs, under the Chairmanship of Secretary (Health) and the Core Committee meeting on shacks held under the Chairmanship of Chief Secretary at Secretariat, Porvorim. He told to take actions required at the shacks. Tourism Department will issue License for Govt. shacks and the local panchayat will issue the license for private shacks.

- ❖ BCC activities are the backbone of preventive/control measures. The team from GMC will evaluate the impact of BCC activities on the community. He informed about the schedule of visit by GMC team to different areas.
- ❖ PHCs/CHCs have started their monthly meeting prior to the meeting at DHS. This is the healthy trend and should be continued by all.
- ❖ He informed to maintain proper register/charts for malaria cases reported from different sources and all cases need to be reported by all Health Centres. Mapping of cases should be done. Epidemiological investigation of all cases should be done and reports should be maintained.
- ❖ Tour programme of all the staff to be kept in the office of the Health Centre. The performance of MPWS should be individually assessed.
- ❖ He reiterated about the conducting of Block level committee meeting, after taking the date from the respective Dy. Collectors.
- ❖ He enquired about the Govt. constructions by PWD/GSIDC undergoing under some Health Centres. The list is already sent to the concerned Health Centres for necessary actions such as displaying Board, screening for malaria, health cards, antilarval operation, portable water, toilets & clean hygienic place for labourers staying etc. by the owner/builder/contractor.
- ❖ Health Officers should regularly monitor the consumption/balance of chemicals/drugs/ biocide spray and the working condition of spray pumps and fogging machines.

- ❖ He reiterated to make/identify a nodal person for all schools/private building, to keep a regular watch on breeding places and follow up cleanliness drives to remove breeding places.
- ❖ The blood samples for Dengue/Chikungunya should be sent by Health Centres. Some health centres are not sending samples, The kits kept at Asilo/Hospicio have expired without testing samples.
- ❖ All the PHCs should regularly send the action taken reports on the minutes of the monthly meeting held at DHS Conference Hall.
- ❖ Mosquito densities are found to be less in the entomological surveys conducted under PHCs/UHCs/due to heavy raining as breeding places are washed away by heavy rains.
- ❖ He informed about the field oriented training of staff of PHC- Aldona conducted on 09/09/2011 on mosquito breeding/ control. He said that such trainings will be held first for High risk areas and later in other areas.
- ❖ Monthly Expenditure statements of Mapusa, Kasarvarnem and Cansaulim not received. These should be regularly sent.

**6. STD Control Prog. - Dr. E. Braganza, CMO**

Monitoring the compiled reports of STDCP received from CHC/PHC/STD clinics/GMC for the month of August 2011.

- Thanks to the efforts of all the CHCs /PHCs ,screening of ANCs for Syphilis has considerably improved.
- 1,475 ANC have been screened for syphilis, from a total reporting of 1,574 new ANC Registration. 2 ANC have been found reactive in South District. one at Hospicio Hospital & one at PHC Bali.
- However 2,389 new ANC Registration have been reported to Family Welfare Unit, which I, take that these 845 must be the attendance at Private sector.

Kindly instruct the Health Workers to ensure that these ANC have been screened both for HIV and Syphilis.

- As for the STI cases, 637 cases on syndromic approach have been reported of which 524 have been screened for syphilis .

5 were found reactive. 4 at GMC and 1 at PHC Loutolim

Some CHC/PHCs like Pednem, Valpoi, Sanquelim/Betki/Casarvanem/Canacona are still to initiate screening of STI cases for Syphilis.

### **School Health**

For the month of August 2011

District	School Visited	Students Examined	Nutrition	Dewormed	IFA	Anemia	Skin	Dental	Visual defect	ENT
North	168	6387	139	2429	1275	159	132	1275	57	350
South	68	3360	42	662	57	141	13	516	140	90
Total	236	9742	181	3091	1332	300	145	1791	197	440

### **7. NLEP - Dr. Mohandas, CMO**

1. 15 POD camps in October & November, 2011 at

#### **South Goa**

UHC Curtorim-(35 PALS)

UHC Vasco-(92 PALS)

CHC Curchorem-(49 PALS)

CHC Canacona-(30 PALS)

PHC Cansaulim-(43 PALS)

PHC Loutolim-(31 PALS)

PHC Sanguem-(38 PALS)

UHC Margao- (67 PALS)

#### **North Goa**

UHC Mapusa-(62 PALS)

CHC Ponda-(84 PALS)

PHC Betki-(53 PALS)

PHC Corlim-(63 PALS)

PHC Bicholim-(71 PALS)

PHC Sanquelim-(38 PALS)

PHC Candolim-(83 PALS)

2. The nearby health centers to send the PALs along with MPHWS to avail the benefit of the camps. The dates and place of camps will be planned by Health officers and inform the CMO.

3. The MDT stock is not maintained for TWO months at many PHC/CHC/UHC.

4. The School health activity at Qupem of sub centre Deao & Ambaulim will be done on 20<sup>th</sup> (Tuesday) & 21<sup>st</sup> (Wednesday) September 2011 by involving all the Paramedical workers, MPHWS, Health officers Quepem, MO & CMO(NLEP) covering 7 High schools & 10 GPS(3139 children).

5. This month new cases are 7 Children 1 Deformities cases NIL with PR 0.32.

**8. IDSP - Dr. Utkarsh Betodkar, Epidemiologist**

Cases of Leptospirosis are on rise in the State. All together 21 confirmed cases with 5 Deaths are been reported for the month of August. Cases are not showing any clustering and are scattered all over Goa.

With respect to this all the Health Officers are been instructed to have IEC activities in there respective jurisdiction on Leptospirosis awareness (like during village Health & nutrition day, School Health etc). All medical officers to be made aware of the information and to consider Leptospirosis as differential diagnosis in high risk patients, like field workers, laborers etc.

- Regarding H1N1 monitoring it was informed that there are no positive cases for the month of August.
- Total suspected samples tested till date : 80
- Confirmed H1N1 positive cases : 7

**8. GSACS - Dr. Pradeep Padwal , Project Director**

1. "National Voluntary Blood Donation Day" to be held on 1st October, 2011 supported with month long activities on creating awareness among youth for promoting voluntary blood donations and organizing voluntary blood donation camps in different parts of the State of Goa. The theme for year 2011 is "Donate Blood-Save four lives". Health officers/Medical Officers In-charge of all CHC/ PHC/ UHC are advised to observe the event befittingly.

Project Director further stressed upon need for corroboration of the reporting of registration of ANCs/STDs/TB cases to Goa SACS and that through respective units viz SFWB, STD program and RNTCP. Further, he appealed to all units in- charge to promote voluntary screening for HIV testing and to make best use of the screening test made available in all the peripheral centres.

**9. Ophthalmic Cell - Dr. V. Devari, Dy. Director (Medicine)**

1. Response for the ophthalmic camps at CHC Canacona and CHC Pernem is not satisfactory. So they should work to get more patients for the next camps.

**MSD Section**

1. Pharmacists have to ensure that all records in relation to drugs and other materials have to be maintained properly. Officials from MSD Section will visit to check the records maintained.

Sd/-

Dr. Deepak Kabadi  
Nodal Officer (NRHM)