

# Monthly Review of Services



**P R S P**

**May, 2010**

**Chief Minister's Initiative for Primary Healthcare  
(CMIPHC)**

**Punjab Rural Support Programme**

## **Foreword**

The Punjab Rural Support Programme is responsible for the management of “First Level Healthcare Facilities” of the Government, in the rural area of twelve Districts. As a Policy, the medical professionals, managers and the other stakeholders are brought together for a full day in every District during the first week of every month. The object is to review work during the preceding month by key indices; to plan for the next month and to see what course corrections are necessary for the future. Every MRM starts with participative sessions with specialists who update the medical professionals and enhance their capacity for dealing with high-priority current issues faced at the Health Facilities and in the catchment areas.

A record of proceedings of the MRMs for the month of May, 2010 is being presented here. This will give an overview of the services being provided at the Health Facilities in twelve districts of the Punjab where the “Chief Minister’s Initiative for Primary Healthcare” (CMIPHC) is being operated by the Punjab Rural Support Programme (PRSP).

We hope that the record of proceeding will be of interest. Any suggestions / observations will be enthusiastically welcomed.

Project Director, CMIPHC

Lahore  
June, 2010

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## SUMMARY OF DISTRICT OPERATIONS

- 1) **No. of Districts with CMIPHC** **12**
- 2) **Healthfacilities with CMIPHC** **1044**

Sr. No.	Health Failities	Number
1	BHUs	844
2	ZCDs / GRDs	182
3	Unani / Tibbi Dispensaries	6
4	MCHCs	12

### 3) Staff Strength

Sr. No			Sanctioned Posts	Working	Govt. Employees	PRSP Contract	Vacant Posts
1	Medical Officer	Male	945	600	166	434	308
		Female		37	7	30	
2	FMOs		---	110	0	110	---
3	LHVs		898	854	421	433	44
4	MTs	Male	806	483	380	103	276
		Female		47	44	3	
5	MAs	Male	---	59	49	10	---
		Female		7	7	0	
6	Dispensers		1,035	1,326	565	761	0

### 4) Clusters of HF with One MO

Sr. No	Previous Month		Month under Review	Number
1	Clusters of 3 HFs	26	Clusters of 3 HFs	25
2	Clusters of 2 HFs	198	Clusters of 2 HFs	202
3	Single HFs	435	Single HFs	422

### 5) Clusters of HF with One FMO

Sr. No	Previous Month		Month under Review	Number
1	Clusters of 5 HFs	25	Clusters of 5 HFs	24
2	Clusters of 4 HFs	1	Clusters of 4 HFs	1
3	Clusters of 3 HFs	82	Clusters of 3 HFs	79
4	Clusters of 2 HFs	1	Clusters of 2 HFs	1
5	Single HFs	2	Single HFs	2

## 6) Capacity Building

Sr. No	Staff	Number
1	Capacity Building Session for Doctors	18
2	Capacity Building Session for Paramedics	29
<b>Total</b>		<b>47</b>

## 7) Vaccination / Immunization

Descriptions	Number
Doses of Immunization Administered in Children at HFs.	34,962
TT vaccines administered to pregnant women at HFs.	20,260
Immunization & Vaccination Administered by out- reach EPI Teams	348,283
<b>Total Vaccination / Immunization for the Month</b>	<b>403,505</b>

## 8) Other Preventive / Promotive Services

S #	Service / Activity	Number
1	Passive Case Detection (PCD) Slides	7,249
2	Active Case Detection (ACD) Slides	14,232
3	Visits to Check Sanitation	2,807
4	Notices issued against Poor Sanitation	2,703
5	Challans sent to Court against Poor Sanitation	301
6	Patients Nebulized	19,640

## 9) Mother, Child & Promotive Health Related Activities

Sr. No	Service	Number
	<b>No. of FMOs</b>	<b>107</b>
1	Ante-Natal Cases	10,895
2	Neo-Natal Cases	2,022
3	Other OPD by FMOs	95,793
<b>Total OPD</b>		<b>108,710</b>

## 10) Deliveries Assisted

1	Deliveries Assisted at HFs	724
2	Deliveries Assisted at Homes	4,171
<b>Total</b>		<b>4,895</b>

**11) Lab /Diagnostic Test (Mother/Reproductive Health Related)**

1	Pregnancy Tests	10,944
2	Blood Sugar Tests	14,611
3	Haemoglobin Tests	3,360
4	Ultra Sound Tests	963
<b>Total</b>		<b>29,878</b>

**12) Provision of Family Planning Services**

Sr.No	Service/ Item	Number
1	Consultation/Advice	11,771
2	Oral Pills	5,473
3	IUCDs	2,143
4	Injections	4,419
5	Others	6,988
<b>Total</b>		<b>30,794</b>

**13) Support Groups**

Sr. No	Support Group	Number
1	No. of SGs (Male)	813
2	No. of SGs (Female)	0
<b>Total</b>		<b>813</b>

**14) Social Organizers & Meetings of SGs**

Sr. No	Support Group	Number
1	No. of Social Organizers	45
2	Meetings of SGs	705

**15) Community Health Sessions**

Number of CHS	Number of Participants
2,119	52,481

**16) School Health Sessions**

No. of SHS	No. of Children Examined	No. of Children Treated
1,737	39,147	22,110

**17) Health Camps**

No. of Health Camps arranged	No. of Patients Treated
112	8,961

## 18) Curative Services

New Patients treated during the month	Old patients treated during the month	Total OPD during the month
1,416,941	60,134	1,477,075

## 19) ARV / ASV

Description	Number
No. of Dog bite cases reported	1334
ARV Administered	202
ARV Available Doses	201
No. of Snake bite cases reported	21
ASV Vaccine Administered	3
ASV Vaccine Available Doses	71

## 20) Laboaratory Tests\*

Sr.No	Test	No.
1	Blood Sugar	19,202
2	Haemoglobin	4,904
3	Ultra Sound	932
4	X-Rays (if available)	60
5	Others (Please specify)	3,331

\* include tests performed by Lady Doctors

## 21) Hepatitis B & C

Sr. No	Screening	Test Performed	No. of PositiveCases	No. of Cases Referred
1	Hepatitis B	1068	43	41
2	Hepatitis C	1086	193	179
<b>Total</b>		2154	236	220

## 22) Tuberculosis

Patients Receiving Treatment	New Cases of the Month	Underdiagnosis
4,138	1,239	1,435

### 23) Other Referrals

S. No.	Total	Cases			Referred to		
		TB DOT	Deliveries	Others	RHCs	THQs	DHQs
1	4,448	1,355	132	2,961	645	365	517
2							
3							

### 24) Inverse Referrals

S. No.	Total	Cases			Referred from		
		ARV	ASV	Others	RHCs	THQs	DHQs
1	0	0	0	0	0	0	0
2							
3							

### 25) Monitoring Visits

DSM	Executive Monitoring	Other Staff	Total
600	1,160	1,225	2,985

### 26) Repair of HF's

No. of HF's Repaired / Rehabilitated	152
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## DISTRICT RAHIM YAR KHAN

The 85<sup>th</sup> Monthly Review Meeting (MRM) of District Rahim Yar Khan for the month of May-2010 was held on 5<sup>th</sup> June-2010. Written invitations to participate were sent to the District Coordination Officer, the Executive District Officer (Health), the Executive District Officer (F&P), the District Officer (Health), the District Monitoring Officer, the District Population Welfare Officer, the District Coordinator (NP for FP& PHC), the District Coordinator (TB DOTs), the District Coordinator (MNCH), the EPI Focal Person, the District Entomologist as usual. The participants of the meeting were as under:-

1.	Dr. Sohail Yahya	IMO	Secretary of 85 <sup>th</sup> MRM
2.	Dr. Omparkash	IMO	Machka
3.	Dr. Munawar Ali	IMO	Chak No.39/NP
4.	Dr. Azra Kamal	IMO	Muhammad Nawaz Wasa
5.	Dr. Sanaullah Kolachi	IMO	Bhong
6.	Dr. Fida Hussain	IMO	Kot Sabzal
7.	Dr. Javaid Hussain	IMO	Bindoor Abasian
8.	Dr. Khalid Mehmood	IMO	Basti Sabzal Khan
9.	Dr. Khushi Muhammad	IMO	Chak No.158/P
10.	Dr. Khalid Masood	IMO	Saadi Sultan
11.	Dr. Mohammad Iqbal	IMO	Kot Karam Khan
12.	Dr. Sajid Rafique	IMO	Chak No.26/NP
13.	Dr. Irfan Abid Awan	IMO	Chak No.5/NP
14.	Dr. Anil Raja	IMO	Chak No.116/P
15.	Dr. Nadeem Akhtar	IMO	Chak No.148/P
16.	Dr. Abdul Hameed	IMO	Begar Garhi
17.	Dr. Shah Muhammad	IMO	Fatehpur Punjabian
18.	Dr. Irman Ahmed	IMO	Badli Sharif
19.	Dr. Rizwan Ali	IMO	Chowk Swaitra
20.	Dr. Abdul Jabbar	IMO	Ehsanpur
21.	Dr. Asghar Hussain	IMO	Abadpur
22.	Dr. Khalid Hussain	IMO	Kachha
23.	Dr. Mirza Khalid Baig	IMO	Basti Rais Ghulam Rasool
24.	Dr. Ishtiaq Ahmad	IMO	Chak No.107/P
25.	Dr. Mohammad Imran Sohial	IMO	Bahishti
26.	Dr. Manzoor Ahmad	IMO	Wachani
27.	Dr. Asim Siddique	IMO	Chak No.100/P
28.	Dr. Athar Nazir	IMO	Gulmerg
29.	Dr. Mehmood uz Zaman	IMO	Chak No.125/P

30.	Dr.Amir Khan	IMO	Chak Abbas
31.	Dr. Muhammad Alam Shad	IMO	Murtazabad
32.	Dr. Zahid Hussain	IMO	Mian Wali Sheikhan
33.	Dr. Shahjahan	IMO	TG Mohammad
34.	Dr.Muhammad Mohsin	IMO	Rukanpur
35.	Dr. Ahmed Ali	IMO	Langi War
36.	Dr. Rana Nasir Ali	IMO	Chak No.7/P
37.	Dr. Irshad Nadeem	IMO	Mud Bhora
38.	Dr. Muhammad Zafar Babar	IMO	Chak No.131/IL
39.	Dr. Muhammad Arshad	IMO	Chak No.1/P
40.	Dr.Abid Khan	IMO	Chak No.94/NP
41.	Dr.Rashida Gohar	IMO	Kotla Pathan
42.	Dr.Tariq Farooq	IMO	Chachran Sharif
43.	Dr. Sana Ullah	IMO	Allah Jiwaya Lar
44.	Dr. Abdul Jabbar Arrain	IMO	Thakal Arrain
45.	Dr. Vadho Mal	IMO	Chak No.147/A
46.	Dr. Waheed Ahmed	IMO	Chak No.87/A
47.	Dr.Zulfiqar Ali	IMO	Chak No.25/A
48.	Dr. Abdul Rasheed	IMO	Chak No.79/A
49.	Dr. Shahid Hussain	IMO	Mohammad Daha
50.	Dr. Wajid Pervaiz	IMO	Aminabad
51.	Dr. Mohammad Shafiq	IMO	Chak # 1/A
52.	Dr. Safdar Ali	IMO	Zafarabad
53.	Dr. Abdul Hafeez	IMO	Dera Faridi
54.	Dr. Sajjad Hussain	IMO	Unran
55.	Dr. Rashida Bano	FMO	Tehsil Sadiqabad
56.	Dr. Sadia Jabeen	FMO	Tehsil Sadiqabad
57.	Dr. Zarina Fazli	FMO	Tehsil Rahim Yar Khan
58.	Dr. Zaira	FMO	Tehsil Rahim Yar Khan
59.	Dr. Shaista Zafar	FMO	Tehsil Rahim Yar Khan
60.	Dr. Sumeera Riaz	FMO	Tehsil Rahim Yar Khan
61.	Dr. Samina Anwar	FMO	Tehsil Liaquatpur
62.	Dr. Fariha Shoukat	FMO	Tehsil Khanpur
63.	Mr. Muhammad Naeem	SO	Sadiqabad
64.	Mr. Rashid Mukhtar	SO	Rahim Yar Khan
65.	Mr. Ahmed Hassan	SO	Khanpur
66.	Mr. Abdul Ghaffar	SO	Liaquatpur

The MRM chaired by the DSM –Rahim Yar Khan.

All the MOs / WMOs / FMOs of District Support Unit-RYK attended the meeting except the following who were not present for reasons mentioned against each:

Sr. No.	Name of Medical Officer	Designation	Reason
1.	Dr. Muzafar Ali	IMO	Due to personal reason
2.	Dr. Azra Kamal	FMO	Due to personal reason
3.	Dr. Rashida Gohar Shah	FMO	Due to personal reason
4.	Dr. Nusheen Adnan	FMO	Perform Ummah
5.	Mr. Nasir Mubashir Rasool	SO	Due to personal reason

The meeting started with recitation from the Holy Quran by DSM-RYK.

**A. HF's WITH PPHI (CMIPHC)**

BHUs	104
Dispensaries	Nil
MCHCs	Nil
Others	4-ED
<b>Total</b>	<b>108</b>

**B. Population of the Catchments Area:      3,058,791**

**C. STAFF STRENGTH**

Sr. No			Sanctioned Posts	Working	Govt. Employees	PRSP Contract	Vacant Posts
1	Medical Officer	Male	104	54	20	34	40
		Female		10	0	10	
2	FMOs			10	0	10	
3	LHVs		104	76	33	43	28
4	MTs	Male	104	68	56	12	36
		Female		0	0	0	
5	MAs	Male		13	13	0	
		Female		0	0	0	
6	Dispensers		104	160	73	87	-56

#### **D. CLUSTERS OF HFs**

##### **WITH ONE MO**

<b>Previous Month</b>		<b>Month under Review</b>	
Clusters of 6 HFs	Nil	Clusters of 6 HFs	Nil
Clusters of 5 HFs	Nil	Clusters of 5 HFs	Nil
Clusters of 4 HFs	Nil	Clusters of 4 HFs	Nil
Clusters of 3 HFs	Nil	Clusters of 3 HFs	Nil
Clusters of 2 HFs	44	Clusters of 2 HFs	44
<b>Single HFs</b>	16	<b>Single HFs</b>	16

##### **WITH ONE FMO**

<b>Previous Month</b>		<b>Month under Review</b>	
Clusters of 5 HFs	Nil	Clusters of 5 HFs	Nil
Clusters of 4 HFs	Nil	Clusters of 4 HFs	Nil
Clusters of 3 HFs	09	Clusters of 3 HFs	09
Clusters of 2 HFs	Nil	Clusters of 2 HFs	Nil
<b>Single HFs</b>	Nil	<b>Single HFs</b>	Nil

#### **E. CAPACITY BUILDING**

##### **1. First Session: During MRM**

In an interactive session, the reporting of disease cases attending OPD in DHIS report was discussed. Dr. Shah Muhammad Saghar moderated the session. The problems being faced during complication of reports at facility & DSU level were discussed, evaluating the prevalence of different diseases in the rural areas. It was required as the mistakes and casualness while marking OPD register for diseases had reflected in the last few month reports. The MOs/FMOs were sensitized regarding notify-able diseases and impact of their reporting by share mistake or casualness.

##### **2. Second Session: During MRM**

DSM, with the assistance of Dr. Asim Siddique presented a module for outreach EPI planning integrating the outreach activities. The end month evaluation of performance of EPI in the catchments was discussed. Formats devised for GAVI Project were shared. The importance of continuous awareness efforts by the BHU Staff, in their capacity was highlighted. Frequently asked questions & their pertinent answers were discussed. Guiding principles for effective awareness sessions with

community were discussed and priority messages for promoting Routine Vaccination were shared. Hard copies of relevant material were provided to MOs for all the 104 BHUs. Following aspects were focused:

1. Introduction
2. Information Required from LHWs- EPI work
3. Village Wise Analysis of EPI-Performance
4. Outreach Planning for EPI
5. EPI monthly report
6. Questionnaires
7. Health Education etc

### **3. Capacity Building of LHVs / Dispensers during Month under Review**

Resource Persons			Topic	No. of Participants
Names	dates	Venue		
1. Dr. Sumeera Raiz 2. Dr. Zaira Anjum	11-05-2010	DSU- RYK	Antenatal & Postnatal care	29

### **F. REVIEW OF THE PERFORMANCE**

#### **(I) PREVENTIVE HEALTHCARE During Month under Review**

#### **1. Vaccination / Immunization**

No. of Doses of Immunization Administered at Health Facilities.	5,420
No. of TT vaccines provided to pregnant women at Health Facilities.	2,973
No. of Immunization & Vaccination Administered by out- reach EPI Teams	34,452
<b>Total vaccination / immunization for the month May -2010</b>	<b>42,845</b>

#### **2. National Immunization Days (SNIDs) for Polio**

Dates of SNIDs	Target of coverage	Actual coverage	Percentage of coverage
24 <sup>th</sup> to 26 <sup>th</sup> May-2010	732,566	729,333	99%

### **3. Other Preventive/Promotional Services**

<b>S #</b>	<b>Service</b>	<b>Number</b>
1.	Passive Case Detection (PCD) Slides	188
2.	Active Case Detection (ACD) Slides	Not Collected
3.	Visits to Check Sanitation (Individual house holds + streets)	No SIs
4.	Notices issued against Poor Sanitation	No SIs
5.	Challans sent to Court against Poor Sanitation	No SIs
6.	Patients Nebulized	2362

### **(II) MOTHER, CHILD & REPRODUCTIVE HEALTH** **During Month under Review**

#### **1. Female Health**

<b>Sr. No.</b>	<b>Name of FMO</b>	<b>Antenatal</b>	<b>Neo Netal</b>	<b>Other OPD</b>	<b>Total OPD</b>
1	Dr. Sumeera Riaz	232	-	614	846
2	Dr. Zaira Anjum	234	-	850	1,084
3	Dr. Shaista Shoaib	On Medical Leave			
4	Dr. Nausheen Adnan	70	-	918	988
5	Dr. Zarina Afzal	48	-	614	662
6	Dr. Sadia Jabeen	163	-	956	1,119
7	Dr. Rashida Bano	161	-	585	746
8	Dr. Rashida Gohar	102	-	1,242	1,344
9	Dr. Samina Anwar	97	-	851	948
10	Dr. Fariha Shoukat	8	-	73	81
	<b>Total</b>	<b>1,115</b>	<b>-</b>	<b>6,703</b>	<b>7,818</b>

#### **2. Deliveries Assisted**

<b>S #</b>	<b>Service</b>	<b>Number</b>
1	Deliveries Assisted at HF's	59
2	Deliveries Assisted at homes	1,315

### **3. Lab/ Diagnostic Tests (only FMOs)**

<b>S #</b>	<b>Test</b>	<b>Number</b>
1	Pregnancy Tests	325
2	Blood Sugar Tests	49
3	Hemoglobin Tests	-
4	Ultra Sound Test	75
5	Others	-

### **4 Important Discussion on Mother and Child and Reproductive Health during MRM**

➤ See the Section (J) Discussion during the MRM.

### **5 Provision of Family Planning Services**

<b>S #</b>	<b>Name of the Items / Service</b>	<b>Number</b>
1.	Consultation / Advice	1118
2.	Oral Pills	230
3.	IUCDs	101
4.	Injections	679
5.	Others	108

## **(III) COMMUNITY PARTICIPATION** **During Month under Review**

### **1. Number of SGs**

Male SGs	104
Female SGs	Nil

### **2. Performance of Social Organizers**

<b>Names of Social Organizers</b>	<b>Meetings of Support Groups conducted by him</b>		<b>CHSs/SHSs arranged by him</b>	
	<b>No.</b>	<b>No. of Participants</b>	<b>No.</b>	<b>No. of Participants</b>
Muhammad Naeem	22	278	13	749
Rashid Mukhtar	21	177	8	643
Nasir Mubashar Rasool	19	187	3	190
Abdul Ghaffar	19	135	5	380
Ahmed Hassan	4	31	0	0
<b>Total</b>	<b>85</b>	<b>808</b>	<b>29</b>	<b>1962</b>

### 3. School Health Sessions & Community Health Sessions

S r. N o	Name of MOs	School Health Activities					Community Health Sessions	
		Camps			SHS		No. of Session	No. of Participants
		No. of Camps	Treated	Examined	N o. of H S	Participa nts		
1	Dr. Omparkash	1	45	61	4	146	6	118
2	Dr. Munwar Ali	2	71	180	2	266	2	52
3	Dr. Sanauallah Kolachi	-	-	-	-	-	1	31
4	Dr. Azra Kamal	1	12	22	2	270	3	76
5	Dr. Manzoor Ahmad	1	5	8	7	819	6	158
6	Dr. Sajid Rafique	2	41	110	8	374	8	122
7	Dr. Fida Hussain	2	44	54	2	65	4	69
8	Dr. Javaid Hussain	1	37	52	-	-	11	284
9	Dr. Khalid Mahmood	1	21	24	-	-	3	112
10	Dr. Abdul Hameed	3	23	75	4	374	5	205
11	Dr. Nadeem Akhtar	1	10	25	3	80	3	47
12	Dr. Khushi Muhammad	-	-	-	5	248	2	43
13	Dr. Mehmood uz Zaman	1	20	90	2	111	12	468
14	Dr. Khalid Masoud	2	44	-	36	1,887	4	95
15	Dr. Anil Raja	-	-	-	1	30	4	47
16	Dr. Irfan Abid Awan	-	-	-	-	-	3	34
17	Dr. Rizwan Ali	-	-	-	2	85	4	145
18	Dr. Mohammad Iqbal	-	-	-	1	60	4	110
19	Dr. Imran Ahmed	-	-	-	1	70	3	81
20	Dr. Mohammad Alam Shad	2	50	50	7	213	6	139
21	Dr. Shah Muhammad	-	-	-	6	319	7	185

	Saghar							
22	Dr. Abdul Jabbar	-	-	-	1	215	3	56
23	Dr. Asghar Hussain	-	-	-	2	92	6	159
24	Dr. Ishtiaq Ahmad	1	12	178	1	218	2	42
25	Dr. Khalid Hussain	-	-	-	1	136	2	28
26	Dr. Athar Nazir	-	-	-	5	125	9	212
27	Dr. Mirza Khalid Baig	1	10	25	4	400	3	48
28	Dr. Imran Sohail	1	40	50	8	494	7	160
29	Dr. Asim Siddique	1	-	-	6	587	7	520
30	Dr. Muzafar Ali	2	90	222	4	320	14	508
31	Dr. Amir Khan	1	15	20	4	185	3	118
32	Dr. Shahjahan	-	-	-	3	100	15	666
33	Dr. Zahid Hussain	-	-	-	-	-	3	38
34	Dr. Muhammad Mohsin	2	35	215	9	410	10	273
35	Dr. Tariq Farooq	-	-	-	1	64	8	156
36	Dr. Rashida Gohar	-	-	-	2	75	2	55
37	Dr. Ahmed Ali	-	-	-	2	230	6	148
38	Dr. Rana Nasir Ali	-	-	-	8	188	3	27
39	Dr. Sohail Yahya	2	34	42	2	100	4	58
40	Dr. Muhammad Zafar Babar	2	28	106	7	542	7	204
41	Dr. Muhammad Arshad	-	-	-	1	33	6	94
42	Dr. Irshad Nadeem	-	-	-	5	186	8	144
43	Dr. Abid Khan	-	-	-	4	236	4	75

44	Dr. Sajjad Hussain	-	-	-	2	43	12	176
45	Dr. Sana Ullah Gojar	2	4	198	7	140	7	125
46	Dr. Abdul Jabbar	-	-	-	6	529	6	153
47	Dr. Vadhoo Mal	-	-	-	-	-	6	147
48	Dr. Waheed Ahmed	1	56	56	3	158	4	82
49	Dr. Zulfiquar Ali	1	25	30	6	200	12	468
50	Dr. Abdul Rasheed	-	-	-	15	790	6	123
51	Dr. Wajid Pervaiz	1	14	24	8	492	8	378
52	Dr. Abdul Hafeez	-	-	-	1	42	8	189
53	Dr. Shahid Hussain	2	57	75	5	185	7	221
54	Dr. Mohammad Shafiq	-	-	-	2	219	5	83
55	Dr. Safdar Ali	-	-	-	2	88	5	101
<b>Total</b>		<b>40</b>	<b>843</b>	<b>1992</b>	<b>230</b>	<b>13239</b>	<b>319</b>	<b>8656</b>

Names FMOs	Community Health Sessions		School Health Sessions		
	Sessions	Participants	Sessions	Children Examined	Children Treated
Dr. Sumeera Riaz	1	46	-	-	-
Dr. Rashida Bano	2	100	-	-	-
Dr. Samina Anwar	4	20	-	-	-
<b>Total</b>	<b>7</b>	<b>166</b>	<b>-</b>	<b>-</b>	<b>-</b>

#### **4. Important Points during Support Group Meetings.**

The SOs presented reports on important issues discussed during SG Meetings:

- a. An interesting discussion among the community Support Group members occurred regarding improved status of public Health

Facilities in the rural area. At home preparation of ORS was being discussed when senior citizens started comparing the old Health seeking behavior and approach with the present. Mr. Abdul Rashid stated that the present generation is blessed to have qualified HCPs and medicine supplies at their local facilities like BHUs. The DSM stressed that the expression of trust on BHUs by community was a positive omen for us to go ahead with our awareness and community strengthening plans. We should start involving them in our outreach activities. Their support would surely enable us having maximum result & impact on Health Status of the district.

- b. At BHU 186/P, the importance of distance between hand pump / water pump bore and the wash room / gutter was discussed. The Support Group members reacted strongly by mentioning the use of sewerage water for irrigation / watering of vegetables around the cities like RYK & Sadiqabad. Even the vegetables are washed with the sewerage water before sending them to the market. The participants discussed the issue in length. It was concluded that Support Group and community should be advised to wash the vegetables with clean water before use. Further the cooking of vegetables requires quite high degree temperature which kills the harmful bacteria.

**1. Important Points during SHSs**

<b>Sr. No.</b>	<b>Topics</b>
1.	Prevention regarding ENT Problems
2.	Prevention regarding Eye Problems
3.	Skin Care
4.	Physical Hygiene
5.	Prevention regarding Hepatitis A

**6. Important Points during CHSs**

<b>Sr. No.</b>	<b>Topics</b>
1.	Prevention regarding ENT Problems
2.	Prevention regarding Eye Problems
3.	Skin Care
4.	Physical Hygiene
5.	Prevention regarding Hepatitis A

**7. Topics for SHSs for the Month**

Sr. No.	Topics
	School Vacations

**8 Topics for CHSs for the Month**

Sr. No.	Topics
1.	Awareness regarding EPI- its importance and timely vaccination
2.	Prevention regarding Heat Stroke /Diarrhea
3.	Prevention regarding Hepatitis A
4.	Avoid self medication
5.	Family Planning- importance of 1 <sup>st</sup> consultation and fee availability
6.	Responsibility of male regarding family health

**9. Important Discussion on Community Participation during MRM**

MOs & SOs shared different activities involving local community:

- 1 In BHU Garhi Khair Muhammad Jhak,, a walk to promote awareness and preventive measures against Malaria was held. School Children, local Elders and ex-Nazim UC Jam Abdul Qadir participated in the activity.
- 2 In Basti Chachar, near BHU Chak No. 39-NP, 06 persons of a family have been found with Goiter. They think of it as a hereditary disease. Similarly, during the School Health Activities, it was observed that prevalence of Goiter is more common in Basti Abdul Islam, Basti Islamabad, and Basti Jam Channu, in the catchments of BHU Badli Sharif. The possible reasons of prevalence of Goiter in specific areas were discussed. Besides Iodine deficiency, other factors can only be conjectured, unless a specific study of the Area involving line departments is conducted by the District Health Departments.

**10. Health Camps**

Number Held (School Heath Camps)	40
Number of Patients	1992

**11. Measures for improvement / provision of Services by other Department / Agencies**

Sr No	Description	Recommendation	To whom sent	Present status
i	Sanitation	N/A	N/A	N/A

ii	Drainage / sewerage			
iii	..... drinking water			
iv	Prevention of adulteration			
v	Tree Plantation			
vi	Roads and infrastructure			
vii	Environmental Improvement			
viii	Others			

**(IV) CURATIVE SERVICES DURING MONTH UNDER REVIEW**

**1. OPD\***

New patients treated during the month of May -2010	Old patients treated during the month of May -2010	Total OPD during the month of May -2010 (New + Old)
147,827	6,651	154,478

**2.**

S #	Maximum OPD**		Minimum OPD**	
	BHU	OPD	BHU	OPD
1.	Badli Sharif	3,807	Chak No.255/P	568
2.	Kotla Pathan	3,653	Chak No.186/7-R	630
3.	Kot Haq Nawaz	3,290	Chak No.79/A	646

**3. Top Five Diseases Treated during School Health Sessions/Camps**

Sr. No.	Diseases	No. of patients
1.	ARI	Not Collected on this format
2.	Scabies,	
3.	Fungal infection	
4.	Diarrhea/dysentery	
5.	Boils	

**4. Top Five Diseases during OPD**

S #	Disease	No. of patients
1	Acute (Upper) Respiratory Infection	27,334
2	Fever due to other causes	8,161

3	Scabies	7,531
4	Diarrhea	5,812
5	Peptic	5,382

\*All HFs — BHUs and others.

\*\*Reflects OPD at BHUs only — not at other HFs.

#### **5. ARV / ASV used during the month**

No. of Dog bite cases reported	225
ARV Administered (Vials)	00
ARV Available Doses (Vials)	00
No. of Snake bite cases reported	00
ASV Vaccine Administered (Vials)	00
ASV Vaccine Available Doses (Vials)	00

#### **6. Lab / Diagnostic Tests: Includes Tests Reported at No. (II) (Mother, Child & Reproductive Health)**

##### **3. (Lab / Diagnostic Tests)**

S #	Tests	Number
1	Blood Sugar Tests	2,573
2	Hemoglobin	135+0= <b>135</b>
3	X-Rays (if available)	Not Available
4	Ultra Sound	75
5	Others (please specify)	Nil

#### **7. HEPATITIS B & C SCREENING TESTS**

Screening	No. of Tests Performed	No. of cases found positive	No. of cases referred for treatment	Total referred upto date	Follow up result
Hepatitis B	50	2	2	2	Nil
Hepatitis C	50	10	10	10	Nil

#### **8. Tuberculosis**

Patients Receiving Treatment	New Cases During the Month	Under Diagnosis
302	34	319

### 9. Referrals

S.No	Totals	Cases			Referred To		
		TB DOT	Deliveries	Others	RHCs	THQs	DHQs
1	2437	319	0	2118	-	-	-

### 10. Inverse Referrals

S.No	Totals	Cases			Referred from		
		ARV	ASV	Others	RHCs	THQs	DHQs
Nil							

## G. MONITORING DURING MONTH UNDER REVIEW

### 1. Monitoring Visits during the month

DSM	Executive Monitoring	Other Staff	Total
18	100	20	138

### 2. Important Points/Issues arising from Visits

S #	Name of HF	Issue	Action	Remarks
1.	Chak # 186/P	During the field visit, MO found absent from last 4-days (12 <sup>th</sup> May -2010 to 15 <sup>th</sup> May-2010) without intimation to DSM/DSU. IMO habitual absentee. He left the BHU for 11 days in the m/o April, proved from OPD register.	IMO was given explanation and after personal hearing, IMO found guilty. IMO was terminated after deduction of 15-days salary in the m/o May-2010.	
2.	Bismillahpur	The SH&NS was absent without intimation /prior approval to competent authority. She is habitual absentee.	She was given explanation and after personal hearing, she was warned to be careful in future.	
3.	Chachran Sharif	IMO,SH&NS and LHV was found absent at 9:00AM without intimation to DSM/DSU.	All staff were given explanation and after personal hearing, all were warned to be careful in future	

## H. AVAILABILITY OF MEDICINES/MEDICAL MATERIALS

1. Medicines available for: **08 Weeks**

### 2. Important Issues raised relating to Medicines, etc. during MRM

1. The DSM observed that the expense of medicine must be judicious and justified. Medical Officer has a critical responsibility of ensuring right prescription within the resources at hand. A doctor can not be dictated by any one while he is prescribing, except by his conscience. He is supposed not only to look after the interest of OPD visitor but also to ensure optimum utilization of public resources.

### I. REPAIR / MAINTENANCE OF / AT HFs

Name of BHU	Description of Repair/ Maintenance incl. electrification	Status / Remarks
FF Punjabian	Repair of Furniture and Polish	<b>Completed</b>
Saidpur	Purchase of 6-chairs	<b>Completed</b>
Ghouspur	White wash of official residential quarters	<b>Completed</b>
Ghouspur	Patch work of official residential quarters	<b>Completed</b>
Ghouspur	Repair of doors and windows of official residential quarters	<b>Completed</b>
Ghouspur	Repair of electricity works of official residential quarters	<b>Completed</b>
39/NP	Installation of slogan board	<b>Completed</b>
Latki	Repair of furniture and repair of fans	<b>Completed</b>
Chak # 116/P	Patch work of main building	<b>Completed</b>
Chak # 116/P	White wash of main building and boundary walls	<b>Completed</b>
Chak # 116/P	Oil paint of doors and windows and boarder of inner walls	<b>Completed</b>
Malikpur	Installation of hand pump	<b>In progress</b>
206/P	Installation of hand pump	<b>In progress</b>

### **Inspections / Visits of PPHI (CMIPHC) HFs**

<b>Visitors*</b>	<b>Health Facilities Visited</b>	<b>Overall Comments</b>
District Coordination Officer RYK	1	P
DDO(H)	31	P
MEAs	104	P

\*To reflect only non-PPHI (CMIPHC) Visitors.

### **J. DISCUSSION DURING MRM**

#### **On Staff Matters:**

- a. The issue of punctuality and discipline was discussed. The DSM informed the participants that contract of employment of one MO was terminated by DSU, during the month, on the basis of continuous absence from duty and marking attendance for the absent days. One MO submitted his one month prior notice, as he was being monitored for punctuality, complaints. His resignation was accepted with immediate effect.
- b. DSM clearly announced that DSU-CMIPHC never intends to hinder the NIDs planning and implementation. All the staff including MOs are relieved from BHU duty as soon as DSU is intimated of their assignments. No one should consider him/her self competent to self assign the Job. If any of the colleagues has reservations regarding stance of DSU, he/she should talk to DSM or EM first before involving EDO(H), DCO or WHO office bearers. DSM shared the example of Dr. Abdul Jabbar- BHU Ehsan Pur, whose immature conduct caused panic in the District Health Department and among the WHO staff.
- c. DSM/DSU monitors the punctuality and discipline and service delivery at BHUs, as assigned function for the CMIPHC offices. We have to consider the public opinion regarding personal and professional image of our team including IMOs/FMOs. The public concerns are shared

with them frankly to ensure smooth functioning and public satisfaction. It does not mean that DSU questions the personal integrity or character of esteemed colleagues. The same goes for our staff other than MOs/FMOs.

- d. The complaint of overcharging and discriminating administration of staff at BHU Ehsan Pur was shared. DSM emphasized that MOs being Incharge Facility should not discriminate among the staff. The fair administration of staff is key for success. The overcharging of even Rs. 1/- in addition to Rs. 1/- purchi fee is not allowed. It is worst to listen that IMO consented charge of Rs. 2/- OPD fee. Matter is being investigated to ascertain facts.

**On Preventive Health:**

- 1 The out reach planning for EPI was evaluated. The role of MO and other staff was found absent in the whole scheme of things. It was decided that the experience under GAVI-CSO Project should be used in all the UCs having BHUs.
- 2 LHW wise reporting of newly registered pregnant women and live birth has never been used to ensure maximum coverage. The permanent register record need to be presented in an organized manner and planning for next month targets should be done at facility level, involving all out reach staff.
- 3 The DSM shared following three formats that can be used for planning and evaluation of effective out reach vaccination and community based maternal health services.

Outreach Planning for EPI													
Villages	Population	LHWS	School	SH&NS Visit Day / Date	Vaccinator Visit Day / Date	Kit Point	Target Children <1			Pregnant T.T			Volunteer Identified
							Due	Default	Total	Due	Default	Total	

Village Wise Analysis of EPI-Performance															
Village/Mouzas	Population	LHWS	Target of the month (Children <1)			BCG		Penta I		Penta II		Penta III		MEASLES	
			Due	Default	Total	Achieved	Missed	Achieved	Missed	Achieved	Missed	Achieved	Missed	Achieved	Missed

Target for the Month (pregnant women)	PREG.W (TT-I)		PREG.W (TT-II)	
	Achieved	Missed	Achieved	Missed

Information Required from LHWS- EPI work									
Sr. No.	Name Of LHWS	Population	Information Required	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
			Pregnant Women Registered						
			Live Birth Reported						

- 4 Separate Hard copies for all 104 BHUs were provided to MOs. IMO's were required to conduct the complete session at each BHU on the basis of provided material of following topics:
  - a. Schedule of vaccination for pregnant women.
  - b. Schedule of Vaccination of Children < 01 year.
  - c. Out reach planning for EPI
  - d. End Month Evaluation of coverage.
  - e. Frequently asked questions regarding vaccination.
  - f. Health Education
- 5 The BHU staff, out reach staff, LHS & LHW should be included for the relevant part of sessions.

#### On Curative Health:

The disease pattern recorded in the OPD during the last 02 Months was discussed, focusing on top 10 Health Problems:

Sr. No.	April-2010 Total OPD Visits <u>160,743</u>		May-2010 Total OPD Visits <u>160,743</u>	
	Health Problem	No. of Cases	Health Problem	No. of Cases
1	Acute (Upper) Respiratory Infection	30161	Acute (Upper) Respiratory	27334
2	Scabies	7617	Scabies	7531
3	Diarrhea	7438	Diarrhea	5812
4	Dermatitis	2234	Dermatitis	2404
5	Fever due to other	8369	Fever due to other	8161
6	Diabetes Mellitus	3175	Diabetes Mellitus	3243
7	Peptic	4988	Peptic	5382
8	Hypertension	2702	Hypertension	2565
9	Asthma	4474	Asthma	4112
10	Otitis Media	2188	Otitis Media	2323

#### **On Mother, Child & Reproductive Health:**

1. The MCH indicators were evaluated on the basis of DHIS reports, comparing the month of April-2010 & May-2010. In the month of May-10 539 Women were found having Hb < 10g/dl out of total 2905 first Antenatal Care visits while this ratio remained 554 out of 2506 in the month of April-10. 1760 revisits for Antenatal Care were witnessed in April-10 while 1877 Antenatal-Revisits were recorded in the month of May-10. 419 women visited BHUs for PNC in April-10 while 477 women visited for PNC in May-10. 59 normal deliveries handled at BHUs in May-10, while the number was 70 in the month of April-10.
2. The reporting of MNCH in DHIS report was evaluated. It was observed that some BHUs were reporting live birth in the community in the columns meant for Facility Based data. The DSM, regretted that casualness can only malign the efforts of all the team to work according to standard protocol. In future, disciplinary action would be initiated against the IMOs concerned, for such established negligence.

#### **Date /Time for Next MRM:**

5<sup>th</sup> July-2010 (Monday), "INSHA-ALLAH"

#### **Comments on targets vs achievements (by DSM):**

The utility of BHUs in term of OPD witnessed visible change towards decrease, as compared to the m/o May of the last year. However, this does not mean that the BHUs are not performing according to the requirements and expectations of the community. This can be argued as Number of First Antenatal visits and Revisits for Antenatal care increased during the month as compared with the last month. The quality of care, availability of Health care providers and necessary supplies were ensured. The Number of Family Planning visits also remained less changed. Over all performance of the facilities is considered satisfactory. Quality of interaction with community, through Support Groups was felt improving.

## DISTRICT CHAKWAL

Monthly Review Meeting (MRM) of District, Chakwal for the Month of May ,2010 was held on 5<sup>h</sup> June, 2010 at District Health Development Centre, Chakwal. Written invitations to participate were sent to the DCO, the EDO(H), the EDO(F&P) and District In-charge of EPI, LHW and all other National Programs as usual.

The participants of the meeting were as under:

<b>S #</b>	<b>Names/Designation</b>	<b>S #</b>	<b>Names/Designation</b>
01	Raja Shakeel Amjad, Asstt. Entomologist, Health Department & Focal Person EPI	02	Dr. Malik Ayaz Ahmad (BHU Pira Fatial)
03	Dr. Qaisar Sultan (BHU Basharat)	04	Dr. Abida Zahoor FMO (BHU Minwal)
05	Dr. Muhammad Ilyas (BHU Saral)	06	Dr. Abdul Aziz (BHU Dher Mond)
07	Dr. Maqsood Ali (BHU Kot Gula)	08	Dr. Arooj Mushtaque, FMO (BHU Noor Pur)
09	Dr. Muhammad Irfan (BHU Mangwal)	10	Dr. Misbah Farooq (BHU Murid)
11	Dr. Asad Ali Tonio (BHU Bhar Pur)	12	Dr. Tahsin Akhtar FMO BHU Khokhar Zair
13	Dr, M. Irshad Khan (BHU Sukka)	14	Dr. Qurat ul Ain (WMO Bhilonmar)
15	Dr. Amjad Ali (BHU Khairpur)	16	Dr. Wali Muhammad Soomro (BHU Jamalwal)
17	Dr. Fawwad Ali Khan (BHU Kot Sarang)	18	Dr. Imran Mehmood (BHU Dhok Ham)
19	Dr. Saadia Anbreen (BHU Thoa Mehram Khan)	20	Dr. Fakhr-I-Alam (BHU Dullah)
21	Dr. Jehad Noor (BHU Dharabi)	22	Dr. Farhan Ali (BHU Basharat)
23	Dr. Salma Awan (WMO Wanhar)	24	Dr. Noor Muhammad (BHU Noorpur)
25	Dr. Muhammad Qasim (BHU Ranjha)	26	Dr. Sajid Nawaz Toor (BHU Saigalabad)
27	Dr. Muhammad Akbar (BHU Kallar)	28	Dr. Umar Zada (BHU Sohawa)

	Kahar)		Dewalian)
29	Dr. Rehmat Khan (BHU Sukkha)	30	Dr. Sharaf Sultan (BHU Nakha Khout)
31	Dr. Amjad Shafique (BHU Kot Qazi)	32	Dr. Abdul Mannan (BHU Bhudial)
33	Dr. Liaq Said Bacha (BHU Tehi)	34	Dr. Muhammad Ishaque Kahut (BHU Dab)
35	Dr. Hafz ur Rehman (BHU Neela)	36	Dr. Jabran Javed (BHU Bhoun)
37	Dr. Amir Ali (BHU Shahpur Saydian)	38	Dr. Zulfiquar Ali Sabir (BHU Dulmial)
39	Dr. Mumammad Riaz (BHU Jasial)	40	Dr. Muhammad Israr (BHU Pashan)
41	Dr. Basit Sohail (BHU Patwali)	42	Dr. Shah Nawaz Mughal (BHU Chakral)
43	Dr. Naureen Kausar FMO (BHU Bhoun)	44	Dr. Malik Ayaz Ahmad (BHU Pira Fatial)
45	Dr. M Soharab Khan (BHU Sarkalan)	46	Dr. Muhammad Ilyas (BHU Saral)
47	Dr. Sajjad Ahmed (BHU Jand)	48	Mr. Mubashir Hussain, Executive Finance
49	Mr. Faheem Ahmad Khan DSM	50	Mr. Aftab Ali Shah, Pers & Admin Officer, DSU
51	Mirza Faraz Ahmed Baig, Executive Monitoring, DSU	52	Mr. S. Muhammad Ali Hasnain, SO Tehsil Chakwal
53	Mr. Aqeel Ahmed SO Tehsil Choa Saidan Shah	54	M. Saeed-ur-Rehman (Coordinator of GAVI)
55	M. Saad Haseeb, SO, Tehsil Talagang		

The following could not attend the meeting for the reasons stated against each:-

Sr. #	Names	Reasons for absence
1.	Dr. Mumtaz Ahmad (BHU Karyala)	On IDPs duty at Hunza
2.	Dr. Waheed Ali (BHU Roopwal)	On IDPs duty at Hunza
3.	Dr. Saeed Ahmad Metlo (BHU Karsal)	On leave due to grand-mother's death
4.	Dr. Tariq Ahmad (BHU Ratoocha)	Could not attend due to transport strike in Choa Saidan Shah
5.	Dr. Beenish Riaz FMO, Dulmial/Ratoocha/Lehr Sultan Pur	Could not attend due to transport strike in Choa Saidan Shah
6.	Dr. Masooma Fatima WMO (BHU Badshah Pur)	Could not attend due to transport strike in Choa Saidan Shah

MRM started with recitation of a verse from the Holy Qura'an by Dr. Arshad Siddique, Health Officer, BHU, Chak Umra. . The DSM told the participants that Raja Shakeel Amjad, Assistant Entomologist will debrief the audience about EPI which would be followed by a clinical session on Rheumatoid Arthritis by Dr. Noor Muhammad, Health Officer, BHU, Noor Pur.

### **A.HFs WITH PPHI**

**BHUs: 65    Dispensaries: Nil    MCHCs: Nil    Others: Nil**

**TOTAL: 65**

### **B. Population of the Catchment Area: 1150453**

### **C. STAFF STRENGTH**

Sr. No			Sanctioned Posts	Working	Govt. Employees	PRSP Contract	Vacant Posts
1	Medical Officer	Male	65	42	05	37	18
		Female		05	01	04	
2	FMOS			06		06	---
3	LHVs		65	65	33	32	00
4	MTs	Male	65	23	23	00	40
		Female		2	2	00	
5	MAs	Male	4	4	4	0	0
		Female		0	0	0	
6	Dispensers		65	63	29	34	2

### **D. CLUSTERS OF HFs**

**WITH ONE MO**

<b>Previous Month</b>		<b>Month under Review</b>	
Clusters of 6 HF's	-	Clusters of 6 HF's	-
Clusters of 5 HF's	-	Clusters of 5 HF's	-
Clusters of 4 HF's	-	Clusters of 4 HF's	-
Clusters of 3 HF's	-	Clusters of 3 HF's	-
Clusters of 2 HF's	19	Clusters of 2 HF's	18
<b>Single HF's</b>	27	<b>Single HF's</b>	29

**WITH ONE FMO**

<b>Previous Month</b>		<b>Month under Review</b>	
Clusters of 5 HF's	-	Clusters of 5 HF's	-
Clusters of 4 HF's	-	Clusters of 4 HF's	-
Clusters of 3 HF's	05	Clusters of 3 HF's	06
Clusters of 2 HF's	-	Clusters of 2 HF's	-
<b>Single HF's</b>	-	<b>Single HF's</b>	-

**CAPACITY BUILDING**

1. First Session: During MRM

**Lecture delivered by Raja Shakeel Amjad, Focal Person EPI, district Chakwal and Assistant Engomologisst, Health Department, Chakwal.**

Raja Shakeel Amjad, in his lecture, spoke comprehensively on the following points pertaining to EPI:

- Background of the start of EPI by WHO in 1974

- Start of EPI Programme in Pakistan in 1978 and its progress.
- All children and women should be fully protected against vaccine preventable diseases and a polio free Pakistan
- Objectives
- Need for scaling up routine EPI
- Constraints in EPI
- Why the new vaccine HIB
- Oral Polio Vaccine (OPV) & Pentavalent vaccine (DTP + Hep B + Hib)
- Common precautions for all vaccines
- Injection technique – intradermal, intramuscular and subcutaneous
- Injection safety precautions/safe waste disposal
- Recording and reporting
- Storage of vaccine and diluents
- Monitoring cold chain
- Global immunization vision and strategy 2006-15 and its 5 objectives
- District microplan and microplan as management tool.
- To increase access to immunization services
- How to reach target population
- Immunization delivery strategies
- Improving routine immunization coverage
- Assuring quality of services during vaccination session
- Necessary logistics for the outreach
- Supportive supervision
- Minimizing missed opportunities
- Proper information for contraindications

- Social Mobilization

Dr. Muhammad Ishaque Kahoot, Health Officer, BHU, Dab questioned about the definition of a fully immunized child.

Raja Amjad Shakeel replied that a child who has been injected all the vaccines at the age of 12 months is defined as a fully immunized child.

Dr. Jehand Noor, Health Officer, BHU, Dharabi questioned that what was the efficacy of BCG vaccine against Pulmonary Tb and if it was not effective against Pulmonary TB, then why it was injected?

Raja Amjad Shakeel replied that while injecting BCG, this aspect may be ignored because BCG was effective against Meningeal T.B.

The Health Officers asked question that Raja Amjad Shakeel in addition to EPI vaccine, should they keep ARV/ASV in the EPI ILR?.

Raja Amjad Shakeel replied that in EPI ILR, only EPI vaccines were allowed to be kept. For placing other vaccines, some other arrangement should be made.

**Clinical Session on Rheumatoid Arthritis held by Dr. Noor Muhammad, Health Officer, BHUs Noor Pur & Munara.**

Dr. Noor Muhammad, Health Officer, BHUs Noor Pur & Munara, in his lecture, spoke on the following points.

- (i) **Definition** – It is typically a persistent symmetrical deforming peripheral orthopathy.
- (ii) **Onset** – It generally starts in the 5<sup>th</sup> decade of life and its ratio between Female and male is 21
- (iii) **Presentation** - At first, the patient may present with swollen, painful stiff hands and feet especially in the morning (swelling of MCP joints). Later on, the patient develops the following signs:  
Recurring mono Arthritis, Persistent Arthritis wide-spread Arthritis

- ULNAR deviation of the finger.
  - Dorsal wrist subluxation (prominent distal radius).
  - Butteniere deformity.
  - Z deformity of thumb.
- (iv) **X-Ray** - It shows increase of soft tissue and decrease of joint space.
- (v) **Blood Tests** – Blood tests indicate increase in ESR, decrease of Hb, and WBC, and increase in platelets. At first, RA factor is –(ve) but later on it becomes +(ve) in 80% cases.
- (vi) **Treatment** – Encourage regular exercise, physiotherapy, intra articular injectable steroids and surgery to relieve pain and to improve the function of the finger.
- (vii) **N SSAIDS** - Steriod like Prednisolove 7.5 mg/d.
- (viii) **DMARDS** - If synovitis remains for more than 6 weeks, Methotrexate is the first choice.
- Other DMARDS are:**
- Cicloporin.
  - Azathioprin.
  - Peniccelamine.
  - Hydroxy Chloroquine.

The Health Officer thanked DSM for giving him an opportunity to share his knowledge with his colleagues in PRSP.

### 3. Capacity Building of LHVs / Dispensers During Month under Review

Names of the Resource Persons with dates	Date	Venue	Topic	No. of Participants
1. Dr. Arshad Ali Sabir, EDO (Health), Chakwal	10 to 11-05-2010	DHDC Chakwal	Immediate New Born Care	17
2. Dr. Ikram ul Haque, Programme Director, DHDC, Chakwal	12 to 13-05-2010	DHDC Chakwal	Immediate New Born Care	20
3. Dr. Asma Jahanzeb, Instructor, Public Health Nursing School, Chakwal	17 to 18-05-2010	DHDC Chakeal	Immediate New Born Care	26
4. Mst. Ghulam Sakina, LHV Instructor, Public Health Nursing School, Chakwal				

### E. REVIEW OF THE PERFORMANCE (I) PREVENTIVE HEALTHCARE During Month under Review

#### 1. Vaccination / Immunization

No. of Doses of Immunization Administered in Children at Health Facilities.	1,813
No. of TT vaccines provided to pregnant / Child Bearing Age Women at Health Facilities.	1,131
No. of Immunization & Vaccination Administered by out- reach EPI Teams	40,807
<b>Total vaccination during May 2010</b>	<b>43,751</b>

#### 2 National Immunization Days (NIDs) for Polio

Dates of NIDs	Target of coverage	Actual coverage	Percentage of coverage
-	-	-	-

### 3. Other Preventive/Promotional Services

S #	Service	Number
1	Passive Case Detection (PCD) Slides	1,001
2	Active Case Detection (ACD) Slides	1,500
3	Visits to Check Sanitation (individual house holds + streets)	423
4	Notices issued against Poor Sanitation	167
5	Challans sent to Court against Poor Sanitation	00
6	Patients Nebulized	711

### (II) MOTHER, CHILD & REPRODUCTIVE HEALTH During Month under Review

#### 1. Female Health

\* FMO Dr. Abida Zahoor' had been on 02 Months approved leave.

S #	Names of FMOs	Ante-Natal Cases	Neo-Natal Cases	Other OPD	Total OPD
1	Dr.Tayyaba Shujah	152	5	1,189	1346
2	Dr. Noureen Kausar	137	1	640	778
3	*Dr. Abida Zahoor	-	-	58	58
4	Dr. Benish Riaz	75	2	908	985
5	Dr. Arooj Fatima	21	-	259	280
6	Dr. Tehseen Akhter	124	7	1,122	1253
<b>Total</b>		<b>509</b>	<b>15</b>	<b>4,176</b>	<b>4,700</b>

## 2. Deliveries Assisted

S #	Service	Number
1	Deliveries Assisted at HFs	63
2	Deliveries Assisted at homes	157

## 3. Lab/ Diagnostic Tests

S #	Test	Number
1	Pregnancy Tests	216
2	Blood Sugar Tests	97
3	Hemoglobin Tests	105
4	Ultra Sound Test	0

## 4. Important Discussion on Mother and Child and Reproductive Health during MRM

The DSM directed the HOs/WHOs/FMOs to take particular care while dealing with cases of Mother and Child and Reproductive Health at the BHUs. The following work is being done on Mother and Child and Reproductive Health:

1. 10 deliveries were conducted at BHU Basharat in the month of May.
2. Health Officers were required to make sure that the stock of 2 to 3 family planning material are available at BHU especially where FMOs are working.
3. Detail of RH and family planning services including ANC, PNC, and Deliveries etc. available at BHUs should be displayed in the LHV's room.
4. Deliveries are being conducted at BHUs by qualified WMOs/FMOs & LHVs.

5. Gynae-specific medicines are available at BHUs where WMO/FMOs are posted.

6. **Provision of Family Planning Services during the Month**

S #	Name of the Items / Service	Number
	Consultation / Advice	53
	Oral Pills	289
	IUCDs	140
	Injections	472
	Others	15
<b>Total</b>		<b>969</b>

**III - COMMUNITY PARTICIPATION**  
**During Month under Review**

1. **Number of Male SGs: 65                  Number of female SGs: Nil**

2. **Performance of Social Organizers**

Names of Social Organizers	Meetings of Support Groups conducted by him		CHSs/SHSs arranged by him	
	No.	No. of Participants	No.	No. of Participants
Aqeel Ahmed	20	397	5/7	195/485
Syed Hasnain Ali	21	381	5/8	377/673
Saad Haseeb	21	423	9/10	365/587
<b>Total</b>	<b>62</b>	<b>1201</b>	<b>23/28</b>	<b>937/1745</b>

3. **School Health Sessions & Community Health Sessions**

Names of MO / FMOs/Paramedics	Community Health Sessions		School Health Sessions		
	Sessions	Participants	Sessions	Children Examined	Children Treated
Dr. Zulfiqar Ali Sabir	4	220	3	140	104

Dr. Tariq Memon	2	51	0	0	0
Dr. Fazal Qayum	0	0	0	0	0
Dr. Farhan Ali	3	50	1	50	30
Dr. Arshad Saddique	2	31	0	0	0
Dr. Muhammad Israr	4	350	1	0	0
Dr. Mumtaz Ahmad	32	511	3	80	50
Dr. M. Ishaq Kahout	7	142	2	22	20
Dr. Basit Sohail	8	252	2	30	30
Dr. Abdul Mannan	8	125	4	0	0
Dr. Sajid Nawaz Toor	4	115	2	72	63
Dr. Amir Ali	2	95	1	21	16
Dr. Shah Nawaz Mughal	8	173	0	0	0
Dr. Wali M.Soomro	3	27	1	36	27
Dr. M Akbar Awan	14	399	2	80	62
Dr. Sohrab Khan	6	159	2	85	55
Dr. Wahid Ali	5	95	2	90	60
Dr. M. Qasim	3	30	0	0	0
Dr. Sajjad Ahmed	0	0	0	0	0
Dr. M. Irshad	0	0	0	0	0
Dr. Yasir Abbas	6	125	0	0	0
Dr. Misbah Farooq	8	297	1	27	27
Dr. Jabran Javed	4	269	1	0	0
Dr. Qurat ul Ain	10	285	2	0	0
Dr. Sadia Ambreen	2	55	0	0	0
Dr. M. Amjad Shafique	2	35	1	0	0
Dr. Rehmat Khan	3	32	1	35	25
Dr. Jehad Noor	3	285	1	0	0
Dr. Saeed Ahmed	3	53	0	0	0
Dr. Asad Ali Tunio	2	35	0	0	0
Dr. Fakhr-i-Alam	7	96	1	70	55
Dr. Hafz-ur-Rehman	6	103	0	0	0
Dr. Salma Awan	5	235	2	59	34
Dr. Amjad Ali	5	145	2	60	35
Dr. Masooma Fatima	4	105	2	35	10
Dr. A. Aziz	4	51	1	0	0
Dr. Imran Mehmood	2	40	1	49	49
Dr. Malik Ayaz Ahmed	0	0	0	0	0
Dr. Umarzada	4	170	2	20	20
Dr.Muhammad Irfan	3	54	1	15	5

Dr. Muhammad Ilyas	8	257	1	0	0
Dr. Sharaf Sultan	3	72	0	0	0
Dr. Laiq Said Bacha	7	347	1	0	0
Dr. Noor Muhmmad	5	194	2	110	74
Dr. Maqsood Ali	7	174	4	85	85
Dr. Fawad Ali Khan	7	176	1	80	70
Dr. Muhammad Riaz	6	119	2	90	74
Dr. Tayyba Shujah	4	110	0	0	0
Dr. Noureen Kausar	2	110	0	0	0
Dr. Abida Zahoor	0	0	0	0	0
Dr. Beenish Riaz	5	190	1	0	0
Dr. Arooj Fatima	0	0	0	0	0
Dr. Tehseen Akhtar	11	276	5	85	77
<b>Total</b>	<b>263</b>	<b>7320</b>	<b>62</b>	<b>1526</b>	<b>1157</b>

#### **4. Important Points during Support Group Meetings.**

1. Members of Support Group were requested to create awareness among the community for availing the health facilities provided at BHUs.
2. Members of Support Group were told in the Support Group Meetings about the importance of the prevention, and asked them to motivate the community about prevention.
3. Members of Support Group were also requested to arrange the health session in their community and Schools and Support the BHU's staff during the community health sessions and school health sessions and camps.
4. In the Support Group Meetings, it was also discussed that how we could improve the health facilities.

Members of Support Group were told about the GAVI project.

#### **5. Important Points during SHSs**

- The students were told about Importance of Personal Hygiene.
- The students were made aware about the importance of Malaria and they were told the symptoms of the malaria.

- The students were told about Hepatitis and advised the students to come and see the doctors in case of symptoms.
- The students were made aware about the importance of balanced diet and they were advised to take simple and balanced diet.
- The students were told about Dengue fever and its symptoms.

#### **6. Important Points during CHSs**

- The participants were told about the importance of Family Planning and they were also told the importance of TT Vaccination of pregnant women
- The participants were told about the signs and symptoms of Scabies and they were advised to come and see the doctors in case of these symptoms.
- The participants were told about the importance of Malaria and Dengue Fever.
- The participants were told about the Preventive measures against ARI/Pneumonia.
- The participants were told about the Preventive measures of Diarrhea.

#### **7. Topics for SHSs for the Month**

<b>Sr. No.</b>	<b>Topics</b>
1	Prevention from Heat Stroke
2	Prevention from Diarrhea
3	Importance of Personal Hygiene
4	Prevention from Hepatitis B & C
5	Importance of Balance Diet

## 8. Topics for CHSs for the Month

S #	Topics
1	Prevention from Heat Stroke
2	Prevention from Diarrhea
3	Importance of Safe Drinking Water
4	Preventive measure against Scabies
5	Preventive measures against Malaria

## 9. Important Discussion on Community Participation during MRM

The DSM discussed that:

- (i) HOs were required to conduct the Community Health Session/Camps through Support Group members in the catchment area of their relevant BHU. HOs should have good relation with Support Group Members.
- (iii) HOs and Paramedics should have written material for the Community/School Health Sessions in catchment area of the BHU.
- (iv) HOs should maintain the minutes of Community/School Health Sessions and all the record should be available at BHUs.

10. **Health Camps**: Number Held: **46**      Number of Patients: **4,682**

11. **Measures for improvement / provision of Services by other Department /**

### **Agencies**

Sr No	Description	Recommendation	To whom sent	Present status
I	Sanitation	-	-	-
li	Drainage / sewerage	-	-	-

lii	..... drinking water	-	-	-
lv	Prevention of adulteration	-	-	-
v	Tree Plantation	-	-	-
vi	Roads and infrastructure	-	-	-
vii	Environmental Improvement	-	-	-
viii	Provision of electricity at BHU Bhillomar	Infrastructure work has been completed at the BHU. Electricity is needed at the BHU	WAPDA, NLC & District Government	Demand notice has been issued by IESCO and NLC has deposited the amount.

**(IV) CURATIVE SERVICES DURING THE MONTH UNDER REVIEW**

**1. OPD\***

<b>New patients treated during the month</b>	<b>Old patients treated during the month</b>	<b>Total OPD during the month (New + Old)</b>
<b>74,377</b>	<b>1,121</b>	<b>75,498</b>

**2. Minimum OPD\*\***

**Maximum OPD\*\***

<b>Sr. #</b>	<b>BHU</b>	<b>OPD</b>	<b>BHU</b>	<b>OPD</b>
1	Ghoul	459	Bheen	2,370
2	Bharpur	642	Bhoun	2,319
3	Maingan	650	Kot Sarang	2,114
4	Kahut	674	Tehi	2,083
5	Sarkalan	700	Dulmial	1,900

\*All Fs — BHUs and others.

\*\*Reflects OPD at BHUs only — not at other HFs.

**2. Top Five Diseases Treated during School Health Sessions/Camps\**

<b>S #</b>	<b>Diseases</b>	<b>No. of Patients</b>
1	Acute Respiratory Infection	2,683
2	Scabies	796
3	Diarrhea	1,993
4	PUO	148

**4. Top Five Diseases During OPD**

<b>S #</b>	<b>Disease</b>	<b>No. of Patients</b>
1	Acute Respiratory Infection	11,373
2	Scabies	2,966
3	Diarrhea	4,009
4	PUO	1,494

**5 ARV / ASV used during the month**

	<b>No. of Patients</b>
Dog bite cases reported	67
ARV Administered	32
ARV Available Doses	109
Snake bite cases reported	1
ASV Vaccine Administered	1
ASV Vaccine Available Doses	6

**6 Lab / Diagnostic Tests: Includes Tests Reported at No. (II) (Mother, Child & Reproductive Health)**

**3. (Lab / Diagnostic Tests)**

<b>S #</b>	<b>Tests</b>	<b>Number</b>
1	Blood Sugar Tests	990
2	Hemoglobin	531
3	X-Rays (if available)	0

4	Ultra Sound	0
5	Pregnancy Tests	1,017

### 7. B & C SCREENING TESTS

Screening	No. of Tests Performed	No. of cases found positive	No. of cases referred for treatment	Total referred up to date	Follow up result
Hepatitis B	94	0	0	0	0
Hepatitis C	94	4	4	4	0

### 8. TUBERCLOSIS

Patients Receiving Treatment	New Cases During the Month	Under Diagnosis
176	180	180

### 9. Referrals

S.No	Totals	Cases			Referred To		
		TB DOT	Deliveries	Others	RHCs	THQs	DHQs
1	189	180	-	9	89	63	37

### 10. Inverse Referrals

S.No	Totals	Cases			Referred from		
		ARV	ASV	Others	RHCs	THQs	DHQs
-	-	-	-	-	-	-	-

## G. MONITORING DURING MONTH UNDER REVIEW

### 1. Monitoring Visits during the month

DSM	Executive Monitoring	Other Staff	Total
41	64	81	186

**2. Important Points/Issues arising from Visits**

S #	Name of HF	Issue	Action	Remarks
-	-	-	-	-

**H. AVAILABILITY OF MEDICINES/MEDICAL MATERIALS**

**1. Medicines available for \*08 Weeks**

\*New purchase orders have been placed, out of which some items have been received but are in DTL process.

**2. Important Issues raised relating to Medicines, etc. during MRM**

The HOs were requested to use medicine judiciously.

**I. REPAIR / MAINTENANCE / ELECTRIFICATION OF / AT HFS**

S #	Name of HFs	Description of Repair / Maintenance incl. Electrification	Status / Remarks
1.	BHU Chinji	Pump & Water Tank repair	Completed
2.	BHU Sukkah	Bore for water and minor repair	Completed
3.	BHU Wanhar	Repair & maintenance of BHU	Completed
4.	BHU Jasial	Repair & Maintenance of BHU	Completed
5.	BHU Lehr Sultan Pur	Repair & Maintenance of BHU	Completed
6.	BHU Munara	Repair & Maintenance of BHU	Completed

7.	BHU Jamalwal	White-wash of BHU	Completed
8.	BHU Kahoot	Repair of electricity	Completed
9.	BHU Mangwal	Repair of Water Cooler & Plastic Pipe)	Completed
10.	BHU Saral	Repair of Water Pump	Completed
11.	BHU Dab	Water Tank, Accessories and Minor Repair	Completed

### **Inspections / Visits of PRSP HF's**

<b>Visitors*</b>	<b>Health Facilities Visited</b>	<b>Overall Comments</b>
DCO, EDO(H) / DOH(H) / Health) / DDO(H) & DC National Program, Chakwal	29	+ve

\* To reflect only non-PRSP Visitors.

### **J - DISCUSSION DURING MRM**

#### **On Preventive Health:**

- ❖ DSM told HOs they should develop liaison with outreach staff, coordination with the community may be enhanced
- ❖ DSM told the HOs they should get reports form Area supervisors about the outreach staff's activities.
- ❖ DSM told the HOs, they should expand their role in the routine EPI and polio campaigns as overall supervisors. They may monitor the campaign achievements, get the reports from Area Supervisors about the outreach activities, check weekly stock registers, cold chain, attendance of the EPI staff, out reach targets and achievements and defaulters list

and give report to DSU about the shortcomings and problems related to EPI.

- ❖ HOs were required to publicize the CHS / CHC through support group members and LHW's to ensure large participation.
- ❖ HOs may select the subjects in terms of relevance, importance to prevention and promotion in the CHS / SHS.
- ❖ HOs and Paramedics should have written material for the CHS / SHS.
- ❖ HOs should maintain the minutes of CHS / SHS and All the record should be available at BHUs.
- ❖ HOs should not go on Community/School Camp/Session if there is no paramedical staff available at centre,
- ❖ All HOs should take extra care with the data of Immunization at the BHU as distinguished form immunization outside the BHU in catchments area.
- ❖ HOs may give feed back and suggestions for enhancing community interest & participation.
- ❖ All the HOs should make sure that the Support Group meetings are held regularly at the BHU.
- ❖ All the outreach staff including Lady Health Supervisors, Drivers, Vaccinators and CDC supervisors have to mark their attendance at the attendance register of their respective BHUs. All the HOs/ In-charges are directed to send their absence reports if anyone of them do not follow the Protocol. All the HOs are also advised to inform the DSU about the progress of the activities of the out reach staff i.e. LHS, LHWS, Vaccinator, Sanitary Inspectors and CDC Supervisors.

- ❖ HO's are to ensure punctuality, hygiene and availability of medicine (Contraceptive Material and Delivery related medicine and equipment's as well) National Program medicine are also available at BHUs.

### **On Curative Health:**

All HOs were directed that:

- ❖ HOs should mention parentage of patients in OPD Register with their address.
- ❖ HOs should make sure that all the paramedical staff should be able to handle all the medical equipments like Sucker Machine, Oxygen Cylinder, Centrifuge Machine etc.
- ❖ HOs should make sure the management of all available data at BHUs and should submit all the relevant forms completely filled with their signatures. Incomplete forms will not be entertained in any manner and may result into certain penalties.
- ❖ HOs should keep the complete referral records of patients if needed may use the separate register.
- ❖ HOs should make sure that DHIS report must be submitted up to 5th of every month.
- ❖ HOs should mention old + new OPD and not only new OPD in the OPD chart
- ❖ HOs should check medicine store register and daily expense register. Daily expense register should be signed by HO on daily basis.
- ❖ Ensure that only MT/FMT, LHV and Dispenser provides medicines in the absence of  
HO/WHO & FMO. If member of paramedics is not present in the BHU,  
HO/WHO/FMO  
should not go to conduct Community/School Health Sessions/Camps.

❖ Medicines cleared by DTL are being supplied to all BHUs for one month. All HOs were directed to keep a close watch on the status of every medicine to make sure that no medicine is short

**Other Matters:**

- HOs were directed to conduct a meeting of BHUs staff on the very next working day of the MRM and discuss the main points and hand over all the proformas to BHU staff.
- DSM told that HOs were responsible to ensure punctuality of staff in the BHU. **(08:00 a.m. to 02:30 p.m.)**
  
- **Improvement of Basic Hygiene.**
  1. HO's are to ensure punctuality, hygiene and availability of medicine (Contraceptive Material and Delivery related medicine and equipment's as well) National Program medicine are also available at BHUs.
  2. **General cleanliness of BHU** and dusting of the items/equipments placed in the general store should be regularly done and the general store should be cleaned properly.
- **Importance of Safe Drinking Water.**
  1. HO's are to ensure promotion and education regarding importance of safe drinking water.
- **Organization of Facilities and the Application of Appropriate Methods of Treatment.**
  - HOs should make sure that all the paramedical staff should be able to handle all the medical equipments like Sucker Machine, Oxygen Cylinder and Centrifuge Machine etc.
  - HOs/WMOs/FMOs are to make sure that only Dispenser, MT/FMT, HT, LHV prescribe medicine in their absence.
  - Availability of **Emergency Tray** with life saving and routine medicine. **(Should be ensured)**

- **Monthly meeting of TB Dots:-** These meetings are held on 25th of every month (subject to working day) at relevant RHCs, the time of meeting has been decided by District Coordinator of TB Dots as 1:30 PM. The HOs are only allowed to leave their BHUs an hour before the mentioned time.

➤ **Maternal And Child Care, Including Family Planning.**

- **Counseling of patients in general and women in particular:** (i) Starting complementary feeding at the age of 6 months. (ii) Breast feeding for 2 years. (iii) Told about the cord care. (iv) Given a vaccination schedule. (v) The postnatal danger signs for mother and baby. (vi) Minimum number of PNC visit. (vii) Family Planning. (viii) Management of miss carriage (abortion).
- LHV should not refer patients to private practice.
- Preference should be given to LHW's referrals.

➤ **Improvement of Nutritional Status.**

The community should be educated about the importance of balanced diet and nutritional value of different food items. The SH&NS have been recruited by the district government and they will be posted to BHUs after getting compulsory training regarding nutrition.

**Repair & maintenance of BHUs by NLC**

All the MOs were directed to intimate DSU, in black and white, every month, about the progress of NLC work.

**Auction of Old Building Material and the Junk Store at BHUs**

All MOs were directed to contact their concerned DDO (Health) for the auction of waste building material accumulated at BHUs due to NLC's repair of the BHUs. They were also directed that three lists of junk stores may be prepared and the auction committee, under the chairmanship of relevant DDO (Health), may be requested to auction the junk material of the BHU.

Empowerment of the District Coordinator for Monitoring of Pro-poor initiatives in the Health Sector. **(Letter by Govt. of Punjab Health Department)**

Special care for the patients of Gastroenteritis and sufficient stock of ORS. **(Letter by DG Health)**

**Maintenance of Complete record of patients visiting Health Facility.** (Letter by Govt. of Punjab Health Department)

**Poor Referral of TB-Suspect from treatment centres to Diagnostic centres and Monthly Meeting.** (Letter by EDO(H) Chakwal.)

**Malaria PCD Slides:-** The directed HOs that they should prepare PCD slides of Malaria suspects and send to the Diagnostic Centres for further management.

The HOs suggested that microscopes were available at all BHUs. It would be useful if a session of capacity building for the use of microscope for diagnosis of Malaria in emergency cases is arranged for the HOs and one of the paramedics from each BHU. The DSM said that he would explore possibility for a capacity building session.

**New Anti-Rabies Vaccine.** (Letter by PSU)

**Parentage of patients and their addresses must be written in OPD registers.** In-charge HO will be responsible if this info is not written in OPD registers.

HOs should not forward any correspondence directly to Health Department. All application / correspondence should route through DSU.

HOs are to mention name of the leave relief before forwarding applications to DSU and write entitlement of leave in balance (of all employees). Any employee should not proceed on leave until receipt of office order, sanctioning leave.

Prior permission for leave must be sought before leaving BHU and HOs should inform DSU well in time not after monitoring. HOs should also inform their relevant BHUs about their leave so that they can mark their leave in attendance register. Only the following can be informed for getting leave. More than 2 days leave should be pre-planned. Proper procedure should be followed for getting leaves. Only SMS is not enough for getting more than one leave (except in emergencies) **DSM Contact# 0300-4211439, EM Contact# 0333-5922302, Office# 0543-541771.**

**Inform DSU** about the movement of BHU staff including HOs and write in the movement register, Date, Time of departure, Time of arrival, Name of Employee, Designation.

HO's are to follow the date and venue of the Community/School Camps/Session provided by the DSU.

It is the responsibility of the HOs to check the Medicine Stock Register and Daily expense Register. Also Daily Expense Register and OPD Register should be Counter Signed by HO.

All the charts and information including new chart for community should be displayed properly.

**The Following must be displayed on notice board.**

1. Map of UNION COUNCIL. 2. Catchment area population.
3. Defaulter list of EPI. 4. Government rate of Purchi Fee etc.

**Availability of Medicines:** Medicines cleared by **DTL** are being supplied to all the BHUs for one month. All the medical officers are required to keep a close watch on the status of every medicine and make sure that there should be no shortage of any medicine. Medicines should be available in sufficient quantity at every health facility.

**Expiry dates:** The expiry dates of medicines should be displayed in medical stores and the HO should keep a close watch on medicine expiry dates. The Incharge HOs will be responsible if any expired medicine is found from his/her facility.

All HOs should demand medicines according to proper format which have been provided by DSU.

***Political/Community Pressure regarding various matters***

The HOs informed that they have to face political/community pressure regarding recruitment of LHWs and up-gradation of BHU to RHC. The DSM advised the HOs that so far as the selection of LHWs was concerned, they should follow the selection criteria conveyed to them by the District Government. Regarding up-gradation of the

BHU to RHC, the politicians and community should be advised that they should take the matter with the high authorities of the Provincial government.

**Comments on Targets vs. Achievements (by DSM)**

The target was provision of PHC services at the BHUs including preventive, promotive and curative services which was achieved during the month at a satisfactory level

**Date /Time for Next MRM:** on the 5<sup>th</sup> of July 2010 at 9:00AM

## DISTRICT VEHARI

Monthly Review Meeting (MRM) of District, Vehari for the Month of May 2010 was held on 3<sup>rd</sup> June 2010 at Resource Center DHQ Hospital Vehari. Invitations were sent to the Zila Nazim, the DCO, the EDO (H), the EDO (F&P) and District Incharge of EPI/LHW and all other National Programs as usual. List of participants is enclosed.

<b>S #</b>	<b>Name of Participant</b>	<b>Designation</b>
1.	Muhammad Athar Masood	District Support Manager, PRSP Vehari
2.	Dr. Muhammad Jamil	EDO Health Vehari
3.	Dr. Muhammad Ashraf Ch	MS DHQ Hospital Vehari
4.	Dr Muhammad Asif	Provincial Coordinator TB Dot Programme Lahore
5.	Dr Muhammad Akram	District Coordinator, EPI & NP
6.	Dr Muhammad Abid	Deputy District officer Health Vehari
7.	Dr. Muhammad Iqbal Huma (FCPS)	District Surgeon, DHQ Hospital Vehari
8.	Dr. Yasir Khan	Surveillance Officer, WHO
9.	Mr. Azhar But	DSV Vehari
10.	Mahmood Amir Rauf	Exécutive Monitoring, DSU Vehari.
11.	Mr. Touqeer Ikram	EX (Finance), DSU Vehari
12.	Mr. Kashif Zubair	District Co Ordinator, GAVI PRSP, Vehari
13.	Dr. Nasreen Manzoor	FMO (Mailsi)
14.	Dr. Nasreen Arif	FMO (Vehari)
15.	Dr. Afroz Somro	FMO
16.	Dr Sultana Kanwal	FMO
17.	Dr Adeela Hameed	FMO
18.	Dr. Sofia Saleem	WMO/199-EB
19.	Dr. Muhammad Siddiq Maan	1/WB
20.	Dr. Ahmed Farooq	110/WB
21.	Dr. Qamar uz Zaman	122/WB
22.	Dr. Abdul Ghaffar	128/EB
23.	Dr Naveed Abbas	145/WB
24.	Dr. Zia ul Mustafa	148/EB
25.	Dr. Khalid Lateef	151/WB
26.	Dr Wazeer Ahmed	155/WB

27.	Dr. Mureed Hussain	158/WB
28.	Dr. Rana Abdul Jabbar	177/EB
29.	Dr Syed Shehzad	187/WB
30.	Dr Abdul Ghafar	195/WB
31.	Dr Arif Mushtaq	Warsi Wahin
32.	Dr. Shakil Akhtar	22/WB
33.	Dr. Sheraz Memon	231/EB
34.	Dr. Naeem Lateef	257/EB
35.	Dr. Javeed Haider Joya	267/EB
36.	Dr. Imtiaz Ahmad Tariq	291/EB
37.	Dr. Bashir Ahmed	305/EB
38.	Dr. Naeem Zafar	335/WB
39.	Dr. Waqas Ahmad	409/EB
40.	Dr. Sana Ullah Khan	41/WB
41.	Dr. Ishaq Haroon	425/EB
42.	Dr. Ayutullah Khan	44/KB
43.	Dr. Munawer Iqbal Sajid	455/EB
44.	Dr Hafiz Abdul Mustfa Jalal	483/EB
45.	Dr Shahjahan Malik	495/EB
46.	Dr Farman Ali	499/EB
47.	Dr Wasim Akhtar	5/WB
48.	Dr. Shagufta Perveen	WMO/515/EB
49.	Dr. Zulfiqar Ali	52/WB
50.	Dr. Baldeev	521/EB
51.	Dr Muhammad Saddique Dhillon	53/WB
52.	Dr. Lal Chund	535/EB
53.	Dr. Mujahid Hussain	569/WB
54.	Dr. Hafiz Muhammad Athar	60/WB
55.	Dr. Farooq Ahmad	88/WB
56.	Dr Asif Ali Rind	Borana
57.	Dr Hakim Ali Zardari	BUDH GHULAM
58.	Dr Khuram Zaib	Fateh pur
59.	Dr. Fiaz Dogar	Sh. Fazal
60.	Dr Shezad Akhhter	Jamlera
61.	Dr. Muhammad Amin Kharl	Karam Pur
62.	Dr Muhammad Tahir Jalani	Khan Pur
63.	Dr. Muhammad Afzal	Kikri Kalan
64.	Dr Mushtaq Ali Ghoomro	Kikri Khurid
65.	Dr Naveed Hussain	Kot Kabeer
66.	Dr. Muhammad Iqbal	Kot Sadat
67.	Dr Hatish Kumar	Lali Pur
68.	Dr. Ayaz Ahmad Soomro	Mian Pakhi
69.	Dr Manzoor Hussain	Miralli

70.	Dr Muhammad Shafi	Mitro
71.	Dr Azam Khan	Omar Khich
72.	Dr. Abdul Rehman	Sahar
73.	Dr. Hafiz Mustfa Bilal	Saldera
74.	Dr Hussin Baksh Pall	Sargana
75.	Mr. Sharf ud Din	SO 1
76.	Muhammad Aamir Javed Bhatti	SO 2
77.	Muammad Siddique	SO 3
78.	Mr. Wassem Ahmad	SK (Medicines)
79.	Mr. Masood Ikram	Accounts Assistant DSU
80.	Mr Shakeel Ahmed	Assistant, GAVI, PRSP, vehari

Following could not attend the meeting for the reasons stated against each:-

S #	Names/	Designation	Reason For Absent
	Nil		

#### A. HF's WITH PRSP

BHUs: 77 Dispensaries: NIL MCHCs:  
NIL Others: NIL  
**TOTAL: 77**

#### B. Population of the Catchment Area: 1647346

#### C. STAFF STRENGTH

		Sanctioned Posts	Working	Government Employees	PRSP Contract	Vacant
MOs	Male	77	55	17	37	22
	Female		2	1	1	
FMO		0	5	0	5	0
LHVs		73	73	30	44	2
MTs	Male	77	76	24	52	1

	Female		2	2	0	
MAs	Male	5	2	2		3
	Female		0			
Dispensers		77	77	52	25	0

**D. CLUSTERS OF HFs**

**WITH ONE MO**

<b>Previous Month</b>	<b>Month under Review</b>	<b>Total at Present</b>
Clusters of 6 HFs	Clusters of 6 HFs	0
Clusters of 5 HFs	Clusters of 5 HFs	0
Clusters of 4 HFs	Clusters of 4 HFs	0
Clusters of 3 HFs	Clusters of 3 HFs	0
Clusters of 2 HFs	Clusters of 2 HFs	0
<b>Single HFs            57</b>	<b>Single HFs</b>	<b>56</b>

**FMO PILOT PROJECT**

<b>Previous Month</b>	<b>Month under Review</b>	<b>Total at Present</b>
Clusters of 5 HFs <b>01</b>	Clusters of 5 HFs	<b>01</b>
Clusters of 4 HFs	Clusters of 4 HFs	
Clusters of 3 HFs <b>05</b>	Clusters of 3 HFs	<b>04</b>
Clusters of 2 HFs	Clusters of 2 HFs	
<b>Single HFs</b>	<b>Single HFs</b>	

## **E. CAPACITY BUILDING**

### **1. First Session: During MRM**

Dr. Muhammad Iqbal Huma (FCPS) District Surgeon DHQ Hospital Vehari (Resource Person) in his Lecture on Initial Assessment and Management of Trauma focused on the following points:-

#### **Trauma**

It is an injury requiring intervention and recovery

#### **Phases Of Trauma Care**

##### **Primary Survey**

1. Airway
2. Breathing
3. Circulation
4. Disability
5. Exposure

##### **Detect Life Threatening Cause and correction**

##### **Secondary Survey**

Head to Head Examine

Neurological Examine

Tertiary Survey and others

## **2. Second Session: During MRM**

Dr. Muhammad Asif, **Provincial Coordinator TB Dot Programme Lahore**, second Resource person discussed following points during his lecture.

**1-TB is a disease of poor**

**2-Pakistan has 8<sup>th</sup> rank among 20 countries having TB patients.**

### **Role of IMOs**

**Screening of TB suspect Cough more than 3 weeks**

**Sign and symptom**

**H/O incomplete ATT**

**H/O Contact**

### **Sputum Card**

**At BHU spot -----one**

**At RHC-----two**

### **TB Card**

**Contact analysis**

**In two groups**

**Up to 5 years children**

**Decrease default rate**

**Public Health Education**

**Monthly meeting at diagnostic Centre**

**Capacity Building of LHVs / Dispensers During Month under Review**

<b>Names of the Resource Persons with dates</b>	<b>Date</b>	<b>Venue</b>	<b>Topic</b>	<b>No. of Participants</b>
Dr. Adeela Hameed	28/5/10	Resource Centre DHQ Hospital Vehari	Methodology of Uterine evacuation by manual vacuum aspirator (Part -2 )	72

**F. REVIEW OF THE PERFORMANCE**

**(I) PREVENTIVE HEALTHCARE  
During Month under Review**

**1. Vaccination / Immunization**

No. of Doses of Immunization Administered in Children at Health Facilities.	2509
No. of TT vaccines provided to pregnant / Child Bearing Age Women at Health Facilities.	2154
No. of Immunization & Vaccination Administered by out- reach EPI Teams	50074
<b>Total vaccination / immunization for the month</b>	<b>54737</b>

**2. National Immunization Days (NIDs) for Polio**

<b>Dates of NIDs</b>	<b>Target of coverage</b>	<b>Actual coverage</b>	<b>Percentage of coverage</b>
Nil	Nil	Nil	Nil

**3. Other Preventive/Promotional Services**

<b>S #</b>	<b>Service</b>	<b>Number</b>
1	Passive Case Detection (PCD) Slides	1018
2	Active Case Detection (ACD) Slides	3644
3	Visits to Check Sanitation (individual house holds + streets)	703
4	Notices issued against Poor Sanitation	1058

5	Challans sent to Court against Poor Sanitation	67
6	Patients Nebulized	1557

**(II) MOTHER, CHILD & REPRODUCTIVE HEALTH**  
**During Month under Review**

**1. Female Health**

S #	Names of FMO PILOT PROJECTS	Ante-Natal Cases	Neo-Natal Cases	Other OPD	Total OPD
1	Dr. Nasreen Arif	142	0	843	985
2	Dr. Sultana Kanwal	91	9	848	948
3	Dr. Nasreen Manzoor	57	2	917	976
4	Dr. Afroz Somro	47	0	1004	1051
5	Dr. Adeela Hamid	82	0	910	992
	<b>Total</b>	<b>419</b>	<b>11</b>	<b>4522</b>	<b>4952</b>

**2. Deliveries Assisted**

S #	Service	Number
1	Deliveries Assisted at HFs	64
2	Deliveries Assisted at homes	410

**3. Lab/ Diagnostic Tests**

S #	Test	Number
1	Pregnancy Tests	958
2	Blood Sugar Tests	553
3	Hemoglobin Tests	0

4	Ultra Sound Test	0
5	Other	0

### 3. Important Discussion on Mother and Child and Reproductive Health during MRM

Dr. Muhammad Jameel, Executive District Officer Health Vehari told that there were two main causes for Infant mortality. In winter, there is Pneumonia and in summer there is Diarrhoea, High infant and Maternal Mortality rate in Pakistan is due to the unawareness of preventive measures during Pregnancy. Provision of Family Planning Services during the Month

S #	Name of the Items / Service	Number
1	Consultation / Advice	3872
2	Oral Pills	858
3	IUCDs	389
4	Injections	561
5	Others (Copper T, Multi Loads, Condoms)	3613
<b>Total</b>		<b>9293</b>

### (III) COMMUNITY PARTICIPATION During Month under Review

1. Number of Male SGs: -----77-----  
NIL-----

Number of female SGs: -----

## 2. Performance of Social Organizers

Names of Social Organizers	Meetings of Support Groups conducted by him		CHSs/SHSs arranged by him	
	No.	No. of Participants	No.	No. of Participants
Sharf Ud Din	26	461	85 / 80	2260 / 7505
Muhammad Aamir Javed	25	451	68 / 75	1969 / 4864
Muhammad Siddique	26	436	85 / 80	2020 / 5549
<b>Total</b>	<b>77</b>	<b>1348</b>	<b>238 / 210</b>	<b>6249 / 17089</b>

## 3. School Health Sessions & Community Health Sessions

MO	Community Health Sessions		School Health Sessions		
	Visits of MO	No. of Participants	Visits of MO	Children Examined	Children Treated
Dr. Muhammad Siddique Dhillon	8	289	3	119	17
Dr. Hafiz Athar	4	82	3	100	34
Dr. Shakeel Akhtar	3	76	4	170	55
Dr. Hakim Ali Zardari	6	130	3	105	145
Dr. Muhammad Iqbal	5	57	3	38	30
Dr. Lal Chand	3	41	3	91	44
Dr. Mujahid Ali	10	245	8	190	90
Dr. Waseem Akhtar	3	68	3	53	37
Dr. Zulfiqar Ali	6	148	4	110	36
Dr. Muhammad Saddique Man	3	83	3	12	6
Dr. Ayaz Ahmad Somro	5	205	4	132	66
Dr. Wazir Ahmad	3	59	3	23	23
Dr. Sana Ullah	11	266	5	80	32
Dr. Abdul Mustafa Jalal Rahtore	6	154	6	260	137
Dr. Hussain Bux Pall	6	90	6	235	103
Dr. Muhammad Azam	6	132	6	133	103
Dr. Farooq Ahmad	7	164	5	128	78
Dr. Mushtaq Ali Ghumroo	9	299	6	244	73
Dr. Naveed Hussain	3	72	3	78	37
Dr. Khuram Khan	3	58	3	32	32

Dr. Muhammad Arif Mushtaq	3	73	3	37	20
Dr. Qamar uz Zaman	3	105	3	117	46
Dr. Syed Shehzad Saleem Bukhari	3	35	3	55	20
Dr. Mureed Hussain	9	444	6	222	71
Dr. Naeem Zafar	3	53	3	145	70
Dr. Khalid Latif	3	85	3	115	75
Dr. Abdul Ghaffar	4	80	3	80	67
Dr. Ahmad Farooq	3	43	3	80	45
Dr. Asif Ali Rind	3	60	3	27	14
Dr. Tahir Jilani	3	69	3	85	46
Dr. Muhammad Shafi Arshad	6	135	6	530	276
Dr. Abdul Rehman	3	35	3	32	32
Dr. Hetish Kumar	3	74	3	102	99
Dr. Manzoor hussain Mahni	3	65	3	41	26
Dr. Naveed Abbas	3	114	3	58	26
Dr. Muhammad Ameen	3	79	3	30	7
Dr. Muhammad Afzal	3	92	3	70	64
Dr. Farman Ali	6	182	6	131	112
Dr. Bashir Ahmad Khoso	6	168	6	182	141
Dr. Ayyat Ullah	3	60	3	322	313
Dr. Abdul Mustafa Bilal Rathore	3	50	3	50	15
Dr. Shagufta Perveen	3	33	3	28	28
Dr. Baldeve Kumar	3	25	3	92	49
Dr. Naeem Ahmad Latif	3	69	3	50	36
Dr. Javed Haider Joyia	3	53	3	0	0
Dr. Ishaq Haroon	3	75	3	180	50
Dr. Sofia Saleem	3	76	3	135	71
Dr. Fiaz Ahmad Dogar	1	14	3	180	138
Dr Rana Abdul Jabbar	3	104	3	170	135
Dr. Muhammad Shahzad Akhtar	6	208	6	90	72
Dr. Zia-ul-Mustafa Rathore	3	248	3	80	45
Dr. Muhammad Sheraz Memon	6	155	6	165	115
Dr. Abdul Ghaffar	3	90	3	2	2
Dr. Waqas Ahmad	3	83	3	101	15
Dr. Imtiaz Ahmad Tariq	3	80	3	32	20
Dr. Munawar Iqbal Sajid	3	117	3	54	33
<b>Total</b>	<b>238</b>	<b>6249</b>	<b>210</b>	<b>6203</b>	<b>3572</b>

**4. Important Points during Support Group Meetings.**

- Filling of Dirty water Ponds
- Mother and Child health Care
- Importance of Vaccination
- Hazards of Smoking
- Health awareness sessions

**5. Important Points during SHSs**

RTI
Anemia
Hand Wash
Dental Carry
Boils

**6. Important Points during CHSs**

Malaria
First Aid Care of Road Accident
Vaccination
Scabies
ORS

**7. Topics for SHSs for the Month of May 2010**

1	ORS
2	Measles
3	Vitamin A Deficiency
4	Sinusitis
5	Typhoid

**6. Topics for CHSs for the Month of May 2010**

1	Acute G/E
2	Asthma
3	Conjunctivitis
4	Malaria
5	D.M

## 9. Important Discussion on Community Participation during MRM

District Support Manger suggested Medical Officers to educate the rural community on prevention of seasonal and contagious diseases. He desired that IMO's should take active part in eradicating community related health problems. They must make it a priority to take hygienic food.

10. **Health Camps:** Number Held: -----0----- Number of Patients: -----0----

11. **Measures for improvement / provision of Services by other Department /**

### Agencies

Sr. No	Description	Recommendation	To whom sent	Present status
I	Sanitation	Nil	Nil	Nil
li	Drainage / sewerage	Nil	Nil	Nil
lii	drinking water	Nil	Nil	Nil
lv	Prevention of adulteration	Nil	Nil	Nil
V	Tree Plantation	Nil	Nil	Nil
Vi	Roads and infrastructure	Nil	Nil	Nil
Vii	Environmental Improvement	Nil	Nil	Nil
Viii	Others	Nil	Nil	Nil

## (IV) CURATIVE SERVICES DURING THE MONTH UNDER REVIEW

### 1. OPD\*

New patients treated during the month	Old patients treated during the month	Total OPD during the month (New + Old)
97930	2584	100514

### 2.

#### Maximum OPD\*\*

#### Minimum OPD\*\*

S #	BHU	OPD	BHU	OPD
1	Karam Pur	2834	52/WB	702
2	Mitro	2080	151/WB	821

3	41/WB	2055	22/WB	842
4	Mian Pakhi	1911	Sehar	847
5	Khan Pur	1833	Malko	925

### 3. Top Five Diseases Treated during School Health Sessions/Camps

S #	Diseases	No. of Patients
1	Skin Disease	2025
2	ENT	1482
3	Eye	906
4	Dental	854
5	Anemic	500

\*All HFs — BHUs and others.

\*\*Reflects OPD at BHUs only — not at other HFs.

### 4. Top Five Diseases During OPD

S #	Disease	No. of Patients
1	Acute Respiratory	19501
2	Scabies	5953
3	Diarrhea	5499
4	Dysentery	2025
5	Fever	1999

### 5. ARV / ASV used during the month

	No. of Patients
Dog bite cases reported	83

ARV Administered	7
ARV Available Doses	0
Snake bite cases reported	0
ASV Vaccine Administered	0
ASV Vaccine Available Doses	3

**6. Lab / Diagnostic Tests:**

**Includes Tests Reported at No. (II) (Mother, Child & Reproductive Health)**

**3. (Lab / Diagnostic Tests)**

S #	Tests	Number
1	Blood Sugar Tests	553
2	Hemoglobin	0
3	X-Rays (if available)	0
4	Ultra Sound	0
5	Others (please specify)	0

**7. B & C SCREENING TESTS**

Screening	No. of Tests Performed	No. of cases found positive	No. of cases referred for treatment	Total referred up to date	Follow up result
Hepatitis B	94	8	7		
Hepatitis C	90	20	18		

**8. TUBERCULOSIS**

Patients Receiving Treatment	New Cases During the Month	Under Diagnosis
976	152	108

### 9. Referrals

S. No	Totals	Cases			Referred To		
		TB DOT	Deliveries	Others	RHCs	THQs	DHQs
	Nil	Nil	Nil	Nil	Nil	Nil	Nil

### 10. Inverse Referrals

S. No	Totals	Cases			Referred from		
		ARV	ASV	Others	RHCs	THQs	DHQs
Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil

## G. MONITORING DURING MONTH UNDER REVIEW

### 1. Monitoring Visits during the month

DSM	Executive Monitoring	Other Staff	Total
60	91	89	240

### 2. Important Points/Issues arising from Visits

Name of HF	Issue	Action	Remarks
<u>317/EB</u> <u>MaLKO</u> <u>22/WB</u>	Waste not being burnt properly.	IMOs was directed to supervise the disposal of BHU waste in a proper ditch every day without fail	
<u>Karam Pur</u> <u>88/WB</u>	Cleanliness was not up to Mark	IMOs were directed to ensure cleanliness in the	

<b><u>483/EB</u></b>		BHU as priority	
<b><u>Khan Pur</u></b> <b><u>1/WB</u></b> <b><u>495/EB</u></b>	Delay in sending Electricity bills at DSU	IMOs were directed to send electricity bills to DSU immediately after its receipt at BHU	
<b><u>24/WB</u></b> <b><u>195/WB</u></b> <b><u>5/WB</u></b> <b><u>151/WB</u></b>	Plantation needs to improve	IMO were directed to insure the flowering and Plantation through malis	

#### H. AVAILABILITY OF MEDICINES/MEDICAL MATERIALS

1. Medicines available for.....14..... Weeks
2. Important Issues raised relating to Medicines, etc. during MRM

IMOs were advised to ensure optimum use of medicines.

#### I. REPAIR / MAINTENANCE / ELECTRIFICATION OF / AT HFS

<b>S #</b>	<b>Name of HF's</b>	<b>Description of Repair / Maintenance incl. Electrification</b>	<b>Status / Remarks</b>
1	Dolatabad	Construction of new treatment block	Under construction